

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: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet S Parts I-III Date/Time Prepared: 11/22/2011 9:36 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/22/2011	Time: 9:36 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

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

 Title

 Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	311,476	298,175	0	0
2.00 Subprovider - IPF	0	0	0	0	0
3.00 Subprovider - IRF	0	0	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	23,260	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 Skilled Nursing Facility	0	0	0	0	0
8.00 Nursing Facility	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	334,736	298,175	0	0

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

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PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 11/22/2011 Time: 9:36 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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Encryption Information
 ECR: Date: 11/22/2011 Time: 9:36 am
 1mYB: T42iWugKhFF46Tm.JINTPjgj0
 1n0Fa0qHYuccRiGBVXTUe46ni.c.tyZ
 aYnR0pk:Pb0tcHu9
 PI: Date: 11/22/2011 Time: 9:36 am
 SlvVhmMGkOALVvNk:rlU5s0QfyzGDO
 hFpJt0YYsrGgbt3JgiuNYFdZ3qqCFT
 5jyEEdl0Pn00Le.Q

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	311,476	298,175	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	23,260	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 Skilled Nursing Facility	0	0	0	0	0	7.00
8.00 Nursing Facility	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	334,736	298,175	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: 141337		Period: From 05/01/2010 To 04/30/2011		Worksheet S-2 Part I Date/Time Prepared: 11/22/2011 9:21 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 530 Park Avenue East			PO Box:							1.00
2.00	City: Princeton			State: IL		Zip Code: 61356		County: Bureau			2.00
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		Perry Memorial Hospital	141337	99914	1	07/15/2004	N	0	0	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF		Perry Memorial SB/SNF	14Z337	99914		07/15/2004	N	0	N	7.00
8.00	Swing Beds - NF		Perry Memorial SB/SNF	14Z337	99914		07/15/2004	N		N	8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) 1										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						05/01/2010	04/30/2011		20.00	
21.00	Type of Control (see instructions)						8		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR Section §412.106, or low income payment in accordance with 42 CFR Section §412.624(e)(2)? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						N	N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0	0		24.00
25.00	If this provider is an IRF then enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid eligible days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0	0		25.00
							1.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.								2	26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.								2	27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.								0	35.00	
							Beginning:	Ending:			
							1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.								0	37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.									38.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part I Date/Time Prepared: 11/22/2011 9:21 am		
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		

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

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			V	XIX	
			1.00	2.00	
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		Y		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)		Y		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		5,000,000	10,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		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:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 141337		Period: From 05/01/2010 To 04/30/2011		Worksheet S-2 Part I Date/Time Prepared: 11/22/2011 9:21 am		
			1.00		2.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N		148.00
149.00	Was the change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N		149.00
			Part A		Part B				
			1.00		2.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital						N	N	155.00
156.00	Subprovider - IPF						N	N	156.00
157.00	Subprovider - IRF						N	N	157.00
158.00	Subprovider - Other						N	N	158.00
159.00	SNF						N	N	159.00
160.00	HHA						N	N	160.00
161.00	CMHC							N	161.00
			1.00						
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
			Name	County	State	Zip Code	CBSA	FTE/Campus	
			0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5								0.00
			1.00						
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141337		Period: From 05/01/2010 To 04/30/2011		Worksheet S-2 Part II Date/Time Prepared: 11/22/2011 9:21 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			Y			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.			N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A			
				Description	Y/N	Date	
				0	1.00	2.00	
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	07/06/2011		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part II Date/Time Prepared: 11/22/2011 9:21 am
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		Part A				
		Description	Y/N	Date		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00		21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				Y	27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				Y	33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				Y	35.00
					Y/N	Date
					1.00	2.00
Home Office Costs						
36.00	Were home office costs claimed on the cost report?				N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				N	40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 141337

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

Worksheet S-2
Part II
Date/Time Prepared:
11/22/2011 9:21 am

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	07/06/2011	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part I Date/Time Prepared: 11/22/2011 9:21 am
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Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	22	8,030	109,605.00		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)		22	8,030	109,605.00		7.00
8.00 Intensive Care Unit	31.00	3	1,095	4,495.00		8.00
9.00 Coronary Care Unit						9.00
10.00 Burn Intensive Care Unit						10.00
11.00 Surgical Intensive Care Unit						11.00
12.00 Other Special Care (specify)						12.00
13.00 Nursery	43.00					13.00
14.00 Total (see instructions)		25	9,125	114,100.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		25				27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141337

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2011 9:21 am

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	2,542	367	4,166		1.00
2.00 HMO		0	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	371	0	384		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	50		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	2,913	367	4,600		7.00
8.00 Intensive Care Unit	0	206	17	354		8.00
9.00 Coronary Care Unit						9.00
10.00 Burn Intensive Care Unit						10.00
11.00 Surgical Intensive Care Unit						11.00
12.00 Other Special Care (specify)						12.00
13.00 Nursery	0		119	228		13.00
14.00 Total (see instructions)	0	3,119	503	5,182		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	473		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				51		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: 141337

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2011 9:21 am

Cost Center Description	Full Time Equivalents			Discharges	Title XVIII	
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V		
	9.00	10.00	11.00	12.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	821	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 Intensive Care Unit						8.00
9.00 Coronary Care Unit						9.00
10.00 Burn Intensive Care Unit						10.00
11.00 Surgical Intensive Care Unit						11.00
12.00 Other Special Care (specify)						12.00
13.00 Nursery						13.00
14.00 Total (see instructions)	0.00	292.16	0.00	0	821	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	292.16	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141337

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2011 9:21 am

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)	147	1,375		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)	147	1,375		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet S-10 Date/Time Prepared: 11/22/2011 9:21 am
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		1.00			
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.468307	1.00		
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	1,922,844	2.00		
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00		
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00		
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00		
6.00	Medicaid charges	7,842,119	6.00		
7.00	Medicaid cost (line 1 times line 6)	3,672,519	7.00		
8.00	Difference between net revenue and costs for Medicaid program (line 2 plus line 5 minus line 7)	-1,749,675	8.00		
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP	0	9.00		
10.00	Stand-alone SCHIP charges	0	10.00		
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00		
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 9 minus line 11)	0	12.00		
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00		
16.00	Difference between net revenue and costs for state or local indigent care program (line 13 minus line 15)	0	16.00		
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00		
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00		
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	-1,749,675	19.00		
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,025,954	449,250	1,475,204	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	480,461	210,387	690,848	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)	480,461	210,387	690,848	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?				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)			1,483,882	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			297,113	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			1,186,769	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			555,772	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			1,246,620	30.00
31.00	Total unreimbursed and uncompensated care cost (line 30 minus line 19)			2,996,295	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet A Date/Time Prepared: 11/22/2011 9:21 am
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)
	1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS					
1.00 Cap Rel Costs-Bldg & Fixt		1,227,373	1,227,373	450,273	1,677,646
1.01 Perry Plaza B&F		124,009	124,009	0	124,009
2.00 Cap Rel Costs-Mvble Equip		1,328,908	1,328,908	40,927	1,369,835
4.00 Employee Benefits	153,381	5,522,367	5,675,748	-72,313	5,603,435
5.01 ADMINISTRATIVE & GENERAL	432,046	201,969	634,015	0	634,015
5.02 A&G Hospital Only	722,968	329,405	1,052,373	-15,761	1,036,612
5.03 A&G Shared	803,799	1,308,517	2,112,316	-76,592	2,035,724
7.00 Operation of Plant	519,039	958,395	1,477,434	157,680	1,635,114
7.01 Perry Plaza Plant Op	35,373	72,071	107,444	0	107,444
8.00 Laundry & Linen Service	305,546	307,073	612,619	-142,614	470,005
9.00 Housekeeping	337,294	129,380	466,674	0	466,674
10.00 Dietary	390,725	432,728	823,453	0	823,453
11.00 Cafeteria	0	0	0	0	0
13.00 Nursing Administration	866,569	15,809	882,378	0	882,378
14.00 Central Services & Supply	51,184	37,058	88,242	0	88,242
15.00 Pharmacy	276,283	368,519	644,802	0	644,802
16.00 Medical Records & Library	493,823	58,725	552,548	0	552,548
17.00 SOCIAL SERVICE	312,519	30,815	343,334	0	343,334
18.00 Patient Registration	249,869	18,383	268,252	0	268,252
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 Adults & Pediatrics	1,995,919	157,879	2,153,798	0	2,153,798
31.00 Intensive Care Unit	491,483	21,952	513,435	0	513,435
43.00 Nursery	43,490	18,757	62,247	0	62,247
ANCILLARY SERVICE COST CENTERS					
50.00 Operating Room	1,536,605	1,704,135	3,240,740	-659,425	2,581,315
52.00 Labor Room & Delivery Room	21,956	4,376	26,332	0	26,332
53.00 Anesthesiology	0	1,105,828	1,105,828	0	1,105,828
54.00 Radiology - Diagnostic	763,771	563,237	1,327,008	0	1,327,008
55.00 Radiology - Therapeutic	226,359	53,842	280,201	0	280,201
56.00 Radiosotope	0	321,791	321,791	0	321,791
58.00 Magnetic Resonance Imaging (MRI)	0	393,391	393,391	0	393,391
60.00 Laboratory	684,052	996,155	1,680,207	0	1,680,207
63.00 Blood Storing, Processing, & Trans.	0	161,418	161,418	0	161,418
65.00 Respiratory Therapy	362,148	35,089	397,237	0	397,237
66.00 Physical Therapy	494,233	27,978	522,211	0	522,211
69.00 Electrocardiology	39,014	10,728	49,742	0	49,742
70.00 Electroencephalography	1,881	265	2,146	0	2,146
71.00 Medical Supplies Charged to Patients	0	0	0	0	0
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	659,425	659,425
73.00 Drugs Charged to Patients	0	1,094,060	1,094,060	0	1,094,060
76.00 Cardiology	0	0	0	0	0
76.97 Cardiac Rehabilitation	48,761	30,067	78,828	0	78,828
OUTPATIENT SERVICE COST CENTERS					
90.00 Clinic	0	0	0	0	0
90.01 Sleep Lab	38,007	7,018	45,025	0	45,025
91.00 Emergency	851,123	1,366,810	2,217,933	-1,440	2,216,493
92.00 Observation Beds (Non-Distinct Part)					
OTHER REIMBURSABLE COST CENTERS					
97.00 Durable Medical Equip. - Sold	161,195	200,943	362,138	0	362,138
SPECIAL PURPOSE COST CENTERS					
106.00 Heart Acquisition	0	0	0	0	0
113.00 Interest Expense		412,473	412,473	-412,473	0
118.00 SUBTOTALS (sum of lines 1-117)	13,710,415	21,159,696	34,870,111	-72,313	34,797,798
NONREIMBURSABLE COST CENTERS					
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0
192.00 Physicians' Private Offices	0	0	0	0	0
192.03 OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01 Hospital Leased Space	0	0	0	0	0
194.02 Mob Leased Space	0	0	0	0	0
194.03 Ortho Clinic	959,482	310,108	1,269,590	72,313	1,341,903
194.04 Walnut Clinic	0	0	0	0	0
194.05 Perry Plaza Leased	0	0	0	0	0
200.00 TOTAL (sum of lines 118-199)	14,669,897	21,469,804	36,139,701	0	36,139,701

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141337

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

Worksheet A
Date/Time Prepared:
11/22/2011 9:21 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	Cap Rel Costs-Bldg & Fixt	-142,029	1,535,617	1.00
1.01	Perry Plaza B&F	0	124,009	1.01
2.00	Cap Rel Costs-Mvble Equip	0	1,369,835	2.00
4.00	Employee Benefits	-940,905	4,662,530	4.00
5.01	ADMINISTRATIVE & GENERAL	-6,230	627,785	5.01
5.02	A&G Hospital Only	-11,276	1,025,336	5.02
5.03	A&G Shared	-785,794	1,249,930	5.03
7.00	Operation of Plant	0	1,635,114	7.00
7.01	Perry Plaza Plant Op	0	107,444	7.01
8.00	Laundry & Linen Service	0	470,005	8.00
9.00	Housekeeping	0	466,674	9.00
10.00	Dietary	-186,358	637,095	10.00
11.00	Cafeteria	0	0	11.00
13.00	Nursing Administration	-118,819	763,559	13.00
14.00	Central Services & Supply	0	88,242	14.00
15.00	Pharmacy	0	644,802	15.00
16.00	Medical Records & Library	-95	552,453	16.00
17.00	SOCIAL SERVICE	0	343,334	17.00
18.00	Patient Registration	0	268,252	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	Adults & Pediatrics	0	2,153,798	30.00
31.00	Intensive Care Unit	0	513,435	31.00
43.00	Nursery	0	62,247	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	Operating Room	-16,950	2,564,365	50.00
52.00	Labor Room & Delivery Room	0	26,332	52.00
53.00	Anesthesiology	-1,054,640	51,188	53.00
54.00	Radiology - Diagnostic	0	1,327,008	54.00
55.00	Radiology - Therapeutic	0	280,201	55.00
56.00	Radiosotope	0	321,791	56.00
58.00	Magnetic Resonance Imaging (MRI)	0	393,391	58.00
60.00	Laboratory	-37,260	1,642,947	60.00
63.00	Blood Storing, Processing, & Trans.	0	161,418	63.00
65.00	Respiratory Therapy	0	397,237	65.00
66.00	Physical Therapy	0	522,211	66.00
69.00	Electrocardiology	0	49,742	69.00
70.00	Electroencephalography	0	2,146	70.00
71.00	Medical Supplies Charged to Patients	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	659,425	72.00
73.00	Drugs Charged to Patients	0	1,094,060	73.00
76.00	Cardiology	0	0	76.00
76.97	Cardiac Rehabilitation	-25,563	53,265	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	Clinic	0	0	90.00
90.01	Sleep Lab	0	45,025	90.01
91.00	Emergency	-578,659	1,637,834	91.00
92.00	Observation Beds (Non-Distinct Part)			92.00
OTHER REIMBURSABLE COST CENTERS				
97.00	Durable Medical Equip. - Sold	0	362,138	97.00
SPECIAL PURPOSE COST CENTERS				
106.00	Heart Acquisition	0	0	106.00
113.00	Interest Expense	0	0	113.00
118.00	SUBTOTALS (sum of lines 1-117)	-3,904,578	30,893,220	118.00
NONREIMBURSABLE COST CENTERS				
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	190.00
192.00	Physicians' Private Offices	0	0	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	0	192.03
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	Hospital Leased Space	0	0	194.01
194.02	Mob Leased Space	0	0	194.02
194.03	Ortho Clinic	0	1,341,903	194.03
194.04	Walnut Clinic	0	0	194.04
194.05	Perry Plaza Leased	0	0	194.05
200.00	TOTAL (sum of lines 118-199)	-3,904,578	32,235,123	200.00

RECLASSIFICATIONS

Provider CCN: 141337

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

Worksheet A-6

Date/Time Prepared:
11/22/2011 9:21 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - INTEREST						
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	412,473	1.00	
	TOTALS		0	412,473		
B - PROPERTY INSURANCE						
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	37,800	1.00	
2.00	Cap Rel Costs-Mvble Equip	2.00	0	40,927	2.00	
	TOTALS		0	78,727		
C - EMPLOYEE PHYSICALS						
1.00	A&G Shared	5.03	0	1,440	1.00	
	TOTALS		0	1,440		
D - LAUNDRY UTILITIES						
1.00	Operation of Plant	7.00	0	157,680	1.00	
	TOTALS		0	157,680		
E - MATERIALS MANAGEMENT DIRECTOR						
1.00	A&G Shared	5.03	695	0	1.00	
2.00	Laundry & Linen Service	8.00	15,066	0	2.00	
	TOTALS		15,761	0		
F - PHYSICIAN BENEFITS RECLASS						
1.00	Ortho Clinic	194.03	0	72,313	1.00	
	TOTALS		0	72,313		
G - IMPLANTABLES RECLASS						
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	659,425	1.00	
	TOTALS		0	659,425		
500.00	Grand Total: Increases		15,761	1,382,058	500.00	

RECLASSIFICATIONS

Provider CCN: 141337

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

Worksheet A-6

Date/Time Prepared:
11/22/2011 9:21 am

		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
A - INTEREST							
1.00	Interest Expense	113.00	0	412,473	11		1.00
	TOTALS		0	412,473			
B - PROPERTY INSURANCE							
1.00	A&G Shared	5.03	0	78,727	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	78,727			
C - EMPLOYEE PHYSICALS							
1.00	Emergency	91.00	0	1,440	0		1.00
	TOTALS		0	1,440			
D - LAUNDRY UTILITIES							
1.00	Laundry & Linen Service	8.00	0	157,680	0		1.00
	TOTALS		0	157,680			
E - MATERIALS MANAGEMENT DIRECTOR							
1.00	A&G Hospital Only	5.02	15,761	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		15,761	0			
F - PHYSICIAN BENEFITS RECLASS							
1.00	Employee Benefits	4.00	0	72,313	0		1.00
	TOTALS		0	72,313			
G - IMPLANTIBLES RECLASS							
1.00	Operating Room	50.00	0	659,425	0		1.00
	TOTALS		0	659,425			
500.00	Grand Total: Decreases		15,761	1,382,058			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141337

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/22/2011 9:21 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,082,870	346,780	0	346,780	448,369	1.00
2.00	Land Improvements	1,111,344	45,104	0	45,104	0	2.00
3.00	Buildings and Fixtures	36,175,842	272,939	0	272,939	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	15,738,509	382,927	0	382,927	63,839	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	54,108,565	1,047,750	0	1,047,750	512,208	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	54,108,565	1,047,750	0	1,047,750	512,208	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	Cap Rel Costs-Bldg & Fixt	1,227,373	0	0	0	0	1.00
1.01	Perry Plaza B&F	124,009	0	0	0	0	1.01
2.00	Cap Rel Costs-Mvble Equip	1,328,908	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,680,290	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	38,586,510	0	38,586,510	0.706142	0	1.00
1.01	Perry Plaza B&F	0	0	0	0.000000	0	1.01
2.00	Cap Rel Costs-Mvble Equip	16,057,597	0	16,057,597	0.293858	0	2.00
3.00	Total (sum of lines 1-2)	54,644,107	0	54,644,107	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141337

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	981,281	0			1.00
2.00	Land Improvements	1,156,448	0			2.00
3.00	Buildings and Fixtures	36,448,781	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	16,057,597	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	54,644,107	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	54,644,107	0			10.00
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	Cap Rel Costs-Bldg & Fixt	0	1,227,373			1.00
1.01	Perry Plaza B&F	0	124,009			1.01
2.00	Cap Rel Costs-Mvble Equip	0	1,328,908			2.00
3.00	Total (sum of lines 1-2)	0	2,680,290			3.00
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	Cap Rel Costs-Bldg & Fixt	0	0	0	1,218,485	0 1.00
1.01	Perry Plaza B&F	0	0	0	124,009	0 1.01
2.00	Cap Rel Costs-Mvble Equip	0	0	0	1,328,908	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,671,402	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141337

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/22/2011 9:21 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	279,332	37,800	0	0	1,535,617	1.00
1.01	Perry Plaza B&F	0	0	0	0	124,009	1.01
2.00	Cap Rel Costs-Mvble Equip	0	40,927	0	0	1,369,835	2.00
3.00	Total (sum of lines 1-2)	279,332	78,727	0	0	3,029,461	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141337

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

Worksheet A-8

Date/Time Prepared:
11/22/2011 9:21 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center		Line #	
		1.00	2.00	3.00		4.00	
1.00	Investment income - buildings and fixtures (chapter 2)	B	-18,647	Cap Rel	Costs-Bldg & Fixt	1.00	1.00
2.00	Investment income - movable equipment (chapter 2)		0	Cap Rel	Costs-Mvble Equip	2.00	2.00
3.00	Investment income - other (chapter 2)		0			0.00	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0			0.00	7.00
8.00	Television and radio service (chapter 21)		0			0.00	8.00
9.00	Parking lot (chapter 21)		0			0.00	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,713,072				10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0			0.00	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0				12.00
13.00	Laundry and linen service		0			0.00	13.00
14.00	Cafeteria-employees and guests		0			0.00	14.00
15.00	Rental of quarters to employee and others		0			0.00	15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00	Sale of drugs to other than patients		0			0.00	17.00
18.00	Sale of medical records and abstracts		0			0.00	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00	Vending machines		0			0.00	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	Respiratory Therapy		65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	Physical Therapy		66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00	Depreciation - buildings and fixtures		0	Cap Rel	Costs-Bldg & Fixt	1.00	26.00
27.00	Depreciation - movable equipment		0	Cap Rel	Costs-Mvble Equip	2.00	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00	Physicians' assistant		0			0.00	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***		68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	32.00
33.00	CAFETERIA	B	-155,668	Dietary		10.00	33.00
33.01	DIETICIAN REVENUE (EXP IN DEPT 62)	B	-1,027	Dietary		10.00	33.01
33.02	OUTSIDE CATERING	B	-1,683	Dietary		10.00	33.02
33.03	MEDICAL RECORDS	B	-95	Medical Records & Library		16.00	33.03
33.04	CONTRACT NURSING	B	-118,819	Nursing Administration		13.00	33.04
33.05	MISCELLANEOUS	B	-23,934	A&G Shared		5.03	33.05
33.06	MOBILE MEALS	B	-27,980	Dietary		10.00	33.06
33.07	BILLING & COLLECTIONS	B	-6,230	ADMINISTRATIVE & GENERAL		5.01	33.07
33.08	MISCELLANEOUS	B	-8,055	A&G Shared		5.03	33.08
33.09			0			0.00	33.09
33.10			0			0.00	33.10
33.11	AMORTIZATION EXPENSE	A	-243,078	A&G Shared		5.03	33.11
33.12	TELEPHONE SALARY OFFSET	A	-11,276	A&G Hospital Only		5.02	33.12
33.13	TELEPHONE BENEFIT OFFSET	A	-4,363	Employee Benefits		4.00	33.13
33.14	NON-ALLOWABLE MARKETING	A	-200,592	A&G Shared		5.03	33.14
33.15	MARKETING BENEFITS	A	-29,756	Employee Benefits		4.00	33.15
33.16	RENTAL PROPERTY - CAPITAL	A	-8,888	Cap Rel	Costs-Bldg & Fixt	1.00	33.16
33.17	2004 BOND INTEREST	A	-114,494	Cap Rel	Costs-Bldg & Fixt	1.00	33.17
33.18	IHA DUES OFFSET	A	-18,290	A&G Shared		5.03	33.18
33.19			0			0.00	33.19
33.20	ALCOHOL EXP	A	-16	A&G Shared		5.03	33.20
33.21	PHYSICIAN RECRUITMENT	A	-102,633	A&G Shared		5.03	33.21

ADJUSTMENTS TO EXPENSES

Provider CCN: 141337

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

Worksheet A-8

Date/Time Prepared:
11/22/2011 9:21 am

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
33.22	PHYSICIAN RECRUITMENT	A	-188,926	A&G Shared	5.03 33.22
33.23	SELF-INSURANCE OFFSET	A	-903,503	Employee Benefits	4.00 33.23
33.24	UNFUNDED OTHER POST EMPLOYMENT BENEF	A	-3,283	Employee Benefits	4.00 33.24
33.25	SOCIAL ORG. DUES - PRINCETON ROTARY	A	-270	A&G Shared	5.03 33.25
33.26			0		0.00 33.26
33.27			0		0.00 33.27
33.28			0		0.00 33.28
33.29			0		0.00 33.29
33.30			0		0.00 33.30
33.31			0		0.00 33.31
33.32			0		0.00 33.32
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,904,578		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141337

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

Worksheet A-8
Date/Time Prepared:
11/22/2011 9:21 am

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	11	1.00
2.00	Investment income - movable equipment (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	CAFETERIA	0	33.00
33.01	DIETICIAN REVENUE (EXP IN DEPT 62)	0	33.01
33.02	OUTSIDE CATERING	0	33.02
33.03	MEDICAL RECORDS	0	33.03
33.04	CONTRACT NURSING	0	33.04
33.05	MISCELLANEOUS	0	33.05
33.06	MOBILE MEALS	0	33.06
33.07	BILLING & COLLECTIONS	0	33.07
33.08	MISCELLANEOUS	0	33.08
33.09		0	33.09
33.10		0	33.10
33.11	AMORTIZATION EXPENSE	0	33.11
33.12	TELEPHONE SALARY OFFSET	0	33.12
33.13	TELEPHONE BENEFIT OFFSET	0	33.13
33.14	NON-ALLOWABLE MARKETING	0	33.14
33.15	MARKETING BENEFITS	0	33.15
33.16	RENTAL PROPERTY - CAPITAL	9	33.16
33.17	2004 BOND INTEREST	11	33.17
33.18	IHA DUES OFFSET	0	33.18
33.19		0	33.19
33.20	ALCOHOL EXP	0	33.20
33.21	PHYSICIAN RECRUITMENT	0	33.21
33.22	PHYSICIAN RECRUITMENT	0	33.22
33.23	SELF-INSURANCE OFFSET	0	33.23
33.24	UNFUNDED OTHER POST EMPLOYMENT BENEF	0	33.24
33.25	SOCIAL ORG. DUES - PRINCETON ROTARY	0	33.25
33.26		0	33.26
33.27		0	33.27

ADJUSTMENTS TO EXPENSES

Provider CCN: 141337

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

Worksheet A-8

Date/Time Prepared:
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		Wkst. A-7 Ref.	
		5.00	
33.28		0	33.28
33.29		0	33.29
33.30		0	33.30
33.31		0	33.31
33.32		0	33.32
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141337

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

Worksheet A-8-2

Date/Time Prepared:
11/22/2011 9:21 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	91.00	PURCHASED SERVICES -EMER DEPT	1,220,459	578,659	1.00
2.00	50.00	PROFESSIONAL FEES -AMB SVCS	16,950	16,950	2.00
3.00	60.00	PROFESSIONAL FEES -LAB	37,260	37,260	3.00
4.00	53.00	PROFESSIONAL FEES -ANESTH	1,054,640	1,054,640	4.00
5.00	76.97	PROFESSIONAL FEES -CARDIAC REH	25,563	25,563	5.00
6.00	5.03	PROFESSIONAL FEES -ADMINISTRATION	18,375	0	6.00
7.00	0.00		0	0	7.00
8.00	0.00		0	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00		TOTAL (lines 1.00 through 199.00)	2,373,247	1,713,072	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141337

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

Worksheet A-8-2

Date/Time Prepared:
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	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	641,800	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	18,375	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	660,175		0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141337

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

Worksheet A-8-2

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141337

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

Worksheet A-8-2
Date/Time Prepared:
11/22/2011 9:21 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	578,659	1.00
2.00	0	16,950	2.00
3.00	0	37,260	3.00
4.00	0	1,054,640	4.00
5.00	0	25,563	5.00
6.00	0	0	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	0	1,713,072	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2011 9:21 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			Employee Benefits	
		Bldg & Fixt	Perry Plaza B&F	Mvble Equip		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt	1,535,617	1,535,617				1.00
1.01 Perry Plaza B&F	124,009	0	124,009			1.01
2.00 Cap Rel Costs-Mvble Equip	1,369,835			1,369,835		2.00
4.00 Employee Benefits	4,662,530	7,426	0	0	4,669,956	4.00
ADMINISTRATIVE & GENERAL						
5.01 ADMNISTRATIVE & GENERAL	627,785	33,150	0	2,482	146,684	5.01
5.02 A&G Hospital Only	1,025,336	65,089	766	162,636	236,274	5.02
5.03 A&G Shared	1,249,930	126,930	0	19,962	247,022	5.03
7.00 Operation of Plant	1,635,114	191,928	19,114	16,488	176,218	7.00
7.01 Perry Plaza Plant Op	107,444	0	861	597	12,009	7.01
8.00 Laundry & Linen Service	470,005	7,509	24,266	15,923	108,851	8.00
9.00 Housekeeping	466,674	17,267	0	28	114,514	9.00
10.00 Dietary	637,095	43,404	0	12,333	132,655	10.00
11.00 Cafeteria	0	21,578	0	0	0	11.00
13.00 Nursing Administration	763,559	21,158	0	252	294,208	13.00
14.00 Central Services & Supply	88,242	15,166	0	13,574	17,377	14.00
15.00 Pharmacy	644,802	18,529	0	3,542	93,801	15.00
16.00 Medical Records & Library	552,453	38,104	0	2,274	167,657	16.00
17.00 SOCIAL SERVICE	343,334	12,248	0	0	106,103	17.00
18.00 Patient Registration	268,252	8,102	0	2,270	84,833	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	2,153,798	147,997	0	37,310	677,628	30.00
31.00 Intensive Care Unit	513,435	26,870	0	5,233	166,863	31.00
43.00 Nursery	62,247	8,234	0	0	14,765	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	2,564,365	211,239	0	224,337	521,691	50.00
52.00 Labor Room & Delivery Room	26,332	8,325	0	0	7,454	52.00
53.00 Anesthesiology	51,188	1,467	0	41,261	0	53.00
54.00 Radiology - Diagnostic	1,327,008	39,670	0	415,692	259,307	54.00
55.00 Radiology - Therapeutic	280,201	2,786	0	54,231	76,851	55.00
56.00 Radioisotope	321,791	4,855	0	0	0	56.00
58.00 Magnetic Resonance Imaging (MRI)	393,391	10,567	0	200,648	0	58.00
60.00 Laboratory	1,642,947	33,109	0	67,872	232,242	60.00
63.00 Blood Storing, Processing, & Trans.	161,418	0	0	0	0	63.00
65.00 Respiratory Therapy	397,237	20,441	0	9,641	122,953	65.00
66.00 Physical Therapy	522,211	34,312	0	17,397	167,797	66.00
69.00 Electrocardiology	49,742	1,137	0	2,908	13,246	69.00
70.00 Electroencephalography	2,146	2,819	0	3,020	639	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	659,425	0	0	0	0	72.00
73.00 Drugs Charged to Patients	1,094,060	0	0	0	0	73.00
76.00 Cardiology	0	0	0	0	0	76.00
76.97 Cardiac Rehabilitation	53,265	4,096	0	6,207	16,555	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 Clinic	0	0	0	0	0	90.00
90.01 Sleep Lab	45,025	6,726	0	2,219	12,904	90.01
91.00 Emergency	1,637,834	68,361	0	18,558	288,964	91.00
92.00 Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 Durable Medical Equip. - Sold	362,138	15,668	0	6,385	54,727	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 Heart Acquisition	0	0	0	0	0	106.00
113.00 Interest Expense	0	0	0	0	0	113.00
118.00 SUBTOTALS (sum of lines 1-117)	30,893,220	1,276,267	45,007	1,365,280	4,572,792	118.00
NONREIMBURSABLE COST CENTERS						
190.00 Gift, Flower, Coffee Shop, & Canteen	0	5,456	0	0	0	190.00
192.00 Physicians' Private Offices	0	0	0	2,142	0	192.00
192.03 OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
OTHER NONREIMBURSABLE COST CENTERS						
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 Hospital Leased Space	0	19,979	0	0	0	194.01
194.02 Mob Leased Space	0	203,212	0	0	0	194.02
194.03 Ortho Clinic	1,341,903	29,392	0	2,413	97,164	194.03
194.04 Walnut Clinic	0	1,311	0	0	0	194.04
194.05 Perry Plaza Leased	0	0	79,002	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	32,235,123	1,535,617	124,009	1,369,835	4,669,956	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	Subtotal	A&G Hospital Only	Subtotal	A&G Shared	
		5.01	5A.01	5.02	5A.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt						1.00
1.01	Perry Plaza B&F						1.01
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.01	ADMINISTRATIVE & GENERAL	810,101					5.01
5.02	A&G Hospital Only	0	1,490,101	1,490,101			5.02
5.03	A&G Shared	0	1,643,844	83,964	1,727,808	1,727,808	5.03
7.00	Operation of Plant	0	2,038,862	104,141	2,143,003	121,686	7.00
7.01	Perry Plaza Plant Op	0	120,911	6,176	127,087	7,216	7.01
8.00	Laundry & Linen Service	0	626,554	32,003	658,557	37,395	8.00
9.00	Housekeeping	0	598,483	30,569	629,052	35,719	9.00
10.00	Dietary	0	825,487	42,164	867,651	49,268	10.00
11.00	Cafeteria	0	21,578	1,102	22,680	1,288	11.00
13.00	Nursing Administration	0	1,079,177	55,122	1,134,299	64,409	13.00
14.00	Central Services & Supply	0	134,359	6,863	141,222	8,019	14.00
15.00	Pharmacy	0	760,674	38,854	799,528	45,400	15.00
16.00	Medical Records & Library	0	760,488	38,844	799,332	45,388	16.00
17.00	SOCIAL SERVICE	0	461,685	23,582	485,267	27,555	17.00
18.00	Patient Registration	0	363,457	18,565	382,022	21,692	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	57,810	3,074,543	157,042	3,231,585	183,499	30.00
31.00	Intensive Care Unit	9,114	721,515	36,854	758,369	43,062	31.00
43.00	Nursery	2,258	87,504	4,470	91,974	5,223	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	158,657	3,680,289	187,981	3,868,270	219,652	50.00
52.00	Labor Room & Delivery Room	4,092	46,203	2,360	48,563	2,758	52.00
53.00	Anesthesiology	9,525	103,441	5,284	108,725	6,174	53.00
54.00	Radiology - Diagnostic	133,205	2,174,882	111,089	2,285,971	129,804	54.00
55.00	Radiology - Therapeutic	27,735	441,804	22,566	464,370	26,368	55.00
56.00	Radiisotope	9,964	336,610	17,193	353,803	20,090	56.00
58.00	Magnetic Resonance Imaging (MRI)	35,043	639,649	32,672	672,321	38,176	58.00
60.00	Laboratory	120,461	2,096,631	107,092	2,203,723	125,134	60.00
63.00	Blood Storing, Processing, & Trans.	5,016	166,434	8,501	174,935	9,933	63.00
65.00	Respiratory Therapy	22,432	572,704	29,253	601,957	34,181	65.00
66.00	Physical Therapy	28,282	769,999	39,330	809,329	45,956	66.00
69.00	Electrocardiology	8,737	75,770	3,870	79,640	4,522	69.00
70.00	Electroencephalography	283	8,907	455	9,362	532	70.00
71.00	Medical Supplies Charged to Patients	74	74	4	78	4	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	16,817	676,242	34,541	710,783	40,360	72.00
73.00	Drugs Charged to Patients	62,557	1,156,617	59,078	1,215,695	69,031	73.00
76.00	Cardiology	0	0	0	0	0	76.00
76.97	Cardiac Rehabilitation	2,449	82,572	4,218	86,790	4,928	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0	0	0	90.00
90.01	Sleep Lab	4,720	71,594	3,657	75,251	4,273	90.01
91.00	Emergency	63,885	2,077,602	106,120	2,183,722	123,998	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	8,303	447,221	22,843	470,064	26,692	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	Heart Acquisition	0	0	0	0	0	106.00
113.00	Interest Expense	0	0	0	0	0	113.00
118.00	SUBTOTALS (sum of lines 1-117)	791,419	30,434,467	1,478,422	30,422,788	1,629,385	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	0	5,456	279	5,735	326	190.00
192.00	Physicians' Private Offices	0	2,142	0	2,142	122	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
OTHER NONREIMBURSABLE COST CENTERS							
194.01	Hospital Leased Space	0	19,979	1,020	20,999	1,192	194.01
194.02	Mob Leased Space	0	203,212	10,380	213,592	12,128	194.02
194.03	Ortho Clinic	18,682	1,489,554	0	1,489,554	84,581	194.03
194.04	Walnut Clinic	0	1,311	0	1,311	74	194.04
194.05	Perry Plaza Leased	0	79,002	0	79,002	0	194.05
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)	810,101	32,235,123	1,490,101	32,235,123	1,727,808	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 141337		Period: From 05/01/2010 To 04/30/2011		Worksheet B Part I Date/Time Prepared: 11/22/2011 9:21 am	
Cost Center Description		Operation of Plant	Perry Plaza Plant Op	Laundry & Linen Service	Housekeeping	Dietary	
		7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt						1.00
1.01	Perry Plaza B&F						1.01
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.01	ADMINISTRATIVE & GENERAL						5.01
5.02	A&G Hospital Only						5.02
5.03	A&G Shared						5.03
7.00	Operation of Plant	2,264,689					7.00
7.01	Perry Plaza Plant Op	0	134,303				7.01
8.00	Laundry & Linen Service	15,305	31,559	742,816			8.00
9.00	Housekeeping	35,195	0	6,043	706,009		9.00
10.00	Dietary	88,467	0	0	16,952	1,022,338	10.00
11.00	Cafeteria	43,982	0	270	0	541,007	11.00
13.00	Nursing Administration	43,125	0	0	9,972	23,924	13.00
14.00	Central Services & Supply	30,912	0	247	17,949	0	14.00
15.00	Pharmacy	37,766	0	0	9,972	0	15.00
16.00	Medical Records & Library	77,665	0	0	18,947	0	16.00
17.00	SOCIAL SERVICE	24,964	0	0	2,992	0	17.00
18.00	Patient Registration	16,514	0	0	5,983	16	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	301,656	0	44,882	146,587	330,402	30.00
31.00	Intensive Care Unit	54,767	0	7,245	16,952	43,361	31.00
43.00	Nursery	16,783	0	409	12,963	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	430,562	0	23,632	95,730	48,885	50.00
52.00	Labor Room & Delivery Room	16,968	0	773	0	0	52.00
53.00	Anesthesiology	2,990	0	0	0	0	53.00
54.00	Radiology - Diagnostic	80,857	0	3,621	18,947	0	54.00
55.00	Radiology - Therapeutic	5,678	0	2,999	0	0	55.00
56.00	Radiisotope	9,895	0	1,900	0	32	56.00
58.00	Magnetic Resonance Imaging (MRI)	21,537	0	1,274	5,983	0	58.00
60.00	Laboratory	67,485	0	29	19,944	454	60.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00	Respiratory Therapy	41,663	0	0	12,963	0	65.00
66.00	Physical Therapy	69,937	0	5,963	26,924	939	66.00
69.00	Electrocardiology	2,318	0	204	0	0	69.00
70.00	Electroencephalography	5,746	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES 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	Cardiology	0	0	0	0	0	76.00
76.97	Cardiac Rehabilitation	8,349	0	2	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0	0	0	90.00
90.01	Sleep Lab	13,709	0	0	10,969	1,474	90.01
91.00	Emergency	139,337	0	14,383	149,578	31,650	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	31,936	0	0	6,980	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	Heart Acquisition	0	0	0	0	0	106.00
113.00	Interest Expense	0	0	0	0	0	113.00
118.00	SUBTOTALS (sum of lines 1-117)	1,736,068	31,559	113,876	607,287	1,022,144	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	11,121	0	0	0	0	190.00
192.00	Physicians' Private Offices	0	0	0	98,722	0	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	0	628,520	0	0	192.03
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	Hospital Leased Space	40,723	0	0	0	0	194.01
194.02	Mob Leased Space	414,198	0	0	0	0	194.02
194.03	Ortho Clinic	59,908	0	420	0	194	194.03
194.04	Walnut Clinic	2,671	0	0	0	0	194.04
194.05	Perry Plaza Leased	0	102,744	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,264,689	134,303	742,816	706,009	1,022,338	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2011 9:21 am

Cost Center Description	Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy	Medical Records & Library	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt						1.00
1.01 Perry Plaza B&F						1.01
2.00 Cap Rel Costs-Mvble Equip						2.00
4.00 Employee Benefits						4.00
5.01 ADMINISTRATIVE & GENERAL						5.01
5.02 A&G Hospital Only						5.02
5.03 A&G Shared						5.03
7.00 Operation of Plant						7.00
7.01 Perry Plaza Plant Op						7.01
8.00 Laundry & Linen Service						8.00
9.00 Housekeeping						9.00
10.00 Dietary						10.00
11.00 Cafeteria	609,227					11.00
13.00 Nursing Administration	43,324	1,319,053				13.00
14.00 Central Services & Supply	6,351	0	204,700			14.00
15.00 Pharmacy	16,948	0	1,615	911,229		15.00
16.00 Medical Records & Library	49,909	0	0	0	991,241	16.00
17.00 SOCIAL SERVICE	22,558	0	0	0	0	17.00
18.00 Patient Registration	19,402	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	105,194	608,678	20,312	250	70,738	30.00
31.00 Intensive Care Unit	17,922	107,526	2,864	3	11,152	31.00
43.00 Nursery	0	9,659	3,253	0	2,763	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	74,687	353,312	153,430	45	194,109	50.00
52.00 Labor Room & Delivery Room	0	4,869	740	0	5,007	52.00
53.00 Anesthesiology	0	0	3,891	0	11,655	53.00
54.00 Radiology - Diagnostic	45,857	0	0	695	162,995	54.00
55.00 Radiology - Therapeutic	11,727	0	0	0	33,938	55.00
56.00 Radioisotope	0	0	23	70,834	12,193	56.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	42,880	58.00
60.00 Laboratory	47,532	0	0	0	147,401	60.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	6,137	63.00
65.00 Respiratory Therapy	19,597	0	2,000	2,892	27,449	65.00
66.00 Physical Therapy	33,350	0	1,987	1,318	34,607	66.00
69.00 Electrocardiology	4,130	0	470	0	10,690	69.00
70.00 Electroencephalography	0	0	0	0	347	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	91	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	20,577	72.00
73.00 Drugs Charged to Patients	0	0	0	821,409	76,548	73.00
76.00 Cardiology	0	0	0	0	0	76.00
76.97 Cardiac Rehabilitation	3,818	0	541	0	2,997	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 Clinic	0	0	0	0	0	90.00
90.01 Sleep Lab	39	0	638	0	5,775	90.01
91.00 Emergency	49,285	235,009	10,843	360	78,173	91.00
92.00 Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 Durable Medical Equip. - Sold	17,532	0	0	0	10,159	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 Heart Acquisition	0	0	0	0	0	106.00
113.00 Interest Expense	0	0	0	0	0	113.00
118.00 SUBTOTALS (sum of lines 1-117)	589,162	1,319,053	202,607	897,806	968,381	118.00
NONREIMBURSABLE COST CENTERS						
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00 Physicians' Private Offices	0	0	0	0	0	192.00
192.03 OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 Hospital Leased Space	0	0	0	0	0	194.01
194.02 Mob Leased Space	0	0	0	0	0	194.02
194.03 Ortho Clinic	20,065	0	2,093	13,423	22,860	194.03
194.04 Walnut Clinic	0	0	0	0	0	194.04
194.05 Perry Plaza Leased	0	0	0	0	0	194.05
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)	609,227	1,319,053	204,700	911,229	991,241	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2011 9:21 am

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		Patient Registration				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt						1.00
1.01 Perry Plaza B&F						1.01
2.00 Cap Rel Costs-Mvble Equip						2.00
4.00 Employee Benefits						4.00
5.01 ADMINISTRATIVE & GENERAL						5.01
5.02 A&G Hospital Only						5.02
5.03 A&G Shared						5.03
7.00 Operation of Plant						7.00
7.01 Perry Plaza Plant Op						7.01
8.00 Laundry & Linen Service						8.00
9.00 Housekeeping						9.00
10.00 Dietary						10.00
11.00 Cafeteria						11.00
13.00 Nursing Administration						13.00
14.00 Central Services & Supply						14.00
15.00 Pharmacy						15.00
16.00 Medical Records & Library						16.00
17.00 SOCIAL SERVICE	563,336					17.00
18.00 Patient Registration	0	445,629				18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	526,932	31,801	5,602,516	0	5,602,516	30.00
31.00 Intensive Care Unit	36,404	5,013	1,104,640	0	1,104,640	31.00
43.00 Nursery	0	1,242	144,269	0	144,269	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	0	87,274	5,549,588	0	5,549,588	50.00
52.00 Labor Room & Delivery Room	0	2,251	81,929	0	81,929	52.00
53.00 Anesthesiology	0	5,240	138,675	0	138,675	53.00
54.00 Radiology - Diagnostic	0	73,275	2,802,022	0	2,802,022	54.00
55.00 Radiology - Therapeutic	0	15,257	560,337	0	560,337	55.00
56.00 Radioisotope	0	5,481	474,251	0	474,251	56.00
58.00 Magnetic Resonance Imaging (MRI)	0	19,277	801,448	0	801,448	58.00
60.00 Laboratory	0	66,265	2,677,967	0	2,677,967	60.00
63.00 Blood Storing, Processing, & Trans.	0	2,759	193,764	0	193,764	63.00
65.00 Respiratory Therapy	0	12,340	755,042	0	755,042	65.00
66.00 Physical Therapy	0	15,558	1,045,868	0	1,045,868	66.00
69.00 Electrocardiology	0	4,806	106,780	0	106,780	69.00
70.00 Electroencephalography	0	156	16,143	0	16,143	70.00
71.00 Medical Supplies Charged to Patients	0	41	214	0	214	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	9,251	780,971	0	780,971	72.00
73.00 Drugs Charged to Patients	0	34,412	2,217,095	0	2,217,095	73.00
76.00 Cardiology	0	0	0	0	0	76.00
76.97 Cardiac Rehabilitation	0	1,347	108,772	0	108,772	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 Clinic	0	0	0	0	0	90.00
90.01 Sleep Lab	0	2,596	114,724	0	114,724	90.01
91.00 Emergency	0	35,143	3,051,481	0	3,051,481	91.00
92.00 Observation Beds (Non-Distinct Part)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 Durable Medical Equip. - Sold	0	4,567	567,930	0	567,930	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 Heart Acquisition	0	0	0	0	0	106.00
113.00 Interest Expense	0	0	0	0	0	113.00
118.00 SUBTOTALS (sum of lines 1-117)	563,336	435,352	28,896,426	0	28,896,426	118.00
NONREIMBURSABLE COST CENTERS						
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	17,182	0	17,182	190.00
192.00 Physicians' Private Offices	0	0	100,986	0	100,986	192.00
192.03 OUTSIDE CONTRACT LAUNDRY	0	0	628,520	0	628,520	192.03
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 Hospital Leased Space	0	0	62,914	0	62,914	194.01
194.02 Mob Leased Space	0	0	639,918	0	639,918	194.02
194.03 Ortho Clinic	0	10,277	1,703,375	0	1,703,375	194.03
194.04 Walnut Clinic	0	0	4,056	0	4,056	194.04
194.05 Perry Plaza Leased	0	0	181,746	0	181,746	194.05
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	563,336	445,629	32,235,123	0	32,235,123	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141337

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2011 9:21 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		Bldg & Fixt	Perry Plaza B&F	Mvble Equip		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00	Cap Rel Costs-Bldg & Fixt					1.00
1.01	Perry Plaza B&F					1.01
2.00	Cap Rel Costs-Mvble Equip					2.00
4.00	Employee Benefits	0	7,426	0	0	7,426 4.00
5.01	ADMINISTRATIVE & GENERAL	0	33,150	0	2,482	35,632 5.01
5.02	A&G Hospital Only	0	65,089	766	162,636	228,491 5.02
5.03	A&G Shared	0	126,930	0	19,962	146,892 5.03
7.00	Operation of Plant	0	191,928	19,114	16,488	227,530 7.00
7.01	Perry Plaza Plant Op	0	0	861	597	1,458 7.01
8.00	Laundry & Linen Service	0	7,509	24,266	15,923	47,698 8.00
9.00	Housekeeping	0	17,267	0	28	17,295 9.00
10.00	Dietary	0	43,404	0	12,333	55,737 10.00
11.00	Cafeteria	0	21,578	0	0	21,578 11.00
13.00	Nursing Administration	0	21,158	0	252	21,410 13.00
14.00	Central Services & Supply	0	15,166	0	13,574	28,740 14.00
15.00	Pharmacy	0	18,529	0	3,542	22,071 15.00
16.00	Medical Records & Library	0	38,104	0	2,274	40,378 16.00
17.00	SOCIAL SERVICE	0	12,248	0	0	12,248 17.00
18.00	Patient Registration	0	8,102	0	2,270	10,372 18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	0	147,997	0	37,310	185,307 30.00
31.00	Intensive Care Unit	0	26,870	0	5,233	32,103 31.00
43.00	Nursery	0	8,234	0	0	8,234 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	211,239	0	224,337	435,576 50.00
52.00	Labor Room & Delivery Room	0	8,325	0	0	8,325 52.00
53.00	Anesthesiology	0	1,467	0	41,261	42,728 53.00
54.00	Radiology - Diagnostic	0	39,670	0	415,692	455,362 54.00
55.00	Radiology - Therapeutic	0	2,786	0	54,231	57,017 55.00
56.00	Radiisotope	0	4,855	0	0	4,855 56.00
58.00	Magnetic Resonance Imaging (MRI)	0	10,567	0	200,648	211,215 58.00
60.00	Laboratory	0	33,109	0	67,872	100,981 60.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0 63.00
65.00	Respiratory Therapy	0	20,441	0	9,641	30,082 65.00
66.00	Physical Therapy	0	34,312	0	17,397	51,709 66.00
69.00	Electrocardiology	0	1,137	0	2,908	4,045 69.00
70.00	Electroencephalography	0	2,819	0	3,020	5,839 70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0 71.00
72.00	IMPLANTABLE DEVICES 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	Cardiology	0	0	0	0	0 76.00
76.97	Cardiac Rehabilitation	0	4,096	0	6,207	10,303 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	Clinic	0	0	0	0	0 90.00
90.01	Sleep Lab	0	6,726	0	2,219	8,945 90.01
91.00	Emergency	0	68,361	0	18,558	86,919 91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	Durable Medical Equip. - Sold	0	15,668	0	6,385	22,053 97.00
SPECIAL PURPOSE COST CENTERS						
106.00	Heart Acquisition	0	0	0	0	0 106.00
113.00	Interest Expense	0	0	0	0	0 113.00
118.00	SUBTOTALS (sum of lines 1-117)	0	1,276,267	45,007	1,365,280	2,686,554 118.00
NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	0	5,456	0	0	5,456 190.00
192.00	Physicians' Private Offices	0	0	0	2,142	2,142 192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0 192.03
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
194.01	Hospital Leased Space	0	19,979	0	0	19,979 194.01
194.02	Mob Leased Space	0	203,212	0	0	203,212 194.02
194.03	Ortho Clinic	0	29,392	0	2,413	31,805 194.03
194.04	Walnut Clinic	0	1,311	0	0	1,311 194.04
194.05	Perry Plaza Leased	0	0	79,002	0	79,002 194.05
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	1,535,617	124,009	1,369,835	3,029,461 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141337		Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/22/2011 9:21 am	
Cost Center Description	Employee Benefits	ADMINISTRATIVE & GENERAL	A&G Hospital Only	A&G Shared	Operation of Plant		
	4.00	5.01	5.02	5.03	7.00		
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt						1.00
1.01	Perry Plaza B&F						1.01
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits	7,426					4.00
5.01	ADMINISTRATIVE & GENERAL	233	35,865				5.01
5.02	A&G Hospital Only	376	0	228,867			5.02
5.03	A&G Shared	393	0	12,896	160,181		5.03
7.00	Operation of Plant	280	0	15,995	11,281	255,086	7.00
7.01	Perry Plaza Plant Op	19	0	949	669	0	7.01
8.00	Laundry & Linen Service	173	0	4,915	3,467	1,724	8.00
9.00	Housekeeping	182	0	4,695	3,311	3,964	9.00
10.00	Dietary	211	0	6,476	4,567	9,965	10.00
11.00	Cafeteria	0	0	169	119	4,954	11.00
13.00	Nursing Administration	468	0	8,466	5,971	4,857	13.00
14.00	Central Services & Supply	28	0	1,054	743	3,482	14.00
15.00	Pharmacy	149	0	5,967	4,209	4,254	15.00
16.00	Medical Records & Library	267	0	5,966	4,208	8,748	16.00
17.00	SOCIAL SERVICE	169	0	3,622	2,554	2,812	17.00
18.00	Patient Registration	135	0	2,851	2,011	1,860	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	1,076	2,561	24,120	17,011	33,977	30.00
31.00	Intensive Care Unit	265	404	5,660	3,992	6,169	31.00
43.00	Nursery	23	100	686	484	1,890	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	830	7,006	28,877	20,373	48,497	50.00
52.00	Labor Room & Delivery Room	12	181	362	256	1,911	52.00
53.00	Anesthesiology	0	422	811	572	337	53.00
54.00	Radiology - Diagnostic	412	5,901	17,062	12,033	9,107	54.00
55.00	Radiology - Therapeutic	122	1,229	3,466	2,444	640	55.00
56.00	Radiisotope	0	441	2,641	1,862	1,115	56.00
58.00	Magnetic Resonance Imaging (MRI)	0	1,552	5,018	3,539	2,426	58.00
60.00	Laboratory	369	5,336	16,448	11,600	7,601	60.00
63.00	Blood Storing, Processing, & Trans.	0	222	1,306	921	0	63.00
65.00	Respiratory Therapy	196	994	4,493	3,169	4,693	65.00
66.00	Physical Therapy	267	1,253	6,041	4,260	7,877	66.00
69.00	Electrocardiology	21	387	594	419	261	69.00
70.00	Electroencephalography	1	13	70	49	647	70.00
71.00	Medical Supplies Charged to Patients	0	3	1	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	745	5,305	3,742	0	72.00
73.00	Drugs Charged to Patients	0	2,771	9,074	6,399	0	73.00
76.00	Cardiology	0	0	0	0	0	76.00
76.97	Cardiac Rehabilitation	26	109	648	457	940	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0	0	0	90.00
90.01	Sleep Lab	21	209	562	396	1,544	90.01
91.00	Emergency	460	2,830	16,299	11,495	15,694	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	87	368	3,508	2,474	3,597	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	Heart Acquisition	0	0	0	0	0	106.00
113.00	Interest Expense	0	0	0	0	0	113.00
118.00	SUBTOTALS (sum of lines 1-117)	7,271	35,037	227,073	151,057	195,543	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	43	30	1,253	190.00
192.00	Physicians' Private Offices	0	0	0	11	0	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
OTHER NONREIMBURSABLE COST CENTERS							
194.01	Hospital Leased Space	0	0	157	111	4,587	194.01
194.02	Mob Leased Space	0	0	1,594	1,124	46,654	194.02
194.03	Ortho Clinic	155	828	0	7,841	6,748	194.03
194.04	Walnut Clinic	0	0	0	7	301	194.04
194.05	Perry Plaza Leased	0	0	0	0	0	194.05
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)	7,426	35,865	228,867	160,181	255,086	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 141337		Peri od: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/22/2011 9: 21 am	
Cost Center Description		Perry Plaza Plant Op	Laundry & Linen Service	Housekeepi ng	Di etary	Cafeteria	
		7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt						1.00
1.01	Perry Plaza B&F						1.01
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.01	ADMINISTRATIVE & GENERAL						5.01
5.02	A&G Hospi tal Only						5.02
5.03	A&G Shared						5.03
7.00	Operation of Plant						7.00
7.01	Perry Plaza Plant Op	3,095					7.01
8.00	Laundry & Linen Service	727	58,704				8.00
9.00	Housekeeping	0	478	29,925			9.00
10.00	Di etary	0	0	719	77,675		10.00
11.00	Cafeteria	0	21	0	41,105	67,946	11.00
13.00	Nursing Administration	0	0	423	1,818	4,832	13.00
14.00	Central Services & Supply	0	20	761	0	708	14.00
15.00	Pharmacy	0	0	423	0	1,890	15.00
16.00	Medical Records & Library	0	0	803	0	5,566	16.00
17.00	SOCIAL SERVICE	0	0	127	0	2,516	17.00
18.00	Patient Registration	0	0	254	1	2,164	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	0	3,547	6,213	25,103	11,732	30.00
31.00	Intensive Care Unit	0	573	719	3,295	1,999	31.00
43.00	Nursery	0	32	549	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	0	1,868	4,058	3,714	8,330	50.00
52.00	Labor Room & Delivery Room	0	61	0	0	0	52.00
53.00	Anesthesiology	0	0	0	0	0	53.00
54.00	Radiology - Diagnostic	0	286	803	0	5,114	54.00
55.00	Radiology - Therapeutic	0	237	0	0	1,308	55.00
56.00	Radi isotope	0	150	0	2	0	56.00
58.00	Magnetic Resonance Imaging (MRI)	0	101	254	0	0	58.00
60.00	Laboratory	0	2	845	34	5,301	60.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00	Respiratory Therapy	0	0	549	0	2,186	65.00
66.00	Physical Therapy	0	471	1,141	71	3,719	66.00
69.00	Electro cardi ology	0	16	0	0	461	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES 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	Cardiology	0	0	0	0	0	76.00
76.97	Cardiac Rehabilitation	0	0	0	0	426	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0	0	0	90.00
90.01	Sleep Lab	0	0	465	112	4	90.01
91.00	Emergency	0	1,137	6,339	2,405	5,497	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	0	0	296	0	1,955	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	Heart Acquisition	0	0	0	0	0	106.00
113.00	Interest Expense	0	0	0	0	0	113.00
118.00	SUBTOTALS (sum of lines 1-117)	727	9,000	25,741	77,660	65,708	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	Physicians' Private Offices	0	0	4,184	0	0	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	49,671	0	0	0	192.03
OTHER NONREIMBURSABLE COST CENTERS							
194.01	Hospital Leased Space	0	0	0	0	0	194.01
194.02	Mob Leased Space	0	0	0	0	0	194.02
194.03	Ortho Clinic	0	33	0	15	2,238	194.03
194.04	Walnut Clinic	0	0	0	0	0	194.04
194.05	Perry Plaza Leased	2,368	0	0	0	0	194.05
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)	3,095	58,704	29,925	77,675	67,946	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/22/2011 9:21 am
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Cost Center Description		Nursing Administration	Central Services & Supply	Pharmacy	Medical Records & Library	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt						1.00
1.01	Perry Plaza B&F						1.01
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.01	ADMINISTRATIVE & GENERAL						5.01
5.02	A&G Hospital Only						5.02
5.03	A&G Shared						5.03
7.00	Operation of Plant						7.00
7.01	Perry Plaza Plant Op						7.01
8.00	Laundry & Linen Service						8.00
9.00	Housekeeping						9.00
10.00	Dietary						10.00
11.00	Cafeteria						11.00
13.00	Nursing Administration	48,245					13.00
14.00	Central Services & Supply	0	35,536				14.00
15.00	Pharmacy	0	280	39,243			15.00
16.00	Medical Records & Library	0	0	0	65,936		16.00
17.00	SOCIAL SERVICE	0	0	0	0	24,048	17.00
18.00	Patient Registration	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	22,262	3,526	11	4,704	22,494	30.00
31.00	Intensive Care Unit	3,933	497	0	742	1,554	31.00
43.00	Nursery	353	565	0	184	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	12,923	26,636	2	12,925	0	50.00
52.00	Labor Room & Delivery Room	178	129	0	333	0	52.00
53.00	Anesthesiology	0	675	0	775	0	53.00
54.00	Radiology - Diagnostic	0	0	30	10,840	0	54.00
55.00	Radiology - Therapeutic	0	0	0	2,257	0	55.00
56.00	Radioisotope	0	4	3,051	811	0	56.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	2,852	0	58.00
60.00	Laboratory	0	0	0	9,802	0	60.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	408	0	63.00
65.00	Respiratory Therapy	0	347	125	1,825	0	65.00
66.00	Physical Therapy	0	345	57	2,301	0	66.00
69.00	Electrocardiology	0	82	0	711	0	69.00
70.00	Electroencephalography	0	0	0	23	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	6	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	1,368	0	72.00
73.00	Drugs Charged to Patients	0	0	35,374	5,091	0	73.00
76.00	Cardiology	0	0	0	0	0	76.00
76.97	Cardiac Rehabilitation	0	94	0	199	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0	0	0	90.00
90.01	Sleep Lab	0	111	0	384	0	90.01
91.00	Emergency	8,596	1,882	15	5,199	0	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	0	0	0	676	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	Heart Acquisition	0	0	0	0	0	106.00
113.00	Interest Expense	0	0	0	0	0	113.00
118.00	SUBTOTALS (sum of lines 1-117)	48,245	35,173	38,665	64,416	24,048	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	Hospital Leased Space	0	0	0	0	0	194.01
194.02	Mob Leased Space	0	0	0	0	0	194.02
194.03	Ortho Clinic	0	363	578	1,520	0	194.03
194.04	Walnut Clinic	0	0	0	0	0	194.04
194.05	Perry Plaza Leased	0	0	0	0	0	194.05
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)	48,245	35,536	39,243	65,936	24,048	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141337

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

Worksheet B
Part II
Date/Time Prepared:
11/22/2011 9:21 am

Cost Center Description	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	Patient Registration				
	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 Cap Rel Costs-Bldg & Fixt					1.00
1.01 Perry Plaza B&F					1.01
2.00 Cap Rel Costs-Mvble Equip					2.00
4.00 Employee Benefits					4.00
5.01 ADMINISTRATIVE & GENERAL					5.01
5.02 A&G Hospital Only					5.02
5.03 A&G Shared					5.03
7.00 Operation of Plant					7.00
7.01 Perry Plaza Plant Op					7.01
8.00 Laundry & Linen Service					8.00
9.00 Housekeeping					9.00
10.00 Dietary					10.00
11.00 Cafeteria					11.00
13.00 Nursing Administration					13.00
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 Patient Registration	19,648				18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 Adults & Pediatrics	1,404	365,048	0	365,048	30.00
31.00 Intensive Care Unit	221	62,126	0	62,126	31.00
43.00 Nursery	55	13,155	0	13,155	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 Operating Room	3,822	615,437	0	615,437	50.00
52.00 Labor Room & Delivery Room	99	11,847	0	11,847	52.00
53.00 Anesthesiology	231	46,551	0	46,551	53.00
54.00 Radiology - Diagnostic	3,236	520,186	0	520,186	54.00
55.00 Radiology - Therapeutic	674	69,394	0	69,394	55.00
56.00 Radiosotope	242	15,174	0	15,174	56.00
58.00 Magnetic Resonance Imaging (MRI)	851	227,808	0	227,808	58.00
60.00 Laboratory	2,926	161,245	0	161,245	60.00
63.00 Blood Storing, Processing, & Trans.	122	2,979	0	2,979	63.00
65.00 Respiratory Therapy	545	49,204	0	49,204	65.00
66.00 Physical Therapy	687	80,199	0	80,199	66.00
69.00 Electrocardiology	212	7,209	0	7,209	69.00
70.00 Electroencephalography	7	6,649	0	6,649	70.00
71.00 Medical Supplies Charged to Patients	2	12	0	12	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	409	11,569	0	11,569	72.00
73.00 Drugs Charged to Patients	1,520	60,229	0	60,229	73.00
76.00 Cardiology	0	0	0	0	76.00
76.97 Cardiac Rehabilitation	60	13,262	0	13,262	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 Clinic	0	0	0	0	90.00
90.01 Sleep Lab	115	12,868	0	12,868	90.01
91.00 Emergency	1,552	166,319	0	166,319	91.00
92.00 Observation Beds (Non-Distinct Part)			0		92.00
OTHER REIMBURSABLE COST CENTERS					
97.00 Durable Medical Equip. - Sold	202	35,216	0	35,216	97.00
SPECIAL PURPOSE COST CENTERS					
106.00 Heart Acquisition	0	0	0	0	106.00
113.00 Interest Expense	0	0	0	0	113.00
118.00 SUBTOTALS (sum of lines 1-117)	19,194	2,553,686	0	2,553,686	118.00
NONREIMBURSABLE COST CENTERS					
190.00 Gift, Flower, Coffee Shop, & Canteen	0	6,782	0	6,782	190.00
192.00 Physicians' Private Offices	0	6,337	0	6,337	192.00
192.03 OUTSIDE CONTRACT LAUNDRY	0	49,671	0	49,671	192.03
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01 Hospital Leased Space	0	24,834	0	24,834	194.01
194.02 Mob Leased Space	0	252,584	0	252,584	194.02
194.03 Ortho Clinic	454	52,578	0	52,578	194.03
194.04 Walnut Clinic	0	1,619	0	1,619	194.04
194.05 Perry Plaza Leased	0	81,370	0	81,370	194.05
200.00 Cross Foot Adjustments	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	19,648	3,029,461	0	3,029,461	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

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

Worksheet B-1

Date/Time Prepared:
11/22/2011 9:21 am

Cost Center Description	CAPITAL RELATED COSTS			Employee Benefits (Gross Salaries)	ADMINISTRATIVE & GENERAL (Gross Revenue)	
	Bldg & Fixt (Square Feet)	Perry Plaza B&F (Assigned Time)	Mvble Equip (PLAZA SQUARE FEET)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Cap Rel Costs-Bldg & Fixt	186,311				1.00
1.01	Perry Plaza B&F	0	37,714			1.01
2.00	Cap Rel Costs-Mvble Equip			1,328,910		2.00
4.00	Employee Benefits	901	0	0	13,755,040	4.00
5.01	ADMINISTRATIVE & GENERAL	4,022	0	2,408	432,046	64,312,588
5.02	A&G Hospital Only	7,897	233	157,777	695,930	0
5.03	A&G Shared	15,400	0	19,366	727,586	0
7.00	Operation of Plant	23,286	5,813	15,995	519,039	0
7.01	Perry Plaza Plant Op	0	262	579	35,373	0
8.00	Laundry & Linen Service	911	7,380	15,447	320,612	0
9.00	Housekeeping	2,095	0	27	337,294	0
10.00	Dietary	5,266	0	11,965	390,725	0
11.00	Cafeteria	2,618	0	0	0	0
13.00	Nursing Administration	2,567	0	244	866,569	0
14.00	Central Services & Supply	1,840	0	13,168	51,184	0
15.00	Pharmacy	2,248	0	3,436	276,283	0
16.00	Medical Records & Library	4,623	0	2,206	493,823	0
17.00	SOCIAL SERVICE	1,486	0	0	312,519	0
18.00	Patient Registration	983	0	2,202	249,869	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	17,956	0	36,195	1,995,919	4,589,531
31.00	Intensive Care Unit	3,260	0	5,077	491,483	723,525
43.00	Nursery	999	0	0	43,490	179,279
ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	25,629	0	217,635	1,536,605	12,594,391
52.00	Labor Room & Delivery Room	1,010	0	0	21,956	324,867
53.00	Anesthesiology	178	0	40,028	0	756,212
54.00	Radiology - Diagnostic	4,813	0	403,274	763,771	10,575,165
55.00	Radiology - Therapeutic	338	0	52,611	226,359	2,201,890
56.00	Radioisotope	589	0	0	0	791,063
58.00	Magnetic Resonance Imaging (MRI)	1,282	0	194,653	0	2,782,065
60.00	Laboratory	4,017	0	65,844	684,052	9,563,406
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	398,199
65.00	Respiratory Therapy	2,480	0	9,353	362,148	1,780,871
66.00	Physical Therapy	4,163	0	16,877	494,233	2,245,331
69.00	Electrocardiology	138	0	2,821	39,014	693,596
70.00	Electroencephalography	342	0	2,930	1,881	22,501
71.00	Medical Supplies Charged to Patients	0	0	0	0	5,900
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	1,335,074
73.00	Drugs Charged to Patients	0	0	0	0	4,966,426
76.00	Cardiology	0	0	0	0	0
76.97	Cardiac Rehabilitation	497	0	6,022	48,761	194,455
OUTPATIENT SERVICE COST CENTERS						
90.00	Clinic	0	0	0	0	0
90.01	Sleep Lab	816	0	2,153	38,007	374,694
91.00	Emergency	8,294	0	18,004	851,123	5,071,861
92.00	Observation Beds (Non-Distinct Part)					
OTHER REIMBURSABLE COST CENTERS						
97.00	Durable Medical Equip. - Sold	1,901	0	6,194	161,195	659,148
SPECIAL PURPOSE COST CENTERS						
106.00	Heart Acquisition	0	0	0	0	0
113.00	Interest Expense	0	0	0	0	0
118.00	SUBTOTALS (sum of lines 1-117)	154,845	13,688	1,324,491	13,468,849	62,829,450
NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	662	0	0	0	0
192.00	Physicians' Private Offices	0	0	2,078	0	0
192.03	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0
194.01	Hospital Leased Space	2,424	0	0	0	0
194.02	Mob Leased Space	24,655	0	0	0	0
194.03	Ortho Clinic	3,566	0	2,341	286,191	1,483,138
194.04	Walnut Clinic	159	0	0	0	0
194.05	Perry Plaza Leased	0	24,026	0	0	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	Cost to be allocated (per Wkst. B, Part I)	1,535,617	124,009	1,369,835	4,669,956	810,101
203.00	Unit cost multiplier (Wkst. B, Part I)	8.242224	3.288142	1.030796	0.339509	0.012596
204.00	Cost to be allocated (per Wkst. B, Part II)				7,426	35,865
205.00	Unit cost multiplier (Wkst. B, Part II)				0.000540	0.000558

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 141337		Period: From 05/01/2010 To 04/30/2011		Worksheet B-1	
Cost Center Description		Reconciliation	A&G Hospital Only (Accum. Cost)	Reconciliation	A&G Shared (Accum. Cost)	Operation of Plant (Square Feet)	
		5A.02	5.02	5A.03	5.03	7.00	
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt						1.00
1.01	Perry Plaza B&F						1.01
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.01	ADMINISTRATIVE & GENERAL						5.01
5.02	A&G Hospital Only	-1,490,101	29,173,013				5.02
5.03	A&G Shared	0	1,643,844	-1,727,808	30,428,313		5.03
7.00	Operation of Plant	0	2,038,862	0	2,143,003	134,805	7.00
7.01	Perry Plaza Plant Op	0	120,911	0	127,087	0	7.01
8.00	Laundry & Linen Service	0	626,554	0	658,557	911	8.00
9.00	Housekeeping	0	598,483	0	629,052	2,095	9.00
10.00	Dietary	0	825,487	0	867,651	5,266	10.00
11.00	Cafeteria	0	21,578	0	22,680	2,618	11.00
13.00	Nursing Administration	0	1,079,177	0	1,134,299	2,567	13.00
14.00	Central Services & Supply	0	134,359	0	141,222	1,840	14.00
15.00	Pharmacy	0	760,674	0	799,528	2,248	15.00
16.00	Medical Records & Library	0	760,488	0	799,332	4,623	16.00
17.00	SOCIAL SERVICE	0	461,685	0	485,267	1,486	17.00
18.00	Patient Registration	0	363,457	0	382,022	983	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	0	3,074,543	0	3,231,585	17,956	30.00
31.00	Intensive Care Unit	0	721,515	0	758,369	3,260	31.00
43.00	Nursery	0	87,504	0	91,974	999	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	0	3,680,289	0	3,868,270	25,629	50.00
52.00	Labor Room & Delivery Room	0	46,203	0	48,563	1,010	52.00
53.00	Anesthesiology	0	103,441	0	108,725	178	53.00
54.00	Radiology - Diagnostic	0	2,174,882	0	2,285,971	4,813	54.00
55.00	Radiology - Therapeutic	0	441,804	0	464,370	338	55.00
56.00	Radioisotope	0	336,610	0	353,803	589	56.00
58.00	Magnetic Resonance Imaging (MRI)	0	639,649	0	672,321	1,282	58.00
60.00	Laboratory	0	2,096,631	0	2,203,723	4,017	60.00
63.00	Blood Storing, Processing, & Trans.	0	166,434	0	174,935	0	63.00
65.00	Respiratory Therapy	0	572,704	0	601,957	2,480	65.00
66.00	Physical Therapy	0	769,999	0	809,329	4,163	66.00
69.00	Electrocardiology	0	75,770	0	79,640	138	69.00
70.00	Electroencephalography	0	8,907	0	9,362	342	70.00
71.00	Medical Supplies Charged to Patients	0	74	0	78	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	676,242	0	710,783	0	72.00
73.00	Drugs Charged to Patients	0	1,156,617	0	1,215,695	0	73.00
76.00	Cardiology	0	0	0	0	0	76.00
76.97	Cardiac Rehabilitation	0	82,572	0	86,790	497	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0	0	0	90.00
90.01	Sleep Lab	0	71,594	0	75,251	816	90.01
91.00	Emergency	0	2,077,602	0	2,183,722	8,294	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	0	447,221	0	470,064	1,901	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	Heart Acquisition	0	0	0	0	0	106.00
113.00	Interest Expense	0	0	0	0	0	113.00
118.00	SUBTOTALS (sum of lines 1-117)	-1,490,101	28,944,366	-1,727,808	28,694,980	103,339	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	0	5,456	0	5,735	662	190.00
192.00	Physicians' Private Offices	-2,142	0	0	2,142	0	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	Hospital Leased Space	0	19,979	0	20,999	2,424	194.01
194.02	Mob Leased Space	0	203,212	0	213,592	24,655	194.02
194.03	Ortho Clinic	-1,489,554	0	0	1,489,554	3,566	194.03
194.04	Walnut Clinic	-1,311	0	0	1,311	159	194.04
194.05	Perry Plaza Leased	-79,002	0	-79,002	0	0	194.05
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)		1,490,101		1,727,808	2,264,689	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.051078		0.056783	16.799740	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		228,867		160,181	255,086	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.007845		0.005264	1.892259	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

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

Worksheet B-1

Date/Time Prepared:
11/22/2011 9:21 am

Cost Center Description	Perry Plaza Plant Op (PLAZA SQUARE FEET)	Laundry & Linen Service (Pounds of Laundry)	Housekeeping (Hours of Service)	Dietary (Meals Served)	Cafeteria (FTE'S SERVED)	
	7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt						1.00
1.01 Perry Plaza B&F						1.01
2.00 Cap Rel Costs-Mvble Equip						2.00
4.00 Employee Benefits						4.00
5.01 ADMINISTRATIVE & GENERAL						5.01
5.02 A&G Hospital Only						5.02
5.03 A&G Shared						5.03
7.00 Operation of Plant						7.00
7.01 Perry Plaza Plant Op	31,406					7.01
8.00 Laundry & Linen Service	7,380	1,491,357				8.00
9.00 Housekeeping	0	12,132	708			9.00
10.00 Dietary	0	0	17	63,116		10.00
11.00 Cafeteria	0	542	0	33,400	15,637	11.00
13.00 Nursing Administration	0	0	10	1,477	1,112	13.00
14.00 Central Services & Supply	0	496	18	0	163	14.00
15.00 Pharmacy	0	0	10	0	435	15.00
16.00 Medical Records & Library	0	0	19	0	1,281	16.00
17.00 SOCIAL SERVICE	0	0	3	0	579	17.00
18.00 Patient Registration	0	0	6	1	498	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	0	90,110	147	20,398	2,700	30.00
31.00 Intensive Care Unit	0	14,546	17	2,677	460	31.00
43.00 Nursery	0	821	13	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	0	47,446	96	3,018	1,917	50.00
52.00 Labor Room & Delivery Room	0	1,552	0	0	0	52.00
53.00 Anesthesiology	0	0	0	0	0	53.00
54.00 Radiology - Diagnostic	0	7,269	19	0	1,177	54.00
55.00 Radiology - Therapeutic	0	6,022	0	0	301	55.00
56.00 Radiotope	0	3,815	0	2	0	56.00
58.00 Magnetic Resonance Imaging (MRI)	0	2,557	6	0	0	58.00
60.00 Laboratory	0	59	20	28	1,220	60.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00 Respiratory Therapy	0	0	13	0	503	65.00
66.00 Physical Therapy	0	11,971	27	58	856	66.00
69.00 Electrocardiology	0	409	0	0	106	69.00
70.00 Electroencephalography	0	0	0	0	0	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00 IMPLANTABLE DEVICES 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 Cardiology	0	0	0	0	0	76.00
76.97 Cardiac Rehabilitation	0	4	0	0	98	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 Clinic	0	0	0	0	0	90.00
90.01 Sleep Lab	0	0	11	91	1	90.01
91.00 Emergency	0	28,876	150	1,954	1,265	91.00
92.00 Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 Durable Medical Equip. - Sold	0	0	7	0	450	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 Heart Acquisition	0	0	0	0	0	106.00
113.00 Interest Expense	0	0	0	0	0	113.00
118.00 SUBTOTALS (sum of lines 1-117)	7,380	228,627	609	63,104	15,122	118.00
NONREIMBURSABLE COST CENTERS						
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00 Physicians' Private Offices	0	0	99	0	0	192.00
192.03 OUTSIDE CONTRACT LAUNDRY		1,261,887	0	0	0	192.03
OTHER NONREIMBURSABLE COST CENTERS						
194.01 Hospital Leased Space	0	0	0	0	0	194.01
194.02 Mob Leased Space	0	0	0	0	0	194.02
194.03 Ortho Clinic	0	843	0	12	515	194.03
194.04 Walnut Clinic	0	0	0	0	0	194.04
194.05 Perry Plaza Leased	24,026	0	0	0	0	194.05
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)	134,303	742,816	706,009	1,022,338	609,227	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.276348	0.498081	997.187853	16.197763	38.960606	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	3,095	58,704	29,925	77,675	67,946	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.098548	0.039363	42.266949	1.230671	4.345207	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

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

Worksheet B-1
Date/Time Prepared:
11/22/2011 9:21 am

Cost Center Description		Nursing Administration (Direct Nurs. Hrs.)	Central Services & Supply (Costed Requi s.)	Pharmacy (Costed Requi s.)	Medical Records & Library (Gross Revenue)	SOCIAL SERVICE (Time Spent)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt						1.00
1.01	Perry Plaza B&F						1.01
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.01	ADMINISTRATIVE & GENERAL						5.01
5.02	A&G Hospital Only						5.02
5.03	A&G Shared						5.03
7.00	Operation of Plant						7.00
7.01	Perry Plaza Plant Op						7.01
8.00	Laundry & Linen Service						8.00
9.00	Housekeeping						9.00
10.00	Dietary						10.00
11.00	Cafeteria						11.00
13.00	Nursing Administration	16,524					13.00
14.00	Central Services & Supply	0	1,125,776				14.00
15.00	Pharmacy	0	8,880	1,310,357			15.00
16.00	Medical Records & Library	0	0	0	64,312,588		16.00
17.00	SOCIAL SERVICE	0	0	0	0	5,478	17.00
18.00	Patient Registration	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	7,625	111,710	359	4,589,531	5,124	30.00
31.00	Intensive Care Unit	1,347	15,750	5	723,525	354	31.00
43.00	Nursery	121	17,892	0	179,279	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	4,426	843,803	64	12,594,391	0	50.00
52.00	Labor Room & Delivery Room	61	4,071	0	324,867	0	52.00
53.00	Anesthesiology	0	21,397	0	756,212	0	53.00
54.00	Radiology - Diagnostic	0	0	1,000	10,575,165	0	54.00
55.00	Radiology - Therapeutic	0	0	0	2,201,890	0	55.00
56.00	Radiosotope	0	126	101,860	791,063	0	56.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	2,782,065	0	58.00
60.00	Laboratory	0	0	0	9,563,406	0	60.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	398,199	0	63.00
65.00	Respiratory Therapy	0	11,001	4,159	1,780,871	0	65.00
66.00	Physical Therapy	0	10,930	1,895	2,245,331	0	66.00
69.00	Electrocardiology	0	2,583	0	693,596	0	69.00
70.00	Electroencephalography	0	0	0	22,501	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	5,900	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	1,335,074	0	72.00
73.00	Drugs Charged to Patients	0	0	1,181,196	4,966,426	0	73.00
76.00	Cardiology	0	0	0	0	0	76.00
76.97	Cardiac Rehabilitation	0	2,978	0	194,455	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0	0	0	90.00
90.01	Sleep Lab	0	3,510	0	374,694	0	90.01
91.00	Emergency	2,944	59,634	517	5,071,861	0	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	0	0	0	659,148	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	Heart Acquisition	0	0	0	0	0	106.00
113.00	Interest Expense	0	0	0	0	0	113.00
118.00	SUBTOTALS (sum of lines 1-117)	16,524	1,114,265	1,291,055	62,829,450	5,478	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	Hospital Leased Space	0	0	0	0	0	194.01
194.02	Mob Leased Space	0	0	0	0	0	194.02
194.03	Ortho Clinic	0	11,511	19,302	1,483,138	0	194.03
194.04	Walnut Clinic	0	0	0	0	0	194.04
194.05	Perry Plaza Leased	0	0	0	0	0	194.05
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)	1,319,053	204,700	911,229	991,241	563,336	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	79.826495	0.181830	0.695405	0.015413	102.836072	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	48,245	35,536	39,243	65,936	24,048	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.919693	0.031566	0.029948	0.001025	4.389923	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

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

Worksheet B-1
Date/Time Prepared:
11/22/2011 9:21 am

Cost Center Description		OTHER GENERAL SERVICE	
		Patient Registration (Gross Revenue)	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	Cap Rel Costs-Bldg & Fixt		1.00
1.01	Perry Plaza B&F		1.01
2.00	Cap Rel Costs-Mvble Equip		2.00
4.00	Employee Benefits		4.00
5.01	ADMINISTRATIVE & GENERAL		5.01
5.02	A&G Hospital Only		5.02
5.03	A&G Shared		5.03
7.00	Operation of Plant		7.00
7.01	Perry Plaza Plant Op		7.01
8.00	Laundry & Linen Service		8.00
9.00	Housekeeping		9.00
10.00	Dietary		10.00
11.00	Cafeteria		11.00
13.00	Nursing Administration		13.00
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	Patient Registration	64,312,588	18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	Adults & Pediatrics	4,589,531	30.00
31.00	Intensive Care Unit	723,525	31.00
43.00	Nursery	179,279	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	Operating Room	12,594,391	50.00
52.00	Labor Room & Delivery Room	324,867	52.00
53.00	Anesthesiology	756,212	53.00
54.00	Radiology - Diagnostic	10,575,165	54.00
55.00	Radiology - Therapeutic	2,201,890	55.00
56.00	Radiisotope	791,063	56.00
58.00	Magnetic Resonance Imaging (MRI)	2,782,065	58.00
60.00	Laboratory	9,563,406	60.00
63.00	Blood Storing, Processing, & Trans.	398,199	63.00
65.00	Respiratory Therapy	1,780,871	65.00
66.00	Physical Therapy	2,245,331	66.00
69.00	Electrocardiology	693,596	69.00
70.00	Electroencephalography	22,501	70.00
71.00	Medical Supplies Charged to Patients	5,900	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	1,335,074	72.00
73.00	Drugs Charged to Patients	4,966,426	73.00
76.00	Cardiology	0	76.00
76.97	Cardiac Rehabilitation	194,455	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	Clinic	0	90.00
90.01	Sleep Lab	374,694	90.01
91.00	Emergency	5,071,861	91.00
92.00	Observation Beds (Non-Distinct Part)		92.00
OTHER REIMBURSABLE COST CENTERS			
97.00	Durable Medical Equip. - Sold	659,148	97.00
SPECIAL PURPOSE COST CENTERS			
106.00	Heart Acquisition	0	106.00
113.00	Interest Expense	0	113.00
118.00	SUBTOTALS (sum of lines 1-117)	62,829,450	118.00
NONREIMBURSABLE COST CENTERS			
190.00	Gift, Flower, Coffee Shop, & Canteen	0	190.00
192.00	Physicians' Private Offices	0	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	192.03
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	Hospital Leased Space	0	194.01
194.02	Mob Leased Space	0	194.02
194.03	Ortho Clinic	1,483,138	194.03
194.04	Walnut Clinic	0	194.04
194.05	Perry Plaza Leased	0	194.05
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)	445,629	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.006929	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	19,648	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000306	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/22/2011 9:21 am
		Title XVIII	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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics		5,602,516	0	0	30.00
31.00	Intensive Care Unit		1,104,640	0	0	31.00
43.00	Nursery		144,269	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room		5,549,588	0	0	50.00
52.00	Labor Room & Delivery Room		81,929	0	0	52.00
53.00	Anesthesiology		138,675	0	0	53.00
54.00	Radiology - Diagnostic		2,802,022	0	0	54.00
55.00	Radiology - Therapeutic		560,337	0	0	55.00
56.00	Radiosotope		474,251	0	0	56.00
58.00	Magnetic Resonance Imaging (MRI)		801,448	0	0	58.00
60.00	Laboratory		2,677,967	0	0	60.00
63.00	Blood Storing, Processing, & Trans.		193,764	0	0	63.00
65.00	Respiratory Therapy	0	755,042	0	0	65.00
66.00	Physical Therapy	0	1,045,868	0	0	66.00
69.00	Electrocardiology		106,780	0	0	69.00
70.00	Electroencephalography		16,143	0	0	70.00
71.00	Medical Supplies Charged to Patients		214	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS		780,971	0	0	72.00
73.00	Drugs Charged to Patients		2,217,095	0	0	73.00
76.00	Cardiology		0	0	0	76.00
76.97	Cardiac Rehabilitation		108,772	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	Clinic		0	0	0	90.00
90.01	Sleep Lab		114,724	0	0	90.01
91.00	Emergency		3,051,481	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)		527,021	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	Durable Medical Equip. - Sold		567,930	0	0	97.00
SPECIAL PURPOSE COST CENTERS						
106.00	Heart Acquisition		0	0	0	106.00
113.00	Interest Expense					113.00
200.00	Subtotal (see instructions)	0	29,423,447	0	0	200.00
201.00	Less Observation Beds		527,021		0	201.00
202.00	Total (see instructions)	0	28,896,426	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/22/2011 9:21 am
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		Title XVIII			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				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	4,091,074		4,091,074			30.00
31.00	Intensive Care Unit	723,525		723,525			31.00
43.00	Nursery	179,279		179,279			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	3,233,738	9,360,653	12,594,391	0.440640	0.000000	50.00
52.00	Labor Room & Delivery Room	324,867	0	324,867	0.252192	0.000000	52.00
53.00	Anesthesiology	237,157	519,055	756,212	0.183381	0.000000	53.00
54.00	Radiology - Diagnostic	938,414	9,636,751	10,575,165	0.264962	0.000000	54.00
55.00	Radiology - Therapeutic	368,434	1,833,456	2,201,890	0.254480	0.000000	55.00
56.00	Radioisotope	51,200	739,863	791,063	0.599511	0.000000	56.00
58.00	Magnetic Resonance Imaging (MRI)	202,494	2,579,571	2,782,065	0.288077	0.000000	58.00
60.00	Laboratory	1,450,671	8,112,735	9,563,406	0.280022	0.000000	60.00
63.00	Blood Storing, Processing, & Trans.	147,566	250,633	398,199	0.486601	0.000000	63.00
65.00	Respiratory Therapy	1,510,966	269,905	1,780,871	0.423973	0.000000	65.00
66.00	Physical Therapy	348,514	1,896,817	2,245,331	0.465797	0.000000	66.00
69.00	Electrocardiology	76,077	617,519	693,596	0.153951	0.000000	69.00
70.00	Electroencephalography	1,406	21,095	22,501	0.717435	0.000000	70.00
71.00	Medical Supplies Charged to Patients	5,108	792	5,900	0.036271	0.000000	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	821,936	513,138	1,335,074	0.584965	0.000000	72.00
73.00	Drugs Charged to Patients	1,803,956	3,162,470	4,966,426	0.446417	0.000000	73.00
76.00	Cardiology	0	0	0	0.000000	0.000000	76.00
76.97	Cardiac Rehabilitation	0	194,455	194,455	0.559368	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0	0.000000	0.000000	90.00
90.01	Sleep Lab	0	374,694	374,694	0.306181	0.000000	90.01
91.00	Emergency	242,686	4,829,175	5,071,861	0.601649	0.000000	91.00
92.00	Observation Beds (Non-Distinct Part)	3,382	495,075	498,457	1.057305	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	0	659,148	659,148	0.861612	0.000000	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	Heart Acquisition	0	0	0			106.00
113.00	Interest Expense						113.00
200.00	Subtotal (see instructions)	16,762,450	46,067,000	62,829,450			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	16,762,450	46,067,000	62,829,450			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/22/2011 9:21 am
		Title XVIII	Hospital	Cost

Cost Center Description	PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 Adults & Pediatrics			30.00
31.00 Intensive Care Unit			31.00
43.00 Nursery			43.00
ANCILLARY SERVICE COST CENTERS			
50.00 Operating Room	0.000000		50.00
52.00 Labor Room & Delivery Room	0.000000		52.00
53.00 Anesthesiology	0.000000		53.00
54.00 Radiology - Diagnostic	0.000000		54.00
55.00 Radiology - Therapeutic	0.000000		55.00
56.00 Radiosotope	0.000000		56.00
58.00 Magnetic Resonance Imaging (MRI)	0.000000		58.00
60.00 Laboratory	0.000000		60.00
63.00 Blood Storing, Processing, & Trans.	0.000000		63.00
65.00 Respiratory Therapy	0.000000		65.00
66.00 Physical Therapy	0.000000		66.00
69.00 Electrocardiology	0.000000		69.00
70.00 Electroencephalography	0.000000		70.00
71.00 Medical Supplies Charged to Patients	0.000000		71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000		72.00
73.00 Drugs Charged to Patients	0.000000		73.00
76.00 Cardiology	0.000000		76.00
76.97 Cardiac Rehabilitation	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 Clinic	0.000000		90.00
90.01 Sleep Lab	0.000000		90.01
91.00 Emergency	0.000000		91.00
92.00 Observation Beds (Non-Distinct Part)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS			
97.00 Durable Medical Equip. - Sold	0.000000		97.00
SPECIAL PURPOSE COST CENTERS			
106.00 Heart Acquisition			106.00
113.00 Interest Expense			113.00
200.00 Subtotal (see instructions)			200.00
201.00 Less Observation Beds			201.00
202.00 Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part II Date/Time Prepared: 11/22/2011 9:21 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	615,437	12,594,391	0.048866	1,884,559	92,091	50.00
52.00	Labor Room & Delivery Room	11,847	324,867	0.036467	0	0	52.00
53.00	Anesthesiology	46,551	756,212	0.061558	114,527	7,050	53.00
54.00	Radiology - Diagnostic	520,186	10,575,165	0.049189	511,778	25,174	54.00
55.00	Radiology - Therapeutic	69,394	2,201,890	0.031516	263,647	8,309	55.00
56.00	Radioisotope	15,174	791,063	0.019182	37,600	721	56.00
58.00	Magnetic Resonance Imaging (MRI)	227,808	2,782,065	0.081884	160,452	13,138	58.00
60.00	Laboratory	161,245	9,563,406	0.016861	877,681	14,799	60.00
63.00	Blood Storing, Processing, & Trans.	2,979	398,199	0.007481	99,949	748	63.00
65.00	Respiratory Therapy	49,204	1,780,871	0.027629	1,102,996	30,475	65.00
66.00	Physical Therapy	80,199	2,245,331	0.035718	178,939	6,391	66.00
69.00	Electrocardiology	7,209	693,596	0.010394	50,755	528	69.00
70.00	Electroencephalography	6,649	22,501	0.295498	692	204	70.00
71.00	Medical Supplies Charged to Patients	12	5,900	0.002034	2,680	5	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	11,569	1,335,074	0.008665	495,139	4,290	72.00
73.00	Drugs Charged to Patients	60,229	4,966,426	0.012127	1,022,457	12,399	73.00
76.00	Cardiology	0	0	0.000000	0	0	76.00
76.97	Cardiac Rehabilitation	13,262	194,455	0.068201	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0.000000	0	0	90.00
90.01	Sleep Lab	12,868	374,694	0.034343	0	0	90.01
91.00	Emergency	166,319	5,071,861	0.032792	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	498,457	0.000000	518	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	35,216	659,148	0.053427	0	0	97.00
200.00	Total (lines 50-199)	2,113,357	57,835,572		6,804,369	216,322	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/22/2011 9:21 am
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Cost Center Description	Title XVIII				Hospital	Cost
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	0	0	0	0	0	50.00
52.00 Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00 Anesthesiology	0	0	0	0	0	53.00
54.00 Radiology - Diagnostic	0	0	0	0	0	54.00
55.00 Radiology - Therapeutic	0	0	0	0	0	55.00
56.00 Radioisotope	0	0	0	0	0	56.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
60.00 Laboratory	0	0	0	0	0	60.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00 Respiratory Therapy	0	0	0	0	0	65.00
66.00 Physical Therapy	0	0	0	0	0	66.00
69.00 Electrocardiology	0	0	0	0	0	69.00
70.00 Electroencephalography	0	0	0	0	0	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00 IMPLANTABLE DEVICES 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 Cardiology	0	0	0	0	0	76.00
76.97 Cardiac Rehabilitation	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 Clinic	0	0	0	0	0	90.00
90.01 Sleep Lab	0	0	0	0	0	90.01
91.00 Emergency	0	0	0	0	0	91.00
92.00 Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 Durable Medical Equip. - Sold	0	0	0	0	0	97.00
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: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/22/2011 9:21 am
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Cost Center Description		Title XVIII			Hospital		
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	0	12,594,391	0.000000	0.000000	1,884,559	50.00
52.00	Labor Room & Delivery Room	0	324,867	0.000000	0.000000	0	52.00
53.00	Anesthesiology	0	756,212	0.000000	0.000000	114,527	53.00
54.00	Radiology - Diagnostic	0	10,575,165	0.000000	0.000000	511,778	54.00
55.00	Radiology - Therapeutic	0	2,201,890	0.000000	0.000000	263,647	55.00
56.00	Radioisotope	0	791,063	0.000000	0.000000	37,600	56.00
58.00	Magnetic Resonance Imaging (MRI)	0	2,782,065	0.000000	0.000000	160,452	58.00
60.00	Laboratory	0	9,563,406	0.000000	0.000000	877,681	60.00
63.00	Blood Storing, Processing, & Trans.	0	398,199	0.000000	0.000000	99,949	63.00
65.00	Respiratory Therapy	0	1,780,871	0.000000	0.000000	1,102,996	65.00
66.00	Physical Therapy	0	2,245,331	0.000000	0.000000	178,939	66.00
69.00	Electrocardiology	0	693,596	0.000000	0.000000	50,755	69.00
70.00	Electroencephalography	0	22,501	0.000000	0.000000	692	70.00
71.00	Medical Supplies Charged to Patients	0	5,900	0.000000	0.000000	2,680	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	1,335,074	0.000000	0.000000	495,139	72.00
73.00	Drugs Charged to Patients	0	4,966,426	0.000000	0.000000	1,022,457	73.00
76.00	Cardiology	0	0	0.000000	0.000000	0	76.00
76.97	Cardiac Rehabilitation	0	194,455	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0.000000	0.000000	0	90.00
90.01	Sleep Lab	0	374,694	0.000000	0.000000	0	90.01
91.00	Emergency	0	5,071,861	0.000000	0.000000	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	498,457	0.000000	0.000000	518	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	0	659,148	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	0	57,835,572			6,804,369	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141337

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

Worksheet D
Part IV
Date/Time Prepared:
11/22/2011 9:21 am

Cost Center Description		Title XVIII			Hospital	Cost	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	0	0	0	0	0	50.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	0	0	0	0	0	53.00
54.00	Radiology - Diagnostic	0	0	0	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radioisotope	0	0	0	0	0	56.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
60.00	Laboratory	0	0	0	0	0	60.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00	Respiratory Therapy	0	0	0	0	0	65.00
66.00	Physical Therapy	0	0	0	0	0	66.00
69.00	Electrocardiology	0	0	0	0	0	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES 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	Cardiology	0	0	0	0	0	76.00
76.97	Cardiac Rehabilitation	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0	0	0	90.00
90.01	Sleep Lab	0	0	0	0	0	90.01
91.00	Emergency	0	0	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
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: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/22/2011 9:21 am
Title XVIII		Hospital	Cost

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 Operating Room	0	0		50.00
52.00 Labor Room & Delivery Room	0	0		52.00
53.00 Anesthesiology	0	0		53.00
54.00 Radiology - Diagnostic	0	0		54.00
55.00 Radiology - Therapeutic	0	0		55.00
56.00 Radioisotope	0	0		56.00
58.00 Magnetic Resonance Imaging (MRI)	0	0		58.00
60.00 Laboratory	0	0		60.00
63.00 Blood Storing, Processing, & Trans.	0	0		63.00
65.00 Respiratory Therapy	0	0		65.00
66.00 Physical Therapy	0	0		66.00
69.00 Electrocardiology	0	0		69.00
70.00 Electroencephalography	0	0		70.00
71.00 Medical Supplies Charged to Patients	0	0		71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00 Drugs Charged to Patients	0	0		73.00
76.00 Cardiology	0	0		76.00
76.97 Cardiac Rehabilitation	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 Clinic	0	0		90.00
90.01 Sleep Lab	0	0		90.01
91.00 Emergency	0	0		91.00
92.00 Observation Beds (Non-Distinct Part)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
97.00 Durable Medical Equip. - Sold	0	0		97.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part V Date/Time Prepared: 11/22/2011 9:21 am
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00		3.00
ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0.440640	0	4,239,184	0	50.00
52.00	Labor Room & Delivery Room	0.252192	0	0	0	52.00
53.00	Anesthesiology	0.183381	0	176,846	0	53.00
54.00	Radiology - Diagnostic	0.264962	0	4,167,337	0	54.00
55.00	Radiology - Therapeutic	0.254480	0	740,523	0	55.00
56.00	Radioisotope	0.599511	0	332,752	0	56.00
58.00	Magnetic Resonance Imaging (MRI)	0.288077	0	843,497	0	58.00
60.00	Laboratory	0.280022	0	3,930,145	0	60.00
63.00	Blood Storing, Processing, & Trans.	0.486601	0	163,367	0	63.00
65.00	Respiratory Therapy	0.423973	0	147,033	0	65.00
66.00	Physical Therapy	0.465797	0	708,942	0	66.00
69.00	Electrocardiology	0.153951	0	305,409	0	69.00
70.00	Electroencephalography	0.717435	0	4,781	0	70.00
71.00	Medical Supplies Charged to Patients	0.036271	0	414	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.584965	0	199,258	0	72.00
73.00	Drugs Charged to Patients	0.446417	0	1,561,134	2,055	73.00
76.00	Cardiology	0.000000	0	0	0	76.00
76.97	Cardiac Rehabilitation	0.559368	0	122,983	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	Clinic	0.000000	0	0	0	90.00
90.01	Sleep Lab	0.306181	0	117,956	0	90.01
91.00	Emergency	0.601649	0	1,548,121	0	91.00
92.00	Observation Beds (Non-Distinct Part)	1.057305	0	302,656	0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	Durable Medical Equip. - Sold	0.861612	0	0	0	97.00
200.00	Subtotal (see instructions)		0	19,612,338	2,055	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	19,612,338	2,055	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part V Date/Time Prepared: 11/22/2011 9:21 am
	Title XVIII	Hospital	Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 Operating Room	0	1,867,954	0		50.00
52.00 Labor Room & Delivery Room	0	0	0		52.00
53.00 Anesthesiology	0	32,430	0		53.00
54.00 Radiology - Diagnostic	0	1,104,186	0		54.00
55.00 Radiology - Therapeutic	0	188,448	0		55.00
56.00 Radioisotope	0	199,488	0		56.00
58.00 Magnetic Resonance Imaging (MRI)	0	242,992	0		58.00
60.00 Laboratory	0	1,100,527	0		60.00
63.00 Blood Storing, Processing, & Trans.	0	79,495	0		63.00
65.00 Respiratory Therapy	0	62,338	0		65.00
66.00 Physical Therapy	0	330,223	0		66.00
69.00 Electrocardiology	0	47,018	0		69.00
70.00 Electroencephalography	0	3,430	0		70.00
71.00 Medical Supplies Charged to Patients	0	15	0		71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	116,559	0		72.00
73.00 Drugs Charged to Patients	0	696,917	917		73.00
76.00 Cardiology	0	0	0		76.00
76.97 Cardiac Rehabilitation	0	68,793	0		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 Clinic	0	0	0		90.00
90.01 Sleep Lab	0	36,116	0		90.01
91.00 Emergency	0	931,425	0		91.00
92.00 Observation Beds (Non-Distinct Part)	0	320,000	0		92.00
OTHER REIMBURSABLE COST CENTERS					
97.00 Durable Medical Equip. - Sold	0	0	0		97.00
200.00 Subtotal (see instructions)	0	7,428,354	917		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	7,428,354	917		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141337	Period: From 05/01/2010	Worksheet D Part V Date/Time Prepared: 11/22/2011 9:21 am
	Component CCN: 14Z337	To 04/30/2011	

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00		3.00
ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0.440640	0	0	0	50.00
52.00	Labor Room & Delivery Room	0.252192	0	0	0	52.00
53.00	Anesthesiology	0.183381	0	0	0	53.00
54.00	Radiology - Diagnostic	0.264962	0	0	0	54.00
55.00	Radiology - Therapeutic	0.254480	0	0	0	55.00
56.00	Radiotope	0.599511	0	0	0	56.00
58.00	Magnetic Resonance Imaging (MRI)	0.288077	0	0	0	58.00
60.00	Laboratory	0.280022	0	0	0	60.00
63.00	Blood Storing, Processing, & Trans.	0.486601	0	0	0	63.00
65.00	Respiratory Therapy	0.423973	0	0	0	65.00
66.00	Physical Therapy	0.465797	0	0	0	66.00
69.00	Electrocardiology	0.153951	0	0	0	69.00
70.00	Electroencephalography	0.717435	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0.036271	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.584965	0	0	0	72.00
73.00	Drugs Charged to Patients	0.446417	0	0	0	73.00
76.00	Cardiology	0.000000	0	0	0	76.00
76.97	Cardiac Rehabilitation	0.559368	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	Clinic	0.000000	0	0	0	90.00
90.01	Sleep Lab	0.306181	0	0	0	90.01
91.00	Emergency	0.601649	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	1.057305	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	Durable Medical Equip. - Sold	0.861612	0	0	0	97.00
200.00	Subtotal (see instructions)		0	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)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141337 Component CCN: 14Z337	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part V Date/Time Prepared: 11/22/2011 9:21 am
Title XVIII		Swing Beds - SNF	Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 Operating Room	0	0	0		50.00
52.00 Labor Room & Delivery Room	0	0	0		52.00
53.00 Anesthesiology	0	0	0		53.00
54.00 Radiology - Diagnostic	0	0	0		54.00
55.00 Radiology - Therapeutic	0	0	0		55.00
56.00 Radioisotope	0	0	0		56.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0		58.00
60.00 Laboratory	0	0	0		60.00
63.00 Blood Storing, Processing, & Trans.	0	0	0		63.00
65.00 Respiratory Therapy	0	0	0		65.00
66.00 Physical Therapy	0	0	0		66.00
69.00 Electrocardiology	0	0	0		69.00
70.00 Electroencephalography	0	0	0		70.00
71.00 Medical Supplies Charged to Patients	0	0	0		71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0		72.00
73.00 Drugs Charged to Patients	0	0	0		73.00
76.00 Cardiology	0	0	0		76.00
76.97 Cardiac Rehabilitation	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 Clinic	0	0	0		90.00
90.01 Sleep Lab	0	0	0		90.01
91.00 Emergency	0	0	0		91.00
92.00 Observation Beds (Non-Distinct Part)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
97.00 Durable Medical Equip. - Sold	0	0	0		97.00
200.00 Subtotal (see instructions)	0	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)	0	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet D-1 Date/Time Prepared: 11/22/2011 9:21 am		
Cost Center Description		Title XVIII	Hospital	Cost		
				1.00		
PART I - ALL PROVIDER COMPONENTS						
INPATIENT DAYS						
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,073	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,639	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)			4,639	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			256	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)			128	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			33	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)			17	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			2,542	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)			247	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)			124	11.00	
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00	
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00	
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00	
15.00	Total nursery days (title V or XIX only)			0	15.00	
16.00	Nursery days (title V or XIX only)			0	16.00	
SWING BED ADJUSTMENT						
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00	
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00	
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			116.26	19.00	
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			116.26	20.00	
21.00	Total general inpatient routine service cost (see instructions)			5,602,516	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)			3,837	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)			1,976	25.00	
26.00	Total swing-bed cost (see instructions)			433,673	26.00	
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			5,168,843	27.00	
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT						
28.00	General inpatient routine service charges (excluding swing-bed charges)			4,649,218	28.00	
29.00	Private room charges (excluding swing-bed charges)			0	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)			4,649,218	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			1.111766	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00	32.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,002.20	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)			5,168,843	37.00	
PART II - HOSPITAL AND SUBPROVIDERS ONLY						
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS						
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,114.22	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,832,347	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)			2,832,347	41.00	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	Nursery (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units						
43.00	Intensive Care Unit	1,104,640	354	3,120.45	206	642,813
44.00	Coronary Care Unit					
45.00	Burn Intensive Care Unit					
46.00	Surgical Intensive Care Unit					

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 141337		Period: From 05/01/2010 To 04/30/2011		Worksheet D-1	
Title XVIII			Hospital		Date/Time Prepared: 11/22/2011 9:21 am			
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			1.00	2.00	3.00	4.00	5.00	
47.00	Other Special Care (specify)							47.00
Cost Center Description							1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						2,723,305	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						6,198,465	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)						0	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)						0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	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)						275,212	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						138,163	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						413,375	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)						473	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,114.21	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						527,021	89.00
Cost Center Description			Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
			1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost		0	0	0.000000	0	0 90.00	
91.00	Nursing School cost		0	0	0.000000	0	0 91.00	
92.00	Allied health cost		0	0	0.000000	0	0 92.00	

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141337		Period: From 05/01/2010 To 04/30/2011		Worksheet D-1 Date/Time Prepared: 11/22/2011 9:21 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
93.00	All other Medical Education	1.000000	2.000000	3.000000	4.000000	5.000000	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet D-3 Date/Time Prepared: 11/22/2011 9:21 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	Adults & Pediatrics		2,137,351		30.00
31.00	Intensive Care Unit		407,274		31.00
43.00	Nursery				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	Operating Room	0.440640	1,884,559	830,412	50.00
52.00	Labor Room & Delivery Room	0.252192	0	0	52.00
53.00	Anesthesiology	0.183381	114,527	21,002	53.00
54.00	Radiology - Diagnostic	0.264962	511,778	135,602	54.00
55.00	Radiology - Therapeutic	0.254480	263,647	67,093	55.00
56.00	Radioisotope	0.599511	37,600	22,542	56.00
58.00	Magnetic Resonance Imaging (MRI)	0.288077	160,452	46,223	58.00
60.00	Laboratory	0.280022	877,681	245,770	60.00
63.00	Blood Storing, Processing, & Trans.	0.486601	99,949	48,635	63.00
65.00	Respiratory Therapy	0.423973	1,102,996	467,641	65.00
66.00	Physical Therapy	0.465797	178,939	83,349	66.00
69.00	Electrocardiology	0.153951	50,755	7,814	69.00
70.00	Electroencephalography	0.717435	692	496	70.00
71.00	Medical Supplies Charged to Patients	0.036271	2,680	97	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.584965	495,139	289,639	72.00
73.00	Drugs Charged to Patients	0.446417	1,022,457	456,442	73.00
76.00	Cardiology	0.000000	0	0	76.00
76.97	Cardiac Rehabilitation	0.559368	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	Clinic	0.000000	0	0	90.00
90.01	Sleep Lab	0.306181	0	0	90.01
91.00	Emergency	0.601649	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	1.057305	518	548	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	Durable Medical Equip. - Sold	0.861612	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		6,804,369	2,723,305	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)		6,804,369		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet D-3	
		Component CCN: 14Z337	Date/Time Prepared: 11/22/2011 9:21 am		
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	Adults & Pediatrics		257,795		30.00
31.00	Intensive Care Unit		0		31.00
43.00	Nursery				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	Operating Room	0.440640	7,264	3,201	50.00
52.00	Labor Room & Delivery Room	0.252192	0	0	52.00
53.00	Anesthesiology	0.183381	0	0	53.00
54.00	Radiology - Diagnostic	0.264962	9,415	2,495	54.00
55.00	Radiology - Therapeutic	0.254480	0	0	55.00
56.00	Radioisotope	0.599511	0	0	56.00
58.00	Magnetic Resonance Imaging (MRI)	0.288077	0	0	58.00
60.00	Laboratory	0.280022	17,548	4,914	60.00
63.00	Blood Storing, Processing, & Trans.	0.486601	2,319	1,128	63.00
65.00	Respiratory Therapy	0.423973	59,904	25,398	65.00
66.00	Physical Therapy	0.465797	83,186	38,748	66.00
69.00	Electrocardiology	0.153951	207	32	69.00
70.00	Electroencephalography	0.717435	0	0	70.00
71.00	Medical Supplies Charged to Patients	0.036271	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.584965	0	0	72.00
73.00	Drugs Charged to Patients	0.446417	80,130	35,771	73.00
76.00	Cardiology	0.000000	0	0	76.00
76.97	Cardiac Rehabilitation	0.559368	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	Clinic	0.000000	0	0	90.00
90.01	Sleep Lab	0.306181	0	0	90.01
91.00	Emergency	0.601649	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	1.057305	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	Durable Medical Equip. - Sold	0.861612	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		259,973	111,687	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)		259,973		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part B Date/Time Prepared: 11/22/2011 9:21 am
		Title VIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		7,429,271	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)		7,429,271	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		7,503,564	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		37,849	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,121,673	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		4,344,042	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		4,344,042	30.00
31.00	Primary payer payments		166	31.00
32.00	Subtotal (line 30 minus line 31)		4,343,876	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		243,070	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		243,070	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		217,702	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		4,586,946	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)		4,586,946	40.00
41.00	Interim payments		4,288,771	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)		298,175	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 141337		Period: From 05/01/2010 To 04/30/2011		Worksheet E-1 Part I Date/Time Prepared: 11/22/2011 9:21 am	
		Title XVIII		Hospital		Cost	
		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		5,251,699		4,478,853	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	04/29/2011	70,562	10/08/2010	35,728	3.01	
3.02		10/08/2010	14,037		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	04/29/2011	225,810	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)		84,599		-190,082	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)		5,336,298		4,288,771	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		311,476		298,175	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		5,647,774		4,586,946	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: 141337		Period: From 05/01/2010 To 04/30/2011		Worksheet E-1 Part I Date/Time Prepared: 11/22/2011 9:21 am	
		Title XVIII		Swing Beds - SNF		Cost	
		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		495,019		0		1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	10/08/2010	9,480		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	04/29/2011	4,499		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)		4,981		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)		500,000		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		23,260		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		523,260		0		7.00
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet E-2	
		Component CCN: 14Z337		Date/Time Prepared: 11/22/2011 9:21 am	
		Title XVIII	Swing Beds - SNF	Cost	
			Part A	Part B	
			1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		417,509	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)				2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)		112,804	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days		371	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		530,313	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		530,313	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0	11.00
12.00	Subtotal (line 10 minus line 11)		530,313	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		7,053	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)		523,260	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	16.00
17.00	Reimbursable bad debts (see instructions)		0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)		523,260	0	19.00
20.00	Interim payments		500,000	0	20.00
21.00	Tentative settlement (for contractor use only)		0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)		23,260	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet E-3 Part V Date/Time Prepared: 11/22/2011 9:21 am
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)				
1.00	Inpatient services			6,198,465 1.00
2.00	Nursing and Allied Health Managed Care payment (see instruction)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 thru 3)			6,198,465 4.00
5.00	Primary payer payments			0 5.00
6.00	Total cost (line 5 less line 6) . For CAH (see instructions)			6,260,450 6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges			0 7.00
8.00	Ancillary service charges			0 8.00
9.00	Organ acquisition charges, net of revenue			0 9.00
10.00	Total reasonable charges			0 10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 11.00
12.00	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 12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000 13.00
14.00	Total customary charges (see instructions)			0 14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0 15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0 16.00
17.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			6,260,450 19.00
20.00	Deductibles (exclude professional component)			665,304 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus sum of lines 20 and 21)			5,595,146 22.00
23.00	Coinsurance			1,415 23.00
24.00	Subtotal (line 22 minus line 23)			5,593,731 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			54,043 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			54,043 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			42,523 27.00
28.00	Subtotal (sum of lines 24 and 25 or 26(line 26 hospital and subprovider only))			5,647,774 28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 29.00
29.99	Recovery of Accelerated Depreciation			0 29.99
30.00	Subtotal (line 28, plus or minus lines 29)			5,647,774 30.00
31.00	Interim payments			5,336,298 31.00
32.00	Tentative settlement (for contractor use only)			0 32.00
33.00	Balance due provider/program (line 30 minus the sum of lines 31, and 32)			311,476 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 34.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 141337 Period: From 05/01/2010 To 04/30/2011 Worksheet G
 Date/Time Prepared: 11/22/2011 9:21 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,840,879	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	72,000	0	0	0	3.00
4.00	Accounts receivable	4,066,650	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	380,636	0	0	0	7.00
8.00	Prepaid expenses	466,431	0	0	0	8.00
9.00	Other current assets	1,832,251	0	0	0	9.00
10.00	Due from other funds	205,842	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	10,864,689	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	19,733,342	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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	981,281	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	20,714,623	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,443,394	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	282,883	0	0	0	33.00
34.00	Other assets	89,577	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,815,854	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	36,395,166	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	697,515	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,426,954	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,245,879	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	1,336,373	0	0	0	43.00
44.00	Other current liabilities	723,721	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	6,430,442	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	432,636	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	273,616	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	706,252	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	7,136,694	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	29,258,472				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)	29,258,472	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	36,395,166	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141337

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

Worksheet G-1

Date/Time Prepared:
11/22/2011 9:21 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		30,330,413	
2.00	Net income (loss) (From Wkst. G-3, line 29)		-1,071,941			2.00
3.00	Total (sum of line 1 and line 2)		29,258,472		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)		29,258,472		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)		29,258,472		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141337

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

Worksheet G-1

Date/Time Prepared:
11/22/2011 9:21 am

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		0		0		1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)		0		0		3.00
4.00 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)		0		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)		0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 141337

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

Worksheet G-2 Parts
Date/Time Prepared:
11/22/2011 9:21 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	33,498,442		33,498,442	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	33,498,442		33,498,442	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)	33,498,442		33,498,442	17.00
18.00	Ancillary services	0	0	0	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	Ambulance Services				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	1,312,156	0	1,312,156	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	34,810,598	0	34,810,598	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		36,139,701		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)		36,139,701		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 141337	Period: From 05/01/2010 To 04/30/2011	Worksheet G-3 Date/Time Prepared: 11/22/2011 9:21 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	34,810,598	1.00
2.00	Less contractual allowances and discounts on patients' accounts	0	2.00
3.00	Net patient revenues (line 1 minus line 2)	34,810,598	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	36,139,701	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,329,103	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	152,027	6.00
7.00	Income from investments	99,738	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	5,400	24.00
25.00	Total other income (sum of lines 6-24)	257,165	25.00
26.00	Total (line 5 plus line 25)	-1,071,938	26.00
27.00	ROUNDING	3	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,071,941	29.00