

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: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet S Parts I-III Date/Time Prepared: 11/22/2011 11:20 am
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PART I - COST REPORT STATUS	
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.
Date: 11/22/2011 Time: 11:20 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 VALLEY WEST COMMUNITY HOSPITAL for the cost reporting period beginning 05/01/2010 and ending 04/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	205,210	340,023	0	0
2.00 Subprovider - IPF	0	0	0	0	0
3.00 Subprovider - IRF	0	0	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 Skilled Nursing Facility	0	0	0	0	0
8.00 Nursing Facility	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	205,210	340,023	0	0

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part I Date/Time Prepared: 11/22/2011 11:18 am
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		1.00	2.00	3.00	4.00					
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 11 EAST PLEASANT AVENUE	PO Box:		Zip Code: 60548-		County: DEKALB			1.00	
2.00	City: SANDWICH	State: IL							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	VALLEY WEST COMMUNITY HOSPITAL	141340	16974	1	08/02/2004	N	O	O	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									7.00
8.00	Swing Beds - NF									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
17.10	Hospital-Based (CORF) 1									17.10
17.20	Hospital-Based (OPT) 1									17.20
17.30	Hospital-Based (OOT) 1									17.30
17.40	Hospital-Based (OSP) 1									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					05/01/2010	04/30/2011		20.00	
21.00	Type of Control (see instructions)					2			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR Section §412.106, or low income payment in accordance with 42 CFR Section §412.624(e)(2)? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					N	N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	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 days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00	
							1.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.							1	26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.							1	27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0	35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.							0	37.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part I Date/Time Prepared: 11/22/2011 11:18 am		
		Beginning:	Ending:			
		1.00	2.00			
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		
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		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part I Date/Time Prepared: 11/22/2011 11:18 am	
			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)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	Y	N	N	N
				1.00	2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		35,000,000	35,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	14H134	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: KISHHEALTH SYSTEM	Contractor's Name: NGS		Contractor's Number: 148150	
142.00	Street: ONE KISH HOSPITAL DRIVE	PO Box:			
143.00	City: DEKALB	State: IL		Zip Code: 60115	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141340		Period: From 05/01/2010 To 04/30/2011		Worksheet S-2 Part II Date/Time Prepared: 11/22/2011 11:18 am	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			Y			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.			N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A			
				Description	Y/N	Date	
				0	1.00	2.00	
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			Y	11/06/2011		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part II Date/Time Prepared: 11/22/2011 11:18 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.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		Y		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		Y		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 141340

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

Worksheet S-2
Part II
Date/Time Prepared:
11/22/2011 11:18 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	11/06/2011	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
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: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part I Date/Time Prepared: 11/22/2011 11:18 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	84,202.93	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	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	3	1,095	3,224.90	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	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		17.00
18.00 SUBPROVIDER	42.00	0	0		18.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
25.10 CMHC - CORF	99.10				25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				25.40
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		25			27.00
28.00 Observation Bed Days					28.00
28.02 SUBPROVIDER - IRF	41.00				28.02
28.03 SUBPROVIDER	42.00				28.03
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part I Date/Time Prepared: 11/22/2011 11:18 am
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Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	1,198	447	2,664		1.00
2.00 HMO		67	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	1,198	447	2,664		7.00
8.00 INTENSIVE CARE UNIT	0	235	41	372		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		209	499		13.00
14.00 Total (see instructions)	0	1,433	697	3,535		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0		25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		25.40
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	525		28.00
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
28.03 SUBPROVIDER	0	0	0	0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			37	86		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part I Date/Time Prepared: 11/22/2011 11:18 am
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Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	464	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	179.10	0.00	0	464	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00	0.00	0.00			25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00	0.00	0.00			25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00	0.00	0.00			25.40
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	179.10	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141340

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

Worksheet S-3
Part I
Date/Time Prepared:
11/22/2011 11:18 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)	234	1,194		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)	234	1,194		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY				25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY				25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY				25.40
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet S-10 Date/Time Prepared: 11/22/2011 11:18 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)	0.380751	1.00		
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	2,560,904	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	17,682,724	6.00		
7.00	Medicaid cost (line 1 times line 6)	6,732,715	7.00		
8.00	Difference between net revenue and costs for Medicaid program (line 2 plus line 5 minus line 7)	-4,171,811	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)	-4,171,811	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	2,135,525	173,147	2,308,672	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	813,103	65,926	879,029	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)	813,103	65,926	879,029	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0			25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	4,078,133			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	227,814			27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	3,850,319			28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	1,466,013			29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	2,345,042			30.00
31.00	Total unreimbursed and uncompensated care cost (line 30 minus line 19)	6,516,853			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet A Date/Time Prepared: 11/22/2011 11:18 am
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		2,553,230	2,553,230	-1,130,477	1,422,753	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	1,234,806	1,234,806	2.00
4.00 EMPLOYEE BENEFITS	0	4,183,763	4,183,763	15,338	4,199,101	4.00
5.01 NONPATIENT PHONES	0	234,144	234,144	0	234,144	5.01
5.02 DATA PROCESSING	0	249,106	249,106	0	249,106	5.02
5.03 PURCHASING RECEIVING AND STORES	93,806	8,884	102,690	0	102,690	5.03
5.04 ADMITTING	433,961	5,660	439,621	0	439,621	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	80,138	325,183	405,321	0	405,321	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	766,142	7,685,832	8,451,974	-22,740	8,429,234	5.06
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	278,096	1,260,165	1,538,261	0	1,538,261	7.00
8.00 LAUNDRY & LINEN SERVICE	0	96,610	96,610	0	96,610	8.00
9.00 HOUSEKEEPING	242,986	175,069	418,055	0	418,055	9.00
10.00 DIETARY	342,059	258,685	600,744	-401,079	199,665	10.00
11.00 CAFETERIA	0	0	0	401,079	401,079	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	167,957	174,173	342,130	14,357	356,487	13.00
14.00 CENTRAL SERVICES & SUPPLY	42,708	215,676	258,384	-81,149	177,235	14.00
15.00 PHARMACY	450,258	628,048	1,078,306	-600,660	477,646	15.00
16.00 MEDICAL RECORDS & LIBRARY	371,742	95,232	466,974	0	466,974	16.00
17.00 SOCIAL SERVICE	109,714	0	109,714	104,804	214,518	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,207,524	260,810	2,468,334	-449,655	2,018,679	30.00
31.00 INTENSIVE CARE UNIT	345,440	16,974	362,414	-1,938	360,476	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	392,922	392,922	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,037,991	1,388,366	2,426,357	-1,040,650	1,385,707	50.00
51.00 RECOVERY ROOM	131,172	5,295	136,467	0	136,467	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	80,680	80,680	52.00
53.00 ANESTHESIOLOGY	0	1,056,271	1,056,271	0	1,056,271	53.00
54.00 RADIOLOGY-DIAGNOSTIC	809,231	1,583,009	2,392,240	0	2,392,240	54.00
55.00 ONCOLOGY	52,627	977,364	1,029,991	-12,891	1,017,100	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	712,354	1,093,765	1,806,119	-667	1,805,452	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	16,925	16,925	64.00
65.00 RESPIRATORY THERAPY	362,277	59,754	422,031	-1,237	420,794	65.00
66.00 PHYSICAL THERAPY	0	381,917	381,917	-54	381,863	66.00
66.01 O/P PHYSICAL THERAPY	62,134	771,925	834,059	0	834,059	66.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	2,045	2,045	0	2,045	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	932,069	932,069	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	154,432	154,432	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	544,337	544,337	73.00
76.00 CLINICAL NUTRITION	82,443	506	82,949	9,823	92,772	76.00
76.01 SLEEP LAB	0	23,978	23,978	0	23,978	76.01
76.97 CARDIAC REHABILITATION	110,593	4,852	115,445	99,836	215,281	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	28,283	3,964	32,247	26,227	58,474	90.00
91.00 EMERGENCY	1,068,021	1,666,550	2,734,571	47,228	2,781,799	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet A Date/Time Prepared: 11/22/2011 11:18 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
113.00 INTEREST EXPENSE		129,082	129,082	-129,082	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,389,657	27,575,887	37,965,544	202,584	38,168,128	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	538,026	538,026	-202,584	335,442	192.00
194.00 COMMUNITY WELLNESS	164,850	32,900	197,750	0	197,750	194.00
200.00 TOTAL (SUM OF LINES 118-199)	10,554,507	28,146,813	38,701,320	0	38,701,320	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet A Date/Time Prepared: 11/22/2011 11:18 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	106,439	1,529,192	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-20,437	1,214,369	2.00
4.00	EMPLOYEE BENEFITS	0	4,199,101	4.00
5.01	NONPATIENT PHONES	0	234,144	5.01
5.02	DATA PROCESSING	0	249,106	5.02
5.03	PURCHASING RECEIVING AND STORES	-10,181	92,509	5.03
5.04	ADMINISTRATIVE	0	439,621	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	-21,606	383,715	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-3,481,715	4,947,519	5.06
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	-6,178	1,532,083	7.00
8.00	LAUNDRY & LINEN SERVICE	0	96,610	8.00
9.00	HOUSEKEEPING	0	418,055	9.00
10.00	DIETARY	0	199,665	10.00
11.00	CAFETERIA	-71,955	329,124	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	-147,537	208,950	13.00
14.00	CENTRAL SERVICES & SUPPLY	-29,140	148,095	14.00
15.00	PHARMACY	0	477,646	15.00
16.00	MEDICAL RECORDS & LIBRARY	-17,319	449,655	16.00
17.00	SOCIAL SERVICE	0	214,518	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	2,018,679	30.00
31.00	INTENSIVE CARE UNIT	0	360,476	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	392,922	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	1,385,707	50.00
51.00	RECOVERY ROOM	0	136,467	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	80,680	52.00
53.00	ANESTHESIOLOGY	-975,751	80,520	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-176,144	2,216,096	54.00
55.00	ONCOLOGY	-262,354	754,746	55.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-38,772	1,766,680	60.00
64.00	INTRAVENOUS THERAPY	0	16,925	64.00
65.00	RESPIRATORY THERAPY	0	420,794	65.00
66.00	PHYSICAL THERAPY	0	381,863	66.00
66.01	O/P PHYSICAL THERAPY	-29,753	804,306	66.01
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,045	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	932,069	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	154,432	72.00
73.00	DRUGS CHARGED TO PATIENTS	-3,932	540,405	73.00
76.00	CLINICAL NUTRITION	0	92,772	76.00
76.01	SLEEP LAB	0	23,978	76.01
76.97	CARDIAC REHABILITATION	0	215,281	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	58,474	90.00
91.00	EMERGENCY	-1,565,591	1,216,208	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-6,751,926	31,416,202	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet A Date/Time Prepared: 11/22/2011 11:18 am
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Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6.00	7.00	
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	335,442	192.00
194.00 COMMUNITY WELLNESS	0	197,750	194.00
200.00 TOTAL (SUM OF LINES 118-199)	-6,751,926	31,949,394	200.00

RECLASSIFICATIONS

Provider CCN: 141340

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

Worksheet A-6
Date/Time Prepared:
11/22/2011 11:18 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - NURSING ADMINISTRATION						
1.00	NURSING ADMINISTRATION	13.00	14,357	0	1.00	
	TOTALS		14,357	0		
B - DRUGS SOLD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	544,337	1.00	
	TOTALS		0	544,337		
C - NURSERY AND DELIVERY AND LABOR ROOM						
1.00	NURSERY	43.00	355,158	37,764	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	72,926	7,754	2.00	
	TOTALS		428,084	45,518		
D - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,086,501	1.00	
2.00	INTRAVENOUS THERAPY	64.00	0	16,925	2.00	
	TOTALS		0	1,103,426		
E - EQUIPMENT LEASE						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	104,329	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
	TOTALS		0	104,329		
F - CAFETERIA						
1.00	CAFETERIA	11.00	228,371	172,708	1.00	
	TOTALS		228,371	172,708		
G - INTEREST						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	129,082	1.00	
	TOTALS		0	129,082		
H - EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,130,477	1.00	
	TOTALS		0	1,130,477		
I - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS	4.00	0	2,447	1.00	
	TOTALS		0	2,447		
J - EMPLOYEE BENEFIT ALLOCATION						
1.00	EMPLOYEE BENEFITS	4.00	0	12,891	1.00	
	TOTALS		0	12,891		
K - CONTINUITY OF CARE						
1.00	SOCIAL SERVICE	17.00	101,655	65,227	1.00	
	TOTALS		101,655	65,227		
L - ROUTINE DIABETES						
1.00	ADULTS & PEDIATRICS	30.00	22,484	138	1.00	
	TOTALS		22,484	138		
M - ICU OBSERVATION						
1.00	ADULTS & PEDIATRICS	30.00	1,847	91	1.00	
	TOTALS		1,847	91		
N - MOB RECLASS						
1.00	CLINIC	90.00	0	26,227	1.00	
2.00	CARDIAC REHABILITATION	76.97	0	77,129	2.00	
3.00	CARDIAC REHABILITATION	76.97	0	22,707	3.00	
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44,076	4.00	
5.00	CLINICAL NUTRITION	76.00	0	32,445	5.00	
	TOTALS		0	202,584		
O - ON CALL SOCIAL SERVICE						
1.00	EMERGENCY	91.00	62,078	0	1.00	
	TOTALS		62,078	0		
P - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	154,432	1.00	
	TOTALS		0	154,432		
500.00	Grand Total: Increases		858,876	3,667,687	500.00	

RECLASSIFICATIONS

Provider CCN: 141340

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

Worksheet A-6
Date/Time Prepared: 11/22/2011 11:18 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - NURSING ADMINISTRATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	14,357	0	0		1.00
	TOTALS		14,357	0			
B - DRUGS SOLD							
1.00	PHARMACY	15.00	0	544,337	0		1.00
	TOTALS		0	544,337			
C - NURSERY AND DELIVERY AND LABOR ROOM							
1.00	ADULTS & PEDIATRICS	30.00	428,084	45,518	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		428,084	45,518			
D - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	63,116	0		1.00
2.00	OPERATING ROOM	50.00	0	1,040,310	0		2.00
	TOTALS		0	1,103,426			
E - EQUIPMENT LEASE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	12,212	10		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	18,033	0		2.00
3.00	PHARMACY	15.00	0	56,323	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	613	0		4.00
5.00	OPERATING ROOM	50.00	0	340	0		5.00
6.00	LABORATORY	60.00	0	667	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	54	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	1,237	0		8.00
9.00	EMERGENCY	91.00	0	14,850	0		9.00
	TOTALS		0	104,329			
F - CAFETERIA							
1.00	DIETARY	10.00	228,371	172,708	0		1.00
	TOTALS		228,371	172,708			
G - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	129,082	0		1.00
	TOTALS		0	129,082			
H - EQUIPMENT DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,130,477	9		1.00
	TOTALS		0	1,130,477			
I - EMPLOYEE BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,447	0		1.00
	TOTALS		0	2,447			
J - EMPLOYEE BENEFIT ALLOCATION							
1.00	ONCOLOGY	55.00	0	12,891	0		1.00
	TOTALS		0	12,891			
K - CONTINUITY OF CARE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	101,655	65,227	0		1.00
	TOTALS		101,655	65,227			
L - ROUTINE DIABETES							
1.00	CLINICAL NUTRITION	76.00	22,484	138	0		1.00
	TOTALS		22,484	138			
M - ICU OBSERVATION							
1.00	INTENSIVE CARE UNIT	31.00	1,847	91	0		1.00
	TOTALS		1,847	91			
N - MOB RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	202,584	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		0	202,584			
O - ON CALL SOCIAL SERVICE							
1.00	SOCIAL SERVICE	17.00	62,078	0	0		1.00
	TOTALS		62,078	0			
P - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	154,432	0		1.00
	TOTALS		0	154,432			
500.00	Grand Total: Decreases		858,876	3,667,687			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141340

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/22/2011 11:18 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	1,279,463	0	0	0	0	1.00
2.00	Land Improvements	1,541,067	0	0	0	0	2.00
3.00	Buildings and Fixtures	13,600,961	17,414	0	17,414	0	3.00
4.00	Building Improvements	394,840	0	0	0	0	4.00
5.00	Fixed Equipment	8,883,667	0	0	0	127,355	5.00
6.00	Movable Equipment	9,464,002	92,799	0	92,799	90,298	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	35,164,000	110,213	0	110,213	217,653	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	35,164,000	110,213	0	110,213	217,653	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,553,230	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,553,230	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	13,618,375	0	13,618,375	0.427697	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	18,222,815	0	18,222,815	0.572303	0	2.00
3.00	Total (sum of lines 1-2)	31,841,190	0	31,841,190	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141340

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	1,279,463	0			1.00
2.00	Land Improvements	1,541,067	0			2.00
3.00	Buildings and Fixtures	13,618,375	0			3.00
4.00	Building Improvements	394,840	0			4.00
5.00	Fixed Equipment	8,756,312	0			5.00
6.00	Movable Equipment	9,466,503	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	35,056,560	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	35,056,560	0			10.00
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	2,553,230			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0			2.00
3.00	Total (sum of lines 1-2)	0	2,553,230			3.00
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,529,192	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,110,040	104,329
3.00	Total (sum of lines 1-2)	0	0	0	2,639,232	104,329

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141340

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,529,192	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,214,369	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	2,743,561	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141340

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

Worksheet A-8

Date/Time Prepared:
11/22/2011 11:18 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)			NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	Investment income - movable equipment (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00
3.00	Investment income - other (chapter 2)		0		0.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-10,181	PURCHASING RECEIVING AND STORES	5.03
5.00	Refunds and rebates of expenses (chapter 8)	B	-29,140	CENTRAL SERVICES & SUPPLY	14.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00
8.00	Television and radio service (chapter 21)	A	-6,178	OPERATION OF PLANT	7.00
9.00	Parking lot (chapter 21)		0		0.00
10.00	Provider-based physician adjustment	A-8-2	-3,484,081		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-725	RADIOLOGY-DIAGNOSTIC	54.00
12.00	Related organization transactions (chapter 10)	A-8-1	-393,827		12.00
13.00	Laundry and linen service		0		0.00
14.00	Cafeteria-employees and guests	B	-71,955	CAFETERIA	11.00
15.00	Rental of quarters to employee and others		0		0.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00
17.00	Sale of drugs to other than patients	B	-3,932	DRUGS CHARGED TO PATIENTS	73.00
18.00	Sale of medical records and abstracts	B	-17,319	MEDICAL RECORDS & LIBRARY	16.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00
20.00	Vending machines		0		0.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00
26.00	Depreciation - buildings and fixtures			NEW CAP REL COSTS-BLDG & FIXT	1.00
27.00	Depreciation - movable equipment			NEW CAP REL COSTS-MVBLE EQUIP	2.00
28.00	Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	19.00
29.00	Physicians' assistant				0.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00
33.00	OTHER REVENUE	B	-46	OTHER ADMINISTRATIVE AND GENERAL	5.06
34.00	PROVIDER TAX	A	-456,196	OTHER ADMINISTRATIVE AND GENERAL	5.06
35.00	MEDICAL STAFF CREDENTIALING	B	-3,750	OTHER ADMINISTRATIVE AND GENERAL	5.06
36.00			0		0.00
37.00	PHYSICIAN RECRUITMENT	A	-1,710,970	OTHER ADMINISTRATIVE AND GENERAL	5.06
38.00	LOBBYIST PORTION OF DUES	A	-10,738	OTHER ADMINISTRATIVE AND GENERAL	5.06
39.00	OTHER MISC INCOME	B	-1,805	O/P PHYSICAL THERAPY	66.01
40.00	CONTRIBUTIONS	A	-51,731	OTHER ADMINISTRATIVE AND GENERAL	5.06
41.00	PROPERTY TAX	A	-3,559	OTHER ADMINISTRATIVE AND GENERAL	5.06
41.01	PROPERTY TAX	A	-5,350	O/P PHYSICAL THERAPY	66.01
42.00	DEPRECIATION TO STRAIGHT LINE	A	-110,323	NEW CAP REL COSTS-MVBLE EQUIP	2.00
43.00			0		0.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141340

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

Worksheet A-8

Date/Time Prepared:
11/22/2011 11:18 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
44.00	MARKETING	A	-336,361	OTHER ADMINISTRATIVE AND GENERAL	5.06 44.00
44.01	THERAPY ARROWHEAD IN EXCESS OF COST	A	-22,598	O/P PHYSICAL THERAPY	66.01 44.01
44.02			0		0.00 44.02
44.03	REMOVE GAIN ON SALE OF ASSETS	A	445	NEW CAP REL COSTS-MVBLE EQUIP	2.00 44.03
45.00	PHYSICIAN BILLING	A	-21,606	CASHIERING/ACCOUNTS RECEIVABLE	5.05 45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,751,926		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141340

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

Worksheet A-8

Date/Time Prepared:
11/22/2011 11:18 am

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	0	1.00
2.00	Investment income - movable equipment (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OTHER REVENUE	0	33.00
34.00	PROVIDER TAX	0	34.00
35.00	MEDICAL STAFF CREDENTIALING	0	35.00
36.00		0	36.00
37.00	PHYSICIAN RECRUITMENT	0	37.00
38.00	LOBBYIST PORTION OF DUES	0	38.00
39.00	OTHER MISC INCOME	0	39.00
40.00	CONTRIBUTIONS	0	40.00
41.00	PROPERTY TAX	0	41.00
41.01	PROPERTY TAX	0	41.01
42.00	DEPRECIATION TO STRAIGHT LINE	9	42.00
43.00		0	43.00
44.00	MARKETING	0	44.00
44.01	THERAPY ARROWHEAD IN EXCESS OF COST	0	44.01
44.02		0	44.02
44.03	REMOVE GAIN ON SALE OF ASSETS	9	44.03
45.00	PHYSICIAN BILLING	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet A-8-1 Date/Time Prepared: 11/22/2011 11:18 am
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	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5.00	OTHER ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	CAPITAL	2.00
3.00	2.00	NEW CAP REL COSTS-MVBLE EQUIP	CAPITAL	3.00
4.00	0.00			4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 141340
 Period: From 05/01/2010 To 04/30/2011
 Worksheet A-8-1
 Date/Time Prepared: 11/22/2011 11:18 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	2,912,268	3,501,975	-589,707	0	1.00
2.00	106,439	0	106,439	9	2.00
3.00	89,441	0	89,441	9	3.00
4.00	0	0	0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00
	3,108,148	3,501,975	-393,827		

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141340

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

Worksheet A-8-2

Date/Time Prepared:
11/22/2011 11:18 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.06	OTHER ADMINISTRATIVE & GENERAL	318,657	318,657	1.00
2.00	13.00	NURSING ADMINISTRATION	147,537	147,537	2.00
3.00	31.00	ICU	1,363	0	3.00
4.00	53.00	ANESTHESIOLOGY	994,471	975,751	4.00
5.00	54.00	RADIOLOGY DIAGNOSTIC	92,450	92,450	5.00
6.00	54.00	RADIOLOGY DIAGNOSTIC	82,969	82,969	6.00
7.00	55.00	ONCOLOGY	3,238	0	7.00
8.00	55.00	ONCOLOGY	262,354	262,354	8.00
9.00	60.00	LAB	66,300	38,772	9.00
10.00	65.00	RESPIRATORY THERAPY	1,363	0	10.00
11.00	91.00	EMERGENCY ROOM	1,565,591	1,565,591	11.00
200.00		TOTAL (Lines 1.00 through 199.00)	3,536,293	3,484,081	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141340

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

Worksheet A-8-2

Date/Time Prepared:
11/22/2011 11:18 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	1,363	0	0	0	0	3.00
4.00	18,720	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	3,238	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	27,528	0	0	0	0	9.00
10.00	1,363	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
200.00	52,212		0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141340

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

Worksheet A-8-2

Date/Time Prepared:
11/22/2011 11:18 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	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
11.00	0	0	0	0	0	11.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141340

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

Worksheet A-8-2

Date/Time Prepared:
11/22/2011 11:18 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	318,657	1.00
2.00	0	147,537	2.00
3.00	0	0	3.00
4.00	0	975,751	4.00
5.00	0	92,450	5.00
6.00	0	82,969	6.00
7.00	0	0	7.00
8.00	0	262,354	8.00
9.00	0	38,772	9.00
10.00	0	0	10.00
11.00	0	1,565,591	11.00
200.00	0	3,484,081	200.00

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS		Provider CCN: 141340		Period: From 05/01/2010 To 04/30/2011		Worksheet A-8-3 Part	
						Date/Time Prepared: 11/22/2011 11:18 am	
						Physical Therapy	
						Cost	
						1.00	
PART I - GENERAL INFORMATION							
1.00	Total number of weeks worked (excluding aides) (see instructions)					52	1.00
2.00	Line 1 multiplied by 15 hours per week					780	2.00
3.00	Number of unduplicated days in which supervisor or therapist was on provider site (see instructions)					365	3.00
4.00	Number of unduplicated days in which therapy assistant was on provider site but neither supervisor nor therapist was on provider site (see instructions)					0	4.00
5.00	Number of unduplicated offsite visits - supervisors or therapists (see instructions)					0	5.00
6.00	Number of unduplicated offsite visits - therapy assistants (include only visits made by therapy assistant and on which supervisor and/or therapist was not present during the visit(s)) (see instructions)					0	6.00
7.00	Standard travel expense rate					5.50	7.00
8.00	Optional travel expense rate per mile					0.00	8.00
		Supervisors	Therapists	Assistants	Aides	Trainees	
		1.00	2.00	3.00	4.00	5.00	
9.00	Total hours worked	1,649.00	2,262.61	822.00	1,531.40	0.00	9.00
10.00	AHSEA (see instructions)	90.37	72.29	54.22	27.11	0.00	10.00
11.00	Standard travel allowance (columns 1 and 2, one-half of column 2, line 10; column 3, one-half of column 3, line 10)	36.15	36.15	27.11			11.00
12.00	Number of travel hours (provider site)	0	0	0			12.00
12.01	Number of travel hours (offsite)	0	0	0			12.01
13.00	Number of miles driven (provider site)	0	0	0			13.00
13.01	Number of miles driven (offsite)	0	0	0			13.01
						1.00	
Part II - SALARY EQUIVALENCY COMPUTATION							
14.00	Supervisors (column 1, line 9 times column 1, line 10)					149,020	14.00
15.00	Therapists (column 2, line 9 times column 2, line 10)					163,564	15.00
16.00	Assistants (column 3, line 9 times column 3, line 10)					44,569	16.00
17.00	Subtotal allowance amount (sum of lines 14 and 15 for respiratory therapy or lines 14-16 for all others)					357,153	17.00
18.00	Aides (column 4, line 9 times column 4, line 10)					41,516	18.00
19.00	Trainees (column 5, line 9 times column 5, line 10)					0	19.00
20.00	Total allowance amount (sum of lines 17-19 for respiratory therapy or lines 17 and 18 for all others)					398,669	20.00
If the sum of columns 1 and 2 for respiratory therapy or columns 1-3 for physical therapy, speech pathology or occupational therapy, line 9, is greater than line 2, make no entries on lines 21 and 22 and enter on line 23 the amount from line 20. Otherwise complete lines 21-23.							
21.00	Weighted average rate excluding aides and trainees (line 17 divided by sum of columns 1 and 2, line 9 for respiratory therapy or columns 1 thru 3, line 9 for all others)					0.00	21.00
22.00	Weighted allowance excluding aides and trainees (line 2 times line 21)					0	22.00
23.00	Total salary equivalency (see instructions)					398,669	23.00
PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE							
Standard Travel Allowance							
24.00	Therapists (line 3 times column 2, line 11)					13,195	24.00
25.00	Assistants (line 4 times column 3, line 11)					0	25.00
26.00	Subtotal (line 24 for respiratory therapy or sum of lines 24 and 25 for all others)					13,195	26.00
27.00	Standard travel expense (line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others)					2,008	27.00
28.00	Total standard travel allowance and standard travel expense at the provider site (sum of lines 26 and 27)					15,203	28.00
Optional Travel Allowance and Optional Travel Expense							
29.00	Therapists (column 2, line 10 times the sum of columns 1 and 2, line 12)					0	29.00
30.00	Assistants (column 3, line 10 times column 3, line 12)					0	30.00
31.00	Subtotal (line 29 for respiratory therapy or sum of lines 29 and 30 for all others)					0	31.00
32.00	Optional travel expense (line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others)					0	32.00
33.00	Standard travel allowance and standard travel expense (line 28)					15,203	33.00
34.00	Optional travel allowance and standard travel expense (sum of lines 27 and 31)					0	34.00
35.00	Optional travel allowance and optional travel expense (sum of lines 31 and 32)					0	35.00
PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE							
Standard Travel Expense							
36.00	Therapists (line 5 times column 2, line 11)					0	36.00
37.00	Assistants (line 6 times column 3, line 11)					0	37.00
38.00	Subtotal (sum of lines 36 and 37)					0	38.00
39.00	Standard travel expense (line 7 times the sum of lines 5 and 6)					0	39.00
Optional Travel Allowance and Optional Travel Expense							
40.00	Therapists (sum of columns 1 and 2, line 12.01 times column 2, line 10)					0	40.00
41.00	Assistants (column 3, line 12.01 times column 3, line 10)					0	41.00
42.00	Subtotal (sum of lines 40 and 41)					0	42.00
43.00	Optional travel expense (line 8 times the sum of columns 1-3, line 13.01)					0	43.00
Total Travel Allowance and Travel Expense - Offsite Services; Complete one of the following three lines 44, 45, or 46, as appropriate.							
44.00	Standard travel allowance and standard travel expense (sum of lines 38 and 39 - see instructions)					0	44.00
45.00	Optional travel allowance and standard travel expense (sum of lines 39 and 42 - see instructions)					0	45.00

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS	Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet A-8-3 Part Date/Time Prepared: 11/22/2011 11:18 am
		Physical Therapy	Cost

					1.00	
46.00	Optional travel allowance and optional travel expense (sum of lines 42 and 43 - see instructions)				0	46.00
		Therapists	Assistants	Aides	Trainees	Total
		1.00	2.00	3.00	4.00	5.00

PART V - OVERTIME COMPUTATION							
47.00	Overtime hours worked during reporting period (if column 5, line 47, is zero or equal to or greater than 2,080, do not complete lines 48-55 and enter zero in each column of line 56)	0.00	0.00	0.00	0.00	0.00	47.00
48.00	Overtime rate (see instructions)	0.00	0.00	0.00	0.00	0.00	48.00
49.00	Total overtime (including base and overtime allowance) (multiply line 47 times line 48)	0.00	0.00	0.00	0.00	0.00	49.00

CALCULATION OF LIMIT							
50.00	Percentage of overtime hours by category (divide the hours in each column on line 47 by the total overtime worked - column 5, line 47)	0.00	0.00	0.00	0.00	0.00	50.00
51.00	Allocation of provider's standard work year for one full-time employee times the percentages on line 50 (see instructions)	0.00	0.00	0.00	0.00	0.00	51.00

DETERMINATION OF OVERTIME ALLOWANCE							
52.00	Adjusted hourly salary equivalency amount (see instructions)	72.29	54.22	27.11	0.00		52.00
53.00	Overtime cost limitation (line 51 times line 52)	0	0	0	0		53.00
54.00	Maximum overtime cost (enter the lesser of line 49 or line 53)	0	0	0	0		54.00
55.00	Portion of overtime already included in hourly computation at the AHSEA (multiply line 47 times line 52)	0	0	0	0		55.00
56.00	Overtime allowance (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)	0	0	0	0	0	56.00

					1.00	
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Part VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT						
57.00	Salary equivalency amount (from line 23)				398,669	57.00
58.00	Travel allowance and expense - provider site (from lines 33, 34, or 35)				15,203	58.00
59.00	Travel allowance and expense - Offsite services (from lines 44, 45, or 46)				0	59.00
60.00	Overtime allowance (from column 5, line 56)				0	60.00
61.00	Equipment cost (see instructions)				0	61.00
62.00	Supplies (see instructions)				0	62.00
63.00	Total allowance (sum of lines 57-62)				413,872	63.00
64.00	Total cost of outside supplier services (from your records)				342,939	64.00
65.00	Excess over limitation (line 64 minus line 63 - if negative, enter zero)				0	65.00

LINE 33 CALCULATION						
100.00	Line 26 = line 24 for respiratory therapy or sum of lines 24 and 25 for all others				13,195	100.00
100.01	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others				2,008	100.01
100.02	Line 33 = line 28 = sum of lines 26 and 27				15,203	100.02

LINE 34 CALCULATION						
101.00	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others				2,008	101.00
101.01	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others				0	101.01
101.02	Line 34 = sum of lines 27 and 31				2,008	101.02

LINE 35 CALCULATION						
102.00	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others				0	102.00
102.01	Line 32 = line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others				0	102.01
102.02	Line 35 = sum of lines 31 and 32				0	102.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
11/22/2011 11:18 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT PHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	1,529,192	1,529,192				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	1,214,369		1,214,369			2.00
4.00 EMPLOYEE BENEFITS	4,199,101	7,856	6,238	4,213,195		4.00
5.01 NONPATIENT PHONES	234,144	6,731	5,345	0	246,220	5.01
5.02 DATA PROCESSING	249,106	9,908	7,869	0	2,426	5.02
5.03 PURCHASING RECEIVING AND STORES	92,509	0	0	37,446	8,490	5.03
5.04 ADMINISTRATION	439,621	34,245	27,195	173,230	7,277	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	383,715	1,184	940	31,990	2,426	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	4,947,519	180,582	143,404	259,521	25,471	5.06
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	1,532,083	198,346	157,511	111,011	4,852	7.00
8.00 LAUNDRY & LINEN SERVICE	96,610	27,159	21,568	0	1,213	8.00
9.00 HOUSEKEEPING	418,055	14,823	11,771	96,996	1,213	9.00
10.00 DIETARY	199,665	30,732	24,405	45,382	4,852	10.00
11.00 CAFETERIA	329,124	37,541	29,813	91,162	1,213	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	208,950	17,132	13,605	72,777	2,426	13.00
14.00 CENTRAL SERVICES & SUPPLY	148,095	82,011	65,127	17,048	0	14.00
15.00 PHARMACY	477,646	17,961	14,264	179,736	4,852	15.00
16.00 MEDICAL RECORDS & LIBRARY	449,655	12,968	10,298	148,393	15,768	16.00
17.00 SOCIAL SERVICE	214,518	0	0	59,595	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,018,679	224,143	178,001	720,044	30,323	30.00
31.00 INTENSIVE CARE UNIT	360,476	23,449	18,621	137,157	3,639	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	392,922	8,290	6,583	141,773	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,385,707	196,194	155,803	414,349	38,808	50.00
51.00 RECOVERY ROOM	136,467	17,725	14,076	52,362	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	80,680	11,330	8,997	29,111	0	52.00
53.00 ANESTHESIOLOGY	80,520	6,079	4,828	0	2,426	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,216,096	134,060	106,460	323,032	26,684	54.00
55.00 ONCOLOGY	754,746	0	0	21,008	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,766,680	44,943	35,690	284,360	14,555	60.00
64.00 INTRAVENOUS THERAPY	16,925	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	420,794	16,580	13,166	144,615	3,639	65.00
66.00 PHYSICAL THERAPY	381,863	32,252	25,612	0	4,852	66.00
66.01 O/P PHYSICAL THERAPY	804,306	0	0	24,803	0	66.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	2,045	1,619	1,285	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	932,069	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	154,432	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	540,405	0	0	0	0	73.00
76.00 CLINICAL NUTRITION	92,772	0	0	23,935	4,852	76.00
76.01 SLEEP LAB	23,978	9,612	7,633	0	1,213	76.01
76.97 CARDIAC REHABILITATION	215,281	14,843	11,787	44,147	4,852	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	58,474	0	0	11,290	2,426	90.00
91.00 EMERGENCY	1,216,208	87,459	69,453	451,117	15,768	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT PHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	31,416,202	1,507,757	1,197,348	4,147,390	236,516 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,369	9,028	0	6,065 190.00
192.00	PHYSICIANS' PRIVATE OFFICES	335,442	6,395	5,078	0	1,213 192.00
194.00	COMMUNITY WELLNESS	197,750	3,671	2,915	65,805	2,426 194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	31,949,394	1,529,192	1,214,369	4,213,195	246,220 202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/22/2011 11:18 am
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING	269,309					5.02
5.03	PURCHASING RECEIVING AND STORES	5,730	144,175				5.03
5.04	ADMINITTING	11,460	9	693,037			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	4,297	0	0	424,552		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	38,677	27	0	0	5,595,201	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	4,297	1	0	0	2,008,101	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	146,550	8.00
9.00	HOUSEKEEPING	1,432	255	0	0	544,545	9.00
10.00	DIETARY	5,730	524	0	0	311,290	10.00
11.00	CAFETERIA	1,432	1,052	0	0	491,337	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,432	21	0	0	316,343	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	7,148	0	0	319,429	14.00
15.00	PHARMACY	7,162	291	0	0	701,912	15.00
16.00	MEDICAL RECORDS & LIBRARY	15,757	0	0	0	652,839	16.00
17.00	SOCIAL SERVICE	0	0	0	0	274,113	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	48,712	5,121	111,897	23,378	3,360,298	30.00
31.00	INTENSIVE CARE UNIT	4,297	861	30,237	5,250	583,987	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	5,730	1,019	13,960	2,424	572,701	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	25,785	6,547	47,792	36,650	2,307,635	50.00
51.00	RECOVERY ROOM	0	242	13,407	6,325	240,604	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,297	209	9,393	1,631	145,648	52.00
53.00	ANESTHESIOLOGY	5,730	2,657	11,439	5,685	119,364	53.00
54.00	RADIOLOGY-DIAGNOSTIC	17,190	10,014	66,281	107,465	3,007,282	54.00
55.00	ONCOLOGY	0	1,227	0	12,503	789,484	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	18,622	33,914	87,588	70,080	2,356,432	60.00
64.00	INTRAVENOUS THERAPY	0	1,056	47,196	18,956	84,133	64.00
65.00	RESPIRATORY THERAPY	4,297	1,355	31,876	7,743	644,065	65.00
66.00	PHYSICAL THERAPY	4,297	179	5,731	2,136	456,922	66.00
66.01	O/P PHYSICAL THERAPY	7,162	202	0	6,381	842,854	66.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	139	35	5,123	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	58,339	66,320	31,441	1,088,169	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	9,637	10,906	3,896	178,871	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	178	125,813	39,753	706,149	73.00
76.00	CLINICAL NUTRITION	0	0	17	486	122,062	76.00
76.01	SLEEP LAB	0	1	0	342	42,779	76.01
76.97	CARDIAC REHABILITATION	2,865	154	375	1,078	295,382	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	1,432	49	0	833	74,504	90.00
91.00	EMERGENCY	18,622	1,854	12,670	40,081	1,913,232	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
118.00	SUBTOTALS (SUM OF LINES 1-117)	266,444	144,143	693,037	424,552	31,299,340	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	26,462	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	2,865	0	0	0	350,993	192.00
194.00	COMMUNITY WELLNESS	0	32	0	0	272,599	194.00
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	269,309	144,175	693,037	424,552	31,949,394	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/22/2011 11:18 am
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	5,595,201					5.06
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	426,336	0	2,434,437			7.00
8.00	LAUNDRY & LINEN SERVICE	31,114	0	60,639	238,303		8.00
9.00	HOUSEKEEPING	115,611	0	33,096	0	693,252	9.00
10.00	DIETARY	66,089	0	68,616	0	20,322	10.00
11.00	CAFETERIA	104,315	0	83,820	0	24,825	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	67,162	0	38,252	0	11,329	13.00
14.00	CENTRAL SERVICES & SUPPLY	67,817	0	183,108	0	54,232	14.00
15.00	PHARMACY	149,022	0	40,103	0	11,877	15.00
16.00	MEDICAL RECORDS & LIBRARY	138,603	0	28,954	0	8,575	16.00
17.00	SOCIAL SERVICE	58,196	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	713,414	0	500,455	84,292	148,222	30.00
31.00	INTENSIVE CARE UNIT	123,985	0	52,354	8,751	15,506	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	121,589	0	18,509	8,259	5,482	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	489,929	0	438,050	37,731	129,738	50.00
51.00	RECOVERY ROOM	51,082	0	39,574	0	11,721	51.00
52.00	DELIVERY ROOM & LABOR ROOM	30,922	0	25,296	6,980	7,492	52.00
53.00	ANESTHESIOLOGY	25,342	0	13,573	773	4,020	53.00
54.00	RADIOLOGY-DIAGNOSTIC	638,470	0	299,319	30,308	88,650	54.00
55.00	ONCOLOGY	167,614	0	0	0	0	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	500,289	0	100,346	0	29,720	60.00
64.00	INTRAVENOUS THERAPY	17,862	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	136,740	0	37,018	406	10,964	65.00
66.00	PHYSICAL THERAPY	97,008	0	72,009	715	21,327	66.00
66.01	O/P PHYSICAL THERAPY	178,945	0	0	0	0	66.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,088	0	3,614	0	1,070	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	231,027	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	37,976	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	149,921	0	0	0	0	73.00
76.00	CLINICAL NUTRITION	25,915	0	0	0	0	76.00
76.01	SLEEP LAB	9,082	0	21,462	0	6,356	76.01
76.97	CARDIAC REHABILITATION	62,712	0	33,140	1,362	9,815	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	15,818	0	0	652	0	90.00
91.00	EMERGENCY	406,194	0	195,271	58,074	57,834	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,457,189	0	2,386,578	238,303	679,077	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,618	0	25,384	0	7,518	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	74,519	0	14,278	0	4,229	192.00
194.00	COMMUNITY WELLNESS	57,875	0	8,197	0	2,428	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,595,201	0	2,434,437	238,303	693,252	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/22/2011 11:18 am
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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00	466,317					10.00
11.00	0	704,297				11.00
12.00	0	0	0			12.00
13.00	0	13,767	0	446,853		13.00
14.00	0	5,250	0	0	629,836	14.00
15.00	0	29,441	0	0	1,357	15.00
16.00	0	41,411	0	0	0	16.00
17.00	0	7,154	0	0	0	17.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
23.00	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	409,179	145,917	0	173,739	23,867	30.00
31.00	57,138	21,981	0	26,172	4,011	31.00
41.00	0	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	0	24,235	0	28,856	4,748	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	0	84,299	0	100,373	30,516	50.00
51.00	0	6,975	0	8,305	1,127	51.00
52.00	0	4,978	0	5,927	975	52.00
53.00	0	0	0	0	12,383	53.00
54.00	0	73,579	0	0	46,673	54.00
55.00	0	5,664	0	0	5,718	55.00
57.00	0	0	0	0	0	57.00
58.00	0	0	0	0	0	58.00
59.00	0	0	0	0	0	59.00
60.00	0	79,309	0	0	158,066	60.00
64.00	0	0	0	0	4,923	64.00
65.00	0	31,768	0	0	6,314	65.00
66.00	0	0	0	0	836	66.00
66.01	0	7,559	0	0	941	66.01
69.00	0	0	0	0	0	69.00
70.00	0	0	0	0	0	70.00
71.00	0	0	0	0	271,889	71.00
72.00	0	0	0	0	44,917	72.00
73.00	0	0	0	0	831	73.00
76.00	0	4,972	0	0	2	76.00
76.01	0	0	0	0	3	76.01
76.97	0	8,535	0	0	716	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
90.00	0	2,781	0	0	230	90.00
91.00	0	86,909	0	103,481	8,643	91.00
92.00	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	0	0	0	0	0	99.10
99.20	0	0	0	0	0	99.20
99.30	0	0	0	0	0	99.30
99.40	0	0	0	0	0	99.40
101.00	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	0	0	0	0	0	109.00
110.00	0	0	0	0	0	110.00
111.00	0	0	0	0	0	111.00
113.00	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	466,317	686,484	0	446,853	629,686	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
194.00 COMMUNITY WELLNESS	0	17,813	0	0	150	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	466,317	704,297	0	446,853	629,836	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/22/2011 11:18 am
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	933,712					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	870,382				16.00
17.00	SOCIAL SERVICE	0	0	339,463			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	47,930	297,869	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	10,764	41,594	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	4,970	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	75,139	0	0	0	50.00
51.00	RECOVERY ROOM	0	12,967	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,344	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	11,655	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	220,298	0	0	0	54.00
55.00	ONCOLOGY	480,813	25,634	0	0	0	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	143,676	0	0	0	60.00
64.00	INTRAVENOUS THERAPY	0	38,862	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	15,875	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	4,379	0	0	0	66.00
66.01	O/P PHYSICAL THERAPY	0	13,082	0	0	0	66.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	71	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	64,459	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	7,988	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	452,899	81,500	0	0	0	73.00
76.00	CLINICAL NUTRITION	0	997	0	0	0	76.00
76.01	SLEEP LAB	0	701	0	0	0	76.01
76.97	CARDIAC REHABILITATION	0	2,210	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	1,707	0	0	0	90.00
91.00	EMERGENCY	0	82,174	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	933,712	870,382	339,463	0	0	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
194.00	COMMUNITY WELLNESS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	933,712	870,382	339,463	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	5,905,182	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	946,243	0	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	789,349	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	3,693,410	0	50.00
51.00 RECOVERY ROOM	0	0	0	372,355	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	231,562	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	187,110	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	4,404,579	0	54.00
55.00 ONCOLOGY	0	0	0	1,474,927	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	3,367,838	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	145,780	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	883,150	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	653,196	0	66.00
66.01 O/P PHYSICAL THERAPY	0	0	0	1,043,381	0	66.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	10,966	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,655,544	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	269,752	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	1,391,300	0	73.00
76.00 CLINICAL NUTRITION	0	0	0	153,948	0	76.00
76.01 SLEEP LAB	0	0	0	80,383	0	76.01
76.97 CARDIAC REHABILITATION	0	0	0	413,872	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	95,692	0	90.00
91.00 EMERGENCY	0	0	0	2,911,812	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00

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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	31,081,331	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	64,982	0 190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	444,019	0 192.00
194.00	COMMUNITY WELLNESS	0	0	0	359,062	0 194.00
200.00	Cross Foot Adjustments	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	0	0	31,949,394	0 202.00

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	NONPATIENT PHONES		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCHASING RECEIVING AND STORES		5.03
5.04	ADMITTING		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
12.00	MAINTENANCE OF PERSONNEL		12.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
19.00	NONPHYSICIAN ANESTHETISTS		19.00
20.00	NURSING SCHOOL		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	5,905,182	30.00
31.00	INTENSIVE CARE UNIT	946,243	31.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	789,349	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	3,693,410	50.00
51.00	RECOVERY ROOM	372,355	51.00
52.00	DELIVERY ROOM & LABOR ROOM	231,562	52.00
53.00	ANESTHESIOLOGY	187,110	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,404,579	54.00
55.00	ONCOLOGY	1,474,927	55.00
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	3,367,838	60.00
64.00	INTRAVENOUS THERAPY	145,780	64.00
65.00	RESPIRATORY THERAPY	883,150	65.00
66.00	PHYSICAL THERAPY	653,196	66.00
66.01	O/P PHYSICAL THERAPY	1,043,381	66.01
69.00	ELECTROCARDIOLOGY	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	10,966	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,655,544	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	269,752	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,391,300	73.00
76.00	CLINICAL NUTRITION	153,948	76.00
76.01	SLEEP LAB	80,383	76.01
76.97	CARDIAC REHABILITATION	413,872	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	95,692	90.00
91.00	EMERGENCY	2,911,812	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	CORF	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	31,081,331	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	64,982	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	444,019	192.00
194.00	COMMUNITY WELLNESS	359,062	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	31,949,394	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	7,856	6,238	14,094	14,094 4.00
5.01	NONPATIENT PHONES	0	6,731	5,345	12,076	0 5.01
5.02	DATA PROCESSING	0	9,908	7,869	17,777	0 5.02
5.03	PURCHASING RECEIVING AND STORES	0	0	0	0	125 5.03
5.04	ADMINISTRATIVE	0	34,245	27,195	61,440	579 5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	1,184	940	2,124	107 5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	180,582	143,404	323,986	868 5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00	OPERATION OF PLANT	0	198,346	157,511	355,857	371 7.00
8.00	LAUNDRY & LINEN SERVICE	0	27,159	21,568	48,727	0 8.00
9.00	HOUSEKEEPING	0	14,823	11,771	26,594	324 9.00
10.00	DIETARY	0	30,732	24,405	55,137	152 10.00
11.00	CAFETERIA	0	37,541	29,813	67,354	305 11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	NURSING ADMINISTRATION	0	17,132	13,605	30,737	243 13.00
14.00	CENTRAL SERVICES & SUPPLY	0	82,011	65,127	147,138	57 14.00
15.00	PHARMACY	0	17,961	14,264	32,225	601 15.00
16.00	MEDICAL RECORDS & LIBRARY	0	12,968	10,298	23,266	496 16.00
17.00	SOCIAL SERVICE	0	0	0	0	199 17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	224,143	178,001	402,144	2,413 30.00
31.00	INTENSIVE CARE UNIT	0	23,449	18,621	42,070	459 31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	SUBPROVIDER	0	0	0	0	0 42.00
43.00	NURSERY	0	8,290	6,583	14,873	474 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	196,194	155,803	351,997	1,386 50.00
51.00	RECOVERY ROOM	0	17,725	14,076	31,801	175 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	11,330	8,997	20,327	97 52.00
53.00	ANESTHESIOLOGY	0	6,079	4,828	10,907	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	134,060	106,460	240,520	1,080 54.00
55.00	ONCOLOGY	0	0	0	0	70 55.00
57.00	CT SCAN	0	0	0	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	LABORATORY	0	44,943	35,690	80,633	951 60.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	RESPIRATORY THERAPY	0	16,580	13,166	29,746	484 65.00
66.00	PHYSICAL THERAPY	0	32,252	25,612	57,864	0 66.00
66.01	O/P PHYSICAL THERAPY	0	0	0	0	83 66.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,619	1,285	2,904	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00	CLINICAL NUTRITION	0	0	0	0	80 76.00
76.01	SLEEP LAB	0	9,612	7,633	17,245	0 76.01
76.97	CARDIAC REHABILITATION	0	14,843	11,787	26,630	148 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	CLINIC	0	0	0	0	38 90.00
91.00	EMERGENCY	0	87,459	69,453	156,912	1,509 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0 99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0 109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
110.00	0	0	0	0	0	110.00
111.00	0	0	0	0	0	111.00
113.00	0	0	0	0	0	113.00
118.00	0	1,507,757	1,197,348	2,705,105	13,874	118.00
NONREIMBURSABLE COST CENTERS						
190.00	0	11,369	9,028	20,397	0	190.00
192.00	0	6,395	5,078	11,473	0	192.00
194.00	0	3,671	2,915	6,586	220	194.00
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	0	1,529,192	1,214,369	2,743,561	14,094	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141340		Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/22/2011 11:18 am	
Cost Center Description		NONPATIENT PHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT PHONES	12,076					5.01
5.02	DATA PROCESSING	119	17,896				5.02
5.03	PURCHASING RECEIVING AND STORES	416	381	922			5.03
5.04	ADMINISTRATIVE	357	762	0	63,138		5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	119	286	0	0	2,636	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	1,249	2,570	0	0	0	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	238	286	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	59	0	0	0	0	8.00
9.00	HOUSEKEEPING	59	95	2	0	0	9.00
10.00	DIETARY	238	381	3	0	0	10.00
11.00	CAFETERIA	59	95	7	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	119	95	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	46	0	0	14.00
15.00	PHARMACY	238	476	2	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	773	1,047	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,487	3,236	33	10,195	144	30.00
31.00	INTENSIVE CARE UNIT	178	286	6	2,755	32	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	381	7	1,272	15	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,908	1,713	42	4,354	225	50.00
51.00	RECOVERY ROOM	0	0	2	1,222	39	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	286	1	856	10	52.00
53.00	ANESTHESIOLOGY	119	381	17	1,042	35	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,309	1,142	64	6,039	687	54.00
55.00	ONCOLOGY	0	0	8	0	77	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	714	1,237	217	7,980	431	60.00
64.00	INTRAVENOUS THERAPY	0	0	7	4,300	117	64.00
65.00	RESPIRATORY THERAPY	178	286	9	2,904	48	65.00
66.00	PHYSICAL THERAPY	238	286	1	522	13	66.00
66.01	O/P PHYSICAL THERAPY	0	476	1	0	39	66.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	13	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	371	6,042	193	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	62	994	24	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	1	11,458	244	73.00
76.00	CLINICAL NUTRITION	238	0	0	2	3	76.00
76.01	SLEEP LAB	59	0	0	0	2	76.01
76.97	CARDIAC REHABILITATION	238	190	1	34	7	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	119	95	0	0	5	90.00
91.00	EMERGENCY	773	1,237	12	1,154	246	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141340			Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/22/2011 11:18 am	
Cost Center Description		NONPATIENT PHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE		
		5.01	5.02	5.03	5.04	5.05		
118.00	SUBTOTALS (SUM OF LINES 1-117)	11,601	17,706	922	63,138	2,636		118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	297	0	0	0	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	59	190	0	0	0		192.00
194.00	COMMUNITY WELLNESS	119	0	0	0	0		194.00
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	12,076	17,896	922	63,138	2,636		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	328,673					5.06
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	25,043	0	381,795			7.00
8.00	LAUNDRY & LINEN SERVICE	1,828	0	9,510	60,124		8.00
9.00	HOUSEKEEPING	6,791	0	5,190	0	39,055	9.00
10.00	DIETARY	3,882	0	10,761	0	1,145	10.00
11.00	CAFETERIA	6,127	0	13,146	0	1,399	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	3,945	0	5,999	0	638	13.00
14.00	CENTRAL SERVICES & SUPPLY	3,984	0	28,717	0	3,055	14.00
15.00	PHARMACY	8,754	0	6,289	0	669	15.00
16.00	MEDICAL RECORDS & LIBRARY	8,142	0	4,541	0	483	16.00
17.00	SOCIAL SERVICE	3,418	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	41,915	0	78,486	21,268	8,351	30.00
31.00	INTENSIVE CARE UNIT	7,283	0	8,211	2,208	874	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	7,142	0	2,903	2,084	309	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	28,779	0	68,700	9,519	7,309	50.00
51.00	RECOVERY ROOM	3,001	0	6,206	0	660	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,816	0	3,967	1,761	422	52.00
53.00	ANESTHESIOLOGY	1,489	0	2,129	195	226	53.00
54.00	RADIOLOGY-DIAGNOSTIC	37,504	0	46,943	7,647	4,994	54.00
55.00	ONCOLOGY	9,846	0	0	0	0	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	29,387	0	15,737	0	1,674	60.00
64.00	INTRAVENOUS THERAPY	1,049	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	8,032	0	5,806	102	618	65.00
66.00	PHYSICAL THERAPY	5,698	0	11,293	180	1,201	66.00
66.01	O/P PHYSICAL THERAPY	10,511	0	0	0	0	66.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	64	0	567	0	60	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,571	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	2,231	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	8,806	0	0	0	0	73.00
76.00	CLINICAL NUTRITION	1,522	0	0	0	0	76.00
76.01	SLEEP LAB	533	0	3,366	0	358	76.01
76.97	CARDIAC REHABILITATION	3,684	0	5,197	344	553	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	929	0	0	164	0	90.00
91.00	EMERGENCY	23,860	0	30,625	14,652	3,258	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141340		Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/22/2011 11:18 am	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	320,566	0	374,289	60,124	38,256	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	330	0	3,981	0	424	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	4,377	0	2,239	0	238	192.00
194.00	COMMUNITY WELLNESS	3,400	0	1,286	0	137	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	328,673	0	381,795	60,124	39,055	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/22/2011 11:18 am
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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00	71,699					10.00
11.00	0	88,492				11.00
12.00	0	0	0			12.00
13.00	0	1,730	0	43,506		13.00
14.00	0	660	0	0	183,657	14.00
15.00	0	3,699	0	0	396	15.00
16.00	0	5,203	0	0	0	16.00
17.00	0	899	0	0	0	17.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
23.00	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	62,914	18,333	0	16,916	6,960	30.00
31.00	8,785	2,762	0	2,548	1,170	31.00
41.00	0	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	0	3,045	0	2,809	1,384	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	0	10,592	0	9,772	8,898	50.00
51.00	0	876	0	809	329	51.00
52.00	0	625	0	577	284	52.00
53.00	0	0	0	0	3,611	53.00
54.00	0	9,245	0	0	13,610	54.00
55.00	0	712	0	0	1,667	55.00
57.00	0	0	0	0	0	57.00
58.00	0	0	0	0	0	58.00
59.00	0	0	0	0	0	59.00
60.00	0	9,965	0	0	46,091	60.00
64.00	0	0	0	0	1,435	64.00
65.00	0	3,992	0	0	1,841	65.00
66.00	0	0	0	0	244	66.00
66.01	0	950	0	0	274	66.01
69.00	0	0	0	0	0	69.00
70.00	0	0	0	0	0	70.00
71.00	0	0	0	0	79,281	71.00
72.00	0	0	0	0	13,098	72.00
73.00	0	0	0	0	242	73.00
76.00	0	625	0	0	1	76.00
76.01	0	0	0	0	1	76.01
76.97	0	1,072	0	0	209	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
90.00	0	349	0	0	67	90.00
91.00	0	10,920	0	10,075	2,520	91.00
92.00	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	0	0	0	0	0	99.10
99.20	0	0	0	0	0	99.20
99.30	0	0	0	0	0	99.30
99.40	0	0	0	0	0	99.40
101.00	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	0	0	0	0	0	109.00
110.00	0	0	0	0	0	110.00
111.00	0	0	0	0	0	111.00
113.00	0	0	0	0	0	113.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141340			Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/22/2011 11:18 am	
Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY			
	10.00	11.00	12.00	13.00	14.00			
118.00 SUBTOTALS (SUM OF LINES 1-117)	71,699	86,254	0	43,506	183,613			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
194.00 COMMUNITY WELLNESS	0	2,238	0	0	44			194.00
200.00 Cross Foot Adjustments								200.00
201.00 Negative Cost Centers	0	0	0	0	0			201.00
202.00 TOTAL (sum lines 118-201)	71,699	88,492	0	43,506	183,657			202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 141340		Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/22/2011 11:18 am	
Cost Center Description		PHARMACY	MEDI CAL RECORDS & LIBRARY	SOCI AL SERVI CE	NONPHYSI CI AN ANESTHETI STS	NURSI NG SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT PHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMI TTING						5.04
5.05	CASHI ERING/ACCOUNTS RECEI VABLE						5.05
5.06	OTHER ADMI NI STRATI VE AND GENERAL						5.06
6.00	MAI NTENANCE & REPAI RS						6.00
7.00	OPERATI ON OF PLANT						7.00
8.00	LAUNDRY & LI NEN SERVI CE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DI ETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAI NTENANCE OF PERSONNEL						12.00
13.00	NURSI NG ADMI NI STRATI ON						13.00
14.00	CENTRAL SERVI CES & SUPPLY						14.00
15.00	PHARMACY	53,349					15.00
16.00	MEDI CAL RECORDS & LIBRARY	0	43,951				16.00
17.00	SOCI AL SERVI CE	0	0	4,516			17.00
19.00	NONPHYSI CI AN ANESTHETI STS	0	0	0	0		19.00
20.00	NURSI NG SCHOOL	0	0	0	0	0	20.00
21.00	I & R SERVI CES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00	I & R SERVI CES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00	PARAM ED PRGM-(SPECI FY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDI ATRI CS	0	2,420	3,963			30.00
31.00	I NTENSIVE CARE UNI T	0	543	553			31.00
41.00	SUBPROVI DER - I RF	0	0	0			41.00
42.00	SUBPROVI DER	0	0	0			42.00
43.00	NURSERY	0	251	0			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATI NG ROOM	0	3,794	0			50.00
51.00	RECOVERY ROOM	0	655	0			51.00
52.00	DELI VERY ROOM & LABOR ROOM	0	169	0			52.00
53.00	ANESTHESI OLOGY	0	588	0			53.00
54.00	RADI OLOGY-DI AGNOSTI C	0	11,130	0			54.00
55.00	ONCOLOGY	27,472	1,294	0			55.00
57.00	CT SCAN	0	0	0			57.00
58.00	MAGNETI C RESONANCE IMAGI NG (MRI)	0	0	0			58.00
59.00	CARDI AC CATHETERI ZATI ON	0	0	0			59.00
60.00	LABORATORY	0	7,254	0			60.00
64.00	I NTRAVENOUS THERAPY	0	1,962	0			64.00
65.00	RESPI RATORY THERAPY	0	802	0			65.00
66.00	PHYSI CAL THERAPY	0	221	0			66.00
66.01	O/P PHYSI CAL THERAPY	0	660	0			66.01
69.00	ELECTROCARDI OLOGY	0	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	0	4	0			70.00
71.00	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	3,254	0			71.00
72.00	I MPL. DEV. CHARGED TO PATI ENTS	0	403	0			72.00
73.00	DRUGS CHARGED TO PATI ENTS	25,877	4,115	0			73.00
76.00	CLI NI CAL NUTRI TI ON	0	50	0			76.00
76.01	SLEEP LAB	0	35	0			76.01
76.97	CARDI AC REHABI LI TATI ON	0	112	0			76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLI NI C	0	0	0			88.00
89.00	FEDERALLY QUALI FIED HEALTH CENTER	0	0	0			89.00
90.00	CLI NI C	0	86	0			90.00
91.00	EMERGENCY	0	4,149	0			91.00
92.00	OBSERVATI ON BEDS (NON-DI STI NCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0			99.10
99.20	OUTPATI ENT PHYSI CAL THERAPY	0	0	0			99.20
99.30	OUTPATI ENT OCCUPATI ONAL THERAPY	0	0	0			99.30
99.40	OUTPATI ENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUI SI TI ON	0	0	0			109.00
110.00	I NTESTI NAL ACQUI SI TI ON	0	0	0			110.00
111.00	I SLET ACQUI SI TI ON	0	0	0			111.00
113.00	I NTEREST EXPENSE	0	0	0			113.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141340			Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/22/2011 11:18 am	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
		15.00	16.00	17.00	19.00	20.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)	53,349	43,951	4,516	0	0		118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0				190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0				192.00
194.00	COMMUNITY WELLNESS	0	0	0				194.00
200.00	Cross Foot Adjustments				0			200.00
201.00	Negative Cost Centers	0	0	0	0			201.00
202.00	TOTAL (sum lines 118-201)	53,349	43,951	4,516	0			202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

Period:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 PARAMED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS				681,178	0	30.00
31.00 INTENSIVE CARE UNIT				80,723	0	31.00
41.00 SUBPROVIDER - IRF				0	0	41.00
42.00 SUBPROVIDER				0	0	42.00
43.00 NURSERY				36,949	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM				508,988	0	50.00
51.00 RECOVERY ROOM				45,775	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM				31,198	0	52.00
53.00 ANESTHESIOLOGY				20,739	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC				381,914	0	54.00
55.00 ONCOLOGY				41,146	0	55.00
57.00 CT SCAN				0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)				0	0	58.00
59.00 CARDIAC CATHETERIZATION				0	0	59.00
60.00 LABORATORY				202,271	0	60.00
64.00 INTRAVENOUS THERAPY				8,870	0	64.00
65.00 RESPIRATORY THERAPY				54,848	0	65.00
66.00 PHYSICAL THERAPY				77,761	0	66.00
66.01 O/P PHYSICAL THERAPY				12,994	0	66.01
69.00 ELECTROCARDIOLOGY				0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY				3,612	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS				102,712	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS				16,812	0	72.00
73.00 DRUGS CHARGED TO PATIENTS				50,743	0	73.00
76.00 CLINICAL NUTRITION				2,521	0	76.00
76.01 SLEEP LAB				21,599	0	76.01
76.97 CARDIAC REHABILITATION				38,419	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC				0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00 CLINIC				1,852	0	90.00
91.00 EMERGENCY				261,902	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF				0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY				0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY				0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY				0	0	99.40
101.00 HOME HEALTH AGENCY				0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

Period:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION				0	0 109.00
110.00	INTESTINAL ACQUISITION				0	0 110.00
111.00	ISLET ACQUISITION				0	0 111.00
113.00	INTEREST EXPENSE				0	0 113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	2,685,526	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN				25,429	0 190.00
192.00	PHYSICIANS' PRIVATE OFFICES				18,576	0 192.00
194.00	COMMUNITY WELLNESS				14,030	0 194.00
200.00	Cross Foot Adjustments	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	0	0	2,743,561	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/22/2011 11:18 am
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Cost Center Description	Total	
	26.00	
GENERAL SERVICE COST CENTERS		
1.00 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00 EMPLOYEE BENEFITS		4.00
5.01 NONPATIENT PHONES		5.01
5.02 DATA PROCESSING		5.02
5.03 PURCHASING RECEIVING AND STORES		5.03
5.04 ADMITTING		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00 MAINTENANCE & REPAIRS		6.00
7.00 OPERATION OF PLANT		7.00
8.00 LAUNDRY & LINEN SERVICE		8.00
9.00 HOUSEKEEPING		9.00
10.00 DIETARY		10.00
11.00 CAFETERIA		11.00
12.00 MAINTENANCE OF PERSONNEL		12.00
13.00 NURSING ADMINISTRATION		13.00
14.00 CENTRAL SERVICES & SUPPLY		14.00
15.00 PHARMACY		15.00
16.00 MEDICAL RECORDS & LIBRARY		16.00
17.00 SOCIAL SERVICE		17.00
19.00 NONPHYSICIAN ANESTHETISTS		19.00
20.00 NURSING SCHOOL		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS		
30.00 ADULTS & PEDIATRICS	681,178	30.00
31.00 INTENSIVE CARE UNIT	80,723	31.00
41.00 SUBPROVIDER - IRF	0	41.00
42.00 SUBPROVIDER	0	42.00
43.00 NURSERY	36,949	43.00
ANCILLARY SERVICE COST CENTERS		
50.00 OPERATING ROOM	508,988	50.00
51.00 RECOVERY ROOM	45,775	51.00
52.00 DELIVERY ROOM & LABOR ROOM	31,198	52.00
53.00 ANESTHESIOLOGY	20,739	53.00
54.00 RADIOLOGY-DIAGNOSTIC	381,914	54.00
55.00 ONCOLOGY	41,146	55.00
57.00 CT SCAN	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00 CARDIAC CATHETERIZATION	0	59.00
60.00 LABORATORY	202,271	60.00
64.00 INTRAVENOUS THERAPY	8,870	64.00
65.00 RESPIRATORY THERAPY	54,848	65.00
66.00 PHYSICAL THERAPY	77,761	66.00
66.01 O/P PHYSICAL THERAPY	12,994	66.01
69.00 ELECTROCARDIOLOGY	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	3,612	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	102,712	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	16,812	72.00
73.00 DRUGS CHARGED TO PATIENTS	50,743	73.00
76.00 CLINICAL NUTRITION	2,521	76.00
76.01 SLEEP LAB	21,599	76.01
76.97 CARDIAC REHABILITATION	38,419	76.97
OUTPATIENT SERVICE COST CENTERS		
88.00 RURAL HEALTH CLINIC	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00 CLINIC	1,852	90.00
91.00 EMERGENCY	261,902	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS		
99.10 CORF	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS		
109.00 PANCREAS ACQUISITION	0	109.00
110.00 INTESTINAL ACQUISITION	0	110.00
111.00 ISLET ACQUISITION	0	111.00
113.00 INTEREST EXPENSE	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,685,526	118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/22/2011 11:18 am
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Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,429	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	18,576	192.00
194.00	COMMUNITY WELLNESS	14,030	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	2,743,561	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
11/22/2011 11:18 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT PHONES (NO. OF PHONES)	DATA PROCESSING (NO OF PC'S)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	77,475					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		77,475				2.00
4.00 EMPLOYEE BENEFITS	398	398	10,554,507			4.00
5.01 NONPATIENT PHONES	341	341	0	203		5.01
5.02 DATA PROCESSING	502	502	0	2	188	5.02
5.03 PURCHASING RECEIVING AND STORES	0	0	93,806	7	4	5.03
5.04 ADMITTING	1,735	1,735	433,961	6	8	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	60	60	80,138	2	3	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	9,149	9,149	650,130	21	27	5.06
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	10,049	10,049	278,096	4	3	7.00
8.00 LAUNDRY & LINEN SERVICE	1,376	1,376	0	1	0	8.00
9.00 HOUSEKEEPING	751	751	242,986	1	1	9.00
10.00 DIETARY	1,557	1,557	113,688	4	4	10.00
11.00 CAFETERIA	1,902	1,902	228,371	1	1	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	868	868	182,314	2	1	13.00
14.00 CENTRAL SERVICES & SUPPLY	4,155	4,155	42,708	0	0	14.00
15.00 PHARMACY	910	910	450,258	4	5	15.00
16.00 MEDICAL RECORDS & LIBRARY	657	657	371,742	13	11	16.00
17.00 SOCIAL SERVICE	0	0	149,291	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	11,356	11,356	1,803,771	25	34	30.00
31.00 INTENSIVE CARE UNIT	1,188	1,188	343,593	3	3	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	420	420	355,158	0	4	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	9,940	9,940	1,037,991	32	18	50.00
51.00 RECOVERY ROOM	898	898	131,172	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	574	574	72,926	0	3	52.00
53.00 ANESTHESIOLOGY	308	308	0	2	4	53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,792	6,792	809,231	22	12	54.00
55.00 ONCOLOGY	0	0	52,627	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,277	2,277	712,354	12	13	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	840	840	362,277	3	3	65.00
66.00 PHYSICAL THERAPY	1,634	1,634	0	4	3	66.00
66.01 O/P PHYSICAL THERAPY	0	0	62,134	0	5	66.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	82	82	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 CLINICAL NUTRITION	0	0	59,959	4	0	76.00
76.01 SLEEP LAB	487	487	0	1	0	76.01
76.97 CARDIAC REHABILITATION	752	752	110,593	4	2	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	28,283	2	1	90.00
91.00 EMERGENCY	4,431	4,431	1,130,099	13	13	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
11/22/2011 11:18 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT PHONES (NO. OF PHONES)	DATA PROCESSING (NO OF PC'S)		
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	76,389	76,389	10,389,657	195	186	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	576	576	0	5	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	324	324	0	1	2	192.00
194.00	COMMUNITY WELLNESS	186	186	164,850	2	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,529,192	1,214,369	4,213,195	246,220	269,309	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	19.737877	15.674334	0.399184	1,212.906404	1,432.494681	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			14,094	12,076	17,896	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001335	59.487685	95.191489	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
11/22/2011 11:18 am

Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES	2,310,307					5.03
5.04 ADMITTING	140	23,863,539				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	0	0	84,184,822			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	438	0	0	-5,595,201	26,354,193	5.06
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	11	0	0	0	2,008,101	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	146,550	8.00
9.00 HOUSEKEEPING	4,093	0	0	0	544,545	9.00
10.00 DIETARY	8,395	0	0	0	311,290	10.00
11.00 CAFETERIA	16,861	0	0	0	491,337	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	343	0	0	0	316,343	13.00
14.00 CENTRAL SERVICES & SUPPLY	114,547	0	0	0	319,429	14.00
15.00 PHARMACY	4,665	0	0	0	701,912	15.00
16.00 MEDICAL RECORDS & LIBRARY	1	0	0	0	652,839	16.00
17.00 SOCIAL SERVICE	0	0	0	0	274,113	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	82,059	3,852,952	4,635,801	0	3,360,298	30.00
31.00 INTENSIVE CARE UNIT	13,792	1,041,132	1,041,132	0	583,987	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	16,323	480,683	480,683	0	572,701	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	104,918	1,645,607	7,267,505	0	2,307,635	50.00
51.00 RECOVERY ROOM	3,876	461,646	1,254,163	0	240,604	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,353	323,430	323,430	0	145,648	52.00
53.00 ANESTHESIOLOGY	42,574	393,881	1,127,258	0	119,364	53.00
54.00 RADIOLOGY-DIAGNOSTIC	160,470	2,282,247	21,307,985	0	3,007,282	54.00
55.00 ONCOLOGY	19,658	0	2,479,352	0	789,484	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	543,457	3,015,923	13,896,528	0	2,356,432	60.00
64.00 INTRAVENOUS THERAPY	16,925	1,625,108	3,758,781	0	84,133	64.00
65.00 RESPIRATORY THERAPY	21,710	1,097,569	1,535,473	0	644,065	65.00
66.00 PHYSICAL THERAPY	2,873	197,336	423,554	0	456,922	66.00
66.01 O/P PHYSICAL THERAPY	3,236	0	1,265,280	0	842,854	66.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	4,770	6,890	0	5,123	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	934,800	2,283,581	6,234,556	0	1,088,169	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	154,432	375,509	772,628	0	178,871	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,858	4,332,403	7,882,786	0	706,149	73.00
76.00 CLINICAL NUTRITION	7	589	96,446	0	122,062	76.00
76.01 SLEEP LAB	9	0	67,771	0	42,779	76.01
76.97 CARDIAC REHABILITATION	2,462	12,920	213,764	0	295,382	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	790	0	165,118	0	74,504	90.00
91.00 EMERGENCY	29,716	436,253	7,947,938	0	1,913,232	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
11/22/2011 11:18 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,309,792	23,863,539	84,184,822	-5,595,201	25,704,139	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	26,462	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	350,993	192.00
194.00	COMMUNITY WELLNESS	515	0	0	0	272,599	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	144,175	693,037	424,552		5,595,201	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.062405	0.029042	0.005043		0.212308	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	922	63,138	2,636		328,673	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000399	0.002646	0.000031		0.012471	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
11/22/2011 11:18 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS	0					6.00
7.00 OPERATION OF PLANT	0	55,241				7.00
8.00 LAUNDRY & LINEN SERVICE	0	1,376	180,944			8.00
9.00 HOUSEKEEPING	0	751	0	53,114		9.00
10.00 DIETARY	0	1,557	0	1,557	3,036	10.00
11.00 CAFETERIA	0	1,902	0	1,902	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	0	868	0	868	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	4,155	0	4,155	0	14.00
15.00 PHARMACY	0	910	0	910	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	657	0	657	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	11,356	64,003	11,356	2,664	30.00
31.00 INTENSIVE CARE UNIT	0	1,188	6,645	1,188	372	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	420	6,271	420	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	9,940	28,649	9,940	0	50.00
51.00 RECOVERY ROOM	0	898	0	898	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	574	5,300	574	0	52.00
53.00 ANESTHESIOLOGY	0	308	587	308	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	6,792	23,013	6,792	0	54.00
55.00 ONCOLOGY	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	2,277	0	2,277	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	840	308	840	0	65.00
66.00 PHYSICAL THERAPY	0	1,634	543	1,634	0	66.00
66.01 O/P PHYSICAL THERAPY	0	0	0	0	0	66.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	82	0	82	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 CLINICAL NUTRITION	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	487	0	487	0	76.01
76.97 CARDIAC REHABILITATION	0	752	1,034	752	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	495	0	0	90.00
91.00 EMERGENCY	0	4,431	44,096	4,431	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
11/22/2011 11:18 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	54,155	180,944	52,028	3,036	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	576	0	576	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	324	0	324	0	192.00
194.00	COMMUNITY WELLNESS	0	186	0	186	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	2,434,437	238,303	693,252	466,317	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	44.069387	1.316999	13.052152	153.595850	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	381,795	60,124	39,055	71,699	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	6.911443	0.332280	0.735305	23.616271	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
11/22/2011 11:18 am

Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT PHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	243,358					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	4,757	0	129,676			13.00
14.00 CENTRAL SERVICES & SUPPLY	1,814	0	0	2,165,479		14.00
15.00 PHARMACY	10,173	0	0	4,665	1,230,289	15.00
16.00 MEDICAL RECORDS & LIBRARY	14,309	0	0	1	0	16.00
17.00 SOCIAL SERVICE	2,472	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	50,419	0	50,419	82,059	0	30.00
31.00 INTENSIVE CARE UNIT	7,595	0	7,595	13,792	0	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	8,374	0	8,374	16,323	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	29,128	0	29,128	104,918	0	50.00
51.00 RECOVERY ROOM	2,410	0	2,410	3,876	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,720	0	1,720	3,353	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	42,574	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	25,424	0	0	160,470	0	54.00
55.00 ONCOLOGY	1,957	0	0	19,658	633,534	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	27,404	0	0	543,457	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	16,925	0	64.00
65.00 RESPIRATORY THERAPY	10,977	0	0	21,710	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	2,873	0	66.00
66.01 O/P PHYSICAL THERAPY	2,612	0	0	3,236	0	66.01
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	934,800	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	154,432	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	2,858	596,755	73.00
76.00 CLINICAL NUTRITION	1,718	0	0	7	0	76.00
76.01 SLEEP LAB	0	0	0	9	0	76.01
76.97 CARDIAC REHABILITATION	2,949	0	0	2,462	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	961	0	0	790	0	90.00
91.00 EMERGENCY	30,030	0	30,030	29,716	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
11/22/2011 11:18 am

Cost Center Description	CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	12.00	13.00	14.00	15.00	
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	237,203	0	129,676	2,164,964	1,230,289	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
194.00 COMMUNITY WELLNESS	6,155	0	0	515	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	704,297	0	446,853	629,836	933,712	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2.894078	0.000000	3.445919	0.290853	0.758937	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	88,492	0	43,506	183,657	53,349	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.363629	0.000000	0.335498	0.084811	0.043363	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
11/22/2011 11:18 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	NONPATIENT PHONES					5.01
5.02	DATA PROCESSING					5.02
5.03	PURCHASING RECEIVING AND STORES					5.03
5.04	ADMITTING					5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
12.00	MAINTENANCE OF PERSONNEL					12.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY	84,184,822				16.00
17.00	SOCIAL SERVICE	0	3,036			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	NURSING SCHOOL	0	0		0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,635,801	2,664		0	30.00
31.00	INTENSIVE CARE UNIT	1,041,132	372		0	31.00
41.00	SUBPROVIDER - IRF	0	0		0	41.00
42.00	SUBPROVIDER	0	0		0	42.00
43.00	NURSERY	480,683	0		0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	7,267,505	0	0	0	50.00
51.00	RECOVERY ROOM	1,254,163	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	323,430	0	0	0	52.00
53.00	ANESTHESIOLOGY	1,127,258	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,307,985	0	0	0	54.00
55.00	ONCOLOGY	2,479,352	0	0	0	55.00
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	13,896,528	0	0	0	60.00
64.00	INTRAVENOUS THERAPY	3,758,781	0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,535,473	0	0	0	65.00
66.00	PHYSICAL THERAPY	423,554	0	0	0	66.00
66.01	O/P PHYSICAL THERAPY	1,265,280	0	0	0	66.01
69.00	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	6,890	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,234,556	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	772,628	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	7,882,786	0	0	0	73.00
76.00	CLINICAL NUTRITION	96,446	0	0	0	76.00
76.01	SLEEP LAB	67,771	0	0	0	76.01
76.97	CARDIAC REHABILITATION	213,764	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	165,118	0	0	0	90.00
91.00	EMERGENCY	7,947,938	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
11/22/2011 11:18 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
		16.00	17.00	19.00	20.00		
111.00	ISLET ACQUISITION	0	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0	0		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	84,184,822	3,036	0	0		118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	COMMUNITY WELLNESS	0	0	0	0		194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	870,382	339,463	0	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.010339	111.812582	0.000000	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	43,951	4,516	0	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000522	1.487484	0.000000	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1
Date/Time Prepared:
11/22/2011 11:18 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 NONPATIENT PHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING RECEIVING AND STORES					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
19.00 NONPHYSICIAN ANESTHETISTS					19.00
20.00 NURSING SCHOOL					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	0	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0	0		31.00
41.00 SUBPROVIDER - IRF	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0		42.00
43.00 NURSERY	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 ONCOLOGY	0	0	0		55.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
66.01 O/P PHYSICAL THERAPY	0	0	0		66.01
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00 CLINICAL NUTRITION	0	0	0		76.00
76.01 SLEEP LAB	0	0	0		76.01
76.97 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 CORF	0	0	0		99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
109.00 PANCREAS ACQUISITION	0	0	0		109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1
Date/Time Prepared:
11/22/2011 11:18 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
110.00	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	COMMUNITY WELLNESS	0	0	0	194.00
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/22/2011 11:18 am
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Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	Hospital		
				RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		5,905,182	0	0	30.00
31.00	INTENSIVE CARE UNIT		946,243	0	0	31.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		789,349	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		3,693,410	0	0	50.00
51.00	RECOVERY ROOM		372,355	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM		231,562	0	0	52.00
53.00	ANESTHESIOLOGY		187,110	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC		4,404,579	0	0	54.00
55.00	ONCOLOGY		1,474,927	0	0	55.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		3,367,838	0	0	60.00
64.00	INTRAVENOUS THERAPY		145,780	0	0	64.00
65.00	RESPIRATORY THERAPY	0	883,150	0	0	65.00
66.00	PHYSICAL THERAPY	0	653,196	0	0	66.00
66.01	O/P PHYSICAL THERAPY	0	1,043,381	0	0	66.01
69.00	ELECTROCARDIOLOGY		0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY		10,966	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,655,544	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		269,752	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS		1,391,300	0	0	73.00
76.00	CLINICAL NUTRITION		153,948	0	0	76.00
76.01	SLEEP LAB		80,383	0	0	76.01
76.97	CARDIAC REHABILITATION		413,872	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		95,692	0	0	90.00
91.00	EMERGENCY		2,911,812	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		972,158	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF		0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY		0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		0	0	0	99.40
101.00	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
113.00	INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		32,053,489	0	0	200.00
201.00	Less Observation Beds		972,158	0	0	201.00
202.00	Total (see instructions)		31,081,331	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/22/2011 11:18 am
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Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
Title XVIII Hospital Cost						
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,852,952		3,852,952		30.00
31.00	INTENSIVE CARE UNIT	1,041,132		1,041,132		31.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	480,683		480,683		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,645,607	5,621,898	7,267,505	0.508209	50.00
51.00	RECOVERY ROOM	461,646	792,517	1,254,163	0.296895	51.00
52.00	DELIVERY ROOM & LABOR ROOM	323,430	0	323,430	0.715957	52.00
53.00	ANESTHESIOLOGY	393,881	733,377	1,127,258	0.165987	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,282,247	19,025,738	21,307,985	0.206710	54.00
55.00	ONCOLOGY	0	2,479,352	2,479,352	0.594884	55.00
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	3,015,923	10,880,605	13,896,528	0.242351	60.00
64.00	INTRAVENOUS THERAPY	1,625,108	2,133,673	3,758,781	0.038784	64.00
65.00	RESPIRATORY THERAPY	1,097,569	437,904	1,535,473	0.575165	65.00
66.00	PHYSICAL THERAPY	197,336	226,218	423,554	1.542179	66.00
66.01	O/P PHYSICAL THERAPY	0	1,265,280	1,265,280	0.824625	66.01
69.00	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,770	2,120	6,890	1.591582	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,283,581	3,950,975	6,234,556	0.265543	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	375,509	397,119	772,628	0.349136	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,332,403	3,550,383	7,882,786	0.176499	73.00
76.00	CLINICAL NUTRITION	589	95,857	96,446	1.596209	76.00
76.01	SLEEP LAB	0	67,771	67,771	1.186097	76.01
76.97	CARDIAC REHABILITATION	12,920	200,844	213,764	1.936116	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	165,118	165,118	0.579537	90.00
91.00	EMERGENCY	436,253	7,511,685	7,947,938	0.366361	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	782,849	782,849	1.241821	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0		99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	23,863,539	60,321,283	84,184,822		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	23,863,539	60,321,283	84,184,822		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/22/2011 11:18 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	ONCOLOGY	0.000000		55.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
66.01	O/P PHYSICAL THERAPY	0.000000		66.01
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	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	CLINICAL NUTRITION	0.000000		76.00
76.01	SLEEP LAB	0.000000		76.01
76.97	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF			99.10
99.20	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part II Date/Time Prepared: 11/22/2011 11:18 am
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Cost Center Description		Title XVIII			Hospital	Cost	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	508,988	7,267,505	0.070036	401,863	28,145	50.00
51.00	RECOVERY ROOM	45,775	1,254,163	0.036498	113,902	4,157	51.00
52.00	DELIVERY ROOM & LABOR ROOM	31,198	323,430	0.096460	0	0	52.00
53.00	ANESTHESIOLOGY	20,739	1,127,258	0.018398	75,065	1,381	53.00
54.00	RADIOLOGY-DIAGNOSTIC	381,914	21,307,985	0.017924	875,353	15,690	54.00
55.00	ONCOLOGY	41,146	2,479,352	0.016595	0	0	55.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	202,271	13,896,528	0.014556	1,215,249	17,689	60.00
64.00	INTRAVENOUS THERAPY	8,870	3,758,781	0.002360	548,262	1,294	64.00
65.00	RESPIRATORY THERAPY	54,848	1,535,473	0.035721	726,189	25,940	65.00
66.00	PHYSICAL THERAPY	77,761	423,554	0.183592	109,691	20,138	66.00
66.01	O/P PHYSICAL THERAPY	12,994	1,265,280	0.010270	0	0	66.01
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	3,612	6,890	0.524238	2,636	1,382	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	102,712	6,234,556	0.016475	733,630	12,087	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	16,812	772,628	0.021760	151,084	3,288	72.00
73.00	DRUGS CHARGED TO PATIENTS	50,743	7,882,786	0.006437	1,946,126	12,527	73.00
76.00	CLINICAL NUTRITION	2,521	96,446	0.026139	510	13	76.00
76.01	SLEEP LAB	21,599	67,771	0.318706	0	0	76.01
76.97	CARDIAC REHABILITATION	38,419	213,764	0.179726	6,763	1,215	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	1,852	165,118	0.011216	0	0	90.00
91.00	EMERGENCY	261,902	7,947,938	0.032952	14,041	463	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	782,849	0.000000	0	0	92.00
200.00	Total (lines 50-199)	1,886,676	78,810,055		6,920,364	145,409	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/22/2011 11:18 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	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 ONCOLOGY	0	0	0	0	0	0	55.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01 O/P PHYSICAL THERAPY	0	0	0	0	0	0	66.01
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00 CLINICAL NUTRITION	0	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	0	76.01
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/22/2011 11:18 am
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Cost Center Description	Title XVIII						Hospital	
	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient	Cost		
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 ÷ col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	Program Charges			
	6.00	7.00	8.00	9.00	10.00			
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	7,267,505	0.000000	0.000000	401,863	50.00	
51.00	RECOVERY ROOM	0	1,254,163	0.000000	0.000000	113,902	51.00	
52.00	DELIVERY ROOM & LABOR ROOM	0	323,430	0.000000	0.000000	0	52.00	
53.00	ANESTHESIOLOGY	0	1,127,258	0.000000	0.000000	75,065	53.00	
54.00	RADIOLOGY-DIAGNOSTIC	0	21,307,985	0.000000	0.000000	875,353	54.00	
55.00	ONCOLOGY	0	2,479,352	0.000000	0.000000	0	55.00	
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00	
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00	
60.00	LABORATORY	0	13,896,528	0.000000	0.000000	1,215,249	60.00	
64.00	INTRAVENOUS THERAPY	0	3,758,781	0.000000	0.000000	548,262	64.00	
65.00	RESPIRATORY THERAPY	0	1,535,473	0.000000	0.000000	726,189	65.00	
66.00	PHYSICAL THERAPY	0	423,554	0.000000	0.000000	109,691	66.00	
66.01	O/P PHYSICAL THERAPY	0	1,265,280	0.000000	0.000000	0	66.01	
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY	0	6,890	0.000000	0.000000	2,636	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,234,556	0.000000	0.000000	733,630	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	772,628	0.000000	0.000000	151,084	72.00	
73.00	DRUGS CHARGED TO PATIENTS	0	7,882,786	0.000000	0.000000	1,946,126	73.00	
76.00	CLINICAL NUTRITION	0	96,446	0.000000	0.000000	510	76.00	
76.01	SLEEP LAB	0	67,771	0.000000	0.000000	0	76.01	
76.97	CARDIAC REHABILITATION	0	213,764	0.000000	0.000000	6,763	76.97	
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00	
90.00	CLINIC	0	165,118	0.000000	0.000000	0	90.00	
91.00	EMERGENCY	0	7,947,938	0.000000	0.000000	14,041	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	782,849	0.000000	0.000000	0	92.00	
200.00	Total (Lines 50-199)	0	78,810,055			6,920,364	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/22/2011 11:18 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0		50.00
51.00	RECOVERY ROOM	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	ONCOLOGY	0	0	0		55.00
57.00	CT SCAN	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	LABORATORY	0	0	0		60.00
64.00	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0		66.00
66.01	O/P PHYSICAL THERAPY	0	0	0		66.01
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	CLINICAL NUTRITION	0	0	0		76.00
76.01	SLEEP LAB	0	0	0		76.01
76.97	CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
91.00	EMERGENCY	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Total (Lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part V Date/Time Prepared: 11/22/2011 11:18 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	0.508209	0	1,411,993	0	50.00
51.00	RECOVERY ROOM	0.296895	0	122,560	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.715957	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.165987	0	128,635	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.206710	0	5,268,410	0	54.00
55.00	ONCOLOGY	0.594884	0	1,446,341	0	55.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.242351	0	3,799,935	0	60.00
64.00	INTRAVENOUS THERAPY	0.038784	0	485,658	0	64.00
65.00	RESPIRATORY THERAPY	0.575165	0	162,471	0	65.00
66.00	PHYSICAL THERAPY	1.542179	0	66,320	0	66.00
66.01	O/P PHYSICAL THERAPY	0.824625	0	461,223	0	66.01
69.00	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1.591582	0	942	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265543	0	816,318	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.349136	0	148,029	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.176499	0	1,069,375	0	73.00
76.00	CLINICAL NUTRITION	1.596209	0	45,998	0	76.00
76.01	SLEEP LAB	1.186097	0	17,202	0	76.01
76.97	CARDIAC REHABILITATION	1.936116	0	69,523	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.579537	0	103,334	0	90.00
91.00	EMERGENCY	0.366361	0	1,463,852	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.241821	0	153,895	0	92.00
200.00	Subtotal (see instructions)		0	17,242,014	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	17,242,014	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part V Date/Time Prepared: 11/22/2011 11:18 am
	Title XVIII	Hospital	Cost

Cost Center Description	Costs			Hospital	Cost
	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	717,588	0		50.00
51.00 RECOVERY ROOM	0	36,387	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	21,352	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	1,089,033	0		54.00
55.00 ONCOLOGY	0	860,405	0		55.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	920,918	0		60.00
64.00 INTRAVENOUS THERAPY	0	18,836	0		64.00
65.00 RESPIRATORY THERAPY	0	93,448	0		65.00
66.00 PHYSICAL THERAPY	0	102,277	0		66.00
66.01 O/P PHYSICAL THERAPY	0	380,336	0		66.01
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,499	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	216,768	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	51,682	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	188,744	0		73.00
76.00 CLINICAL NUTRITION	0	73,422	0		76.00
76.01 SLEEP LAB	0	20,403	0		76.01
76.97 CARDIAC REHABILITATION	0	134,605	0		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	59,886	0		90.00
91.00 EMERGENCY	0	536,298	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	191,110	0		92.00
200.00 Subtotal (see instructions)	0	5,714,997	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	5,714,997	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet D-1 Date/Time Prepared: 11/22/2011 11:18 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)			3,189	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			3,189	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)			3,189	4.00	
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0	5.00	
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	6.00	
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0	7.00	
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	8.00	
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,198	9.00	
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00	
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00	
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00	
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00	
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00	
15.00	Total nursery days (title V or XIX only)			0	15.00	
16.00	Nursery days (title V or XIX only)			0	16.00	
SWING BED ADJUSTMENT						
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00	
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00	
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00	
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00	
21.00	Total general inpatient routine service cost (see instructions)			5,905,182	21.00	
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0	22.00	
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0	23.00	
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0	24.00	
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0	25.00	
26.00	Total swing-bed cost (see instructions)			0	26.00	
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			5,905,182	27.00	
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT						
28.00	General inpatient routine service charges (excluding swing-bed charges)			3,852,952	28.00	
29.00	Private room charges (excluding swing-bed charges)			0	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)			3,852,952	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			1.532638	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)			1,208.20	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)			5,905,182	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)			1,851.73	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,218,373	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)			2,218,373	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	946,243	372	2,543.66	235	597,760
44.00	CORONARY CARE UNIT					
45.00	BURN INTENSIVE CARE UNIT					
46.00	SURGICAL INTENSIVE CARE UNIT					

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 141340		Period: From 05/01/2010 To 04/30/2011		Worksheet D-1 Date/Time Prepared: 11/22/2011 11:18 am	
Title XVIII			Hospital		Cost			
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)					1,948,368		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,764,501		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)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						525	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,851.73	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						972,158	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		
91.00	Nursing School cost	0	0	0.000000	0	0		
92.00	Allied health cost	0	0	0.000000	0	0		

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141340		Period: From 05/01/2010 To 04/30/2011		Worksheet D-1 Date/Time Prepared: 11/22/2011 11:18 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: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet D-3 Date/Time Prepared: 11/22/2011 11:18 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		1,548,680		30.00
31.00	INTENSIVE CARE UNIT		613,585		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.508209	401,863	204,230	50.00
51.00	RECOVERY ROOM	0.296895	113,902	33,817	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.715957	0	0	52.00
53.00	ANESTHESIOLOGY	0.165987	75,065	12,460	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.206710	875,353	180,944	54.00
55.00	ONCOLOGY	0.594884	0	0	55.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.242351	1,215,249	294,517	60.00
64.00	INTRAVENOUS THERAPY	0.038784	548,262	21,264	64.00
65.00	RESPIRATORY THERAPY	0.575165	726,189	417,678	65.00
66.00	PHYSICAL THERAPY	1.542179	109,691	169,163	66.00
66.01	O/P PHYSICAL THERAPY	0.824625	0	0	66.01
69.00	ELECTROCARDIOLOGY	0.000000	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1.591582	2,636	4,195	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.265543	733,630	194,810	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.349136	151,084	52,749	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.176499	1,946,126	343,489	73.00
76.00	CLINICAL NUTRITION	1.596209	510	814	76.00
76.01	SLEEP LAB	1.186097	0	0	76.01
76.97	CARDIAC REHABILITATION	1.936116	6,763	13,094	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.579537	0	0	90.00
91.00	EMERGENCY	0.366361	14,041	5,144	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.241821	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		6,920,364	1,948,368	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)		6,920,364		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part B Date/Time Prepared: 11/22/2011 11:18 am
		Title VIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			5,714,997 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)			5,714,997 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)			5,772,147 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)			26,146 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			2,707,777 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)			3,038,224 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)			3,038,224 30.00
31.00	Primary payer payments			198 31.00
32.00	Subtotal (line 30 minus line 31)			3,038,026 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)			192,781 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			192,781 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			155,970 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			3,230,807 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)			3,230,807 40.00
41.00	Interim payments			2,890,784 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)			340,023 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			82,420 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 141340		Period: From 05/01/2010 To 04/30/2011		Worksheet E-1 Part I Date/Time Prepared: 11/22/2011 11:18 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		3,918,666		2,944,859	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	11/05/2010	211,632	11/05/2010	315,308	3.01	
3.02		03/25/2011	117,436		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	03/25/2011	369,383	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)		329,068		-54,075	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)		4,247,734		2,890,784	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		205,210		340,023	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		4,452,944		3,230,807	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet E-3 Part V Date/Time Prepared: 11/22/2011 11:18 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			4,764,501 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)			4,764,501 4.00
5.00	Primary payer payments			4,300 5.00
6.00	Total cost (line 5 less line 6) . For CAH (see instructions)			4,807,803 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)			4,807,803 19.00
20.00	Deductibles (exclude professional component)			377,680 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)			4,430,123 22.00
23.00	Coinsurance			12,212 23.00
24.00	Subtotal (line 22 minus line 23)			4,417,911 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			35,033 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			35,033 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			25,872 27.00
28.00	Subtotal (sum of lines 24 and 25 or 26(line 26 hospital and subprovider only))			4,452,944 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)			4,452,944 30.00
31.00	Interim payments			4,247,734 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)			205,210 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			68,726 34.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 141340 Period: From 05/01/2010 To 04/30/2011 Worksheet G
 Date/Time Prepared: 11/22/2011 11:18 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	3,193,110	0	0	0	1.00
2.00	Temporary investments	17,291,413	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	11,256,794	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-5,781,000	0	0	0	6.00
7.00	Inventory	1,381,186	0	0	0	7.00
8.00	Prepaid expenses	494,011	0	0	0	8.00
9.00	Other current assets	462,931	0	0	0	9.00
10.00	Due from other funds	113,428	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	28,411,873	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,279,463	0	0	0	12.00
13.00	Land improvements	1,541,067	0	0	0	13.00
14.00	Accumulated depreciation	-716,278	0	0	0	14.00
15.00	Buildings	13,618,375	0	0	0	15.00
16.00	Accumulated depreciation	-4,199,501	0	0	0	16.00
17.00	Leasehold improvements	394,840	0	0	0	17.00
18.00	Accumulated depreciation	-82,332	0	0	0	18.00
19.00	Fixed equipment	8,756,312	0	0	0	19.00
20.00	Accumulated depreciation	-4,544,116	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	9,302,095	0	0	0	23.00
24.00	Accumulated depreciation	-6,521,902	0	0	0	24.00
25.00	Minor equipment depreciable	164,409	0	0	0	25.00
26.00	Accumulated depreciation	-140,955	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	18,851,477	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	11,954,877	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	11,954,877	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	59,218,227	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,767,621	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,605,840	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	261,325	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	1,592,276	0	0	0	43.00
44.00	Other current liabilities	34,727	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	8,261,789	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	2,514,952	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,514,952	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	10,776,741	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	48,441,486				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)	48,441,486	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	59,218,227	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141340

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

Worksheet G-1

Date/Time Prepared:
11/22/2011 11:18 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		42,713,585	
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,154,972			2.00
3.00	Total (sum of line 1 and line 2)		48,868,557		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)		48,868,557		0	11.00
12.00	OTHER	427,071		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)		427,071		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		48,441,486		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141340

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

Worksheet G-1

Date/Time Prepared:
11/22/2011 11:18 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 141340

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

Worksheet G-2 Parts

Date/Time Prepared:
11/22/2011 11:18 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	3,852,952		3,852,952	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	3,852,952		3,852,952	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,041,132		1,041,132	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)	1,041,132		1,041,132	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	4,894,084		4,894,084	17.00
18.00	Ancillary services	18,706,640	51,861,631	70,568,271	18.00
19.00	Outpatient services	0	12,993,702	12,993,702	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	480,683	0	480,683	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	24,081,407	64,855,333	88,936,740	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		38,701,320		29.00
30.00	BAD DEBTS	4,308,328			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)		4,308,328		36.00
37.00	ROUNDING	4			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)		4		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		43,009,644		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 141340	Period: From 05/01/2010 To 04/30/2011	Worksheet G-3 Date/Time Prepared: 11/22/2011 11:18 am
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	88,936,740	1.00
2.00	Less contractual allowances and discounts on patients' accounts	43,287,605	2.00
3.00	Net patient revenues (line 1 minus line 2)	45,649,135	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	43,009,644	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,639,491	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	384,711	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	258	10.00
11.00	Rebates and refunds of expenses	28,882	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	71,539	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	3,932	17.00
18.00	Revenue from sale of medical records and abstracts	17,319	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	ANESTHESIA PRO FEES	667,779	24.00
24.01	MISCELLANEOUS	2,341,061	24.01
25.00	Total other income (sum of lines 6-24)	3,515,481	25.00
26.00	Total (line 5 plus line 25)	6,154,972	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,154,972	29.00