

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: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet S Parts I-III Date/Time Prepared: 1/16/2012 8:09 am
--	----------------------	---	--

<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/16/2012	Time: 8:09 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: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by THE REHAB. INSTITUTE OF CHICAGO for the cost reporting period beginning 09/01/2010 and ending 08/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	Hospital	0	220,340	29,346	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	220,340	29,346	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.

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: 143026 Period: From 09/01/2010 To 08/31/2011 Worksheet S Parts I-III Date/Time Prepared: 1/16/2012 8:09 am

**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 1/16/2012 Time: 8:09 am  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

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

**PART II - CERTIFICATION**

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 THE REHAB. INSTITUTE OF CHICAGO for the cost reporting period beginning 09/01/2010 and ending 08/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information  
 ECR: Date: 1/16/2012 Time: 8:09 am  
 LXi xDRXqe. adtTJ280ayvMXPPi vLcO  
 2fexy0A51ZW6PDi Eztv5e: k00Zg3: G  
 SdQa086aDx09wt1h  
 PI: Date: 1/16/2012 Time: 8:09 am  
 9La7tVsfpqTTj d5BHzsV8b6Mdj zN80  
 5gPqs0znhcI B2a2gUhCewFUmosVJb:  
 t. grDXeZl o0pJhUm

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

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	220,340	29,346	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 Skilled Nursing Facility	0	0	0	0	0	7.00
8.00 Nursing Facility	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	220,340	29,346	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 143026		Period: From 09/01/2010 To 08/31/2011		Worksheet S-2 Part I Date/Time Prepared: 1/16/2012 8:08 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 345 SUPERIOR			PO Box:				1.00			
2.00	City: CHICAGO			State: IL		Zip Code: 60611-		County: COOK			
		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			THE REHAB. INSTITUTE OF CHICAGO	143026	16974	5	09/01/1967	N P 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							N	N	N	7.00
8.00	Swing Beds - NF							N	N	N	8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						09/01/2010	08/31/2011		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR Section §412.106, or low income payment in accordance with 42 CFR Section §412.624(e)(2)? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						2	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0	0	24.00	
25.00	If this provider is an IRF then enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid 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.			9,527	2,114	0	0	0	0	25.00	
							1.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.								1	26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.								1	27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.								0	35.00	
							Beginning:	Ending:			
							1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.								0	37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.									38.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet S-2 Part I Date/Time Prepared: 1/16/2012 8:08 am		
		V	XVIII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet S-2 Part I Date/Time Prepared: 1/16/2012 8:08 am		
		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
				1.00	2.00	3.00
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			Y	N	0
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N		
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		
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		
				V		
				1.00		
				XIX		
				1.00		
				2.00		
<b>Title V or XIX Inpatient Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				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: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet S-2 Part I Date/Time Prepared: 1/16/2012 8:08 am	
			V	XIX	
			1.00	2.00	
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
			1.00	2.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.			15,000,000	15,000,000 119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		N		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N	145.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 143026		Period: From 09/01/2010 To 08/31/2011		Worksheet S-2 Part I Date/Time Prepared: 1/16/2012 8:08 am	
		1.00		2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A 1.00		Part B 2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		155.00	
156.00	Subprovider - IPF	N		N		156.00	
157.00	Subprovider - IRF	N		N		157.00	
158.00	Subprovider - Other	N		N		158.00	
159.00	SNF	N		N		159.00	
160.00	HHA	N		N		160.00	
161.00	CMHC			N		161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
		Zip Code		CBSA		FTE/Campus	
		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00	
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			N		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet S-2 Part II Date/Time Prepared: 1/16/2012 8:08 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Type	Date
			1.00	2.00	3.00
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.		Y		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.		Y		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	Legal Oper.	
			1.00	2.00	
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.				15.00
			Y/N		
			1.00		
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)		Y	12/20/2011	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)		N		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: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet S-2 Part II Date/Time Prepared: 1/16/2012 8:08 am
---	----------------------	---	--

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet S-2  
Part II  
Date/Time Prepared:  
1/16/2012 8:08 am

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	12/20/2011	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)	N		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: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet S-3 Part I Date/Time Prepared: 1/16/2012 8:08 am
--	--	----------------------	---	---

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	155	56,575	0.00	1.00
2.00 HMO					2.00
3.00 HMO IPF					3.00
4.00 HMO IRF					4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					5.00
6.00 Hospital Adults & Peds. Swing Bed NF					6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		155	56,575	0.00	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)		155	56,575	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					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
25.10 CMHC - CORF	99.10				25.10
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		155			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: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/16/2012 8:08 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	21,063	9,527	53,085		1.00
2.00 HMO		439	2,114			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	21,063	9,527	53,085		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	21,063	9,527	53,085		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						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	0		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						29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/16/2012 8:08 am

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	1,202	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)	28.30	1,304.56	0.00	0	1,202	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						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	28.30	1,304.56	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: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet S-3  
Part I  
Date/Time Prepared:  
1/16/2012 8:08 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)	411	2,610		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)	411	2,610		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
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

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet A Date/Time Prepared: 1/16/2012 8:08 am	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		0	0	8,082,603	8,082,603	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	4,703,213	4,703,213	2.00
4.00 EMPLOYEE BENEFITS	1,588,246	3,226,568	4,814,814	19,026,495	23,841,309	4.00
5.01 PURCHASING, RECEIVING AND STORES	623,498	487,838	1,111,336	-288,729	822,607	5.01
5.02 ADMINISTRATION	1,712,990	485,128	2,198,118	-435,707	1,762,411	5.02
5.03 CASHIERING/ACCOUNTS RECEIVABLE	1,317,656	1,030,023	2,347,679	-294,679	2,053,000	5.03
5.04 ADMINISTRATIVE AND GENERAL	14,903,326	28,820,449	43,723,775	-10,963,533	32,760,242	5.04
7.00 OPERATION OF PLANT	788,946	10,993,769	11,782,715	-4,861,720	6,920,995	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	395,390	395,390	8.00
9.00 HOUSEKEEPING	1,053,539	1,500,595	2,554,134	-657,261	1,896,873	9.00
10.00 DIETARY	1,125,935	1,643,004	2,768,939	-1,763,405	1,005,534	10.00
11.00 CAFETERIA	0	0	0	1,462,029	1,462,029	11.00
13.00 NURSING ADMINISTRATION	765,524	235,771	1,001,295	-224,761	776,534	13.00
14.00 CENTRAL SERVICES & SUPPLY	360,195	286,213	646,408	-89,361	557,047	14.00
15.00 PHARMACY	884,658	5,569,112	6,453,770	-5,392,195	1,061,575	15.00
16.00 MEDICAL RECORDS & LIBRARY	444,094	179,541	623,635	-52,637	570,998	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	136,531	2,861,489	2,998,020	-30,193	2,967,827	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED PRGM	39,488	19,851	59,339	474,393	533,732	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	14,466,788	8,197,490	22,664,278	-7,519,743	15,144,535	30.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 RADIOLOGY-DIAGNOSTIC	271,264	321,849	593,113	1,540,420	2,133,533	54.00
54.01 PSYCHOLOGY	0	0	0	1,383,644	1,383,644	54.01
54.02 PULMONARY	0	0	0	577,465	577,465	54.02
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	236,553	572,225	808,778	-53,761	755,017	60.00
60.01 VOCATIONAL REHABILITATION	333,636	214,928	548,564	-82,068	466,496	60.01
65.00 RESPIRATORY THERAPY	0	91,704	91,704	964,388	1,056,092	65.00
66.00 PHYSICAL THERAPY	0	0	0	6,603,785	6,603,785	66.00
66.01 ALLIED HEALTH	12,517,844	3,819,892	16,337,736	-16,337,736	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	3,738,696	3,738,696	67.00
68.00 SPEECH PATHOLOGY	0	256	256	1,486,141	1,486,397	68.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,120,256	1,120,256	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	5,139,166	5,139,166	73.00
76.00 PROSTHETICS AND ORTHOTICS	1,584,795	2,363,044	3,947,839	-891,589	3,056,250	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	21,241,853	10,304,495	31,546,348	-2,103,961	29,442,387	90.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	76,397,359	83,225,234	159,622,593	4,655,045	164,277,638	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 RESEARCH	9,256,411	11,199,487	20,455,898	-2,484,562	17,971,336	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 FOUNDATION	1,364,514	803,988	2,168,502	-319,815	1,848,687	192.01
192.02 ACADEMY	1,627,398	823,791	2,451,189	-376,191	2,074,998	192.02
192.03 PARTNERSHIP EXPENSE	6,554,177	2,055,167	8,609,344	-1,474,477	7,134,867	192.03
200.00 TOTAL (SUM OF LINES 118-199)	95,199,859	98,107,667	193,307,526	0	193,307,526	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet A Date/Time Prepared: 1/16/2012 8:08 am
---	--	----------------------	---	---

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-1,898,519	6,184,084	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-52,613	4,650,600	2.00
4.00	EMPLOYEE BENEFITS	-8	23,841,301	4.00
5.01	PURCHASING, RECEIVING AND STORES	0	822,607	5.01
5.02	ADMINISTRATIVE	0	1,762,411	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	-3,573	2,049,427	5.03
5.04	ADMINISTRATIVE AND GENERAL	-11,552,445	21,207,797	5.04
7.00	OPERATION OF PLANT	-675,576	6,245,419	7.00
8.00	LAUNDRY & LINEN SERVICE	0	395,390	8.00
9.00	HOUSEKEEPING	0	1,896,873	9.00
10.00	DIETARY	-4,564	1,000,970	10.00
11.00	CAFETERIA	-744,173	717,856	11.00
13.00	NURSING ADMINISTRATION	-468	776,066	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	557,047	14.00
15.00	PHARMACY	0	1,061,575	15.00
16.00	MEDICAL RECORDS & LIBRARY	-84,673	486,325	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	-78,311	2,889,516	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMEDICAL PRGM	0	533,732	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-58,289	15,086,246	30.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
54.00	RADIOLOGY-DIAGNOSTIC	-26,064	2,107,469	54.00
54.01	PSYCHOLOGY	-91,085	1,292,559	54.01
54.02	PULMONARY	0	577,465	54.02
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	-368	754,649	60.00
60.01	VOCATIONAL REHABILITATION	-1,750	464,746	60.01
65.00	RESPIRATORY THERAPY	0	1,056,092	65.00
66.00	PHYSICAL THERAPY	-434,727	6,169,058	66.00
66.01	ALLIED HEALTH	-94,603	-94,603	66.01
67.00	OCCUPATIONAL THERAPY	-246,118	3,492,578	67.00
68.00	SPEECH PATHOLOGY	-97,833	1,388,564	68.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,120,256	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,139,166	73.00
76.00	PROSTHETICS AND ORTHOTICS	-3,971	3,052,279	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	-10,029,329	19,413,058	90.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-26,179,060	138,098,578	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
191.00	RESEARCH	0	17,971,336	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	FOUNDATION	0	1,848,687	192.01
192.02	ACADEMY	0	2,074,998	192.02
192.03	PARTNERSHIP EXPENSE	0	7,134,867	192.03
200.00	TOTAL (SUM OF LINES 118-199)	-26,179,060	167,128,466	200.00

RECLASSIFICATIONS

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet A-6  
Date/Time Prepared:  
1/16/2012 8:08 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	19,072,637	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
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
TOTALS			0	19,072,637	
<b>B - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,028,763	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,650,600	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
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
TOTALS			0	10,679,363	
<b>C - INTEREST</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,898,519	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	52,613	2.00
TOTALS			0	1,951,132	
<b>D - AMORTIZATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	155,321	1.00
2.00		0.00	0	0	2.00
TOTALS			0	155,321	
<b>E - ALLIED HEALTH - PT, OT, SP, PSYCH</b>					
1.00	OCCUPATIONAL THERAPY	67.00	3,542,194	196,502	1.00
2.00	PSYCHOLOGY	54.01	1,310,921	72,723	2.00
3.00	PHYSICAL THERAPY	66.00	6,256,698	347,087	3.00
4.00	SPEECH PATHOLOGY	68.00	1,408,031	78,110	4.00
TOTALS			12,517,844	694,422	
<b>F - NMH SERVICES</b>					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,726,365	1.00
2.00	RESPIRATORY THERAPY	65.00	0	1,028,683	2.00
TOTALS			0	2,755,048	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>G - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,120,256	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
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
	TOTALS		0	1,120,256	
<b>H - TRANSCRIPTION AND PHY PRACTICE</b>					
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	51,891	1.00
2.00	CLINIC	90.00	745,241	1,033,915	2.00
	TOTALS		745,241	1,085,806	
<b>I - LINEN</b>					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	395,390	1.00
	TOTALS		0	395,390	
<b>J - CAFETERIA</b>					
1.00	CAFETERIA	11.00	394,077	1,067,952	1.00
	TOTALS		394,077	1,067,952	
<b>K - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,139,166	1.00
	TOTALS		0	5,139,166	
<b>L - PULMONARY</b>					
1.00	PULMONARY	54.02	357,563	219,902	1.00
2.00		0.00	0	0	2.00
	TOTALS		357,563	219,902	
<b>M - DEFAULT</b>					
1.00	PARAMED ED PRGM	23.00	482,369	1,200	1.00
	TOTALS		482,369	1,200	
500.00	Grand Total: Increases		14,497,094	44,337,595	500.00

RECLASSIFICATIONS

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet A-6  
Date/Time Prepared:  
1/16/2012 8:08 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>A - EMPLOYEE BENEFITS</b>							
1.00	PURCHASING, RECEIVING AND STORES	5.01	0	140,472	0		1.00
2.00	ADMINISTRATIVE	5.02	0	408,754	0		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.03	0	294,679	0		3.00
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	3,001,650	0		4.00
5.00	OPERATION OF PLANT	7.00	0	179,159	0		5.00
6.00	HOUSEKEEPING	9.00	0	240,911	0		6.00
7.00	DIETARY	10.00	0	255,414	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	172,450	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	84,718	0		9.00
10.00	PHARMACY	15.00	0	203,001	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	101,566	0		11.00
12.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	30,193	0		12.00
13.00	PARAMEDICAL PRGM	23.00	0	9,176	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	3,309,176	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	60,101	0		15.00
16.00	LABORATORY	60.00	0	53,761	0		16.00
17.00	VOCATIONAL REHABILITATION	60.01	0	74,593	0		17.00
18.00	ALLIED HEALTH	66.01	0	2,876,770	0		18.00
19.00	PROSTHETICS AND ORTHOTICS	76.00	0	364,829	0		19.00
20.00	CLINIC	90.00	0	2,786,388	0		20.00
21.00	RESEARCH	191.00	0	2,296,516	0		21.00
22.00	FOUNDATION	192.01	0	307,506	0		22.00
23.00	ACADEMY	192.02	0	351,526	0		23.00
24.00	PARTNERSHIP EXPENSE	192.03	0	1,469,328	0		24.00
	<b>TOTALS</b>		0	19,072,637			
<b>B - DEPRECIATION</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	46,125	9		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.01	0	95,644	9		2.00
3.00	ADMINISTRATIVE	5.02	0	26,953	9		3.00
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	4,155,299	9		4.00
5.00	OPERATION OF PLANT	7.00	0	4,682,561	9		5.00
6.00	HOUSEKEEPING	9.00	0	20,711	9		6.00
7.00	DIETARY	10.00	0	45,962	9		7.00
8.00	NURSING ADMINISTRATION	13.00	0	52,311	9		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,643	9		9.00
10.00	PHARMACY	15.00	0	47,245	9		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,962	9		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	143,102	9		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	125,839	9		13.00
14.00	VOCATIONAL REHABILITATION	60.01	0	7,475	9		14.00
15.00	RESPIRATORY THERAPY	65.00	0	6,302	9		15.00
16.00	ALLIED HEALTH	66.01	0	239,863	9		16.00
17.00	PROSTHETICS AND ORTHOTICS	76.00	0	42,968	9		17.00
18.00	CLINIC	90.00	0	704,546	9		18.00
19.00	RESEARCH	191.00	0	188,041	9		19.00
20.00	FOUNDATION	192.01	0	12,309	9		20.00
21.00	ACADEMY	192.02	0	23,508	9		21.00
22.00	PARTNERSHIP EXPENSE	192.03	0	4,994	9		22.00
	<b>TOTALS</b>		0	10,679,363			
<b>C - INTEREST</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,898,519	11		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.01	0	52,613	11		2.00
	<b>TOTALS</b>		0	1,951,132			
<b>D - AMORTIZATION</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	0	75,785	9		1.00
2.00	CLINIC	90.00	0	79,536	9		2.00
	<b>TOTALS</b>		0	155,321			
<b>E - ALLIED HEALTH - PT, OT, SP, PSYCH</b>							
1.00	ALLIED HEALTH	66.01	12,517,844	694,422	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
	<b>TOTALS</b>		12,517,844	694,422			
<b>F - NMH SERVICES</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	2,754,989	0		1.00
2.00	ALLIED HEALTH	66.01	0	59	0		2.00
	<b>TOTALS</b>		0	2,755,048			

RECLASSIFICATIONS

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet A-6

Date/Time Prepared:  
1/16/2012 8:08 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>G - MEDICAL SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	17	0		1.00
2.00	ADMINISTRATIVE AND GENERAL	5.04	0	1,233	0		2.00
3.00	HOUSEKEEPING	9.00	0	249	0		3.00
4.00	PHARMACY	15.00	0	2,783	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,028,937	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5	0		6.00
7.00	RESPIRATORY THERAPY	65.00	0	57,993	0		7.00
8.00	ALLIED HEALTH	66.01	0	8,778	0		8.00
9.00	PROSTHETICS AND ORTHOTICS	76.00	0	223	0		9.00
10.00	CLINIC	90.00	0	18,721	0		10.00
11.00	RESEARCH	191.00	0	5	0		11.00
12.00	ACADEMY	192.02	0	1,157	0		12.00
13.00	PARTNERSHIP EXPENSE	192.03	0	155	0		13.00
	TOTALS		0	1,120,256			
<b>H - TRANSCRIPTION AND PHY PRACTICE</b>							
1.00	ADMINISTRATIVE AND GENERAL	5.04	745,241	1,085,806	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		745,241	1,085,806			
<b>I - LINEN</b>							
1.00	HOUSEKEEPING	9.00	0	395,390	0		1.00
	TOTALS		0	395,390			
<b>J - CAFETERIA</b>							
1.00	DIETARY	10.00	394,077	1,067,952	0		1.00
	TOTALS		394,077	1,067,952			
<b>K - DRUGS</b>							
1.00	PHARMACY	15.00	0	5,139,166	0		1.00
	TOTALS		0	5,139,166			
<b>L - PULMONARY</b>							
1.00	ADULTS & PEDIATRICS	30.00	180,985	102,554	0		1.00
2.00	CLINIC	90.00	176,578	117,348	0		2.00
	TOTALS		357,563	219,902			
<b>M - DEFAULT</b>							
1.00	PROSTHETICS AND ORTHOTICS	76.00	482,369	1,200	0		1.00
	TOTALS		482,369	1,200			
500.00	Grand Total: Decreases		14,497,094	44,337,595			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
1/16/2012 8:08 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	32,971,301	82,383	0	82,383	0 1.00
2.00	Land Improvements	0	0	0	0	0 2.00
3.00	Buildings and Fixtures	113,356,259	1,297,691	0	1,297,691	0 3.00
4.00	Building Improvements	10,806,972	4,073,432	0	4,073,432	0 4.00
5.00	Fixed Equipment	0	0	0	0	0 5.00
6.00	Movable Equipment	80,297,343	3,968,321	0	3,968,321	140,674 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	237,431,875	9,421,827	0	9,421,827	140,674 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	237,431,875	9,421,827	0	9,421,827	140,674 10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	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)	0	0	0	0	0 3.00
<b>COMPUTATION OF RATIOS</b>						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
1/16/2012 8:08 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	33,053,684	0		1.00		
2.00	Land Improvements	0	0		2.00		
3.00	Buildings and Fixtures	114,653,950	0		3.00		
4.00	Building Improvements	14,880,404	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	84,124,990	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	246,713,028	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	246,713,028	0		10.00		
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	0		3.00		
<b>ALLOCATION OF OTHER CAPITAL</b>							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,184,084	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,650,600	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,834,684	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
1/16/2012 8:08 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	6,184,084	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,650,600	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	10,834,684	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet A-8

Date/Time Prepared:  
1/16/2012 8:08 am

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - buildings and fixtures (chapter 2)	B	-1,898,519	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - movable equipment (chapter 2)	B	-52,613	NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00	Investment income - other (chapter 2)		0		0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-50,551	OPERATION OF PLANT	7.00 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00 7.00
8.00	Television and radio service (chapter 21)		0		0.00 8.00
9.00	Parking lot (chapter 21)	B	-541,010	OPERATION OF PLANT	7.00 9.00
10.00	Provider-based physician adjustment	A-8-2	-9,206,468		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0		12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Cafeteria-employees and guests	B	-732,390	CAFETERIA	11.00 14.00
15.00	Rental of quarters to employee and others		0		0.00 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00	Sale of drugs to other than patients		0		0.00 17.00
18.00	Sale of medical records and abstracts		0		0.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00	Vending machines	B	-11,783	CAFETERIA	11.00 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	ORESPIRATORY THERAPY	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	OPHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00 25.00
26.00	Depreciation - buildings and fixtures		0	ONEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - movable equipment		0	ONEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00 28.00
29.00	Physicians' assistant		0		0.00 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	OSPEECH PATHOLOGY	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00	RENTAL INCOME	B	-26,279	ADMINISTRATIVE AND GENERAL	5.04 33.00
34.00	BUILDING RENTAL INCOME	B	-50,551	OPERATION OF PLANT	7.00 34.00
35.00	CLINIC RENTAL INCOME	B	-10,075	CLINIC	90.00 35.00
36.00	REMOVE BAD DEBT EXPENSE	A	-1,859,690	ADMINISTRATIVE AND GENERAL	5.04 36.00
38.00	PRIVATE DUTY NURSING	A	-57,989	ADULTS & PEDIATRICS	30.00 38.00
39.00	PRIVATE DUTY NURSING	A	-38	NURSING ADMINISTRATION	13.00 39.00
40.00	PROVIDER TAX	A	-6,634,608	ADMINISTRATIVE AND GENERAL	5.04 40.00
41.00	INTERNATIONAL RELATIONS	A	-701,189	ADMINISTRATIVE AND GENERAL	5.04 41.00
42.00	MARKETING	A	-161,468	ADMINISTRATIVE AND GENERAL	5.04 42.00
43.00	REFERRAL DEVELOPMENT	A	-430	NURSING ADMINISTRATION	13.00 43.00
44.00	OTHER OPERATING REVENUE	B	-387,706	CLINIC	90.00 44.00
45.00	OTHER OPERATING REVENUE	B	-8	EMPLOYEE BENEFITS	4.00 45.00
45.01	OTHER OPERATING REVENUE	B	-3,573	CASHIERING/ACCOUNTS RECEIVABLE	5.03 45.01
45.02	OTHER OPERATING REVENUE	B	-1,950,920	ADMINISTRATIVE AND GENERAL	5.04 45.02
45.03	OTHER OPERATING REVENUE	B	-33,464	OPERATION OF PLANT	7.00 45.03
45.04	OTHER OPERATING REVENUE	B	-4,564	DIETARY	10.00 45.04
45.05	OTHER OPERATING REVENUE	B	-84,673	MEDICAL RECORDS & LIBRARY	16.00 45.05
45.06	OTHER OPERATING REVENUE	B	-78,311	I&R SERVICES-SALARY & FRINGES APPRVD	21.00 45.06

ADJUSTMENTS TO EXPENSES

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet A-8

Date/Time Prepared:  
1/16/2012 8:08 am

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Bas is/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
45.07	OTHER OPERATING REVENUE	B	-300	ADULTS & PEDIATRICS	30.00 45.07
45.08	OTHER OPERATING REVENUE	B	-26,064	RADIOLOGY-DIAGNOSTIC	54.00 45.08
45.09	OTHER OPERATING REVENUE	B	-368	LABORATORY	60.00 45.09
45.10	OTHER OPERATING REVENUE	B	-1,750	VOCATIONAL REHABILITATION	60.01 45.10
45.11	OTHER OPERATING REVENUE	B	-3,971	PROSTHETICS AND ORTHOTICS	76.00 45.11
45.12	OTHER OPERATING REVENUE	B	-247,554	CLINIC	90.00 45.12
45.13	OTHER OPERATING REVENUE	B	-246,118	OCCUPATIONAL THERAPY	67.00 45.13
45.14	OTHER OPERATING REVENUE	B	-91,085	PSYCHOLOGY	54.01 45.14
45.15	OTHER OPERATING REVENUE	B	-434,727	PHYSICAL THERAPY	66.00 45.15
45.16	OTHER OPERATING REVENUE	B	-97,833	SPEECH PATHOLOGY	68.00 45.16
45.17	OTHER OPERATING REVENUE	B	-94,603	ALLIED HEALTH	66.01 45.17
45.18	DEPOSITION INCOME	B	-218,291	ADMINISTRATIVE AND GENERAL	5.04 45.18
45.20	DEPOSITION INCOME	B	-177,526	CLINIC	90.00 45.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-26,179,060		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet A-8

Date/Time Prepared:  
1/16/2012 8:08 am

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	11	1.00
2.00	Investment income - movable equipment (chapter 2)	11	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	RENTAL INCOME	0	33.00
34.00	BUILDING RENTAL INCOME	0	34.00
35.00	CLINIC RENTAL INCOME	0	35.00
36.00	REMOVE BAD DEBT EXPENSE	0	36.00
38.00	PRIVATE DUTY NURSING	0	38.00
39.00	PRIVATE DUTY NURSING	0	39.00
40.00	PROVIDER TAX	0	40.00
41.00	INTERNATIONAL RELATIONS	0	41.00
42.00	MARKETING	0	42.00
43.00	REFERRAL DEVELOPMENT	0	43.00
44.00	OTHER OPERATING REVENUE	0	44.00
45.00	OTHER OPERATING REVENUE	0	45.00
45.01	OTHER OPERATING REVENUE	0	45.01
45.02	OTHER OPERATING REVENUE	0	45.02
45.03	OTHER OPERATING REVENUE	0	45.03
45.04	OTHER OPERATING REVENUE	0	45.04
45.05	OTHER OPERATING REVENUE	0	45.05
45.06	OTHER OPERATING REVENUE	0	45.06
45.07	OTHER OPERATING REVENUE	0	45.07
45.08	OTHER OPERATING REVENUE	0	45.08
45.09	OTHER OPERATING REVENUE	0	45.09
45.10	OTHER OPERATING REVENUE	0	45.10
45.11	OTHER OPERATING REVENUE	0	45.11
45.12	OTHER OPERATING REVENUE	0	45.12
45.13	OTHER OPERATING REVENUE	0	45.13
45.14	OTHER OPERATING REVENUE	0	45.14
45.15	OTHER OPERATING REVENUE	0	45.15
45.16	OTHER OPERATING REVENUE	0	45.16

ADJUSTMENTS TO EXPENSES		Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet A-8 Date/Time Prepared: 1/16/2012 8:08 am
-------------------------	--	----------------------	---	---

		Wkst. A-7 Ref.	
		5.00	
45.17	OTHER OPERATING REVENUE	0	45.17
45.18	DEPOSITION INCOME	0	45.18
45.20	DEPOSITION INCOME	0	45.20
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:  
1/16/2012 8:08 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	90.00	CLINIC AGGREGATE	11,143,941	8,623,906	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
10.00	0.00		0	0	10.00
200.00		TOTAL (Lines 1.00 through 199.00)	11,143,941	8,623,906	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:  
1/16/2012 8:08 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	2,520,034	177,200	20,268	1,726,678	86,334	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	2,520,034		20,268	1,726,678	86,334	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:  
1/16/2012 8:08 am

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	161,170	36,446	770,995	174,349	1,937,473	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	161,170	36,446	770,995	174,349	1,937,473	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet A-8-2

Date/Time Prepared:  
1/16/2012 8:08 am

	RCE	Adjustment	
	Disallowance	18.00	
	17.00		
1.00	582,561	9,206,468	1.00
2.00	0	0	2.00
3.00	0	0	3.00
4.00	0	0	4.00
5.00	0	0	5.00
6.00	0	0	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	582,561	9,206,468	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/16/2012 8:08 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	PURCHASING, RECEIVING AND STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	6,184,084	6,184,084				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	4,650,600		4,650,600			2.00
4.00 EMPLOYEE BENEFITS	23,841,301	134,291	43,668	24,019,260		4.00
5.01 PURCHASING, RECEIVING AND STORES	822,607	0	90,550	159,980	1,073,137	5.01
5.02 ADMITTING	1,762,411	29,880	25,517	439,526	10,592	5.02
5.03 CASHIERING/ACCOUNTS RECEIVABLE	2,049,427	59,759	0	338,089	17,608	5.03
5.04 ADMINISTRATIVE AND GENERAL	21,207,797	625,945	2,623,117	3,823,955	145,568	5.04
7.00 OPERATION OF PLANT	6,245,419	700,024	36,353	202,431	49,726	7.00
8.00 LAUNDRY & LINEN SERVICE	395,390	0	0	0	0	8.00
9.00 HOUSEKEEPING	1,896,873	29,880	19,608	270,321	6,780	9.00
10.00 DIETARY	1,000,970	322,801	43,514	187,783	43,742	10.00
11.00 CAFETERIA	717,856	0	0	101,114	23,554	11.00
13.00 NURSING ADMINISTRATION	776,066	22,410	49,525	196,421	4,249	13.00
14.00 CENTRAL SERVICES & SUPPLY	557,047	119,519	4,396	92,420	114,846	14.00
15.00 PHARMACY	1,061,575	23,904	44,728	226,989	19,397	15.00
16.00 MEDICAL RECORDS & LIBRARY	486,325	44,820	2,804	113,947	4,112	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	2,889,516	59,759	0	35,032	13,786	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED PRGM	533,732	0	0	133,900	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	15,086,246	1,468,498	135,480	3,711,946	45,372	30.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 RADIOLOGY-DIAGNOSTIC	2,107,469	44,820	119,136	69,602	2,010	54.00
54.01 PSYCHOLOGY	1,292,559	101,692	23,844	336,361	7,556	54.01
54.02 PULMONARY	577,465	0	0	0	0	54.02
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	754,649	23,904	0	60,696	3,687	60.00
60.01 VOCATIONAL REHABILITATION	464,746	0	7,077	85,606	1,650	60.01
65.00 RESPIRATORY THERAPY	1,056,092	0	5,966	0	0	65.00
66.00 PHYSICAL THERAPY	6,169,058	485,377	113,544	1,605,369	35,979	66.00
66.01 ALLIED HEALTH	-94,603	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	3,492,578	274,792	64,265	908,870	20,364	67.00
68.00 SPEECH PATHOLOGY	1,388,564	163,012	25,434	361,278	8,382	68.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,120,256	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	5,139,166	0	0	0	0	73.00
76.00 PROSTHETICS AND ORTHOTICS	3,052,279	76,546	40,679	282,865	15,464	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	19,413,058	541,359	667,018	5,450,339	76,416	90.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	138,098,578	5,352,992	4,186,223	19,194,840	670,840	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 RESEARCH	17,971,336	666,753	425,740	2,375,047	104,872	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 FOUNDATION	1,848,687	29,880	11,653	350,112	72,863	192.01
192.02 ACADEMY	2,074,998	134,459	22,256	417,564	206,734	192.02
192.03 PARTNERSHIP EXPENSE	7,134,867	0	4,728	1,681,697	17,828	192.03
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)	167,128,466	6,184,084	4,650,600	24,019,260	1,073,137	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 143026		Period: From 09/01/2010 To 08/31/2011		Worksheet B Part I Date/Time Prepared: 1/16/2012 8:08 am	
Cost Center Description		ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	
		5.02	5.03	5A.03	5.04	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	PURCHASING, RECEIVING AND STORES						5.01
5.02	ADMINISTRATIVE	2,267,926					5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	0	2,464,883				5.03
5.04	ADMINISTRATIVE AND GENERAL	0	0	28,426,382	28,426,382		5.04
7.00	OPERATION OF PLANT	0	0	7,233,953	1,481,557	8,715,510	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	395,390	80,978	0	8.00
9.00	HOUSEKEEPING	0	0	2,223,462	455,378	56,195	9.00
10.00	DIETARY	0	0	1,598,810	327,446	607,092	10.00
11.00	CAFETERIA	0	0	842,524	172,554	0	11.00
13.00	NURSING ADMINISTRATION	0	0	1,048,671	214,774	42,146	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	888,228	181,914	224,779	14.00
15.00	PHARMACY	0	0	1,376,593	281,935	44,956	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	652,008	133,535	84,292	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,998,093	614,027	112,389	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM	0	0	667,632	136,735	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	774,599	465,175	21,687,316	4,441,692	2,761,809	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	RADIOLOGY-DIAGNOSTIC	52,506	57,542	2,453,085	502,407	84,292	54.00
54.01	PSYCHOLOGY	32,702	54,861	1,849,575	378,804	191,251	54.01
54.02	PULMONARY	12,308	17,751	607,524	124,425	0	54.02
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	142,310	89,739	1,074,985	220,163	44,956	60.00
60.01	VOCATIONAL REHABILITATION	441	15,246	574,766	117,716	0	60.01
65.00	RESPIRATORY THERAPY	39,782	24,153	1,125,993	230,610	0	65.00
66.00	PHYSICAL THERAPY	329,039	322,130	9,060,496	1,855,644	912,848	66.00
66.01	ALLIED HEALTH	0	0	-94,603	0	0	66.01
67.00	OCCUPATIONAL THERAPY	304,230	230,722	5,295,821	1,084,616	516,802	67.00
68.00	SPEECH PATHOLOGY	111,157	81,983	2,139,810	438,246	306,577	68.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	93,351	56,470	1,270,077	260,119	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	343,600	252,021	5,734,787	1,174,519	0	73.00
76.00	PROSTHETICS AND ORTHOTICS	31,187	115,184	3,614,204	740,211	143,959	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	714	681,906	26,830,810	5,495,099	1,018,134	90.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,267,926	2,464,883	131,576,392	21,145,104	7,152,477	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	RESEARCH	0	0	21,543,748	4,412,289	1,253,962	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	FOUNDATION	0	0	2,313,195	473,756	56,195	192.01
192.02	ACADEMY	0	0	2,856,011	584,928	252,876	192.02
192.03	PARTNERSHIP EXPENSE	0	0	8,839,120	1,810,305	0	192.03
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)	2,267,926	2,464,883	167,128,466	28,426,382	8,715,510	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet B Part I Date/Time Prepared: 1/16/2012 8:08 am
---	--	----------------------	---	---

Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	PURCHASING, RECEIVING AND STORES					5.01
5.02	ADMITTING					5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	ADMINISTRATIVE AND GENERAL					5.04
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE	476,368				8.00
9.00	HOUSEKEEPING	0	2,735,035			9.00
10.00	DIETARY	0	280,949	2,814,297		10.00
11.00	CAFETERIA	0	0	2,814,297	3,829,375	11.00
13.00	NURSING ADMINISTRATION	0	18,748	0	40,108	1,364,447
14.00	CENTRAL SERVICES & SUPPLY	0	17,676	0	46,820	0
15.00	PHARMACY	0	6,160	0	49,952	0
16.00	MEDICAL RECORDS & LIBRARY	0	18,212	0	41,858	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	76,866	0	10,332	0
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	PARAMED ED PRGM	0	0	0	25,708	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	476,368	1,622,220	0	1,079,021	1,364,447
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	RADIOLOGY-DIAGNOSTIC	0	16,337	0	19,891	0
54.01	PSYCHOLOGY	0	32,675	0	79,322	0
54.02	PULMONARY	0	12,588	0	0	0
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	0	6,963	0	22,088	0
60.01	VOCATIONAL REHABILITATION	0	31,871	0	26,278	0
65.00	RESPIRATORY THERAPY	0	0	0	0	0
66.00	PHYSICAL THERAPY	0	204,351	0	378,426	0
66.01	ALLIED HEALTH	0	0	0	0	0
67.00	OCCUPATIONAL THERAPY	0	85,169	0	213,966	0
68.00	SPEECH PATHOLOGY	0	43,388	0	85,017	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	PROSTHETICS AND ORTHOTICS	0	23,836	0	88,556	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	0	162,034	0	945,029	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0	0	0
110.00	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	ISLET ACQUISITION	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	476,368	2,660,043	2,814,297	3,152,372	1,364,447
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00	RESEARCH	0	35,889	0	552,528	0
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	61,302	0
192.01	FOUNDATION	0	29,461	0	63,173	0
192.02	ACADEMY	0	9,642	0	0	0
192.03	PARTNERSHIP EXPENSE	0	0	0	0	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	476,368	2,735,035	2,814,297	3,829,375	1,364,447

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/16/2012 8:08 am

Cost Center Description	INTERNS & RESIDENTS					
	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	14.00	15.00	16.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 PURCHASING, RECEIVING AND STORES						5.01
5.02 ADMINISTRATION						5.02
5.03 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 ADMINISTRATIVE AND GENERAL						5.04
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
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY	1,359,417					14.00
15.00 PHARMACY	0	1,759,596				15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	929,905			16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	3,811,707		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMEDICAL PRGM	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	0	336,033	2,287,024	0	30.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 RADIOLOGY-DIAGNOSTIC	0	0	14,893	0	0	54.00
54.01 PSYCHOLOGY	0	0	23,271	0	0	54.01
54.02 PULMONARY	0	0	16,755	0	0	54.02
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	13,032	0	0	60.00
60.01 VOCATIONAL REHABILITATION	0	0	43,749	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	88,429	1,143,512	0	66.00
66.01 ALLIED HEALTH	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	69,813	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	59,573	0	0	68.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,359,417	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	1,759,596	0	0	0	73.00
76.00 PROSTHETICS AND ORTHOTICS	0	0	15,824	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	243,879	0	0	90.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,359,417	1,759,596	925,251	3,430,536	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 RESEARCH	0	0	4,654	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 FOUNDATION	0	0	0	0	0	192.01
192.02 ACADEMY	0	0	0	0	0	192.02
192.03 PARTNERSHIP EXPENSE	0	0	0	381,171	0	192.03
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)	1,359,417	1,759,596	929,905	3,811,707	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet B  
Part I  
Date/Time Prepared:  
1/16/2012 8:08 am

Cost Center Description	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 PURCHASING, RECEIVING AND STORES					5.01
5.02 ADMINISTRATION					5.02
5.03 CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04 ADMINISTRATIVE AND GENERAL					5.04
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
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
21.00 I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00 PARAMED PRGM	830,075				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	390,135	36,446,065	-2,287,024	34,159,041	30.00
41.00 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
54.00 RADIOLOGY-DIAGNOSTIC	0	3,090,905	0	3,090,905	54.00
54.01 PSYCHOLOGY	0	2,554,898	0	2,554,898	54.01
54.02 PULMONARY	0	761,292	0	761,292	54.02
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	0	1,382,187	0	1,382,187	60.00
60.01 VOCATIONAL REHABILITATION	0	794,380	0	794,380	60.01
65.00 RESPIRATORY THERAPY	0	1,356,603	0	1,356,603	65.00
66.00 PHYSICAL THERAPY	0	13,643,706	-1,143,512	12,500,194	66.00
66.01 ALLIED HEALTH	0	-94,603	0	-94,603	66.01
67.00 OCCUPATIONAL THERAPY	0	7,266,187	0	7,266,187	67.00
68.00 SPEECH PATHOLOGY	0	3,072,611	0	3,072,611	68.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,889,613	0	2,889,613	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	8,668,902	0	8,668,902	73.00
76.00 PROSTHETICS AND ORTHOTICS	0	4,626,590	0	4,626,590	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 CLINIC	439,940	35,134,925	0	35,134,925	90.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	830,075	121,594,261	-3,430,536	118,163,725	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
191.00 RESEARCH	0	27,803,070	0	27,803,070	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	61,302	0	61,302	192.00
192.01 FOUNDATION	0	2,935,780	0	2,935,780	192.01
192.02 ACADEMY	0	3,703,457	0	3,703,457	192.02
192.03 PARTNERSHIP EXPENSE	0	11,030,596	-381,171	10,649,425	192.03
200.00 Cross Foot Adjustments	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	830,075	167,128,466	-3,811,707	163,316,759	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
1/16/2012 8:08 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	134,291	43,668	177,959	4.00
5.01	PURCHASING, RECEIVING AND STORES	0	0	90,550	90,550	5.01
5.02	ADMINISTRATIVE	0	29,880	25,517	55,397	5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	0	59,759	0	59,759	5.03
5.04	ADMINISTRATIVE AND GENERAL	1,085,965	625,945	2,623,117	4,335,027	5.04
7.00	OPERATION OF PLANT	87,796	700,024	36,353	824,173	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	29,880	19,608	49,488	9.00
10.00	DIETARY	0	322,801	43,514	366,315	10.00
11.00	CAFETERIA	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	22,410	49,525	71,935	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	119,519	4,396	123,915	14.00
15.00	PHARMACY	0	23,904	44,728	68,632	15.00
16.00	MEDICAL RECORDS & LIBRARY	9,198	44,820	2,804	56,822	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	5,700	59,759	0	65,459	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	PARAMED ED PRGM	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	0	1,468,498	135,480	1,603,978	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	RADIOLOGY-DIAGNOSTIC	5,577	44,820	119,136	169,533	54.00
54.01	PSYCHOLOGY	20,358	101,692	23,844	145,894	54.01
54.02	PULMONARY	0	0	0	0	54.02
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	0	23,904	0	23,904	60.00
60.01	VOCATIONAL REHABILITATION	73,411	0	7,077	80,488	60.01
65.00	RESPIRATORY THERAPY	0	0	5,966	5,966	65.00
66.00	PHYSICAL THERAPY	97,163	485,377	113,544	696,084	66.00
66.01	ALLIED HEALTH	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	55,008	274,792	64,265	394,065	67.00
68.00	SPEECH PATHOLOGY	21,866	163,012	25,434	210,312	68.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	PROSTHETICS AND ORTHOTICS	0	76,546	40,679	117,225	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	1,720,051	541,359	667,018	2,928,428	90.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,182,093	5,352,992	4,186,223	12,721,308	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00	RESEARCH	360,124	666,753	425,740	1,452,617	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	FOUNDATION	0	29,880	11,653	41,533	192.01
192.02	ACADEMY	225	134,459	22,256	156,940	192.02
192.03	PARTNERSHIP EXPENSE	69,683	0	4,728	74,411	192.03
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,612,125	6,184,084	4,650,600	14,446,809	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143026		Period: From 09/01/2010 To 08/31/2011		Worksheet B Part II Date/Time Prepared: 1/16/2012 8:08 am	
Cost Center Description	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT		
	5.01	5.02	5.03	5.04	7.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	PURCHASING, RECEIVING AND STORES	91,735					5.01
5.02	ADMINISTRATIVE		59,558				5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE	1,505	0	63,769			5.03
5.04	ADMINISTRATIVE AND GENERAL	12,444	0	0	4,375,802		5.04
7.00	OPERATION OF PLANT	4,251	0	0	228,065	1,057,989	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	12,465	0	8.00
9.00	HOUSEKEEPING	580	0	0	70,099	6,822	9.00
10.00	DIETARY	3,739	0	0	50,406	73,696	10.00
11.00	CAFETERIA	2,013	0	0	26,562	0	11.00
13.00	NURSING ADMINISTRATION	363	0	0	33,061	5,116	13.00
14.00	CENTRAL SERVICES & SUPPLY	9,817	0	0	28,003	27,286	14.00
15.00	PHARMACY	1,658	0	0	43,400	5,457	15.00
16.00	MEDICAL RECORDS & LIBRARY	352	0	0	20,556	10,232	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,178	0	0	94,521	13,643	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM	0	0	0	21,048	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	3,879	20,362	12,042	683,736	335,262	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	RADIOLOGY-DIAGNOSTIC	172	1,378	1,490	77,338	10,232	54.00
54.01	PSYCHOLOGY	646	858	1,420	58,312	23,216	54.01
54.02	PULMONARY	0	323	460	19,153	0	54.02
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	315	3,735	2,323	33,891	5,457	60.00
60.01	VOCATIONAL REHABILITATION	141	12	395	18,121	0	60.01
65.00	RESPIRATORY THERAPY	0	1,044	625	35,499	0	65.00
66.00	PHYSICAL THERAPY	3,076	8,636	8,339	285,650	110,812	66.00
66.01	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	1,741	7,985	5,973	166,961	62,735	67.00
68.00	SPEECH PATHOLOGY	717	2,918	2,122	67,462	37,216	68.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,450	1,462	40,042	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	9,019	6,524	180,801	0	73.00
76.00	PROSTHETICS AND ORTHOTICS	1,322	819	2,982	113,945	17,475	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	6,532	19	17,612	845,855	123,593	90.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	57,346	59,558	63,769	3,254,952	868,250	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
191.00	RESEARCH	8,965	0	0	679,210	152,220	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	FOUNDATION	6,229	0	0	72,928	6,822	192.01
192.02	ACADEMY	17,671	0	0	90,041	30,697	192.02
192.03	PARTNERSHIP EXPENSE	1,524	0	0	278,671	0	192.03
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)	91,735	59,558	63,769	4,375,802	1,057,989	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet B Part II Date/Time Prepared: 1/16/2012 8:08 am
-------------------------------------	--	----------------------	---	--

Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	8.00	9.00	10.00	11.00	13.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	PURCHASING, RECEIVING AND STORES					5.01
5.02	ADMITTING					5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE					5.03
5.04	ADMINISTRATIVE AND GENERAL					5.04
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE	12,465				8.00
9.00	HOUSEKEEPING	0	128,992			9.00
10.00	DIETARY	0	13,250	508,797		10.00
11.00	CAFETERIA	0	0	508,797	538,121	11.00
13.00	NURSING ADMINISTRATION	0	884	0	5,636	118,450
14.00	CENTRAL SERVICES & SUPPLY	0	834	0	6,579	0
15.00	PHARMACY	0	291	0	7,020	0
16.00	MEDICAL RECORDS & LIBRARY	0	859	0	5,882	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	3,625	0	1,452	0
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	PARAMED ED PRGM	0	0	0	3,613	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	12,465	76,508	0	151,629	118,450
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	RADIOLOGY-DIAGNOSTIC	0	771	0	2,795	0
54.01	PSYCHOLOGY	0	1,541	0	11,147	0
54.02	PULMONARY	0	594	0	0	0
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	0	328	0	3,104	0
60.01	VOCATIONAL REHABILITATION	0	1,503	0	3,693	0
65.00	RESPIRATORY THERAPY	0	0	0	0	0
66.00	PHYSICAL THERAPY	0	9,638	0	53,178	0
66.01	ALLIED HEALTH	0	0	0	0	0
67.00	OCCUPATIONAL THERAPY	0	4,017	0	30,067	0
68.00	SPEECH PATHOLOGY	0	2,046	0	11,947	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	PROSTHETICS AND ORTHOTICS	0	1,124	0	12,444	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	CLINIC	0	7,642	0	132,800	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0	0	0
110.00	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	ISLET ACQUISITION	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	12,465	125,455	508,797	442,986	118,450
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00	RESEARCH	0	1,693	0	77,644	0
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	8,614	0
192.01	FOUNDATION	0	1,389	0	8,877	0
192.02	ACADEMY	0	455	0	0	0
192.03	PARTNERSHIP EXPENSE	0	0	0	0	0
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	12,465	128,992	508,797	538,121	118,450

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet B  
Part II  
Date/Time Prepared:  
1/16/2012 8:08 am

Cost Center Description	INTERNS & RESIDENTS					
	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	14.00	15.00	16.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 PURCHASING, RECEIVING AND STORES						5.01
5.02 ADMINISTRATION						5.02
5.03 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 ADMINISTRATIVE AND GENERAL						5.04
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
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY	197,119					14.00
15.00 PHARMACY	0	128,140				15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	95,547			16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	180,138		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	0	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	0	34,528			30.00
41.00 SUBPROVIDER - IRF	0	0	0			41.00
42.00 SUBPROVIDER	0	0	0			42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 RADIOLOGY-DIAGNOSTIC	0	0	1,530			54.00
54.01 PSYCHOLOGY	0	0	2,391			54.01
54.02 PULMONARY	0	0	1,722			54.02
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	1,339			60.00
60.01 VOCATIONAL REHABILITATION	0	0	4,495			60.01
65.00 RESPIRATORY THERAPY	0	0	0			65.00
66.00 PHYSICAL THERAPY	0	0	9,086			66.00
66.01 ALLIED HEALTH	0	0	0			66.01
67.00 OCCUPATIONAL THERAPY	0	0	7,173			67.00
68.00 SPEECH PATHOLOGY	0	0	6,121			68.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	197,119	0	0			71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0			72.00
73.00 DRUGS CHARGED TO PATIENTS	0	128,140	0			73.00
76.00 PROSTHETICS AND ORTHOTICS	0	0	1,626			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0			88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00 CLINIC	0	0	25,058			90.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0			99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET ACQUISITION	0	0	0			111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	197,119	128,140	95,069	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 RESEARCH	0	0	478			191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01 FOUNDATION	0	0	0			192.01
192.02 ACADEMY	0	0	0			192.02
192.03 PARTNERSHIP EXPENSE	0	0	0			192.03
200.00 Cross Foot Adjustments				180,138		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	197,119	128,140	95,547	180,138	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet B Part II Date/Time Prepared: 1/16/2012 8:08 am
-------------------------------------	--	----------------------	---	--

Cost Center Description	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS				4.00
5.01	PURCHASING, RECEIVING AND STORES				5.01
5.02	ADMINISTRATIVE				5.02
5.03	CASHIERING/ACCOUNTS RECEIVABLE				5.03
5.04	ADMINISTRATIVE AND GENERAL				5.04
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
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
21.00	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	PARAMED PRGM	25,653			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS	3,080,340	0	3,080,340	30.00
41.00	SUBPROVIDER - IRF	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
54.00	RADIOLOGY-DIAGNOSTIC	265,755	0	265,755	54.00
54.01	PSYCHOLOGY	247,917	0	247,917	54.01
54.02	PULMONARY	22,252	0	22,252	54.02
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	74,846	0	74,846	60.00
60.01	VOCATIONAL REHABILITATION	109,482	0	109,482	60.01
65.00	RESPIRATORY THERAPY	43,134	0	43,134	65.00
66.00	PHYSICAL THERAPY	1,196,393	0	1,196,393	66.00
66.01	ALLIED HEALTH	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	687,451	0	687,451	67.00
68.00	SPEECH PATHOLOGY	343,538	0	343,538	68.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	241,073	0	241,073	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	324,484	0	324,484	73.00
76.00	PROSTHETICS AND ORTHOTICS	271,058	0	271,058	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	4,127,923	0	4,127,923	90.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10	CORF	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00	PANCREAS ACQUISITION	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	11,035,646	11,035,646	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
191.00	RESEARCH	2,390,423	0	2,390,423	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	8,614	0	8,614	192.00
192.01	FOUNDATION	140,372	0	140,372	192.01
192.02	ACADEMY	298,898	0	298,898	192.02
192.03	PARTNERSHIP EXPENSE	367,065	0	367,065	192.03
200.00	Cross Foot Adjustments	25,653	205,791	205,791	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	25,653	14,446,809	14,446,809	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet B-1

Date/Time Prepared:  
1/16/2012 8:08 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	PURCHASING, RECEIVING AND STORES (OTHER EXPENSE)	ADMITTING (INPATIENT CHARGES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	368,400					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		4,912,253				2.00
4.00 EMPLOYEE BENEFITS	8,000	46,125	93,611,613			4.00
5.01 PURCHASING, RECEIVING AND STORES	0	95,644	623,498	853,316		5.01
5.02 ADMITTING	1,780	26,953	1,712,990	8,422	163,988,821	5.02
5.03 CASHIERING/ACCOUNTS RECEIVABLE	3,560	0	1,317,656	14,001	0	5.03
5.04 ADMINISTRATIVE AND GENERAL	37,289	2,770,699	14,903,326	115,750	0	5.04
7.00 OPERATION OF PLANT	41,702	38,398	788,946	39,540	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	1,780	20,711	1,053,539	5,391	0	9.00
10.00 DIETARY	19,230	45,962	731,858	34,782	0	10.00
11.00 CAFETERIA	0	0	394,077	18,729	0	11.00
13.00 NURSING ADMINISTRATION	1,335	52,311	765,524	3,379	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	7,120	4,643	360,195	91,321	0	14.00
15.00 PHARMACY	1,424	47,245	884,658	15,424	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,670	2,962	444,094	3,270	0	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	3,560	0	136,531	10,962	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED PRGM	0	0	521,857	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	87,482	143,102	14,466,788	36,078	56,011,474	30.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 RADIOLOGY-DIAGNOSTIC	2,670	125,839	271,264	1,598	3,796,494	54.00
54.01 PSYCHOLOGY	6,058	25,186	1,310,921	6,008	2,364,565	54.01
54.02 PULMONARY	0	0	0	0	889,976	54.02
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	1,424	0	236,553	2,932	10,289,979	60.00
60.01 VOCATIONAL REHABILITATION	0	7,475	333,636	1,312	31,919	60.01
65.00 RESPIRATORY THERAPY	0	6,302	0	0	2,876,491	65.00
66.00 PHYSICAL THERAPY	28,915	119,932	6,256,698	28,609	23,791,667	66.00
66.01 ALLIED HEALTH	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	16,370	67,881	3,542,194	16,193	21,997,852	67.00
68.00 SPEECH PATHOLOGY	9,711	26,865	1,408,031	6,665	8,037,383	68.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	6,749,872	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	24,844,519	73.00
76.00 PROSTHETICS AND ORTHOTICS	4,560	42,968	1,102,426	12,296	2,254,999	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	32,250	704,546	21,241,853	60,763	51,631	90.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	318,890	4,421,749	74,809,113	533,425	163,988,821	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 RESEARCH	39,720	449,693	9,256,411	83,390	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 FOUNDATION	1,780	12,309	1,364,514	57,938	0	192.01
192.02 ACADEMY	8,010	23,508	1,627,398	164,387	0	192.02
192.03 PARTNERSHIP EXPENSE	0	4,994	6,554,177	14,176	0	192.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,184,084	4,650,600	24,019,260	1,073,137	2,267,926	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	16.786330	0.946735	0.256584	1.257608	0.013830	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			177,959	91,735	59,558	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001901	0.107504	0.000363	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet B-1

Date/Time Prepared:  
1/16/2012 8:08 am

Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.03	5A.04	5.04	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 PURCHASING, RECEIVING AND STORES						5.01
5.02 ADMINISTRATION						5.02
5.03 CASHIERING/ACCOUNTS RECEIVABLE	296,787,760					5.03
5.04 ADMINISTRATIVE AND GENERAL	0	-28,426,382	138,796,687			5.04
7.00 OPERATION OF PLANT	0	0	7,233,953	276,069		7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	395,390	0	46,398	8.00
9.00 HOUSEKEEPING	0	0	2,223,462	1,780	0	9.00
10.00 DIETARY	0	0	1,598,810	19,230	0	10.00
11.00 CAFETERIA	0	0	842,524	0	0	11.00
13.00 NURSING ADMINISTRATION	0	0	1,048,671	1,335	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	888,228	7,120	0	14.00
15.00 PHARMACY	0	0	1,376,593	1,424	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	652,008	2,670	0	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	2,998,093	3,560	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMEDICAL PRGM	0	0	667,632	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	56,011,474	0	21,687,316	87,482	46,398	30.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 RADIOLOGY-DIAGNOSTIC	6,928,627	0	2,453,085	2,670	0	54.00
54.01 PSYCHOLOGY	6,605,769	0	1,849,575	6,058	0	54.01
54.02 PULMONARY	2,137,386	0	607,524	0	0	54.02
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	10,805,363	0	1,074,985	1,424	0	60.00
60.01 VOCATIONAL REHABILITATION	1,835,795	0	574,766	0	0	60.01
65.00 RESPIRATORY THERAPY	2,908,248	0	1,125,993	0	0	65.00
66.00 PHYSICAL THERAPY	38,787,529	0	9,060,496	28,915	0	66.00
66.01 ALLIED HEALTH	0	94,603	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	27,781,147	0	5,295,821	16,370	0	67.00
68.00 SPEECH PATHOLOGY	9,871,528	0	2,139,810	9,711	0	68.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,799,573	0	1,270,077	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	30,345,667	0	5,734,787	0	0	73.00
76.00 PROSTHETICS AND ORTHOTICS	13,869,294	0	3,614,204	4,560	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	82,100,360	0	26,830,810	32,250	0	90.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	296,787,760	-28,331,779	103,244,613	226,559	46,398	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 RESEARCH	0	0	21,543,748	39,720	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 FOUNDATION	0	0	2,313,195	1,780	0	192.01
192.02 ACADEMY	0	0	2,856,011	8,010	0	192.02
192.03 PARTNERSHIP EXPENSE	0	0	8,839,120	0	0	192.03
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)	2,464,883		28,426,382	8,715,510	476,368	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.008305		0.204806	31.570042	10.266994	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	63,769		4,375,802	1,057,989	12,465	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000215		0.031527	3.832335	0.268654	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet B-1

Date/Time Prepared:  
1/16/2012 8:08 am

Cost Center Description	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 PURCHASING, RECEIVING AND STORES						5.01
5.02 ADMINITTING						5.02
5.03 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 ADMINISTRATIVE AND GENERAL						5.04
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	10,212					9.00
10.00 DIETARY	1,049	161,415				10.00
11.00 CAFETERIA	0	161,415	94,139			11.00
13.00 NURSING ADMINISTRATION	70	0	986	463,902		13.00
14.00 CENTRAL SERVICES & SUPPLY	66	0	1,151	0	100	14.00
15.00 PHARMACY	23	0	1,228	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	68	0	1,029	0	0	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	287	0	254	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	0	0	632	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	6,057	0	26,526	463,902	0	30.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 RADIOLOGY-DIAGNOSTIC	61	0	489	0	0	54.00
54.01 PSYCHOLOGY	122	0	1,950	0	0	54.01
54.02 PULMONARY	47	0	0	0	0	54.02
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	26	0	543	0	0	60.00
60.01 VOCATIONAL REHABILITATION	119	0	646	119	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	763	0	9,303	0	0	66.00
66.01 ALLIED HEALTH	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	318	0	5,260	0	0	67.00
68.00 SPEECH PATHOLOGY	162	0	2,090	0	0	68.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	100	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 PROSTHETICS AND ORTHOTICS	89	0	2,177	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	605	0	23,232	0	0	90.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,932	161,415	77,496	463,902	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 RESEARCH	134	0	13,583	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	1,507	0	0	192.00
192.01 FOUNDATION	110	0	1,553	0	0	192.01
192.02 ACADEMY	36	0	0	0	0	192.02
192.03 PARTNERSHIP EXPENSE	0	0	0	0	0	192.03
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)	2,735,035	2,814,297	3,829,375	1,364,447	1,359,417	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	267.825597	17.435164	40.677881	2.941240	13,594.170000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	128,992	508,797	538,121	118,450	197,119	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	12.631414	3.152105	5.716239	0.255334	1,971.190000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet B-1

Date/Time Prepared:  
1/16/2012 8:08 am

Cost Center Description	PHARMACY (COSTED REQUI S.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	15.00	16.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 PURCHASING, RECEIVING AND STORES						5.01
5.02 ADMITTING						5.02
5.03 CASHIERING/ACCOUNTS RECEIVABLE						5.03
5.04 ADMINISTRATIVE AND GENERAL						5.04
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
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	100					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	999				16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	100			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		100		22.00
23.00 PARAMED PRGM	0	0			100	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	361	60	60	47	30.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00 RADIOLOGY-DIAGNOSTIC	0	16	0	0	0	54.00
54.01 PSYCHOLOGY	0	25	0	0	0	54.01
54.02 PULMONARY	0	18	0	0	0	54.02
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	14	0	0	0	60.00
60.01 VOCATIONAL REHABILITATION	0	47	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	95	30	30	0	66.00
66.01 ALLIED HEALTH	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	75	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	64	0	0	0	68.00
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	100	0	0	0	0	73.00
76.00 PROSTHETICS AND ORTHOTICS	0	17	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	262	0	0	53	90.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	100	994	90	90	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
191.00 RESEARCH	0	5	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 FOUNDATION	0	0	0	0	0	192.01
192.02 ACADEMY	0	0	0	0	0	192.02
192.03 PARTNERSHIP EXPENSE	0	0	10	10	0	192.03
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)	1,759,596	929,905	3,811,707	0	830,075	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	17,595.960000	930.835836	38,117.070000	0.000000	8,300.750000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	128,140	95,547	180,138	0	25,653	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1,281.400000	95.642643	1,801.380000	0.000000	256.530000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet C Part I Date/Time Prepared: 1/16/2012 8:08 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS		34,159,041	0	34,159,041	30.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	RADIOLOGY-DIAGNOSTIC		3,090,905	0	3,090,905	54.00
54.01	PSYCHOLOGY		2,554,898	0	2,554,898	54.01
54.02	PULMONARY		761,292	0	761,292	54.02
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		1,382,187	0	1,382,187	60.00
60.01	VOCATIONAL REHABILITATION		794,380	0	794,380	60.01
65.00	RESPIRATORY THERAPY	0	1,356,603	0	1,356,603	65.00
66.00	PHYSICAL THERAPY	0	12,500,194	0	12,500,194	66.00
66.01	ALLIED HEALTH	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	7,266,187	0	7,266,187	67.00
68.00	SPEECH PATHOLOGY	0	3,072,611	0	3,072,611	68.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,889,613	0	2,889,613	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS		8,668,902	0	8,668,902	73.00
76.00	PROSTHETICS AND ORTHOTICS		4,626,590	0	4,626,590	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		35,134,925	582,561	35,717,486	90.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF		0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)	0	118,258,328	582,561	118,840,889	200.00
201.00	Less Observation Beds	0	0	0	0	201.00
202.00	Total (see instructions)	0	118,258,328	582,561	118,840,889	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet C Part I Date/Time Prepared: 1/16/2012 8:08 am	
			Title XVIIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	56,011,474		56,011,474		30.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	RADIOLOGY-DIAGNOSTIC	3,633,125	3,295,502	6,928,627	0.446106	54.00
54.01	PSYCHOLOGY	2,364,565	4,241,204	6,605,769	0.386768	54.01
54.02	PULMONARY	889,976	1,247,410	2,137,386	0.356179	54.02
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	10,289,979	515,384	10,805,363	0.127917	60.00
60.01	VOCATIONAL REHABILITATION	31,919	1,803,876	1,835,795	0.432717	60.01
65.00	RESPIRATORY THERAPY	2,876,491	31,757	2,908,248	0.466467	65.00
66.00	PHYSICAL THERAPY	23,791,667	14,995,862	38,787,529	0.322274	66.00
66.01	ALLIED HEALTH	0	0	0	0.000000	66.01
67.00	OCCUPATIONAL THERAPY	21,997,852	5,783,295	27,781,147	0.261551	67.00
68.00	SPEECH PATHOLOGY	8,037,383	1,834,145	9,871,528	0.311260	68.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,749,872	49,701	6,799,573	0.424970	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	24,844,519	5,501,148	30,345,667	0.285672	73.00
76.00	PROSTHETICS AND ORTHOTICS	2,254,999	11,614,295	13,869,294	0.333585	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	215,000	81,885,360	82,100,360	0.427951	90.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0		99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
200.00	Subtotal (see instructions)	163,988,821	132,798,939	296,787,760		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	163,988,821	132,798,939	296,787,760		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet C Part I Date/Time Prepared: 1/16/2012 8:08 am
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
ANCILLARY SERVICE COST CENTERS				
54.00	RADIOLOGY-DIAGNOSTIC	0.446106		54.00
54.01	PSYCHOLOGY	0.386768		54.01
54.02	PULMONARY	0.356179		54.02
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	0.127917		60.00
60.01	VOCATIONAL REHABILITATION	0.432717		60.01
65.00	RESPIRATORY THERAPY	0.466467		65.00
66.00	PHYSICAL THERAPY	0.322274		66.00
66.01	ALLIED HEALTH	0.000000		66.01
67.00	OCCUPATIONAL THERAPY	0.261551		67.00
68.00	SPEECH PATHOLOGY	0.311260		68.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.424970		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.285672		73.00
76.00	PROSTHETICS AND ORTHOTICS	0.333585		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.435047		90.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 143026		Period: From 09/01/2010 To 08/31/2011		Worksheet D Part I Date/Time Prepared: 1/16/2012 8:08 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,080,340	0	3,080,340	53,085	58.03	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
200.00	Total (lines 30-199)	3,080,340		3,080,340	53,085		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 143026		Period: From 09/01/2010 To 08/31/2011	Worksheet D Part I Date/Time Prepared: 1/16/2012 8:08 am
		Title XVIII		Hospital	PPS
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	21,063	1,222,286		30.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
200.00	Total (Lines 30-199)	21,063	1,222,286		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part II Date/Time Prepared: 1/16/2012 8:08 am
--	----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
54.00	RADIOLOGY-DIAGNOSTIC	265,755	6,928,627	0.038356	1,606,873	61,633	54.00
54.01	PSYCHOLOGY	247,917	6,605,769	0.037530	551,054	20,681	54.01
54.02	PULMONARY	22,252	2,137,386	0.010411	362,793	3,777	54.02
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	74,846	10,805,363	0.006927	4,770,503	33,045	60.00
60.01	VOCATIONAL REHABILITATION	109,482	1,835,795	0.059637	3,609	215	60.01
65.00	RESPIRATORY THERAPY	43,134	2,908,248	0.014832	541,380	8,030	65.00
66.00	PHYSICAL THERAPY	1,196,393	38,787,529	0.030845	9,614,489	296,559	66.00
66.01	ALLIED HEALTH	0	0	0.000000	0	0	66.01
67.00	OCCUPATIONAL THERAPY	687,451	27,781,147	0.024745	8,897,831	220,177	67.00
68.00	SPEECH PATHOLOGY	343,538	9,871,528	0.034801	2,968,029	103,290	68.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	241,073	6,799,573	0.035454	2,553,078	90,517	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	324,484	30,345,667	0.010693	10,286,809	109,997	73.00
76.00	PROSTHETICS AND ORTHOTICS	271,058	13,869,294	0.019544	562,140	10,986	76.00
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	4,127,923	82,100,360	0.050279	176,051	8,852	90.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
200.00	Total (lines 50-199)	7,955,306	240,776,286		42,894,639	967,759	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 143026		Period: From 09/01/2010 To 08/31/2011		Worksheet D Part III Date/Time Prepared: 1/16/2012 8:08 am	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	390,135	0	0	390,135	30.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
200.00	Total (Lines 30-199)	0	390,135	0		390,135	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 143026		Period: From 09/01/2010 To 08/31/2011		Worksheet D Part III Date/Time Prepared: 1/16/2012 8:08 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	53,085	7.35	21,063	154,813	0	30.00
41.00	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
200.00	Total (Lines 30-199)	53,085		21,063	154,813	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 143026		Period: From 09/01/2010 To 08/31/2011	Worksheet D Part III Date/Time Prepared: 1/16/2012 8:08 am
			Title XVIII	Hospital	PPS
Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost			
	12.00	13.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	0	0		30.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
200.00	Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 1/16/2012 8:08 am
--	----------------------	---	--

Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
54.01 PSYCHOLOGY	0	0	0	0	0	0	0	54.01
54.02 PULMONARY	0	0	0	0	0	0	0	54.02
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 VOCATIONAL REHABILITATION	0	0	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
66.01 ALLIED HEALTH	0	0	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
76.00 PROSTHETICS AND ORTHOTICS	0	0	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	439,940	0	0	0	439,940	90.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	439,940	0	0	0	439,940	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 1/16/2012 8:08 am
--	----------------------	---------------------------------------	---

Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	RADIOLOGY-DIAGNOSTIC	0	6,928,627	0.000000	0.000000	1,606,873	54.00
54.01	PSYCHOLOGY	0	6,605,769	0.000000	0.000000	551,054	54.01
54.02	PULMONARY	0	2,137,386	0.000000	0.000000	362,793	54.02
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	10,805,363	0.000000	0.000000	4,770,503	60.00
60.01	VOCATIONAL REHABILITATION	0	1,835,795	0.000000	0.000000	3,609	60.01
65.00	RESPIRATORY THERAPY	0	2,908,248	0.000000	0.000000	541,380	65.00
66.00	PHYSICAL THERAPY	0	38,787,529	0.000000	0.000000	9,614,489	66.00
66.01	ALLIED HEALTH	0	0	0.000000	0.000000	0	66.01
67.00	OCCUPATIONAL THERAPY	0	27,781,147	0.000000	0.000000	8,897,831	67.00
68.00	SPEECH PATHOLOGY	0	9,871,528	0.000000	0.000000	2,968,029	68.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,799,573	0.000000	0.000000	2,553,078	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	30,345,667	0.000000	0.000000	10,286,809	73.00
76.00	PROSTHETICS AND ORTHOTICS	0	13,869,294	0.000000	0.000000	562,140	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	439,940	82,100,360	0.005359	0.005359	176,051	90.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	439,940	240,776,286			42,894,639	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 1/16/2012 8:08 am
--	----------------------	---	--

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
54.00	RADIOLOGY-DIAGNOSTIC	0	1,021,208	0	0	0	54.00
54.01	PSYCHOLOGY	0	455,552	0	0	0	54.01
54.02	PULMONARY	0	466,312	0	0	0	54.02
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	VOCATIONAL REHABILITATION	0	857	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	11,680	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	1,632	0	0	0	66.00
66.01	ALLIED HEALTH	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	13,640	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,132	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	2,018,361	0	0	0	73.00
76.00	PROSTHETICS AND ORTHOTICS	0	1,412	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	943	3,319,701	17,790	0	0	90.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	943	7,322,487	17,790	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part IV Date/Time Prepared: 1/16/2012 8:08 am
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 PSYCHOLOGY	0	0	54.01
54.02 PULMONARY	0	0	54.02
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 VOCATIONAL REHABILITATION	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
66.01 ALLIED HEALTH	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 PROSTHETICS AND ORTHOTICS	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part V Date/Time Prepared: 1/16/2012 8:08 am
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
<b>ANCILLARY SERVICE COST CENTERS</b>						
54.00	RADIOLOGY-DIAGNOSTIC	0.446106	1,021,208	0	0	54.00
54.01	PSYCHOLOGY	0.386768	455,552	-1,056	0	54.01
54.02	PULMONARY	0.356179	466,312	-4,696	0	54.02
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	0.127917	0	0	0	60.00
60.01	VOCATIONAL REHABILITATION	0.432717	857	0	0	60.01
65.00	RESPIRATORY THERAPY	0.466467	11,680	0	0	65.00
66.00	PHYSICAL THERAPY	0.322274	1,632	-848	0	66.00
66.01	ALLIED HEALTH	0.000000	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.261551	13,640	-1,024	0	67.00
68.00	SPEECH PATHOLOGY	0.311260	0	0	0	68.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.424970	12,132	353	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.285672	2,018,361	-3,506	0	73.00
76.00	PROSTHETICS AND ORTHOTICS	0.333585	1,412	23,756	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.427951	3,319,701	-4,772	0	90.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	92.00
200.00	Subtotal (see instructions)		7,322,487	8,207	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)		7,322,487	8,207	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet D Part V Date/Time Prepared: 1/16/2012 8:08 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
54.00 RADIOLOGY-DIAGNOSTIC	455,567	0	0	54.00
54.01 PSYCHOLOGY	176,193	-408	0	54.01
54.02 PULMONARY	166,091	-1,673	0	54.02
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 VOCATIONAL REHABILITATION	371	0	0	60.01
65.00 RESPIRATORY THERAPY	5,448	0	0	65.00
66.00 PHYSICAL THERAPY	526	-273	0	66.00
66.01 ALLIED HEALTH	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	3,568	-268	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,156	150	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	576,589	-1,002	0	73.00
76.00 PROSTHETICS AND ORTHOTICS	471	7,925	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	1,420,669	-2,042	0	90.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Subtotal (see instructions)	2,810,649	2,409	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	2,810,649	2,409	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/16/2012 8:08 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		53,085	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		53,085	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)		53,085	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)		21,063	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		34,159,041	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)		34,159,041	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		56,011,474	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.609858	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		34,159,041	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		643.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,553,619	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		13,553,619	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet D-1 Date/Time Prepared: 1/16/2012 8:08 am	
Cost Center Description			Title XVIII	Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)				42.00	
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT				43.00	
44.00	CORONARY CARE UNIT				44.00	
45.00	BURN INTENSIVE CARE UNIT				45.00	
46.00	SURGICAL INTENSIVE CARE UNIT				46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00	
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				12,560,823	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				26,114,442	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)				1,377,099	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				968,702	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				2,345,801	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				23,768,641	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				0	54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)				0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00	Bonus payment (see instructions)				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00	Relief payment (see instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 143026		Period: From 09/01/2010 To 08/31/2011		Worksheet D-1 Date/Time Prepared: 1/16/2012 8:08 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,080,340	34,159,041	0.090176	0	0	90.00
91.00	Nursing School cost	0	34,159,041	0.000000	0	0	91.00
92.00	Allied health cost	390,135	34,159,041	0.011421	0	0	92.00
93.00	All other Medical Education	0	34,159,041	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet D-3 Date/Time Prepared: 1/16/2012 8:08 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		21,967,956		30.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
54.00	RADIOLOGY-DIAGNOSTIC	0.446106	1,606,873	716,836	54.00
54.01	PSYCHOLOGY	0.386768	551,054	213,130	54.01
54.02	PULMONARY	0.356179	362,793	129,219	54.02
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	0.127917	4,770,503	610,228	60.00
60.01	VOCATIONAL REHABILITATION	0.432717	3,609	1,562	60.01
65.00	RESPIRATORY THERAPY	0.466467	541,380	252,536	65.00
66.00	PHYSICAL THERAPY	0.322274	9,614,489	3,098,500	66.00
66.01	ALLIED HEALTH	0.000000	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.261551	8,897,831	2,327,237	67.00
68.00	SPEECH PATHOLOGY	0.311260	2,968,029	923,829	68.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.424970	2,553,078	1,084,982	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.285672	10,286,809	2,938,653	73.00
76.00	PROSTHETICS AND ORTHOTICS	0.333585	562,140	187,521	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.435047	176,051	76,590	90.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		42,894,639	12,560,823	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)		42,894,639		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet E Part B Date/Time Prepared: 1/16/2012 8:08 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		2,409	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		2,792,859	2.00
3.00	PPS payments		2,494,510	3.00
4.00	Outlier payment (see instructions)		15,572	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		17,790	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,409	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		8,207	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)		8,207	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		8,207	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		5,798	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)		2,409	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)		2,527,872	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		4,842	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		521,336	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)		2,004,103	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		81,508	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)		2,085,611	30.00
31.00	Primary payer payments		1,017	31.00
32.00	Subtotal (line 30 minus line 31)		2,084,594	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		43,559	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		30,491	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		43,559	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		2,115,085	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)		2,115,085	40.00
41.00	Interim payments		2,085,739	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)		29,346	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet E Part B Date/Time Prepared: 1/16/2012 8:08 am
		Title XVIII	Hospital
			PPS
			Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 143026		Period: From 09/01/2010 To 08/31/2011		Worksheet E-1 Part I Date/Time Prepared: 1/16/2012 8:08 am	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		28,569,914		2,075,510	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	09/06/2011	32,343	09/06/2011	13,705	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	03/31/2011	40,476	03/31/2011	3,476	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)		-8,133		10,229	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)		28,561,781		2,085,739	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		220,340		29,346	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		28,782,121		2,115,085	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: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet E-3 Part III Date/Time Prepared: 1/16/2012 8:08 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)		22,260,381	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0481	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		2,571,252	3.00
4.00	Outlier Payments		1,835,120	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		22.77	5.00
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		28.30	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		22.77	9.00
10.00	Average Daily Census (see instructions)		145.438356	10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$ .		0.105184	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).		2,341,436	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)		29,008,189	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)		0	14.00
15.00	Organ acquisition		0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	16.00
17.00	Subtotal (see instructions)		29,008,189	17.00
18.00	Primary payer payments		10,835	18.00
19.00	Subtotal (line 17 less line 18).		28,997,354	19.00
20.00	Deductibles		137,988	20.00
21.00	Subtotal (line 19 minus line 20)		28,859,366	21.00
22.00	Coinurance		1,158,026	22.00
23.00	Subtotal (line 21 minus line 22)		27,701,340	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		240,584	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		168,409	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		240,584	26.00
27.00	Subtotal (sum of lines 23 and 25)		27,869,749	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		756,616	28.00
29.00	Other pass through costs (see instructions)		155,756	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	240584		0	31.00
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		28,782,121	32.00
33.00	Interim payments		28,561,781	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)		220,340	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet E-4 Date/Time Prepared: 1/16/2012 8:08 am	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			28.25	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			-5.33	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			22.92	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			28.30	6.00
7.00	Enter the lesser of line 5 or line 6			22.92	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	27.10	27.10	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	21.95	21.95	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.00	21.95		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	21.96		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	21.57		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	21.83		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	21.83		17.00
18.00	Per resident amount	0.00	95,060.82		18.00
19.00	Approved amount for resident costs	0	2,075,178	2,075,178	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			5.38	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,075,178	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	21,063	439		26.00
27.00	Total Inpatient Days	53,085	53,085		27.00
28.00	Ratio of inpatient days to total inpatient days	0.396779	0.008270		28.00
29.00	Program direct GME amount	823,387	17,162		29.00
30.00	Reduction for nursing/allied health		2,425		30.00
31.00	Net Program direct GME amount			838,124	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet E-4 Date/Time Prepared: 1/16/2012 8:08 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		26,114,442	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		10,835	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		26,103,607	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		2,813,058	42.00
43.00	Primary payer payments (see instructions)		1,017	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		2,812,041	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		28,915,648	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.902750	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.097250	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		838,124	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		756,616	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		81,508	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN: 143026	Period: From 09/01/2010 To 08/31/2011	Worksheet G		
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	33,378,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	23,834,000	0	0	0	4.00
5.00	Other receivable	14,151,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,033,000	0	0	0	7.00
8.00	Prepaid expenses	3,806,000	0	0	0	8.00
9.00	Other current assets	4,237,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	80,439,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	33,053,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	129,534,000	0	0	0	15.00
16.00	Accumulated depreciation	-89,431,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	84,125,000	0	0	0	23.00
24.00	Accumulated depreciation	-65,849,000	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	91,432,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	115,974,000	83,714,000	50,397,000	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	36,740,000	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	152,714,000	83,714,000	50,397,000	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	324,585,000	83,714,000	50,397,000	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	11,868,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,167,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	249,000	0	0	0	40.00
41.00	Deferred income	4,796,000	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	30,080,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	110,912,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	65,583,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	176,495,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	206,575,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	118,010,000				52.00
53.00	Specific purpose fund		83,714,000			53.00
54.00	Donor created - endowment fund balance - restricted			50,397,000		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)	118,010,000	83,714,000	50,397,000	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	324,585,000	83,714,000	50,397,000	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet G-1

Date/Time Prepared:  
1/16/2012 8:08 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		85,841,000		67,691,000	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,369,000			2.00
3.00	Total (sum of line 1 and line 2)		92,210,000		67,691,000	3.00
4.00	Additions (credit adjustments) (specify)	25,800,000		16,023,000		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)		25,800,000		16,023,000	10.00
11.00	Subtotal (line 3 plus line 10)		118,010,000		83,714,000	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		118,010,000		83,714,000	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet G-1

Date/Time Prepared:  
1/16/2012 8:08 am

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		48,325,000			0	1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)		48,325,000			0	3.00
4.00 Additions (credit adjustments) (specify)	2,072,000			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)		2,072,000			0	10.00
11.00 Subtotal (line 3 plus line 10)		50,397,000			0	11.00
12.00 Deductions (debit adjustments) (specify)	0			0		12.00
13.00	0			0		13.00
14.00	0			0		14.00
15.00	0			0		15.00
16.00	0			0		16.00
17.00	0			0		17.00
18.00 Total deductions (sum of lines 12-17)		0			0	18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		50,397,000			0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet G-2 Parts  
Date/Time Prepared:  
1/16/2012 8:08 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	184,683,000		184,683,000	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)	184,683,000		184,683,000	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT				11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	184,683,000		184,683,000	17.00
18.00	Ancillary services	0	142,162,000	142,162,000	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	184,683,000	142,162,000	326,845,000	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		193,307,526		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	681,510			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)		681,510		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		192,626,016		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 143026

Period:  
From 09/01/2010  
To 08/31/2011

Worksheet G-3

Date/Time Prepared:  
1/16/2012 8:08 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	326,845,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	171,467,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	155,378,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	192,626,016	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-37,248,016	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	20,724,000	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	541,000	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	744,173	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	50,551	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	21,557,292	24.00
25.00	Total other income (sum of lines 6-24)	43,617,016	25.00
26.00	Total (line 5 plus line 25)	6,369,000	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,369,000	29.00