

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: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet S Parts I-III Date/Time Prepared: 9/26/2012 5:48 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date:	Time:
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CGH MEDICAL CENTER for the cost reporting period beginning 05/01/2011 and ending 04/30/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

_____ Title

_____ Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	272,355	141,534	1,915,155	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	-92	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	272,355	141,442	1,915,155	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: 140043		Period: From 05/01/2011 To 04/30/2012		Worksheet S-2 Part I Date/Time Prepared: 9/26/2012 5:48 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 100 EAST LEFEVRE ROAD		PO Box:					1.00				
2.00	City: STERLING		State: IL		Zip Code: 61081-1279		County: WHITESIDE					
		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		
		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		CGH MEDICAL CENTER		140043	99914	1	07/01/1966	N	P	N	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		CGH MEDICAL CENTER		140043	99914		01/13/2004	N	P	N	7.00
8.00	Swing Beds - NF								N		N	8.00
9.00	Hospital-Based SNF								N	N	N	9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA		CGH HOME NURSING		147562	99914		05/05/1994	N	P	N	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC								N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC								N	N	N	16.00
17.00	Hospital-Based (CMHC) 1											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						05/01/2011	04/30/2012		20.00		
21.00	Type of Control (see instructions)						12			21.00		
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00		
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						1	N		23.00		
				In-State Medicaid paid days	In-State Medicaid eligible unpaid 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 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 but unpaid days in column 5, and other Medicaid days in column 6.			1,872	1,230	0	0	0	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the 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 paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0	0	25.00		
							Urban/Rural	S	Date of Geogr			
							1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.							2		26.00		
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.							2		27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0		35.00		
							Beginning:	Ending:				
							1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.							1		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.						05/01/2011	04/30/2012		38.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet S-2 Part I Date/Time Prepared: 9/26/2012 5:48 pm		
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. 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. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-2
Part I
Date/Time Prepared:
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		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	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. 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 that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 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	If line 63 is yes, then, for each primary care residency program in which you are training residents, 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 that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

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		1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period 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	N	0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)		N		80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
		V		XIX	
		1.00		2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	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
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		N	107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical		Occupational	
		1.00		2.00	
		Speech		Respiratory	
		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00		2.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			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

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	1,936,940	191,313		0
				1.00	2.00
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.		Y	Y	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
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
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	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-2
Part I
Date/Time Prepared:
9/26/2012 5:48 pm

		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00	166.00
						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.					Y	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)						0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet S-2 Part II Date/Time Prepared: 9/26/2012 5:48 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/02/2012		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: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-2
Part II
Date/Time Prepared:
9/26/2012 5:48 pm

		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		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.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		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.		N		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEVIN		WELLEN	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544		KWELLEN@BKD.COM	43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
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	08/02/2012	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
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR MANAGING CONSULTANT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	
	Line Number				
	1.00	2.00	3.00	4.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	84	30,744	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)		84	30,744	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,928	0.00	8.00
9.00 CORONARY CARE UNIT					9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		92	33,672	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF					17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
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)		92			27.00
28.00 Observation Bed Days					28.00
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	9,974	1,926	16,125		1.00
2.00 HMO		466	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	9,974	1,926	16,125		7.00
8.00 INTENSIVE CARE UNIT	0	953	134	1,491		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		639	1,060		13.00
14.00 Total (see instructions)	0	10,927	2,699	18,676		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	6,327	0	9,232		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	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	2,639		28.00
29.00 Ambulance Trips		2,556				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)			110	167		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	2,956	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	903.39	0.00	0	2,956	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	14.62	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	918.01	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	767	5,582		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)	767	5,582		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
9/26/2012 5:48 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	59,291,677	0	59,291,677	1,909,469.63	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		1,779,415	0	1,779,415	14,353.75	3.00
4.00	Physician-Part A - Administrative		87,450	0	87,450	583.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		11,358,287	0	11,358,287	57,184.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,564,897	0	2,564,897	106,605.15	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		662,334	0	662,334	9,345.50	11.00
12.00	Contract management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		22,896,430	0	22,896,430		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		1,396,945	0	1,396,945		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		388,392	0	388,392		21.00
22.00	Physician Part A - Administrative		17,955	0	17,955		22.00
22.01	Physician Part A - Teaching		0	0	0		22.01
23.00	Physician Part B		2,233,829	0	2,233,829		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	348,554	0	348,554	11,478.25	26.00
27.00	Administrative & General	5.00	10,223,096	-303,228	9,919,868	343,173.49	27.00
28.00	Administrative & General under contract (see inst.)		79,167	0	79,167	351.45	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	942,261	0	942,261	39,731.46	30.00
31.00	Laundry & Linen Service	8.00	264,309	0	264,309	20,524.05	31.00
32.00	Housekeeping	9.00	902,482	0	902,482	70,578.93	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	838,924	-606,545	232,379	16,135.85	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	606,545	606,545	42,117.06	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	804,165	-417,555	386,610	9,572.24	38.00
39.00	Central Services and Supply	14.00	315,228	0	315,228	18,092.50	39.00
40.00	Pharmacy	15.00	959,658	0	959,658	29,133.72	40.00
41.00	Medical Records & Medical Records Library	16.00	1,494,059	0	1,494,059	63,798.60	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet S-3 Part II Date/Time Prepared: 9/26/2012 5:48 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	31.05	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	123.97	3.00
4.00	Physician-Part A - Administrative	150.00	4.00
4.01	Physicians - Part A - Teaching	0.00	4.01
5.00	Physician-Part B	198.63	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	24.06	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	70.87	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	0.00	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: Physician Part A - Administrative	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A - Administrative		22.00
22.01	Physician Part A - Teaching		22.01
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	30.37	26.00
27.00	Administrative & General	28.91	27.00
28.00	Administrative & General under contract (see inst.)	225.26	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	23.72	30.00
31.00	Laundry & Linen Service	12.88	31.00
32.00	Housekeeping	12.79	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	14.40	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	14.40	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	40.39	38.00
39.00	Central Services and Supply	17.42	39.00
40.00	Pharmacy	32.94	40.00
41.00	Medical Records & Medical Records Library	23.42	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140043		Period: From 05/01/2011 To 04/30/2012		Worksheet S-3 Part III Date/Time Prepared: 9/26/2012 5:48 pm	
		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		46,233,142	0	46,233,142	1,838,283.33	1.00
2.00	Excluded area salaries (see instructions)		2,564,897	0	2,564,897	106,605.15	2.00
3.00	Subtotal salaries (line 1 minus line 2)		43,668,245	0	43,668,245	1,731,678.18	3.00
4.00	Subtotal other wages & related costs (see inst.)		662,334	0	662,334	9,345.50	4.00
5.00	Subtotal wage-related costs (see inst.)		22,914,385	0	22,914,385	0.00	5.00
6.00	Total (sum of lines 3 thru 5)		67,244,964	0	67,244,964	1,741,023.68	6.00
7.00	Total overhead cost (see instructions)		17,171,903	-720,783	16,451,120	664,687.60	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
9/26/2012 5:48 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	

PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	25.15	1.00
2.00	Excluded area salaries (see instructions)	24.06	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25.22	3.00
4.00	Subtotal other wages & related costs (see inst.)	70.87	4.00
5.00	Subtotal wage-related costs (see inst.)	52.47	5.00
6.00	Total (sum of lines 3 thru 5)	38.62	6.00
7.00	Total overhead cost (see instructions)	24.75	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 9/26/2012 5:48 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,784,950	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost (see instructions)	4,573,663	3.00
4.00	Pension Service Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	16,810,970	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	102,379	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	-312,911	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	3,735,799	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	71,992	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (see instructions)	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	166,709	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	26,933,551	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet S-3
Part V
Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	753,814	0	1.00
2.00	Hospital	741,501	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	12,313	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140043 Component CCN: 147562		Period: From 05/01/2011 To 04/30/2012		Worksheet S-4 Date/Time Prepared: 9/26/2012 5:48 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			WHITESIDE		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,211	0	151	1,362	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	685.00	0.00	316.00	1,001.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		1.99	0.00	1.99	3.00
4.00	Director(s) and Assistant Director(s)			0.88	0.00	0.88	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			9.56	0.00	9.56	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			1.52	0.00	1.52	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	0.07	0.07	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.02	0.00	0.02	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.65	0.00	0.65	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,255	177	157	132	4,721	21.00
22.00	Skilled Nursing Visit Charges	770,546	31,333	28,662	24,156	854,697	22.00
23.00	Physical Therapy Visits	1,008	0	9	22	1,039	23.00
24.00	Physical Therapy Visit Charges	176,400	0	1,575	3,850	181,825	24.00
25.00	Occupational Therapy Visits	114	0	2	1	117	25.00
26.00	Occupational Therapy Visit Charges	19,950	0	350	175	20,475	26.00
27.00	Speech Pathology Visits	34	0	0	0	34	27.00
28.00	Speech Pathology Visit Charges	5,950	0	0	0	5,950	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	408	0	2	6	416	31.00
32.00	Home Health Aide Visit Charges	32,640	0	160	480	33,280	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,819	177	170	161	6,327	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,005,486	31,333	30,747	28,661	1,096,227	35.00
36.00	Total Number of Episodes (standard/non outlier)	473		66	19	558	36.00
37.00	Total Number of Outlier Episodes		4		0	4	37.00
38.00	Total Non-Routine Medical Supply Charges	6,213	95	456	227	6,991	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet S-10 Date/Time Prepared: 9/26/2012 5:48 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.237124	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		3,264,271	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		4,964,455	5.00	
6.00	Medicaid charges		38,846,684	6.00	
7.00	Medicaid cost (line 1 times line 6)		9,211,481	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		982,755	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		32,718	9.00	
10.00	Stand-alone SCHIP charges		425,628	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		100,927	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		68,209	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,050,964	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	11,286,232	1,075,405	12,361,637	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,676,236	255,004	2,931,240	21.00
22.00	Partial payment by patients approved for charity care	481,814	0	481,814	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,194,422	255,004	2,449,426	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		10,041,171	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		761,328	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		9,279,843	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,200,473	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		4,649,899	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,700,863	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A
Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		9,360,169	9,360,169	-4,224,429	5,135,740	1.00
2.00	00200		0	0	6,080,238	6,080,238	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	348,554	26,947,811	27,296,365	285,601	27,581,966	4.00
5.00	00500	10,223,096	9,432,105	19,655,201	-409,681	19,245,520	5.00
7.00	00700	942,261	1,888,040	2,830,301	-125,410	2,704,891	7.00
8.00	00800	264,309	84,255	348,564	0	348,564	8.00
9.00	00900	902,482	434,568	1,337,050	-607	1,336,443	9.00
10.00	01000	838,924	890,481	1,729,405	-1,250,366	479,039	10.00
11.00	01100	0	0	0	1,250,366	1,250,366	11.00
13.00	01300	804,165	19,032	823,197	-428,394	394,803	13.00
14.00	01400	315,228	260,508	575,736	-188,475	387,261	14.00
15.00	01500	959,658	4,305,089	5,264,747	-3,387,433	1,877,314	15.00
16.00	01600	1,494,059	809,615	2,303,674	0	2,303,674	16.00
17.00	01700	0	806	806	0	806	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,191,813	1,331,206	10,523,019	-631,435	9,891,584	30.00
31.00	03100	2,184,535	133,809	2,318,344	-832,528	1,485,816	31.00
43.00	04300	0	0	0	462,095	462,095	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,180,655	3,756,979	4,937,634	-3,355,506	1,582,128	50.00
51.00	05100	787,932	143,968	931,900	-97,381	834,519	51.00
52.00	05200	0	0	0	758,806	758,806	52.00
53.00	05300	1,779,415	368,069	2,147,484	-289,432	1,858,052	53.00
53.01	05301	78,037	41,920	119,957	-38,074	81,883	53.01
54.00	05400	1,010,259	1,460,580	2,470,839	272,682	2,743,521	54.00
54.01	05401	352,535	517,812	870,347	29,496	899,843	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	228,123	834,963	1,063,086	-668,778	394,308	56.00
57.00	05700	522,855	1,862,585	2,385,440	-85,761	2,299,679	57.00
58.00	05800	250,300	845,637	1,095,937	-34,672	1,061,265	58.00
59.00	05900	653,812	4,116,254	4,770,066	-3,754,884	1,015,182	59.00
60.00	06000	2,228,082	3,867,845	6,095,927	-1,431,628	4,664,299	60.00
65.00	06500	828,016	230,439	1,058,455	-120,261	938,194	65.00
66.00	06600	575,500	21,291	596,791	-11,870	584,921	66.00
67.00	06700	70,042	6,233	76,275	-4,665	71,610	67.00
68.00	06800	71,216	676	71,892	-287	71,605	68.00
69.00	06900	811,601	104,242	915,843	-5,625	910,218	69.00
70.00	07000	118,383	80,902	199,285	-18,701	180,584	70.00
71.00	07100	0	0	0	12,365,437	12,365,437	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	7,697,648	7,697,648	73.00
74.00	07400	0	67,280	67,280	-163	67,117	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	779,484	430,480	1,209,964	-332,758	877,206	75.01
76.00	03020	160,073	15,217	175,290	-7,450	167,840	76.00
76.01	03950	558,823	361,359	920,182	-126,629	793,553	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	12,572,733	5,673,722	18,246,455	-5,080,215	13,166,240	90.00
91.00	09100	2,639,820	4,743,395	7,383,215	-379,310	7,003,905	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	1,288,750	250,369	1,539,119	-147,246	1,391,873	95.00
98.00	05950	79,095	183,611	262,706	-45,371	217,335	98.00
101.00	10100	936,733	182,625	1,119,358	-84,180	1,035,178	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		1,434,647	1,434,647	-1,434,647	0	113.00
118.00		59,031,358	87,500,594	146,531,952	168,117	146,700,069	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	17,232	22,756	39,988	0	39,988	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	776,655	776,655	-167,888	608,767	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	243,087	26,019	269,106	-229	268,877	194.00
200.00		59,291,677	88,326,024	147,617,701	0	147,617,701	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A
Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,934,806	3,200,934	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-122,166	5,958,072	2.00
3.00	00300	OTHER CAP RELATED COST	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-1,587,271	25,994,695	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-5,432,312	13,813,208	5.00
7.00	00700	OPERATION OF PLANT	-467	2,704,424	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	348,564	8.00
9.00	00900	HOUSEKEEPING	-42,916	1,293,527	9.00
10.00	01000	DIETARY	-8,715	470,324	10.00
11.00	01100	CAFETERIA	-674,514	575,852	11.00
13.00	01300	NURSING ADMINISTRATION	0	394,803	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-14,527	372,734	14.00
15.00	01500	PHARMACY	-300	1,877,014	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-58,372	2,245,302	16.00
17.00	01700	SOCIAL SERVICE	0	806	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,924,252	7,967,332	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,485,816	31.00
43.00	04300	NURSERY	0	462,095	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,582,128	50.00
51.00	05100	RECOVERY ROOM	0	834,519	51.00
52.00	05200	LABOR ROOM & DELIVERY ROOM	0	758,806	52.00
53.00	05300	ANESTHESIOLOGY	-1,813,395	44,657	53.00
53.01	05301	PAIN MANAGEMENT	0	81,883	53.01
54.00	05400	RADIOLOGY - DIAGNOSTIC	-1,157,292	1,586,229	54.00
54.01	05401	ULTRASOUND	-460,531	439,312	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	-56,384	337,924	56.00
57.00	05700	CT SCAN	-1,471,616	828,063	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-615,555	445,710	58.00
59.00	05900	CARDIAC CATHETERIZATION	-20,578	994,604	59.00
60.00	06000	LABORATORY	-550,716	4,113,583	60.00
65.00	06500	RESPIRATORY THERAPY	-3,142	935,052	65.00
66.00	06600	PHYSICAL THERAPY	0	584,921	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	71,610	67.00
68.00	06800	SPEECH PATHOLOGY	0	71,605	68.00
69.00	06900	ELECTROCARDIOLOGY	-56,790	853,428	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	180,584	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,365,437	71.00
72.00	07200	IMP. DEV CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,697,648	73.00
74.00	07400	RENAL DIALYSIS	0	67,117	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	GI LAB	0	877,206	75.01
76.00	03020	DIABETIC EDUCATION	-6,225	161,615	76.00
76.01	03950	WOUND CARE	-268,390	525,163	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	-9,989,204	3,177,036	90.00
91.00	09100	EMERGENCY	-4,213,075	2,790,830	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-7,801	1,384,072	95.00
98.00	05950	HOME INFUSION	-1,585	215,750	98.00
101.00	10100	HOME HEALTH AGENCY	0	1,035,178	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-32,492,897	114,207,172	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	39,988	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-2,835	605,932	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	COMMUNITY SERVICE	0	268,877	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-32,495,732	115,121,969	200.00

RECLASSIFICATIONS

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-6

Date/Time Prepared:
9/26/2012 5:48 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,434,647	1.00
	TOTALS		0	1,434,647	
B - TO RECLASS LABOR/DELIVERY EXPENSE					
1.00	NURSERY	43.00	434,208	19,234	1.00
2.00	LABOR ROOM & DELIVERY ROOM	52.00	713,013	31,584	2.00
	TOTALS		1,147,221	50,818	
C - RENTAL SPACE					
1.00	OPERATION OF PLANT	7.00	0	64,692	1.00
2.00	OTHER CAP RELATED COST	3.00	0	4,449	2.00
3.00	OTHER CAP RELATED COST	3.00	0	57,720	3.00
4.00	CLINIC	90.00	0	35,000	4.00
	TOTALS		0	161,861	
D - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	166,709	1.00
	TOTALS		0	166,709	
E - COLLECTION, BILLING & OTHER A&G EXP					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	79,032	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
	TOTALS		0	79,032	
F - BOND AMORTIZATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	54,217	1.00
	TOTALS		0	54,217	
G - CAFETERIA EXPENSES					
1.00	CAFETERIA	11.00	606,545	643,821	1.00
	TOTALS		606,545	643,821	
H - DRUGS CHARGED TO PATIENTS EXPENSE					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,697,648	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	7,697,648	
I - TO RECLASS MARKETING/ADVERTISING EXP					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	89,190	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
	TOTALS		0	89,190	
J - TELEPHONE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	106,015	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
	TOTALS		0	106,015	

RECLASSIFICATIONS

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-6

Date/Time Prepared:
9/26/2012 5:48 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
K - PROPERTY INSURANCE & TAXES						
1.00	OTHER CAP RELATED COST	3.00	0	123,287	1.00	
2.00	OTHER CAP RELATED COST	3.00	0	181,489	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	
TOTALS			0	304,776		
L - MALPRACTICE INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	89,467	1.00	
2.00		0.00	0	0	2.00	
TOTALS			0	89,467		
M - MEDICAL SUPPLIES CHARGED TO PATIENTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,365,437	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	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
TOTALS			0	12,365,437		
N - DAYCARE EXPENSES						
1.00	EMPLOYEE BENEFITS	4.00	0	156,769	1.00	
TOTALS			0	156,769		
O - POST ICU						
1.00	ADULTS & PEDIATRICS	30.00	743,959	10,105	1.00	
TOTALS			743,959	10,105		
P - MME DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,918,693	1.00	
TOTALS			0	5,918,693		
Q - UTILITY EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	47,285	1.00	
TOTALS			0	47,285		
R - TO RECLASS NURSE FLOAT SALARIES						
1.00	ADULTS & PEDIATRICS	30.00	218,520	639	1.00	
2.00	INTENSIVE CARE UNIT	31.00	25,672	0	2.00	
3.00	NURSERY	43.00	8,653	0	3.00	
4.00	OPERATING ROOM	50.00	26,197	0	4.00	
5.00	RECOVERY ROOM	51.00	19,058	0	5.00	
6.00	LABOR ROOM & DELIVERY ROOM	52.00	14,209	0	6.00	
7.00	PAIN MANAGEMENT	53.01	1,895	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	14,559	0	8.00	
9.00	ELECTROCARDIOLOGY	69.00	22,379	0	9.00	
10.00	EMERGENCY	91.00	66,413	0	10.00	
TOTALS			417,555	639		

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-6

Date/Time Prepared:
9/26/2012 5:48 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
		0	0		
T - RADIOLOGY MANAGEMENT					
1.00	RADIOLOGY - DIAGNOSTIC	54.00	156,285	5,392	1.00
2.00	ULTRASOUND	54.01	33,893	1,170	2.00
3.00	RADIOISOTOPE	56.00	21,364	737	3.00
4.00	CT SCAN	57.00	64,238	2,216	4.00
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	27,448	947	5.00
	TOTALS		303,228	10,462	
U - CLINIC RADIOLOGY & RT EXP					
1.00	RADIOLOGY - DIAGNOSTIC	54.00	145,794	15,206	1.00
2.00	RESPIRATORY THERAPY	65.00	14,021	3	2.00
	TOTALS		159,815	15,209	
500.00	Grand Total: Increases		3,378,323	29,402,800	500.00

RECLASSIFICATIONS

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-6
Date/Time Prepared:
9/26/2012 5:48 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center		Line #	Salary	Other			
6.00		7.00	8.00	9.00	10.00		
A - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	1,434,647		11	1.00
	TOTALS		0	1,434,647			
B - TO RECLASS LABOR/DELIVERY EXPENSE							
1.00	ADULTS & PEDIATRICS	30.00	1,147,221	50,818		0	1.00
2.00		0.00	0	0		0	2.00
	TOTALS		1,147,221	50,818			
C - RENTAL SPACE							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	64,692		0	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,449		0	2.00
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	57,720		0	3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	35,000		0	4.00
	TOTALS		0	161,861			
D - EMPLOYEE BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	166,709		0	1.00
	TOTALS		0	166,709			
E - COLLECTION, BILLING & OTHER A&G EXP							
1.00	CLINIC	90.00	0	12,570		0	1.00
2.00	AMBULANCE SERVICES	95.00	0	40,104		0	2.00
3.00	HOME INFUSION	98.00	0	8,544		0	3.00
4.00	HOME HEALTH AGENCY	101.00	0	16,963		0	4.00
5.00	LABORATORY	60.00	0	851		0	5.00
	TOTALS		0	79,032			
F - BOND AMORTIZATION EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	54,217		14	1.00
	TOTALS		0	54,217			
G - CAFETERIA EXPENSES							
1.00	DIETARY	10.00	606,545	643,821		0	1.00
	TOTALS		606,545	643,821			
H - DRUGS CHARGED TO PATIENTS EXPENSE							
1.00	PHARMACY	15.00	0	3,315,394		0	1.00
2.00	CLINIC	90.00	0	4,382,229		0	2.00
3.00	LABORATORY	60.00	0	25		0	3.00
	TOTALS		0	7,697,648			
I - TO RECLASS MARKETING/ADVERTISING EXP							
1.00	NURSING ADMINISTRATION	13.00	0	10,200		0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	4,101		0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	81		0	3.00
4.00	RADIOLOGY - DIAGNOSTIC	54.00	0	2,061		0	4.00
5.00	CT SCAN	57.00	0	5,227		0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	11,280		0	6.00
7.00	RESPIRATORY THERAPY	65.00	0	276		0	7.00
8.00	ELECTROCARDIOLOGY	69.00	0	2,516		0	8.00
9.00	ELECTROENCEPHALOGRAPHY	70.00	0	6,503		0	9.00
10.00	WOUND CARE	76.01	0	7,272		0	10.00
11.00	CLINIC	90.00	0	3,534		0	11.00
12.00	HOME INFUSION	98.00	0	2,441		0	12.00
13.00	HOME HEALTH AGENCY	101.00	0	28,450		0	13.00
14.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,248		0	14.00
	TOTALS		0	89,190			
J - TELEPHONE EXPENSE							
1.00	OPERATION OF PLANT	7.00	0	47,036		0	1.00
2.00	PHARMACY	15.00	0	468		0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,238		0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	562		0	4.00
5.00	OPERATING ROOM	50.00	0	1,680		0	5.00
6.00	ANESTHESIOLOGY	53.00	0	2,215		0	6.00
7.00	RADIOLOGY - DIAGNOSTIC	54.00	0	254		0	7.00
8.00	ULTRASOUND	54.01	0	127		0	8.00
9.00	RADIOISOTOPE	56.00	0	127		0	9.00
10.00	CT SCAN	57.00	0	127		0	10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	127		0	11.00
12.00	LABORATORY	60.00	0	600		0	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	280		0	13.00
14.00	GI LAB	75.01	0	58		0	14.00
15.00	DIABETIC EDUCATION	76.00	0	447		0	15.00
16.00	CLINIC	90.00	0	38,995		0	16.00
17.00	EMERGENCY	91.00	0	421		0	17.00
18.00	AMBULANCE SERVICES	95.00	0	5,477		0	18.00
19.00	HOME HEALTH AGENCY	101.00	0	3,900		0	19.00
20.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	779		0	20.00
21.00	COMMUNITY SERVICE	194.00	0	97		0	21.00
	TOTALS		0	106,015			

RECLASSIFICATIONS

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-6
Date/Time Prepared:
9/26/2012 5:48 pm

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
6.00	7.00	8.00	9.00	10.00			
K - PROPERTY INSURANCE & TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	82,000	0	1.00	
2.00	HOUSEKEEPING	9.00	0	607	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	8,862	0	3.00	
4.00	AMBULANCE SERVICES	95.00	0	20,890	0	4.00	
5.00	HOME HEALTH AGENCY	101.00	0	10,924	0	5.00	
6.00	WOUND CARE	76.01	0	4	0	6.00	
7.00	OPERATION OF PLANT	7.00	0	181,489	0	7.00	
	TOTALS		0	304,776			
L - MALPRACTICE INSURANCE							
1.00	AMBULANCE SERVICES	95.00	0	15,767	0	1.00	
2.00	CLINIC	90.00	0	73,700	0	2.00	
	TOTALS		0	89,467			
M - MEDICAL SUPPLIES CHARGED TO PATIENTS							
1.00	EMPLOYEE BENEFITS	4.00	0	37,877	0	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	188,475	0	2.00	
3.00	PHARMACY	15.00	0	71,571	0	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	400,280	0	4.00	
5.00	INTENSIVE CARE UNIT	31.00	0	103,493	0	5.00	
6.00	OPERATING ROOM	50.00	0	3,380,023	0	6.00	
7.00	RECOVERY ROOM	51.00	0	116,439	0	7.00	
8.00	ANESTHESIOLOGY	53.00	0	287,217	0	8.00	
9.00	PAIN MANAGEMENT	53.01	0	39,969	0	9.00	
10.00	RADIOLOGY - DIAGNOSTIC	54.00	0	47,680	0	10.00	
11.00	ULTRASOUND	54.01	0	5,440	0	11.00	
12.00	RADIOISOTOPE	56.00	0	690,752	0	12.00	
13.00	CT SCAN	57.00	0	146,861	0	13.00	
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	62,940	0	14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	3,758,163	0	15.00	
16.00	LABORATORY	60.00	0	1,430,152	0	16.00	
17.00	RESPIRATORY THERAPY	65.00	0	134,009	0	17.00	
18.00	PHYSICAL THERAPY	66.00	0	11,870	0	18.00	
19.00	OCCUPATIONAL THERAPY	67.00	0	4,665	0	19.00	
20.00	SPEECH PATHOLOGY	68.00	0	287	0	20.00	
21.00	ELECTROCARDIOLOGY	69.00	0	25,208	0	21.00	
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	12,198	0	22.00	
23.00	RENAL DIALYSIS	74.00	0	163	0	23.00	
24.00	GI LAB	75.01	0	332,700	0	24.00	
25.00	DIABETIC EDUCATION	76.00	0	7,003	0	25.00	
26.00	WOUND CARE	76.01	0	119,353	0	26.00	
27.00	CLINIC	90.00	0	429,163	0	27.00	
28.00	EMERGENCY	91.00	0	445,302	0	28.00	
29.00	AMBULANCE SERVICES	95.00	0	17,723	0	29.00	
30.00	HOME INFUSION	98.00	0	34,386	0	30.00	
31.00	HOME HEALTH AGENCY	101.00	0	23,943	0	31.00	
32.00	COMMUNITY SERVICE	194.00	0	132	0	32.00	
	TOTALS		0	12,365,437			
N - DAYCARE EXPENSES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	156,769	0	1.00	
	TOTALS		0	156,769			
O - POST ICU							
1.00	INTENSIVE CARE UNIT	31.00	743,959	10,105	0	1.00	
	TOTALS		743,959	10,105			
P - MME DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,918,693	9	1.00	
	TOTALS		0	5,918,693			
Q - UTILITY EXPENSE							
1.00	AMBULANCE SERVICES	95.00	0	47,285	0	1.00	
	TOTALS		0	47,285			
R - TO RECLASS NURSE FLOAT SALARIES							
1.00	NURSING ADMINISTRATION	13.00	417,555	639	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
5.00		0.00	0	0	0	5.00	
6.00		0.00	0	0	0	6.00	
7.00		0.00	0	0	0	7.00	
8.00		0.00	0	0	0	8.00	
9.00		0.00	0	0	0	9.00	
10.00		0.00	0	0	0	10.00	
	TOTALS		417,555	639			

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-6
Date/Time Prepared:
9/26/2012 5:48 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
		0	0			
T - RADIOLOGY MANAGEMENT						
1.00	ADMINISTRATIVE & GENERAL	5.00	303,228	10,462	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
	TOTALS		303,228	10,462		
U - CLINIC RADIOLOGY & RT EXP						
1.00	CLINIC	90.00	159,815	15,209	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		159,815	15,209		
500.00	Grand Total: Decreases		3,378,323	29,402,800		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
9/26/2012 5:48 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,550,502	0	0	0	1.00
2.00	Land Improvements	2,001,921	14,840	0	14,840	2.00
3.00	Buildings and Fixtures	77,844,775	379,432	0	379,432	3.00
4.00	Building Improvements	9,373,346	0	0	0	4.00
5.00	Fixed Equipment	373,974	117,926	0	117,926	5.00
6.00	Movable Equipment	55,427,796	5,983,651	0	5,983,651	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	147,572,314	6,495,849	0	6,495,849	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	147,572,314	6,495,849	0	6,495,849	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	9,360,169	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,360,169	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	82,736,224	0	82,736,224	0.559757	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	65,071,183	0	65,071,183	0.440243	2.00
3.00	Total (sum of lines 1-2)	147,807,407	0	147,807,407	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,550,502	0		1.00	
2.00	Land Improvements	2,016,761	0		2.00	
3.00	Buildings and Fixtures	78,168,961	0		3.00	
4.00	Building Improvements	9,336,658	0		4.00	
5.00	Fixed Equipment	454,770	0		5.00	
6.00	Movable Equipment	55,279,755	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	147,807,407	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	147,807,407	0		10.00	
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	9,360,169		1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	9,360,169		3.00	
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	133,899	0	205,400	2,705,040	0
2.00	CAP REL COSTS-MVBLE EQUIP	105,310	0	161,545	5,796,527	0
3.00	Total (sum of lines 1-2)	239,209	0	366,945	8,501,567	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-7
Parts I-III
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	236,277	71,501	133,899	54,217	3,200,934	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	56,235	105,310	0	5,958,072	2.00
3.00	Total (sum of lines 1-2)	236,277	127,736	239,209	54,217	9,159,006	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-8

Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,198,370	CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			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)	B	-545	ADMINISTRATIVE & GENERAL	5.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	7.00
8.00 Television and radio service (chapter 21)		0		0.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-20,859,776			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	-672,159	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	B	-50,031	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines	B	-2,355	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		RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			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		OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00 RENTAL BLDG DEPRECIATION OFFSET	A	-736,436	CAP REL COSTS-BLDG & FIXT	1.00	33.00
33.01 DIETARY CATERING REVENUE	B	-8,715	DIETARY	10.00	33.01
33.02 MISCELLANEOUS INCOME	B	-60	ADULTS & PEDIATRICS	30.00	33.02
33.03 MISCELLANEOUS INCOME	B	-7,169	EMPLOYEE BENEFITS	4.00	33.03
33.04 MISCELLANEOUS INCOME	B	-38,394	ADMINISTRATIVE & GENERAL	5.00	33.04
33.05 MISCELLANEOUS INCOME	B	-3,142	RESPIRATORY THERAPY	65.00	33.05
33.06 LIFESTYLE MEDICINE INCOME	B	-29,750	ELECTROCARDIOLOGY	69.00	33.06
33.07 CARDIAC REHAB PHASE III REVENUE	B	-26,176	ELECTROCARDIOLOGY	69.00	33.07
33.08 PHARMACY DISPLAY INCOME	B	-300	PHARMACY	15.00	33.08
33.09 BLOOD DRAW INCOME	B	-1,585	HOME INFUSION	98.00	33.09
33.10 OUTSIDE TRANSCRIPTION REVENUE	B	-650	MEDICAL RECORDS & LIBRARY	16.00	33.10
33.11 DIABETIC EDUCATION REVENUE	B	-6,225	DIABETIC EDUCATION	76.00	33.11
33.12 HOUSEKEEPING REVENUE	B	-42,916	HOUSEKEEPING	9.00	33.12
33.13 PATIENT ACCOUNTING REVENUE	B	-65,166	ADMINISTRATIVE & GENERAL	5.00	33.13
33.14 DAYCARE REVENUE	B	-535,163	ADMINISTRATIVE & GENERAL	5.00	33.14
33.15 DAYCARE DISCOUNT EXPENSE ELIMINATION	A	-21,924	EMPLOYEE BENEFITS	4.00	33.15
33.16 DONATION EXPENSE	A	-260,863	ADMINISTRATIVE & GENERAL	5.00	33.16
33.17 DONATION EXPENSE	A	-101	RADIOLOGY - DIAGNOSTIC	54.00	33.17
33.18 LOBBYING EXPENSE	A	-35,891	ADMINISTRATIVE & GENERAL	5.00	33.18
33.19 PHYSICIAN RECRUITMENT SALARIES	A	-118,828	ADMINISTRATIVE & GENERAL	5.00	33.19
33.20 PHYSICIAN RECRUITMENT OTHER EXPENSES	A	-523,492	ADMINISTRATIVE & GENERAL	5.00	33.20
33.21 PHYSICIAN RECRUITMENT BENEFITS	A	-34,066	EMPLOYEE BENEFITS	4.00	33.21

ADJUSTMENTS TO EXPENSES

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-8

Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #		
			1.00	2.00	3.00	4.00
33.22	MARKETING SALARIES	A	-196,218	ADMINISTRATIVE & GENERAL	5.00	33.22
33.23	MARKETING OTHER EXPENSES	A	-441,335	ADMINISTRATIVE & GENERAL	5.00	33.23
33.24	MARKETING DEPRECIATION	A	-2,795	CAP REL COSTS-MVBLE EQUIP	2.00	33.24
33.25	MARKETING BENEFITS	A	-101,485	EMPLOYEE BENEFITS	4.00	33.25
33.26	CABLE TELEVISION	A	-14,527	CENTRAL SERVICES & SUPPLY	14.00	33.26
33.27	CABLE TELEVISION	A	-534	ELECTROCARDIOLOGY	69.00	33.27
33.28	CABLE TELEVISION	A	-467	OPERATION OF PLANT	7.00	33.28
33.29	CABLE TELEVISION	A	-2,835	PHYSICIANS' PRIVATE OFFICES	192.00	33.29
33.30	CABLE TELEVISION	A	-12,428	ADMINISTRATIVE & GENERAL	5.00	33.30
33.31	CRNA MALPRACTICE INSURANCE	A	-30,180	ANESTHESIOLOGY	53.00	33.31
33.32	CRNA PHYSICIAN CME EXPENSE	A	-3,800	ANESTHESIOLOGY	53.00	33.32
33.33	CRNA FICA TAXES	A	-41,673	EMPLOYEE BENEFITS	4.00	33.33
33.34	CRNA MEDICARE TAXES	A	-25,384	EMPLOYEE BENEFITS	4.00	33.34
33.35	CRNA BENEFIT OFFSET	A	-174,360	EMPLOYEE BENEFITS	4.00	33.35
33.36	CRNA SALARIES	A	-1,779,415	ANESTHESIOLOGY	53.00	33.36
33.37	ALCOHOLIC BEVERAGES	A	-4,991	ADMINISTRATIVE & GENERAL	5.00	33.37
33.38	MRI JOINT VENTURE SALARIES	A	-5,852	MAGNETIC RESONANCE IMAGING (MRI)	58.00	33.38
33.39	MRI JOINT VENTURE EXPENSE	A	-62,991	MAGNETIC RESONANCE IMAGING (MRI)	58.00	33.39
33.40	MRI JOINT VENTURE DEPRECIATION	A	-119,371	CAP REL COSTS-MVBLE EQUIP	2.00	33.40
33.41	MRI JOINT VENTURE BENEFITS	A	-3,232	EMPLOYEE BENEFITS	4.00	33.41
33.42	MISCELLANEOUS INCOME	B	-7,801	AMBULANCE SERVICES	95.00	33.42
33.43	SHARED SERVICES REVENUE	B	-2,973,254	ADMINISTRATIVE & GENERAL	5.00	33.43
33.44	DAYCARE INTERDEPT RENT EXP/INC	B	-18,000	ADMINISTRATIVE & GENERAL	5.00	33.44
33.45	SALE OF CLINIC MEDICAL RECORDS	B	-7,691	MEDICAL RECORDS & LIBRARY	16.00	33.45
33.46	PHYSICIAN BENEFITS	A	-1,177,978	EMPLOYEE BENEFITS	4.00	33.46
33.47	SRFC MERGER EXPENSES	A	-6,602	ADMINISTRATIVE & GENERAL	5.00	33.47
33.48	CABLE TELEVISION	A	-285	WOUND CARE	76.01	33.48
33.49			0		0.00	33.49
33.50			0		0.00	33.50
33.51			0		0.00	33.51
33.52			0		0.00	33.52
33.53			0		0.00	33.53
33.54			0		0.00	33.54
33.55			0		0.00	33.55
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-32,495,732			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	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 BLDG DEPRECIATION OFFSET	9	33.00
33.01	DIETARY CATERING REVENUE	0	33.01
33.02	MISCELLANEOUS INCOME	0	33.02
33.03	MISCELLANEOUS INCOME	0	33.03
33.04	MISCELLANEOUS INCOME	0	33.04
33.05	MISCELLANEOUS INCOME	0	33.05
33.06	LIFESTYLE MEDICINE INCOME	0	33.06
33.07	CARDIAC REHAB PHASE III REVENUE	0	33.07
33.08	PHARMACY DISPLAY INCOME	0	33.08
33.09	BLOOD DRAW INCOME	0	33.09
33.10	OUTSIDE TRANSCRIPTION REVENUE	0	33.10
33.11	DIABETIC EDUCATION REVENUE	0	33.11
33.12	HOUSEKEEPING REVENUE	0	33.12
33.13	PATIENT ACCOUNTING REVENUE	0	33.13
33.14	DAYCARE REVENUE	0	33.14
33.15	DAYCARE DISCOUNT EXPENSE ELIMINATION	0	33.15
33.16	DONATION EXPENSE	0	33.16
33.17	DONATION EXPENSE	0	33.17
33.18	LOBBYING EXPENSE	0	33.18
33.19	PHYSICIAN RECRUITMENT SALARIES	0	33.19
33.20	PHYSICIAN RECRUITMENT OTHER EXPENSES	0	33.20
33.21	PHYSICIAN RECRUITMENT BENEFITS	0	33.21
33.22	MARKETING SALARIES	0	33.22
33.23	MARKETING OTHER EXPENSES	0	33.23
33.24	MARKETING DEPRECIATION	9	33.24
33.25	MARKETING BENEFITS	0	33.25
33.26	CABLE TELEVISION	0	33.26
33.27	CABLE TELEVISION	0	33.27

ADJUSTMENTS TO EXPENSES

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.28	CABLE TELEVISION	0	33.28
33.29	CABLE TELEVISION	0	33.29
33.30	CABLE TELEVISION	0	33.30
33.31	CRNA MALPRACTICE INSURANCE	0	33.31
33.32	CRNA PHYSICIAN CME EXPENSE	0	33.32
33.33	CRNA FICA TAXES	0	33.33
33.34	CRNA MEDICARE TAXES	0	33.34
33.35	CRNA BENEFIT OFFSET	0	33.35
33.36	CRNA SALARIES	0	33.36
33.37	ALCOHOLIC BEVERAGES	0	33.37
33.38	MRI JOINT VENTURE SALARIES	0	33.38
33.39	MRI JOINT VENTURE EXPENSE	0	33.39
33.40	MRI JOINT VENTURE DEPRECIATION	9	33.40
33.41	MRI JOINT VENTURE BENEFITS	0	33.41
33.42	MISCELLANEOUS INCOME	0	33.42
33.43	SHARED SERVICES REVENUE	0	33.43
33.44	DAYCARE INTERDEPT RENT EXP/INC	0	33.44
33.45	SALE OF CLINIC MEDICAL RECORDS	0	33.45
33.46	PHYSICIAN BENEFITS	0	33.46
33.47	SRFC MERGER EXPENSES	0	33.47
33.48	CABLE TELEVISION	0	33.48
33.49		0	33.49
33.50		0	33.50
33.51		0	33.51
33.52		0	33.52
33.53		0	33.53
33.54		0	33.54
33.55		0	33.55
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: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-8-2

Date/Time Prepared:
9/26/2012 5:48 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	1,924,192	1,924,192	1.00
2.00	54.00	RADIOLOGY - DIAGNOSTIC	1,157,191	1,157,191	2.00
3.00	54.01	ULTRASOUND	460,531	460,531	3.00
4.00	56.00	RADIOISOTOPE	56,384	56,384	4.00
5.00	57.00	CT SCAN	1,471,616	1,471,616	5.00
6.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	546,712	546,712	6.00
7.00	60.00	LABORATORY	550,716	550,716	7.00
8.00	69.00	ELECTROCARDIOLOGY	330	330	8.00
9.00	90.00	CLINIC	9,989,204	9,989,204	9.00
10.00	91.00	EMERGENCY	4,213,075	4,213,075	10.00
11.00	76.01	WOUND CARE	268,105	268,105	11.00
12.00	5.00	ADMINISTRATIVE & GENERAL	245,932	158,482	12.00
13.00	59.00	CARDIAC CATHETERIZATION	20,578	20,578	13.00
200.00			20,904,566	20,817,116	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-8-2

Date/Time Prepared:
9/26/2012 5:48 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	87,450	159,800	583	44,790	2,240	12.00
13.00	0	0	0	0	0	13.00
200.00	87,450		583	44,790	2,240	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-8-2

Date/Time Prepared:
9/26/2012 5:48 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	8,424	0	66,440	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	9,014	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	75,566	0	398,075	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	44,790	12.00
13.00	0	0	0	0	0	13.00
200.00	83,990	0	473,529	0	44,790	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet A-8-2

Date/Time Prepared:
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	RCE		Adjustment	
	Disallowance			
	17.00		18.00	
1.00		0	1,924,192	1.00
2.00		0	1,157,191	2.00
3.00		0	460,531	3.00
4.00		0	56,384	4.00
5.00		0	1,471,616	5.00
6.00		0	546,712	6.00
7.00		0	550,716	7.00
8.00		0	330	8.00
9.00		0	9,989,204	9.00
10.00		0	4,213,075	10.00
11.00		0	268,105	11.00
12.00		42,660	201,142	12.00
13.00		0	20,578	13.00
200.00		42,660	20,859,776	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet B
Part I
Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,200,934	3,200,934			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,958,072		5,958,072		2.00
4.00 00400	EMPLOYEE BENEFITS	25,994,695	7,769	6,466	26,008,930	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	13,813,208	693,892	2,309,833	5,383,988	5.00
7.00 00700	OPERATION OF PLANT	2,704,424	131,608	188,351	539,309	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	348,564	57,658	32,501	151,279	8.00
9.00 00900	HOUSEKEEPING	1,293,527	5,995	4,188	516,541	9.00
10.00 01000	DIETARY	470,324	20,756	68,707	133,004	10.00
11.00 01100	CAFETERIA	575,852	54,183	0	347,160	11.00
13.00 01300	NURSING ADMINISTRATION	394,803	1,620	11,067	221,279	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	372,734	65,176	164,555	180,423	14.00
15.00 01500	PHARMACY	1,877,014	14,615	32,626	549,266	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,245,302	36,999	92,743	855,134	16.00
17.00 01700	SOCIAL SERVICE	806	843	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	7,967,332	412,422	345,836	4,468,162	30.00
31.00 03100	INTENSIVE CARE UNIT	1,485,816	81,031	32,564	839,216	31.00
43.00 04300	NURSERY	462,095	69,835	35,439	253,474	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,582,128	261,418	399,966	690,749	50.00
51.00 05100	RECOVERY ROOM	834,519	109,435	64,104	461,886	51.00
52.00 05200	LABOR ROOM & DELIVERY ROOM	758,806	80,051	58,194	416,230	52.00
53.00 05300	ANESTHESIOLOGY	44,657	5,185	38,766	0	53.00
53.01 05301	PAIN MANAGEMENT	81,883	12,638	0	45,750	53.01
54.00 05400	RADIOLOGY - DIAGNOSTIC	1,586,229	133,099	300,524	751,125	54.00
54.01 05401	ULTRASOUND	439,312	15,636	82,152	221,174	54.01
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	337,924	23,932	3,028	142,795	56.00
57.00 05700	CT SCAN	828,063	15,328	76,489	336,026	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	445,710	32,544	341,998	155,621	58.00
59.00 05900	CARDIAC CATHETERIZATION	994,604	28,355	249,618	382,546	59.00
60.00 06000	LABORATORY	4,113,583	83,834	204,418	1,142,378	60.00
65.00 06500	RESPIRATORY THERAPY	935,052	42,241	42,811	481,945	65.00
66.00 06600	PHYSICAL THERAPY	584,921	7,972	4,775	329,391	66.00
67.00 06700	OCCUPATIONAL THERAPY	71,610	3,249	0	40,089	67.00
68.00 06800	SPEECH PATHOLOGY	71,605	972	0	40,761	68.00
69.00 06900	ELECTROCARDIOLOGY	853,428	30,672	399,078	477,333	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	180,584	5,509	2,674	67,757	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,365,437	0	0	0	71.00
72.00 07200	IMP. DEV CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	7,697,648	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	67,117	2,042	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	GI LAB	877,206	28,509	31,791	446,142	75.01
76.00 03020	DIABETIC EDUCATION	161,615	4,521	382	91,619	76.00
76.01 03950	WOUND CARE	525,163	17,985	5,323	174,096	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	3,177,036	469,659	44,235	1,658,319	90.00
91.00 09100	EMERGENCY	2,790,830	64,301	58,119	1,548,929	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,384,072	25,398	64,659	737,624	95.00
98.00 05950	HOME INFUSION	215,750	1,701	0	45,270	98.00
101.00 10100	HOME HEALTH AGENCY	1,035,178	16,438	22,896	536,145	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	114,207,172	3,177,026	5,820,876	25,859,935	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	39,988	10,265	0	9,863	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	605,932	0	136,472	0	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	193.00
194.00 07950	COMMUNITY SERVICE	268,877	13,643	724	139,132	194.00
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
202.00 TOTAL (sum lines 118-201)	115,121,969	3,200,934	5,958,072	26,008,930	115,121,969	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet B Part I Date/Time Prepared: 9/26/2012 5:48 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	22,200,921				5.00	
7.00	00700	OPERATION OF PLANT	851,444	4,415,136			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	140,964	107,519	838,485		8.00	
9.00	00900	HOUSEKEEPING	434,898	11,179	48,951	2,315,279	9.00	
10.00	01000	DIETARY	165,523	38,705	22,970	20,857	940,846	10.00
11.00	01100	CAFETERIA	233,473	101,038	0	54,448	0	11.00
13.00	01300	NURSING ADMINISTRATION	150,227	3,021	0	1,628	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	187,049	121,539	0	65,495	0	14.00
15.00	01500	PHARMACY	590,979	27,254	0	14,687	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	771,761	68,995	0	37,180	0	16.00
17.00	01700	SOCIAL SERVICE	394	1,571	0	847	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,152,315	769,070	414,793	414,439	866,833	30.00
31.00	03100	INTENSIVE CARE UNIT	582,642	151,104	32,687	81,427	65,222	31.00
43.00	04300	NURSERY	196,117	130,225	5,831	70,176	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	701,060	487,484	40,451	262,697	0	50.00
51.00	05100	RECOVERY ROOM	351,202	204,070	14,536	109,970	0	51.00
52.00	05200	LABOR ROOM & DELIVERY ROOM	313,772	149,276	9,575	80,442	0	52.00
53.00	05300	ANESTHESIOLOGY	21,170	9,669	0	5,210	0	53.00
53.01	05301	PAIN MANAGEMENT	33,514	23,567	0	12,700	0	53.01
54.00	05400	RADIOLOGY - DIAGNOSTIC	662,047	248,199	39,975	133,750	0	54.00
54.01	05401	ULTRASOUND	181,168	29,157	0	15,712	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	121,296	44,627	0	24,049	0	56.00
57.00	05700	CT SCAN	300,064	28,583	0	15,403	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	233,158	60,686	0	32,703	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	395,445	52,876	12,998	28,494	2,997	59.00
60.00	06000	LABORATORY	1,324,634	156,331	282	84,244	0	60.00
65.00	06500	RESPIRATORY THERAPY	358,873	78,770	129	42,448	0	65.00
66.00	06600	PHYSICAL THERAPY	221,495	14,866	14,811	8,011	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,464	6,058	0	3,265	0	67.00
68.00	06800	SPEECH PATHOLOGY	27,079	1,813	0	977	0	68.00
69.00	06900	ELECTROCARDIOLOGY	420,625	57,196	11,956	30,822	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	61,289	10,273	4,213	5,536	43	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,954,375	0	0	0	0	71.00
72.00	07200	IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,839,137	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	16,524	3,807	0	2,052	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	330,584	53,163	42,266	28,649	14	75.01
76.00	03020	DIABETIC EDUCATION	61,675	8,430	0	4,543	0	76.00
76.01	03950	WOUND CARE	172,637	33,538	6,580	18,073	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,278,053	875,800	15,792	471,954	685	90.00
91.00	09100	EMERGENCY	1,066,113	119,907	58,736	64,616	3,839	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	528,436	47,362	18,842	25,522	0	95.00
98.00	09500	HOME INFUSION	62,770	3,173	0	1,710	0	98.00
101.00	10100	HOME HEALTH AGENCY	384,821	30,653	0	16,518	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,908,266	4,370,554	816,374	2,291,254	939,633	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	14,363	19,141	0	10,315	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	177,377	0	22,111	0	1,213	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	COMMUNITY SERVICE	100,915	25,441	0	13,710	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	22,200,921	4,415,136	838,485	2,315,279	940,846	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140043

Period: From 05/01/2011 To 04/30/2012

Worksheet B Part I Date/Time Prepared: 9/26/2012 5:48 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,366,154					11.00
13.00	01300		793,990				13.00
14.00	01400	19,565	0	1,176,536			14.00
15.00	01500	31,506	0	0	3,137,947		15.00
16.00	01600	68,971	0	0	0	4,177,085	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	363,024	415,522	674	0	277,938	30.00
31.00	03100	42,637	48,815	0	0	57,166	31.00
43.00	04300	14,370	16,453	0	0	22,220	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	43,537	49,814	2,018	0	270,352	50.00
51.00	05100	31,663	36,239	0	0	44,866	51.00
52.00	05200	23,613	27,019	0	0	36,487	52.00
53.00	05300	0	0	0	0	79,205	53.00
53.01	05301	3,148	3,604	0	0	22,464	53.01
54.00	05400	58,469	0	77	0	145,723	54.00
54.01	05401	11,379	0	350	0	81,316	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	7,174	0	0	0	99,732	56.00
57.00	05700	21,566	0	0	0	396,078	57.00
58.00	05800	8,973	0	0	0	131,646	58.00
59.00	05900	24,175	27,685	0	0	321,655	59.00
60.00	06000	93,416	0	0	0	665,259	60.00
65.00	06500	31,326	0	0	0	38,262	65.00
66.00	06600	20,824	0	0	0	23,390	66.00
67.00	06700	1,822	0	0	0	2,007	67.00
68.00	06800	2,159	0	0	0	1,941	68.00
69.00	06900	37,173	42,554	0	0	138,999	69.00
70.00	07000	6,409	0	0	0	28,536	70.00
71.00	07100	0	0	1,171,508	0	183,031	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	3,137,947	442,791	73.00
74.00	07400	0	0	0	0	1,586	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	26,626	0	0	0	87,090	75.01
76.00	03020	7,444	0	0	0	2,822	76.00
76.01	03950	14,977	0	0	0	24,276	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	147,140	0	858	0	131,752	90.00
91.00	09100	110,349	126,285	66	0	359,091	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	68,476	0	890	0	39,171	95.00
98.00	05950	2,721	0	0	0	6,292	98.00
101.00	10100	0	0	0	0	13,941	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		1,354,977	793,990	1,176,441	3,137,947	4,177,085	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,597	0	95	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	9,580	0	0	0	0	194.00
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		1,366,154	793,990	1,176,536	3,137,947	4,177,085	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet B Part I Date/Time Prepared: 9/26/2012 5:48 pm		
Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	4,461			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,133	19,872,493	0	30.00
31.00	03100	INTENSIVE CARE UNIT	328	3,500,655	0	31.00
43.00	04300	NURSERY	0	1,276,235	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	4,791,674	0	50.00
51.00	05100	RECOVERY ROOM	0	2,262,490	0	51.00
52.00	05200	LABOR ROOM & DELIVERY ROOM	0	1,953,465	0	52.00
53.00	05300	ANESTHESIOLOGY	0	203,862	0	53.00
53.01	05301	PAIN MANAGEMENT	0	239,268	0	53.01
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	4,059,217	0	54.00
54.01	05401	ULTRASOUND	0	1,077,356	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	804,557	0	56.00
57.00	05700	CT SCAN	0	2,017,600	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,443,039	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,521,448	0	59.00
60.00	06000	LABORATORY	0	7,868,379	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,051,857	0	65.00
66.00	06600	PHYSICAL THERAPY	0	1,230,456	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	155,564	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	147,307	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,499,836	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	372,823	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,674,351	0	71.00
72.00	07200	IMP. DEV CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,117,523	0	73.00
74.00	07400	RENAL DIALYSIS	0	93,128	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	GI LAB	0	1,952,040	0	75.01
76.00	03020	DIABETIC EDUCATION	0	343,051	0	76.00
76.01	03950	WOUND CARE	0	992,648	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	8,271,283	0	90.00
91.00	09100	EMERGENCY	0	6,371,181	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	2,940,452	0	95.00
98.00	05950	HOME INFUSION	0	339,387	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	2,056,590	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,461	113,501,215	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	105,627	0	190.00
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	943,105	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	193.00
194.00	07950	COMMUNITY SERVICE	0	572,022	0	194.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,461	115,121,969	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet B Part II Date/Time Prepared: 9/26/2012 5:48 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	7,769	6,466	14,235	14,235 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	18,117	693,892	2,309,833	3,021,842	2,955 5.00
7.00 00700	OPERATION OF PLANT	15,834	131,608	188,351	335,793	295 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	57,658	32,501	90,159	83 8.00
9.00 00900	HOUSEKEEPING	0	5,995	4,188	10,183	282 9.00
10.00 01000	DIETARY	0	20,756	68,707	89,463	73 10.00
11.00 01100	CAFETERIA	0	54,183	0	54,183	190 11.00
13.00 01300	NURSING ADMINISTRATION	0	1,620	11,067	12,687	121 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	65,176	164,555	229,731	99 14.00
15.00 01500	PHARMACY	0	14,615	32,626	47,241	300 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	36,999	92,743	129,742	468 16.00
17.00 01700	SOCIAL SERVICE	0	843	0	843	0 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	412,422	345,836	758,258	2,443 30.00
31.00 03100	INTENSIVE CARE UNIT	0	81,031	32,564	113,595	459 31.00
43.00 04300	NURSERY	0	69,835	35,439	105,274	139 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	40,650	261,418	399,966	702,034	378 50.00
51.00 05100	RECOVERY ROOM	0	109,435	64,104	173,539	253 51.00
52.00 05200	LABOR ROOM & DELIVERY ROOM	0	80,051	58,194	138,245	228 52.00
53.00 05300	ANESTHESIOLOGY	0	5,185	38,766	43,951	0 53.00
53.01 05301	PAIN MANAGEMENT	0	12,638	0	12,638	25 53.01
54.00 05400	RADIOLOGY - DIAGNOSTIC	0	133,099	300,524	433,623	411 54.00
54.01 05401	ULTRASOUND	0	15,636	82,152	97,788	121 54.01
55.00 05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	23,932	3,028	26,960	78 56.00
57.00 05700	CT SCAN	0	15,328	76,489	91,817	184 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	32,544	341,998	374,542	85 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	28,355	249,618	277,973	209 59.00
60.00 06000	LABORATORY	0	83,834	204,418	288,252	625 60.00
65.00 06500	RESPIRATORY THERAPY	0	42,241	42,811	85,052	264 65.00
66.00 06600	PHYSICAL THERAPY	0	7,972	4,775	12,747	180 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	3,249	0	3,249	22 67.00
68.00 06800	SPEECH PATHOLOGY	0	972	0	972	22 68.00
69.00 06900	ELECTROCARDIOLOGY	0	30,672	399,078	429,750	261 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	959	5,509	2,674	9,142	37 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMP. DEV CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	2,042	0	2,042	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	GI LAB	0	28,509	31,791	60,300	244 75.01
76.00 03020	DIABETIC EDUCATION	0	4,521	382	4,903	50 76.00
76.01 03950	WOUND CARE	0	17,985	5,323	23,308	95 76.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	35,000	469,659	44,235	548,894	907 90.00
91.00 09100	EMERGENCY	0	64,301	58,119	122,420	847 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	25,398	64,659	90,057	403 95.00
98.00 05950	HOME INFUSION	0	1,701	0	1,701	25 98.00
101.00 10100	HOME HEALTH AGENCY	0	16,438	22,896	39,334	293 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	110,560	3,177,026	5,820,876	9,108,462	14,154 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	10,265	0	10,265	5 190.00
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	549,834	0	136,472	686,306	0 192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.00 07950	COMMUNITY SERVICE	0	13,643	724	14,367	76 194.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	660,394	3,200,934	5,958,072	9,819,400	14,235 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet B Part II Date/Time Prepared: 9/26/2012 5:48 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	3,024,797				5.00	
7.00	00700	OPERATION OF PLANT	116,005	452,093			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	19,206	11,010	120,458		8.00	
9.00	00900	HOUSEKEEPING	59,253	1,145	7,032	77,895	9.00	
10.00	01000	DIETARY	22,552	3,963	3,300	702	120,053	10.00
11.00	01100	CAFETERIA	31,810	10,346	0	1,832	0	11.00
13.00	01300	NURSING ADMINISTRATION	20,468	309	0	55	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,485	12,445	0	2,204	0	14.00
15.00	01500	PHARMACY	80,518	2,791	0	494	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	105,149	7,065	0	1,251	0	16.00
17.00	01700	SOCIAL SERVICE	54	161	0	28	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	429,511	78,750	59,589	13,943	110,610	30.00
31.00	03100	INTENSIVE CARE UNIT	79,382	15,472	4,696	2,740	8,322	31.00
43.00	04300	NURSERY	26,720	13,335	838	2,361	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	95,516	49,916	5,811	8,838	0	50.00
51.00	05100	RECOVERY ROOM	47,850	20,896	2,088	3,700	0	51.00
52.00	05200	LABOR ROOM & DELIVERY ROOM	42,750	15,285	1,376	2,706	0	52.00
53.00	05300	ANESTHESIOLOGY	2,884	990	0	175	0	53.00
53.01	05301	PAIN MANAGEMENT	4,566	2,413	0	427	0	53.01
54.00	05400	RADIOLOGY - DIAGNOSTIC	90,201	25,415	5,743	4,500	0	54.00
54.01	05401	ULTRASOUND	24,683	2,986	0	529	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	16,526	4,570	0	809	0	56.00
57.00	05700	CT SCAN	40,882	2,927	0	518	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	31,767	6,214	0	1,100	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	53,878	5,414	1,867	959	382	59.00
60.00	06000	LABORATORY	180,475	16,008	41	2,834	0	60.00
65.00	06500	RESPIRATORY THERAPY	48,895	8,066	18	1,428	0	65.00
66.00	06600	PHYSICAL THERAPY	30,178	1,522	2,128	270	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,742	620	0	110	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,689	186	0	33	0	68.00
69.00	06900	ELECTROCARDIOLOGY	57,308	5,857	1,718	1,037	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,350	1,052	605	186	5	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	402,520	0	0	0	0	71.00
72.00	07200	IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	250,574	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,251	390	0	69	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	45,041	5,444	6,072	964	2	75.01
76.00	03020	DIABETIC EDUCATION	8,403	863	0	153	0	76.00
76.01	03950	WOUND CARE	23,521	3,434	945	608	0	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	174,129	89,676	2,269	15,877	87	90.00
91.00	09100	EMERGENCY	145,253	12,278	8,438	2,174	490	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	71,997	4,850	2,707	859	0	95.00
98.00	05950	HOME INFUSION	8,552	325	0	58	0	98.00
101.00	10100	HOME HEALTH AGENCY	52,430	3,139	0	556	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,984,924	447,528	117,281	77,087	119,898	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,957	1,960	0	347	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	24,167	0	3,177	0	155	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	COMMUNITY SERVICE	13,749	2,605	0	461	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,024,797	452,093	120,458	77,895	120,053	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140043		Period: From 05/01/2011 To 04/30/2012		Worksheet B Part II Date/Time Prepared: 9/26/2012 5:48 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	98,361					11.00
13.00	01300	745	34,385				13.00
14.00	01400	1,409	0	271,373			14.00
15.00	01500	2,268	0	0	133,612		15.00
16.00	01600	4,966	0	0	0	248,641	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	26,137	17,995	155	0	16,545	30.00
31.00	03100	3,070	2,114	0	0	3,403	31.00
43.00	04300	1,035	713	0	0	1,323	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,135	2,157	465	0	16,094	50.00
51.00	05100	2,280	1,569	0	0	2,671	51.00
52.00	05200	1,700	1,170	0	0	2,172	52.00
53.00	05300	0	0	0	0	4,715	53.00
53.01	05301	227	156	0	0	1,337	53.01
54.00	05400	4,210	0	18	0	8,675	54.00
54.01	05401	819	0	81	0	4,841	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	516	0	0	0	5,937	56.00
57.00	05700	1,553	0	0	0	23,578	57.00
58.00	05800	646	0	0	0	7,837	58.00
59.00	05900	1,741	1,199	0	0	19,147	59.00
60.00	06000	6,726	0	0	0	39,588	60.00
65.00	06500	2,255	0	0	0	2,278	65.00
66.00	06600	1,499	0	0	0	1,392	66.00
67.00	06700	131	0	0	0	119	67.00
68.00	06800	155	0	0	0	116	68.00
69.00	06900	2,676	1,843	0	0	8,274	69.00
70.00	07000	461	0	0	0	1,699	70.00
71.00	07100	0	0	270,214	0	10,895	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	133,612	26,358	73.00
74.00	07400	0	0	0	0	94	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	1,917	0	0	0	5,184	75.01
76.00	03020	536	0	0	0	168	76.00
76.01	03950	1,078	0	0	0	1,445	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	10,594	0	198	0	7,843	90.00
91.00	09100	7,945	5,469	15	0	21,376	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	4,930	0	205	0	2,332	95.00
98.00	05950	196	0	0	0	375	98.00
101.00	10100	0	0	0	0	830	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		97,556	34,385	271,351	133,612	248,641	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	115	0	22	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	690	0	0	0	0	194.00
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		98,361	34,385	271,373	133,612	248,641	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet B Part II Date/Time Prepared: 9/26/2012 5:48 pm		
Cost Center	Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	1,086			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,006	1,514,942	0	1,514,942
31.00	03100	INTENSIVE CARE UNIT	80	233,333	0	233,333
43.00	04300	NURSERY	0	151,738	0	151,738
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	884,344	0	884,344
51.00	05100	RECOVERY ROOM	0	254,846	0	254,846
52.00	05200	LABOR ROOM & DELIVERY ROOM	0	205,632	0	205,632
53.00	05300	ANESTHESIOLOGY	0	52,715	0	52,715
53.01	05301	PAIN MANAGEMENT	0	21,789	0	21,789
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	572,796	0	572,796
54.01	05401	ULTRASOUND	0	131,848	0	131,848
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0
56.00	05600	RADIOISOTOPE	0	55,396	0	55,396
57.00	05700	CT SCAN	0	161,459	0	161,459
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	422,191	0	422,191
59.00	05900	CARDIAC CATHETERIZATION	0	362,769	0	362,769
60.00	06000	LABORATORY	0	534,549	0	534,549
65.00	06500	RESPIRATORY THERAPY	0	148,256	0	148,256
66.00	06600	PHYSICAL THERAPY	0	49,916	0	49,916
67.00	06700	OCCUPATIONAL THERAPY	0	7,993	0	7,993
68.00	06800	SPEECH PATHOLOGY	0	5,173	0	5,173
69.00	06900	ELECTROCARDIOLOGY	0	508,724	0	508,724
70.00	07000	ELECTROENCEPHALOGRAPHY	0	21,537	0	21,537
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	683,629	0	683,629
72.00	07200	IMP. DEV CHARGED TO PATIENT	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	410,544	0	410,544
74.00	07400	RENAL DIALYSIS	0	4,846	0	4,846
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.01	07501	GI LAB	0	125,168	0	125,168
76.00	03020	DIABETIC EDUCATION	0	15,076	0	15,076
76.01	03950	WOUND CARE	0	54,434	0	54,434
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	850,474	0	850,474
91.00	09100	EMERGENCY	0	326,705	0	326,705
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	178,340	0	178,340
98.00	09500	HOME INFUSION	0	11,232	0	11,232
101.00	10100	HOME HEALTH AGENCY	0	96,582	0	96,582
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,086	9,058,976	0	9,058,976
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	14,671	0	14,671
191.00	19100	RESEARCH	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	713,805	0	713,805
193.00	19300	NONPAID WORKERS	0	0	0	0
194.00	07950	COMMUNITY SERVICE	0	31,948	0	31,948
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,086	9,819,400	0	9,819,400

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet B-1
Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT	395,105					1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP		5,882,543				2.00	
4.00 00400 EMPLOYEE BENEFITS	959	6,384	45,441,863			4.00	
5.00 00500 ADMINISTRATIVE & GENERAL	85,650	2,280,553	9,406,705	-22,200,921	92,921,048	5.00	
7.00 00700 OPERATION OF PLANT	16,245	185,963	942,261	0	3,563,692	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	7,117	32,089	264,309	0	590,002	8.00	
9.00 00900 HOUSEKEEPING	740	4,135	902,482	0	1,820,251	9.00	
10.00 01000 DIETARY	2,562	67,836	232,379	0	692,791	10.00	
11.00 01100 CAFETERIA	6,688	0	606,545	0	977,195	11.00	
13.00 01300 NURSING ADMINISTRATION	200	10,927	386,610	0	628,769	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	8,045	162,469	315,228	0	782,888	14.00	
15.00 01500 PHARMACY	1,804	32,212	959,658	0	2,473,521	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	4,567	91,567	1,494,059	0	3,230,178	16.00	
17.00 01700 SOCIAL SERVICE	104	0	0	0	1,649	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	50,907	341,452	7,806,613	0	13,193,752	30.00	
31.00 03100 INTENSIVE CARE UNIT	10,002	32,151	1,466,248	0	2,438,627	31.00	
43.00 04300 NURSERY	8,620	34,990	442,861	0	820,843	43.00	
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	32,268	394,896	1,206,852	0	2,934,261	50.00	
51.00 05100 RECOVERY ROOM	13,508	63,291	806,990	0	1,469,944	51.00	
52.00 05200 LABOR ROOM & DELIVERY ROOM	9,881	57,456	727,222	0	1,313,281	52.00	
53.00 05300 ANESTHESIOLOGY	640	38,275	0	0	88,608	53.00	
53.01 05301 PAIN MANAGEMENT	1,560	0	79,932	0	140,271	53.01	
54.00 05400 RADIOLOGY - DIAGNOSTIC	16,429	296,714	1,312,338	0	2,770,977	54.00	
54.01 05401 ULTRASOUND	1,930	81,111	386,428	0	758,274	54.01	
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00	
56.00 05600 RADIOISOTOPE	2,954	2,990	249,487	0	507,679	56.00	
57.00 05700 CT SCAN	1,892	75,519	587,093	0	1,255,906	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	4,017	337,662	271,896	0	975,873	58.00	
59.00 05900 CARDIAC CATHETERIZATION	3,500	246,454	668,371	0	1,655,123	59.00	
60.00 06000 LABORATORY	10,348	201,827	1,995,922	0	5,544,213	60.00	
65.00 06500 RESPIRATORY THERAPY	5,214	42,268	842,037	0	1,502,049	65.00	
66.00 06600 PHYSICAL THERAPY	984	4,714	575,500	0	927,059	66.00	
67.00 06700 OCCUPATIONAL THERAPY	401	0	70,042	0	114,948	67.00	
68.00 06800 SPEECH PATHOLOGY	120	0	71,216	0	113,338	68.00	
69.00 06900 ELECTROCARDIOLOGY	3,786	394,019	833,980	0	1,760,511	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	680	2,640	118,383	0	256,524	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	12,365,437	71.00	
72.00 07200 IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	7,697,648	73.00	
74.00 07400 RENAL DIALYSIS	252	0	0	0	69,159	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 07501 GI LAB	3,519	31,388	779,484	0	1,383,648	75.01	
76.00 03020 DIABETIC EDUCATION	558	377	160,073	0	258,137	76.00	
76.01 03950 WOUND CARE	2,220	5,256	304,174	0	722,567	76.01	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	57,972	43,674	2,897,355	0	5,349,249	90.00	
91.00 09100 EMERGENCY	7,937	57,382	2,706,233	0	4,462,179	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	3,135	63,839	1,288,750	0	2,211,753	95.00	
98.00 05950 HOME INFUSION	210	0	79,095	0	262,721	98.00	
101.00 10100 HOME HEALTH AGENCY	2,029	22,606	936,733	0	1,610,657	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	392,154	5,747,086	45,181,544	-22,200,921	91,696,152	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,267	0	17,232	0	60,116	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	134,742	0	0	742,404	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.00 07950 COMMUNITY SERVICE	1,684	715	243,087	0	422,376	194.00	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
202.00	Cost to be allocated (per Wkst. B, Part I)	3,200,934	5,958,072	26,008,930	5A	22,200,921	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.101477	1.012840	0.572356		0.238922	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			14,235		3,024,797	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000313		0.032552	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FULL TIME EQUIVALENTS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	292,251				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,117	964,826			8.00
9.00	00900	HOUSEKEEPING	740	56,327	284,394		9.00
10.00	01000	DIETARY	2,562	26,431	2,562	65,924	10.00
11.00	01100	CAFETERIA	6,688	0	6,688	0	60,750
13.00	01300	NURSING ADMINISTRATION	200	0	200	0	460
14.00	01400	CENTRAL SERVICES & SUPPLY	8,045	0	8,045	0	870
15.00	01500	PHARMACY	1,804	0	1,804	0	1,401
16.00	01600	MEDICAL RECORDS & LIBRARY	4,567	0	4,567	0	3,067
17.00	01700	SOCIAL SERVICE	104	0	104	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	50,907	477,293	50,907	60,738	16,143
31.00	03100	INTENSIVE CARE UNIT	10,002	37,612	10,002	4,570	1,896
43.00	04300	NURSERY	8,620	6,710	8,620	0	639
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	32,268	46,546	32,268	0	1,936
51.00	05100	RECOVERY ROOM	13,508	16,726	13,508	0	1,408
52.00	05200	LABOR ROOM & DELIVERY ROOM	9,881	11,018	9,881	0	1,050
53.00	05300	ANESTHESIOLOGY	640	0	640	0	0
53.01	05301	PAIN MANAGEMENT	1,560	0	1,560	0	140
54.00	05400	RADIOLOGY - DIAGNOSTIC	16,429	45,998	16,429	0	2,600
54.01	05401	ULTRASOUND	1,930	0	1,930	0	506
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	2,954	0	2,954	0	319
57.00	05700	CT SCAN	1,892	0	1,892	0	959
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,017	0	4,017	0	399
59.00	05900	CARDIAC CATHETERIZATION	3,500	14,956	3,500	210	1,075
60.00	06000	LABORATORY	10,348	325	10,348	0	4,154
65.00	06500	RESPIRATORY THERAPY	5,214	148	5,214	0	1,393
66.00	06600	PHYSICAL THERAPY	984	17,043	984	0	926
67.00	06700	OCCUPATIONAL THERAPY	401	0	401	0	81
68.00	06800	SPEECH PATHOLOGY	120	0	120	0	96
69.00	06900	ELECTROCARDIOLOGY	3,786	13,758	3,786	0	1,653
70.00	07000	ELECTROENCEPHALOGRAPHY	680	4,848	680	3	285
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMP. DEV CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	252	0	252	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	GI LAB	3,519	48,635	3,519	1	1,184
76.00	03020	DIABETIC EDUCATION	558	0	558	0	331
76.01	03950	WOUND CARE	2,220	7,571	2,220	0	666
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	57,972	18,171	57,972	48	6,543
91.00	09100	EMERGENCY	7,937	67,586	7,937	269	4,907
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,135	21,681	3,135	0	3,045
98.00	05950	HOME INFUSION	210	0	210	0	121
101.00	10100	HOME HEALTH AGENCY	2,029	0	2,029	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	289,300	939,383	281,443	65,839	60,253
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	1,267	0	1,267	0	71
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	25,443	0	85	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	COMMUNITY SERVICE	1,684	0	1,684	0	426
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	4,415,136	838,485	2,315,279	940,846	1,366,154
203.00		Unit cost multiplier (Wkst. B, Part I)	15.107343	0.869053	8.141097	14.271676	22.488132

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet B-1

Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FULL TIME EQUIVALENTS)	
		7.00	8.00	9.00	10.00	11.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	452,093	120,458	77,895	120,053	98,361	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.546934	0.124849	0.273898	1.821082	1.619111	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet B-1

Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	641,622					13.00
14.00	01400	0	12,418,519				14.00
15.00	01500	0	0	7,697,648			15.00
16.00	01600	0	0	0	490,444,843		16.00
17.00	01700	0	0	0	0	20,255	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	335,782	7,116	0	32,633,279	18,764	30.00
31.00	03100	39,447	0	0	6,712,020	1,491	31.00
43.00	04300	13,296	0	0	2,608,851	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	40,255	21,296	0	31,742,617	0	50.00
51.00	05100	29,285	0	0	5,267,821	0	51.00
52.00	05200	21,834	0	0	4,283,995	0	52.00
53.00	05300	0	0	0	9,299,614	0	53.00
53.01	05301	2,912	0	0	2,637,599	0	53.01
54.00	05400	0	818	0	17,109,621	0	54.00
54.01	05401	0	3,698	0	9,547,516	0	54.01
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	11,709,747	0	56.00
57.00	05700	0	0	0	46,504,358	0	57.00
58.00	05800	0	0	0	15,456,849	0	58.00
59.00	05900	22,372	0	0	37,766,194	0	59.00
60.00	06000	0	0	0	78,113,690	0	60.00
65.00	06500	0	0	0	4,492,445	0	65.00
66.00	06600	0	0	0	2,746,288	0	66.00
67.00	06700	0	0	0	235,591	0	67.00
68.00	06800	0	0	0	227,908	0	68.00
69.00	06900	34,388	0	0	16,320,177	0	69.00
70.00	07000	0	0	0	3,350,464	0	70.00
71.00	07100	0	12,365,437	0	21,490,110	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	7,697,648	51,989,041	0	73.00
74.00	07400	0	0	0	186,219	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	0	10,225,387	0	75.01
76.00	03020	0	0	0	331,321	0	76.00
76.01	03950	0	0	0	2,850,302	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	9,056	0	15,469,327	0	90.00
91.00	09100	102,051	701	0	42,161,713	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	9,393	0	4,599,126	0	95.00
98.00	09500	0	0	0	738,790	0	98.00
101.00	10100	0	0	0	1,636,863	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
118.00		641,622	12,417,515	7,697,648	490,444,843	20,255	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	1,004	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		793,990	1,176,536	3,137,947	4,177,085	4,461	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet B-1

Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	1.237473	0.094740	0.407650	0.008517	0.220242	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	34,385	271,373	133,612	248,641	1,086	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.053591	0.021852	0.017358	0.000507	0.053616	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet C
Part I
Date/Time Prepared:
9/26/2012 5:48 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		19,872,493	0	19,872,493	30.00	
31.00	03100 INTENSIVE CARE UNIT		3,500,655	0	3,500,655	31.00	
43.00	04300 NURSERY		1,276,235	0	1,276,235	43.00	
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		4,791,674	0	4,791,674	50.00	
51.00	05100 RECOVERY ROOM		2,262,490	0	2,262,490	51.00	
52.00	05200 LABOR ROOM & DELIVERY ROOM		1,953,465	0	1,953,465	52.00	
53.00	05300 ANESTHESIOLOGY		203,862	0	203,862	53.00	
53.01	05301 PAIN MANAGEMENT		239,268	0	239,268	53.01	
54.00	05400 RADIOLOGY - DIAGNOSTIC		4,059,217	0	4,059,217	54.00	
54.01	05401 ULTRASOUND		1,077,356	0	1,077,356	54.01	
55.00	05500 RADIOLOGY - THERAPEUTIC		0	0	0	55.00	
56.00	05600 RADIOISOTOPE		804,557	0	804,557	56.00	
57.00	05700 CT SCAN		2,017,600	0	2,017,600	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,443,039	0	1,443,039	58.00	
59.00	05900 CARDIAC CATHETERIZATION		2,521,448	0	2,521,448	59.00	
60.00	06000 LABORATORY		7,868,379	0	7,868,379	60.00	
65.00	06500 RESPIRATORY THERAPY	0	2,051,857	0	2,051,857	65.00	
66.00	06600 PHYSICAL THERAPY	0	1,230,456	0	1,230,456	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	155,564	0	155,564	67.00	
68.00	06800 SPEECH PATHOLOGY	0	147,307	0	147,307	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,499,836	0	2,499,836	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		372,823	0	372,823	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		16,674,351	0	16,674,351	71.00	
72.00	07200 IMP. DEV CHARGED TO PATIENT		0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		13,117,523	0	13,117,523	73.00	
74.00	07400 RENAL DIALYSIS		93,128	0	93,128	74.00	
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00	
75.01	07501 GI LAB		1,952,040	0	1,952,040	75.01	
76.00	03020 DIABETIC EDUCATION		343,051	0	343,051	76.00	
76.01	03950 WOUND CARE		992,648	0	992,648	76.01	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	09000 CLINIC		8,271,283	0	8,271,283	90.00	
91.00	09100 EMERGENCY		6,371,181	0	6,371,181	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,794,912	0	2,794,912	92.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		2,940,452	0	2,940,452	95.00	
98.00	09500 HOME INFUSION		339,387	0	339,387	98.00	
101.00	10100 HOME HEALTH AGENCY		2,056,590	0	2,056,590	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE					113.00	
200.00	Subtotal (see instructions)		116,296,127	0	116,296,127	200.00	
201.00	Less Observation Beds		2,794,912		2,794,912	201.00	
202.00	Total (see instructions)		113,501,215	0	113,501,215	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet C
Part I
Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
		Hospital			PPS		
		Title XVII I					
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,230,943		28,230,943		30.00
31.00	03100	INTENSIVE CARE UNIT	6,712,020		6,712,020		31.00
43.00	04300	NURSERY	2,608,851		2,608,851		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,882,261	19,860,356	31,742,617	0.150954	50.00
51.00	05100	RECOVERY ROOM	1,085,375	4,182,446	5,267,821	0.429493	51.00
52.00	05200	LABOR ROOM & DELIVERY ROOM	2,733,191	1,550,804	4,283,995	0.455991	52.00
53.00	05300	ANESTHESIOLOGY	4,252,380	5,047,234	9,299,614	0.021922	53.00
53.01	05301	PAIN MANAGEMENT	840	2,636,759	2,637,599	0.090714	53.01
54.00	05400	RADIOLOGY - DIAGNOSTIC	3,342,384	13,767,237	17,109,621	0.237248	54.00
54.01	05401	ULTRASOUND	1,608,274	7,939,242	9,547,516	0.112841	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,556,991	10,152,756	11,709,747	0.068708	56.00
57.00	05700	CT SCAN	12,678,892	33,825,466	46,504,358	0.043385	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,057,969	13,398,880	15,456,849	0.093359	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,018,403	23,747,791	37,766,194	0.066765	59.00
60.00	06000	LABORATORY	26,449,157	51,664,533	78,113,690	0.100730	60.00
65.00	06500	RESPIRATORY THERAPY	3,418,320	1,074,125	4,492,445	0.456735	65.00
66.00	06600	PHYSICAL THERAPY	1,079,110	1,667,178	2,746,288	0.448043	66.00
67.00	06700	OCCUPATIONAL THERAPY	105,057	130,534	235,591	0.660314	67.00
68.00	06800	SPEECH PATHOLOGY	103,240	124,668	227,908	0.646344	68.00
69.00	06900	ELECTROCARDIOLOGY	4,637,938	11,682,239	16,320,177	0.153175	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	171,971	3,178,493	3,350,464	0.111275	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,702,889	10,787,221	21,490,110	0.775908	71.00
72.00	07200	IMP. DEV CHARGED TO PATIENT	0	0	0	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,577,790	30,411,251	51,989,041	0.252313	73.00
74.00	07400	RENAL DIALYSIS	175,446	10,773	186,219	0.500099	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	07501	GI LAB	1,183,690	9,041,697	10,225,387	0.190901	75.01
76.00	03020	DIABETIC EDUCATION	33	331,288	331,321	1.035404	76.00
76.01	03950	WOUND CARE	22,142	2,828,160	2,850,302	0.348261	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	25,925	15,443,402	15,469,327	0.534689	90.00
91.00	09100	EMERGENCY	11,656,074	30,505,639	42,161,713	0.151113	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,140,773	3,261,563	4,402,336	0.634870	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	4,599,126	4,599,126	0.639350	95.00
98.00	05950	HOME INFUSION	0	738,790	738,790	0.459382	98.00
101.00	10100	HOME HEALTH AGENCY	0	1,636,863	1,636,863		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	175,218,329	315,226,514	490,444,843		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	175,218,329	315,226,514	490,444,843		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet C Part I Date/Time Prepared: 9/26/2012 5:48 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.150954		50.00
51.00	05100 RECOVERY ROOM	0.429493		51.00
52.00	05200 LABOR ROOM & DELIVERY ROOM	0.455991		52.00
53.00	05300 ANESTHESIOLOGY	0.021922		53.00
53.01	05301 PAIN MANAGEMENT	0.090714		53.01
54.00	05400 RADIOLOGY - DIAGNOSTIC	0.237248		54.00
54.01	05401 ULTRASOUND	0.112841		54.01
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.068708		56.00
57.00	05700 CT SCAN	0.043385		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.093359		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.066765		59.00
60.00	06000 LABORATORY	0.100730		60.00
65.00	06500 RESPIRATORY THERAPY	0.456735		65.00
66.00	06600 PHYSICAL THERAPY	0.448043		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.660314		67.00
68.00	06800 SPEECH PATHOLOGY	0.646344		68.00
69.00	06900 ELECTROCARDIOLOGY	0.153175		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.111275		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.775908		71.00
72.00	07200 IMP. DEV CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.252313		73.00
74.00	07400 RENAL DIALYSIS	0.500099		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 GI LAB	0.190901		75.01
76.00	03020 DIABETIC EDUCATION	1.035404		76.00
76.01	03950 WOUND CARE	0.348261		76.01
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.534689		90.00
91.00	09100 EMERGENCY	0.151113		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.634870		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.639350		95.00
98.00	05950 HOME INFUSION	0.459382		98.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140043		Period: From 05/01/2011 To 04/30/2012		Worksheet D Part I Date/Time Prepared: 9/26/2012 5:48 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,514,942	0	1,514,942	18,764	80.74 30.00
31.00	03100	INTENSIVE CARE UNIT	233,333		233,333	1,491	156.49 31.00
43.00	04300	NURSERY	151,738		151,738	1,060	143.15 43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0.00 44.00
200.00		Total (lines 30-199)	1,900,013		1,900,013	21,315	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part I Date/Time Prepared: 9/26/2012 5:48 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	9,974	805,301	30.00
31.00	03100 INTENSIVE CARE UNIT	953	149,135	31.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30-199)	10,927	954,436	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part II Date/Time Prepared: 9/26/2012 5:48 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	884,344	31,742,617	0.027860	5,120,176	142,648	50.00
51.00	05100 RECOVERY ROOM	254,846	5,267,821	0.048378	486,270	23,525	51.00
52.00	05200 LABOR ROOM & DELIVERY ROOM	205,632	4,283,995	0.048000	84,273	4,045	52.00
53.00	05300 ANESTHESIOLOGY	52,715	9,299,614	0.005669	1,905,241	10,801	53.00
53.01	05301 PAIN MANAGEMENT	21,789	2,637,599	0.008261	840	7	53.01
54.00	05400 RADIOLOGY - DIAGNOSTIC	572,796	17,109,621	0.033478	2,223,243	74,430	54.00
54.01	05401 ULTRASOUND	131,848	9,547,516	0.013810	937,773	12,951	54.01
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	55,396	11,709,747	0.004731	981,386	4,643	56.00
57.00	05700 CT SCAN	161,459	46,504,358	0.003472	7,576,729	26,306	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	422,191	15,456,849	0.027314	1,197,918	32,720	58.00
59.00	05900 CARDIAC CATHETERIZATION	362,769	37,766,194	0.009606	7,977,162	76,629	59.00
60.00	06000 LABORATORY	534,549	78,113,690	0.006843	16,852,132	115,319	60.00
65.00	06500 RESPIRATORY THERAPY	148,256	4,492,445	0.033001	2,436,574	80,409	65.00
66.00	06600 PHYSICAL THERAPY	49,916	2,746,288	0.018176	827,738	15,045	66.00
67.00	06700 OCCUPATIONAL THERAPY	7,993	235,591	0.033927	74,540	2,529	67.00
68.00	06800 SPEECH PATHOLOGY	5,173	227,908	0.022698	88,025	1,998	68.00
69.00	06900 ELECTROCARDIOLOGY	508,724	16,320,177	0.031171	3,183,981	99,248	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	21,537	3,350,464	0.006428	74,878	481	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	683,629	21,490,110	0.031811	6,319,852	201,041	71.00
72.00	07200 IMP. DEV CHARGED TO PATIENT	0	0	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	410,544	51,989,041	0.007897	12,983,458	102,530	73.00
74.00	07400 RENAL DIALYSIS	4,846	186,219	0.026023	126,198	3,284	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 GI LAB	125,168	10,225,387	0.012241	711,270	8,707	75.01
76.00	03020 DIABETIC EDUCATION	15,076	331,321	0.045503	0	0	76.00
76.01	03950 WOUND CARE	54,434	2,850,302	0.019098	21,940	419	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	850,474	15,469,327	0.054978	25,275	1,390	90.00
91.00	09100 EMERGENCY	326,705	42,161,713	0.007749	6,979,020	54,080	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	213,065	4,402,336	0.048398	668,794	32,368	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
98.00	05950 HOME INFUSION	11,232	738,790	0.015203	0	0	98.00
200.00	Total (Lines 50-199)	7,097,106	446,657,040		79,864,686	1,127,553	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140043		Period: From 05/01/2011 To 04/30/2012		Worksheet D Part III Date/Time Prepared: 9/26/2012 5:48 pm	
Cost Center Description			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	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part III Date/Time Prepared: 9/26/2012 5:48 pm
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	18,764	0.00	9,974	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	1,491	0.00	953	0	0	31.00
43.00 04300 NURSERY	1,060	0.00	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
200.00 Total (lines 30-199)	21,315		10,927	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140043		Period: From 05/01/2011 To 04/30/2012		Worksheet D Part III Date/Time Prepared: 9/26/2012 5:48 pm	
Cost Center Description			PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
			12.00	13.00			
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
43.00	04300	NURSERY	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet D
Part IV
Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	LABOR ROOM & DELIVERY ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	0	0	0	0	53.01
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	07501	GI LAB	0	0	0	0	0	0	75.01
76.00	03020	DIABETIC EDUCATION	0	0	0	0	0	0	76.00
76.01	03950	WOUND CARE	0	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
98.00	05950	HOME INFUSION	0	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part IV Date/Time Prepared: 9/26/2012 5:48 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	31,742,617	0.000000	0.000000	5,120,176	50.00
51.00	05100	RECOVERY ROOM	0	5,267,821	0.000000	0.000000	486,270	51.00
52.00	05200	LABOR ROOM & DELIVERY ROOM	0	4,283,995	0.000000	0.000000	84,273	52.00
53.00	05300	ANESTHESIOLOGY	0	9,299,614	0.000000	0.000000	1,905,241	53.00
53.01	05301	PAIN MANAGEMENT	0	2,637,599	0.000000	0.000000	840	53.01
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	17,109,621	0.000000	0.000000	2,223,243	54.00
54.01	05401	ULTRASOUND	0	9,547,516	0.000000	0.000000	937,773	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	11,709,747	0.000000	0.000000	981,386	56.00
57.00	05700	CT SCAN	0	46,504,358	0.000000	0.000000	7,576,729	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	15,456,849	0.000000	0.000000	1,197,918	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	37,766,194	0.000000	0.000000	7,977,162	59.00
60.00	06000	LABORATORY	0	78,113,690	0.000000	0.000000	16,852,132	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,492,445	0.000000	0.000000	2,436,574	65.00
66.00	06600	PHYSICAL THERAPY	0	2,746,288	0.000000	0.000000	827,738	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	235,591	0.000000	0.000000	74,540	67.00
68.00	06800	SPEECH PATHOLOGY	0	227,908	0.000000	0.000000	88,025	68.00
69.00	06900	ELECTROCARDIOLOGY	0	16,320,177	0.000000	0.000000	3,183,981	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,350,464	0.000000	0.000000	74,878	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,490,110	0.000000	0.000000	6,319,852	71.00
72.00	07200	IMP. DEV CHARGED TO PATIENT	0	0	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	51,989,041	0.000000	0.000000	12,983,458	73.00
74.00	07400	RENAL DIALYSIS	0	186,219	0.000000	0.000000	126,198	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	GI LAB	0	10,225,387	0.000000	0.000000	711,270	75.01
76.00	03020	DIABETIC EDUCATION	0	331,321	0.000000	0.000000	0	76.00
76.01	03950	WOUND CARE	0	2,850,302	0.000000	0.000000	21,940	76.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	15,469,327	0.000000	0.000000	25,275	90.00
91.00	09100	EMERGENCY	0	42,161,713	0.000000	0.000000	6,979,020	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,402,336	0.000000	0.000000	668,794	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
98.00	05950	HOME INFUSION	0	738,790	0.000000	0.000000	0	98.00
200.00		Total (Lines 50-199)	0	446,657,040			79,864,686	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part IV Date/Time Prepared: 9/26/2012 5:48 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
Title VIII		11.00	12.00	13.00	21.00	22.00	
Hospital							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	6,339,002	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	1,358,745	0	0	0	51.00
52.00	05200 LABOR ROOM & DELIVERY ROOM	0	35,494	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,411,225	0	0	0	53.00
53.01	05301 PAIN MANAGEMENT	0	1,024,120	0	0	0	53.01
54.00	05400 RADIOLOGY - DIAGNOSTIC	0	3,617,922	0	0	0	54.00
54.01	05401 ULTRASOUND	0	2,074,527	0	0	0	54.01
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	3,957,905	0	0	0	56.00
57.00	05700 CT SCAN	0	12,355,442	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,603,193	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	11,998,635	0	0	0	59.00
60.00	06000 LABORATORY	0	1,678,335	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	520,614	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,078,916	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	140,766	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,095,532	0	0	0	71.00
72.00	07200 IMP. DEV CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	8,590,333	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	3,078	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 GI LAB	0	3,486,072	0	0	0	75.01
76.00	03020 DIABETIC EDUCATION	0	0	0	0	0	76.00
76.01	03950 WOUND CARE	0	1,820,823	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	4,709,645	0	0	0	90.00
91.00	09100 EMERGENCY	0	7,831,118	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,437,699	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
98.00	05950 HOME INFUSION	0	0	0	0	0	98.00
200.00	Total (Lines 50-199)	0	87,169,141	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet D
Part IV
Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description		PSA Adj .	PSA Adj . All	Hospital	PPS
		Allied Health	Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	LABOR ROOM & DELIVERY ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	0	53.01
54.00	05400	RADIOLOGY - DIAGNOSTIC	0	0	54.00
54.01	05401	ULTRASOUND	0	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMP. DEV CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	GI LAB	0	0	75.01
76.00	03020	DIABETIC EDUCATION	0	0	76.00
76.01	03950	WOUND CARE	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
98.00	05950	HOME INFUSION	0	0	98.00
200.00		Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part V Date/Time Prepared: 9/26/2012 5:48 pm
		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		Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			Reimbursed Services Subject To Ded. & Coins. (see instructions)	Reimbursed Services Subject To Ded. & Coins. (see instructions)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.150954	6,339,002	0	0	50.00
51.00	05100	RECOVERY ROOM	0.429493	1,358,745	0	0	51.00
52.00	05200	LABOR ROOM & DELIVERY ROOM	0.455991	35,494	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.021922	1,411,225	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0.090714	1,024,120	0	0	53.01
54.00	05400	RADIOLOGY - DIAGNOSTIC	0.237248	3,617,922	0	0	54.00
54.01	05401	ULTRASOUND	0.112841	2,074,527	0	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.068708	3,957,905	0	0	56.00
57.00	05700	CT SCAN	0.043385	12,355,442	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.093359	3,603,193	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.066765	11,998,635	0	0	59.00
60.00	06000	LABORATORY	0.100730	1,678,335	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.456735	520,614	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.448043	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.660314	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.646344	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.153175	4,078,916	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.111275	140,766	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.775908	5,095,532	1,200	0	71.00
72.00	07200	IMP. DEV CHARGED TO PATIENT	0.000000	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.252313	8,590,333	0	45,920	73.00
74.00	07400	RENAL DIALYSIS	0.500099	3,078	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	07501	GI LAB	0.190901	3,486,072	0	0	75.01
76.00	03020	DIABETIC EDUCATION	1.035404	0	0	0	76.00
76.01	03950	WOUND CARE	0.348261	1,820,823	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000	CLINIC	0.534689	4,709,645	864	0	90.00
91.00	09100	EMERGENCY	0.151113	7,831,118	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.634870	1,437,699	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.639350		0		95.00
98.00	05950	HOME INFUSION	0.459382	0	0	0	98.00
200.00		Subtotal (see instructions)		87,169,141	2,064	45,920	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		87,169,141	2,064	45,920	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part V Date/Time Prepared: 9/26/2012 5:48 pm
Title XVIII			Hospital	PPS

Cost Center Description	Costs					
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)			
	5.00	6.00	7.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	956,898	0	0	50.00
51.00	05100	RECOVERY ROOM	583,571	0	0	51.00
52.00	05200	LABOR ROOM & DELIVERY ROOM	16,185	0	0	52.00
53.00	05300	ANESTHESIOLOGY	30,937	0	0	53.00
53.01	05301	PAIN MANAGEMENT	92,902	0	0	53.01
54.00	05400	RADIOLOGY - DIAGNOSTIC	858,345	0	0	54.00
54.01	05401	ULTRASOUND	234,092	0	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOLOGICAL CATHETERIZATION	271,940	0	0	56.00
57.00	05700	CT SCAN	536,041	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	336,390	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	801,089	0	0	59.00
60.00	06000	LABORATORY	169,059	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	237,783	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	624,788	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,664	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,953,664	931	0	71.00
72.00	07200	IMP. DEV CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,167,453	0	11,586	73.00
74.00	07400	RENAL DIALYSIS	1,539	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.01	07501	GI LAB	665,495	0	0	75.01
76.00	03020	DIABETIC EDUCATION	0	0	0	76.00
76.01	03950	WOUND CARE	634,122	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	2,518,195	462	0	90.00
91.00	09100	EMERGENCY	1,183,384	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	912,752	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
98.00	05950	HOME INFUSION	0	0	0	98.00
200.00		Subtotal (see instructions)	17,802,288	1,393	11,586	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00		Net Charges (line 200 +/- line 201)	17,802,288	1,393	11,586	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet D-1 Date/Time Prepared: 9/26/2012 5:48 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,764	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,764	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		16,125	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)		9,974	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		19,872,493	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		19,872,493	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		32,373,695	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		32,373,695	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.613847	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)		2,007.67	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		19,872,493	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,059.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,563,264	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		10,563,264	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140043		Period: From 05/01/2011 To 04/30/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 9/26/2012 5:48 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	3,500,655	1,491	2,347.86	953	2,237,511		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)					16,398,070		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					29,198,845		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)					954,436		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,127,553		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,081,989		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					27,116,856		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)					2,639		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,059.08		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,794,912		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140043		Period: From 05/01/2011 To 04/30/2012		Worksheet D-1 Date/Time Prepared: 9/26/2012 5:48 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,514,942	19,872,493	0.076233	2,794,912	213,065	90.00
91.00	Nursing School cost	0	19,872,493	0.000000	2,794,912	0	91.00
92.00	Allied health cost	0	19,872,493	0.000000	2,794,912	0	92.00
93.00	All other Medical Education	0	19,872,493	0.000000	2,794,912	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet D-3 Date/Time Prepared: 9/26/2012 5:48 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		14,700,347		30.00
31.00	03100 INTENSIVE CARE UNIT		3,482,708		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.150954	5,120,176	772,911	50.00
51.00	05100 RECOVERY ROOM	0.429493	486,270	208,850	51.00
52.00	05200 LABOR ROOM & DELIVERY ROOM	0.455991	84,273	38,428	52.00
53.00	05300 ANESTHESIOLOGY	0.021922	1,905,241	41,767	53.00
53.01	05301 PAIN MANAGEMENT	0.090714	840	76	53.01
54.00	05400 RADIOLOGY - DIAGNOSTIC	0.237248	2,223,243	527,460	54.00
54.01	05401 ULTRASOUND	0.112841	937,773	105,819	54.01
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0.068708	981,386	67,429	56.00
57.00	05700 CT SCAN	0.043385	7,576,729	328,716	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.093359	1,197,918	111,836	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.066765	7,977,162	532,595	59.00
60.00	06000 LABORATORY	0.100730	16,852,132	1,697,515	60.00
65.00	06500 RESPIRATORY THERAPY	0.456735	2,436,574	1,112,869	65.00
66.00	06600 PHYSICAL THERAPY	0.448043	827,738	370,862	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.660314	74,540	49,220	67.00
68.00	06800 SPEECH PATHOLOGY	0.646344	88,025	56,894	68.00
69.00	06900 ELECTROCARDIOLOGY	0.153175	3,183,981	487,706	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.111275	74,878	8,332	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.775908	6,319,852	4,903,624	71.00
72.00	07200 IMP. DEV CHARGED TO PATIENT	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.252313	12,983,458	3,275,895	73.00
74.00	07400 RENAL DIALYSIS	0.500099	126,198	63,111	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 GI LAB	0.190901	711,270	135,782	75.01
76.00	03020 DIABETIC EDUCATION	1.035404	0	0	76.00
76.01	03950 WOUND CARE	0.348261	21,940	7,641	76.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.534689	25,275	13,514	90.00
91.00	09100 EMERGENCY	0.151113	6,979,020	1,054,621	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.634870	668,794	424,597	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
98.00	05950 HOME INFUSION	0.459382	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		79,864,686	16,398,070	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)		79,864,686		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet E Part A Date/Time Prepared: 9/26/2012 5:48 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		18,363,637	1.00
2.00	Outlier payments for discharges. (see instructions)		377,360	2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		84.79	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.26	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		16.46	31.00
32.00	Sum of lines 30 and 31		18.72	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.92	33.00
34.00	Disproportionate share adjustment (see instructions)		903,491	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		19,644,488	47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet E Part A Date/Time Prepared: 9/26/2012 5:48 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
			1.00	1.01	
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		22,669,171		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		21,913,000		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,516,232		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		23,429,232		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,429,232		61.00
62.00	Deductibles billed to program beneficiaries		2,339,320		62.00
63.00	Coinurance billed to program beneficiaries		17,546		63.00
64.00	Allowable bad debts (see instructions)		536,370		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		375,459		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		381,862		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		21,447,825		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Enter the time value of money for operating expenses, the capital outlier reconciliation amount and time value of money for capital related expenses by entering the sum of lines 93, 95 and 96. For SCH, if the hospital specific payment amount on line 48, is greater than the federal specific payment amount on line 47, do not complete this line.		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1		0		70.96
70.97	Low Volume Payment-2		0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		21,447,825		71.00
72.00	Interim payments		21,175,470		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)		272,355		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		310,105		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet E Part B Date/Time Prepared: 9/26/2012 5:48 pm
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,979	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,802,288	2.00
3.00	PPS payments		15,555,483	3.00
4.00	Outlier payment (see instructions)		119,500	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.787	5.00
6.00	Line 2 times line 5		14,010,401	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,979	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		47,984	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)		47,984	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		47,984	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		35,005	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)		12,979	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)		15,674,983	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		240	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,576,887	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)		12,110,835	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		12,110,835	30.00
31.00	Primary payer payments		433	31.00
32.00	Subtotal (line 30 minus line 31)		12,110,402	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		551,242	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		385,869	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		393,709	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		12,496,271	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)		12,496,271	40.00
41.00	Interim payments		12,354,737	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)		141,534	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet E Part B Date/Time Prepared: 9/26/2012 5:48 pm
	Title XVIII	Hospital	PPS
			Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00	Override of Ancillary service charges (line 12)		0

112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
9/26/2012 5:48 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		21,081,768		12,433,117	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	02/17/2012	93,702		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	02/17/2012	78,380	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)		93,702		-78,380	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)		21,175,470		12,354,737	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		272,355		141,534	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		21,447,825		12,496,271	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140043
Component CCN: 14U043

Period:
From 05/01/2011
To 04/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
9/26/2012 5:48 pm

Title XVIII Swing Beds - SNF PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet E-1
Part II
Date/Time Prepared:
9/26/2012 5:48 pm

		Title XVIII	Hospital	PPS		
					1.00	
DATA COLLECTION NEEDED FOR THE HIT CALCULATION						
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			5,582	1.00	
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			10,927	2.00	
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			466	3.00	
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			17,616	4.00	
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			490,444,843	5.00	
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			12,361,637	6.00	
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0	7.00	
8.00	Calculation of the HIT incentive payment (see instructions)			1,915,155	8.00	
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH						
30.00	Initial/interim HIT payment(s)			0	30.00	
31.00	Other Adjustment (specify)			0	31.00	
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			1,915,155	32.00	
				Overrides		
				1.00		
CONTRACTOR OVERRIDES						
108.00	Override of HIT payment				108.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet E-2
		Component CCN: 14U043		Date/Time Prepared: 9/26/2012 5:48 pm
		Title XVIII	Swing Beds - SNF	PPS
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	0	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)			3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	0	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	0	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	0	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	0	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	0	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	0	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
17.00	Reimbursable bad debts (see instructions)	0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)	0	0	19.00
20.00	Interim payments	0	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)	0	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2	0	0	23.00

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

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet G

Date/Time Prepared:
9/26/2012 5:48 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	2,946,112	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	59,159,986	0	0	0	4.00
5.00	Other receivable	3,593,929	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-29,822,342	0	0	0	6.00
7.00	Inventory	2,923,124	0	0	0	7.00
8.00	Prepaid expenses	2,107,649	0	0	0	8.00
9.00	Other current assets	141,953	0	0	0	9.00
10.00	Due from other funds	5,152,194	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	46,202,605	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,550,502	0	0	0	12.00
13.00	Land improvements	2,016,761	0	0	0	13.00
14.00	Accumulated depreciation	-1,488,189	0	0	0	14.00
15.00	Buildings	92,712,260	0	0	0	15.00
16.00	Accumulated depreciation	-46,885,762	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	454,770	0	0	0	19.00
20.00	Accumulated depreciation	-291,366	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	49,821,936	0	0	0	23.00
24.00	Accumulated depreciation	-33,378,567	0	0	0	24.00
25.00	Minor equipment depreciable	5,432,620	0	0	0	25.00
26.00	Accumulated depreciation	-4,800,321	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)	66,144,644	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	36,427,488	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	13,874,921	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	50,302,409	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	162,649,658	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,100,974	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,541,608	0	0	0	38.00
39.00	Payroll taxes payable	191,726	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,163,695	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	6,687,945	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,685,948	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	772,058	0	0	0	46.00
47.00	Notes payable	26,244,881	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	27,016,939	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	56,702,887	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	105,946,771				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	105,946,771	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	162,649,658	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet G-1

Date/Time Prepared:
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		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		97,687,931	
2.00	Net income (loss) (From Wkst. G-3, line 29)		8,258,840			2.00
3.00	Total (sum of line 1 and line 2)		105,946,771		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		105,946,771		0	11.00
12.00	FORGIVENESS OF BAD DEBT	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)		105,946,771		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet G-1

Date/Time Prepared:
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	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		0		0		1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)		0		0		3.00
4.00 Additions (credit adjustments) (specify)	0		0			4.00
5.00	0		0			5.00
6.00	0		0			6.00
7.00	0		0			7.00
8.00	0		0			8.00
9.00	0		0			9.00
10.00 Total additions (sum of line 4-9)		0		0		10.00
11.00 Subtotal (line 3 plus line 10)		0		0		11.00
12.00 FORGIVENESS OF BAD DEBT	0		0			12.00
13.00	0		0			13.00
14.00	0		0			14.00
15.00	0		0			15.00
16.00	0		0			16.00
17.00	0		0			17.00
18.00 Total deductions (sum of lines 12-17)		0		0		18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet G-2 Parts

Date/Time Prepared:
9/26/2012 5:48 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	25,994,232		25,994,232	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	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)	25,994,232		25,994,232	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,041,794		5,041,794	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)	5,041,794		5,041,794	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	31,036,026		31,036,026	17.00
18.00	Ancillary services	127,474,125	267,328,873	394,802,998	18.00
19.00	Outpatient services	11,681,999	38,293,372	49,975,371	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		1,636,863	1,636,863	22.00
23.00	AMBULANCE SERVICES	0	4,599,126	4,599,126	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN PROFESSIONAL CHARGES	9,628,305	44,157,670	53,785,975	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	179,820,455	356,015,904	535,836,359	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		147,617,701		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	INTEREST EXPENSE	1,434,647			37.00
38.00	JOINT VENTURE MRI	31,633			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		1,466,280		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		146,151,421		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140043

Period:
From 05/01/2011
To 04/30/2012

Worksheet G-3

Date/Time Prepared:
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	535,836,359	1.00
2.00	Less contractual allowances and discounts on patients' accounts	384,438,893	2.00
3.00	Net patient revenues (line 1 minus line 2)	151,397,466	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	146,151,421	4.00
5.00	Net income from service to patients (line 3 minus line 4)	5,246,045	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	59,235	6.00
7.00	Income from investments	1,198,380	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	545	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	33,519	13.00
14.00	Revenue from meals sold to employees and guests	680,874	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	57,722	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	18,781	20.00
21.00	Rental of vending machines	2,355	21.00
22.00	Rental of hospital space	1,453,678	22.00
23.00	Governmental appropriations	537,500	23.00
24.00	EHR INCENTIVE PAYMENTS	1,963,896	24.00
24.01	DAYCARE REVENUE	620,860	24.01
24.02	GRANT INCOME	23,626	24.02
24.03	JOINT VENTURE MRI INCOME	158,165	24.03
24.04	SHARED SERVICE INCOME	2,973,254	24.04
24.05	MISCELLANEOUS INCOME	230,357	24.05
25.00	Total other income (sum of lines 6-24)	10,012,747	25.00
26.00	Total (line 5 plus line 25)	15,258,792	26.00
27.00	INTEREST EXPENSE	1,434,647	27.00
27.01	LOSS ON ASSET DISPOSAL	102,522	27.01
27.02	DECREASE IN NET EQUITY OF INVESTEEES	5,462,783	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	6,999,952	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	8,258,840	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140043

Period: From 05/01/2011

Worksheet H

HHA CCN: 147562

To 04/30/2012

Date/Time Prepared: 9/26/2012 5:48 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures		0		0	1.00
2.00	Capital Related - Movable Equipment		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	104,308	0	29,426	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	670,540	0	54	0	6.00
7.00	Physical Therapy	141,013	0	41	0	7.00
8.00	Occupational Therapy	114	0	0	12,313	8.00
9.00	Speech Pathology	1,788	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Home Health Aide	18,970	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	936,733	0	29,521	12,313	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140043

Period: From 05/01/2011

Worksheet H

HHA CCN: 147562

To 04/30/2012

Date/Time Prepared: 9/26/2012 5:48 pm

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	Total (sum of col. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00 Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	4.00
5.00 Administrative and General	274,525	-84,180	190,345	0	190,345	5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	670,594	0	670,594	0	670,594	6.00
7.00 Physical Therapy	141,054	0	141,054	0	141,054	7.00
8.00 Occupational Therapy	12,427	0	12,427	0	12,427	8.00
9.00 Speech Pathology	1,788	0	1,788	0	1,788	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Home Health Aide	18,970	0	18,970	0	18,970	11.00
12.00 Supplies (see instructions)	0	0	0	0	0	12.00
13.00 Drugs	0	0	0	0	0	13.00
14.00 DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	23.00
24.00 Total (sum of lines 1-23)	1,119,358	-84,180	1,035,178	0	1,035,178	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet H-1 Part I Date/Time Prepared: 9/26/2012 5:48 pm		
		HHA CCN: 147562	Home Health Agency I		PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	190,345	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	670,594	0	0	0	6.00
7.00	Physical Therapy	141,054	0	0	0	7.00
8.00	Occupational Therapy	12,427	0	0	0	8.00
9.00	Speech Pathology	1,788	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Home Health Aide	18,970	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,035,178	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 140043

Period:

Worksheet H-1

HHA CCN: 147562

From 05/01/2011
To 04/30/2012

Part I
Date/Time Prepared:
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		Subtotal (col s. 0-4)	Administrative & General	Total (col s. 4A + 5)	
		4A.00	5.00	6.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related - Bldg. & Fixtures	0			1.00
2.00	Capital Related - Movable Equipment	0			2.00
3.00	Plant Operation & Maintenance	0			3.00
4.00	Transportation				4.00
5.00	Administrative and General	190,345	190,345		5.00
HHA REIMBURSABLE SERVICES					
6.00	Skilled Nursing Care	670,594	151,088	821,682	6.00
7.00	Physical Therapy	141,054	31,780	172,834	7.00
8.00	Occupational Therapy	12,427	2,800	15,227	8.00
9.00	Speech Pathology	1,788	403	2,191	9.00
10.00	Medical Social Services	0	0	0	10.00
11.00	Home Health Aide	18,970	4,274	23,244	11.00
12.00	Supplies (see instructions)	0	0	0	12.00
13.00	Drugs	0	0	0	13.00
14.00	DME	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES					
15.00	Home Dialysis Aide Services	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	17.00
18.00	Clinic	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	19.00
20.00	Day Care Program	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	21.00
22.00	Homemaker Service	0	0	0	22.00
23.00	All Others (specify)	0	0	0	23.00
24.00	Total (sum of lines 1-23)	844,833		1,035,178	24.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140043	Period:	Worksheet H-1
	HHA CCN: 147562	From 05/01/2011 To 04/30/2012	Part II Date/Time Prepared: 9/26/2012 5:48 pm
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	Capital Related Costs				Transportation (MILEAGE)	Reconciliation	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)				
	1.00	2.00	3.00	4.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-190,345	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-190,345	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140043	Period:	Worksheet H-1
	HHA CCN: 147562	From 05/01/2011 To 04/30/2012	Part II Date/Time Prepared: 9/26/2012 5:48 pm
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		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	844,833	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	670,594	6.00
7.00	Physical Therapy	141,054	7.00
8.00	Occupational Therapy	12,427	8.00
9.00	Speech Pathology	1,788	9.00
10.00	Medical Social Services	0	10.00
11.00	Home Health Aide	18,970	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	844,833	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	190,345	25.00
26.00	Unit Cost Multiplier	0.225305	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140043

Period: From 05/01/2011

Worksheet H-2

HHA CCN: 147562

To 04/30/2012

Part I
Date/Time Prepared:
9/26/2012 5:48 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	4.00	4A	
1.00 Administrative and General	0	16,438	22,896	59,701	99,035	1.00
2.00 Skilled Nursing Care	821,682	0	0	383,788	1,205,470	2.00
3.00 Physical Therapy	172,834	0	0	80,710	253,544	3.00
4.00 Occupational Therapy	15,227	0	0	65	15,292	4.00
5.00 Speech Pathology	2,191	0	0	1,023	3,214	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	23,244	0	0	10,858	34,102	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,035,178	16,438	22,896	536,145	1,610,657	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000	21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140043

Period:

Worksheet H-2

HHA CCN: 147562

From 05/01/2011
To 04/30/2012

Part I
Date/Time Prepared:
9/26/2012 5:48 pm

Home Health
Agency I

PPS

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	23,662	30,653	0	16,518	0	1.00
2.00	Skilled Nursing Care	288,012	0	0	0	0	2.00
3.00	Physical Therapy	60,577	0	0	0	0	3.00
4.00	Occupational Therapy	3,654	0	0	0	0	4.00
5.00	Speech Pathology	768	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	8,148	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	384,821	30,653	0	16,518	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140043

Period:

Worksheet H-2

HHA CCN: 147562

From 05/01/2011
To 04/30/2012

Part I
Date/Time Prepared:
9/26/2012 5:48 pm

Home Health
Agency I

PPS

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	0	13,941	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	13,941	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140043

Period:

Worksheet H-2

HHA CCN: 147562

From 05/01/2011
To 04/30/2012

Part I
Date/Time Prepared:
9/26/2012 5:48 pm

Home Health
Agency I

PPS

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		17.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	183,809	0	183,809		1.00
2.00	Skilled Nursing Care	0	1,493,482	0	1,493,482	146,581	2.00
3.00	Physical Therapy	0	314,121	0	314,121	30,830	3.00
4.00	Occupational Therapy	0	18,946	0	18,946	1,860	4.00
5.00	Speech Pathology	0	3,982	0	3,982	391	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	42,250	0	42,250	4,147	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	2,056,590	0	2,056,590	183,809	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.098148	21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140043

Period: From 05/01/2011

Worksheet H-2

HHA CCN: 147562

To 04/30/2012

Part I
Date/Time Prepared:
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Home Health Agency I

PPS

Cost Center Description		Total HHA Costs	
		28.00	
1.00	Administrative and General		1.00
2.00	Skilled Nursing Care	1,640,063	2.00
3.00	Physical Therapy	344,951	3.00
4.00	Occupational Therapy	20,806	4.00
5.00	Speech Pathology	4,373	5.00
6.00	Medical Social Services	0	6.00
7.00	Home Health Aide	46,397	7.00
8.00	Supplies (see instructions)	0	8.00
9.00	Drugs	0	9.00
10.00	DME	0	10.00
11.00	Home Dialysis Aide Services	0	11.00
12.00	Respiratory Therapy	0	12.00
13.00	Private Duty Nursing	0	13.00
14.00	Clinic	0	14.00
15.00	Health Promotion Activities	0	15.00
16.00	Day Care Program	0	16.00
17.00	Home Delivered Meals Program	0	17.00
18.00	Homemaker Service	0	18.00
19.00	All Others (specify)	0	19.00
20.00	Total (sum of lines 1-19) (2)	2,056,590	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140043
HHA CCN: 147562

Period:
From 05/01/2011
To 04/30/2012

Worksheet H-2
Part II
Date/Time Prepared:
9/26/2012 5:48 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
1.00 Administrative and General	2,029	22,606	104,308	0	99,035	1.00
2.00 Skilled Nursing Care	0	0	670,540	0	1,205,470	2.00
3.00 Physical Therapy	0	0	141,013	0	253,544	3.00
4.00 Occupational Therapy	0	0	114	0	15,292	4.00
5.00 Speech Pathology	0	0	1,788	0	3,214	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	18,970	0	34,102	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	2,029	22,606	936,733		1,610,657	20.00
21.00 Total cost to be allocated	16,438	22,896	536,145		384,821	21.00
22.00 Unit cost multiplier	8.101528	1.012828	0.572356		0.238922	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140043
HHA CCN: 147562

Period:
From 05/01/2011
To 04/30/2012

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FULL TIME EQUIVALENTS)	
	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	2,029	0	2,029	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	2,029	0	2,029	0	0	20.00
21.00 Total cost to be allocated	30,653	0	16,518	0	0	21.00
22.00 Unit cost multiplier	15.107442	0.000000	8.140956	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140043
HHA CCN: 147562

Period:
From 05/01/2011
To 04/30/2012

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
	13.00	14.00	15.00	16.00	17.00	
1.00 Administrative and General	0	0	0	1,636,863	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	1,636,863	0	20.00
21.00 Total cost to be allocated	0	0	0	13,941	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.008517	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet H-3 Parts I-III Date/Time Prepared: 9/26/2012 5:48 pm			
		HHA CCN: 147562	Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits		
	0	1.00	2.00	3.00	4.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	1,640,063	1,640,063	6,772	1.00	
2.00	Physical Therapy	3.00	344,951	0	344,951	1,812	2.00
3.00	Occupational Therapy	4.00	20,806	0	20,806	143	3.00
4.00	Speech Pathology	5.00	4,373	0	4,373	37	4.00
5.00	Medical Social Services	6.00	0	0	0	0	5.00
6.00	Home Health Aide	7.00	46,397	0	46,397	468	6.00
7.00	Total (sum of lines 1-6)		2,056,590	0	2,056,590	9,232	7.00
Program Visits							
Part B							
Not Subject to Deductibles & Coinsurance							
Subject to Deductibles							
	0	1.00	2.00	3.00	4.00		
Limitation Cost Computation							
8.00	Skilled Nursing Care		99914	2,442	2,279	8.00	
9.00	Physical Therapy		99914	812	227	9.00	
10.00	Occupational Therapy		99914	60	57	10.00	
11.00	Speech Pathology		99914	29	5	11.00	
12.00	Medical Social Services		99914	0	0	12.00	
13.00	Home Health Aide		99914	194	222	13.00	
14.00	Total (sum of lines 8-13)			3,537	2,790	14.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	5,425	5,425	0	15.00
16.00	Cost of Drugs	9.00	0	42	42	168	16.00
Cost Center Description							
	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)		
	0	1.00	2.00	3.00	4.00		
Cost Center Description							
	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)			
	0	1.00	2.00	3.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.448043	0	0	1.00	
2.00	Occupational Therapy	67.00	0.660314	0	0	2.00	
3.00	Speech Pathology	68.00	0.646344	0	0	3.00	
4.00	Cost of Medical Supplies	71.00	0.775908	6,992	5,425	4.00	
5.00	Cost of Drugs	73.00	0.252313	168	42	5.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140043

Period: From 05/01/2011

Worksheet H-3

HHA CCN: 147562

To 04/30/2012

Parts I-III
Date/Time Prepared:
9/26/2012 5:48 pm

Title XVIII

Home Health Agency I

PPS

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	242.18	2,442	2,279		1.00
2.00	Physical Therapy	190.37	812	227		2.00
3.00	Occupational Therapy	145.50	60	57		3.00
4.00	Speech Pathology	118.19	29	5		4.00
5.00	Medical Social Services	0.00	0	0		5.00
6.00	Home Health Aide	99.14	194	222		6.00
7.00	Total (sum of lines 1-6)		3,537	2,790		7.00
Cost Center Description						
		5.00	6.00	7.00	8.00	9.00
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0.000000				15.00
16.00	Cost of Drugs	0.250000		168	0	16.00
Cost Center Description						
			Transfer to Part I as Indicated			
			4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	col. 2, line 2.00				1.00
2.00	Occupational Therapy	col. 2, line 3.00				2.00
3.00	Speech Pathology	col. 2, line 4.00				3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00				4.00
5.00	Cost of Drugs	col. 2, line 16.00				5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140043
HHA CCN: 147562

Period:
From 05/01/2011
To 04/30/2012

Worksheet H-3
Parts I-III
Date/Time Prepared:
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Title XVIII

Home Health Agency I

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)	
	Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION					
Cost Per Visit Computation					
1.00	Skilled Nursing Care	591,404	551,928	1,143,332	1.00
2.00	Physical Therapy	154,580	43,214	197,794	2.00
3.00	Occupational Therapy	8,730	8,294	17,024	3.00
4.00	Speech Pathology	3,428	591	4,019	4.00
5.00	Medical Social Services	0	0	0	5.00
6.00	Home Health Aide	19,233	22,009	41,242	6.00
7.00	Total (sum of lines 1-6)	777,375	626,036	1,403,411	7.00
Cost Center Description					
		10.00	11.00	12.00	
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
9.00	Physical Therapy				9.00
10.00	Occupational Therapy				10.00
11.00	Speech Pathology				11.00
12.00	Medical Social Services				12.00
13.00	Home Health Aide				13.00
14.00	Total (sum of lines 8-13)				14.00
Cost of Services					
Cost Center Description	Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	9.00	10.00	11.00		
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies				15.00
16.00	Cost of Drugs		42	0	16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140043 HHA CCN: 147562	Period: From 05/01/2011 To 04/30/2012	Worksheet H-4 Part I-II Date/Time Prepared: 9/26/2012 5:48 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	42	0 1.00
2.00	Total charges	0	168	0 2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0 3.00
4.00	Amount 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(b)	0	0	0 4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000 5.00
6.00	Total customary charges (see instructions)	0	168	0 6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	126	0 7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0 8.00
9.00	Primary payer amounts	0	0	0 9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	42 10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		591,300	403,933 11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		2,022	6,442 12.00
13.00	Total PPS Reimbursement - LUPA Episodes		6,344	13,293 13.00
14.00	Total PPS Reimbursement - PEP Episodes		8,632	7,159 14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		532	2,721 15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0 16.00
17.00	Total Other Payments		0	0 17.00
18.00	DME Payments		0	0 18.00
19.00	Oxygen Payments		0	0 19.00
20.00	Prosthetic and Orthotic Payments		0	0 20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0 21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		608,830	433,590 22.00
23.00	Excess reasonable cost (from line 8)		0	0 23.00
24.00	Subtotal (line 22 minus line 23)		608,830	433,590 24.00
25.00	Coinsurance billed to program patients (from your records)			0 25.00
26.00	Net cost (line 24 minus line 25)		608,830	433,590 26.00
27.00	Reimbursable bad debts (from your records)		0	0 27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0 28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		608,830	433,590 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0 30.00
31.00	Subtotal (line 29 plus/minus line 30)		608,830	433,590 31.00
32.00	Interim payments (see instructions)		608,830	433,682 32.00
33.00	Tentative settlement (for contractor use only)		0	0 33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	-92 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0 35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 140043
HHA CCN: 147562

Period:
From 05/01/2011
To 04/30/2012

Worksheet H-5
Date/Time Prepared:
9/26/2012 5:48 pm
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		608,830		433,682	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			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		608,830		433,682	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		92	6.02
7.00	Total Medicare program liability (see instructions)		608,830		433,590	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140043	Period: From 05/01/2011 To 04/30/2012	Worksheet L Parts I-III Date/Time Prepared: 9/26/2012 5:48 pm
		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,475,288	1.00
2.00	Capital DRG outlier payments		40,944	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		48.13	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,516,232	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00