

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: 140286	Period: From 05/01/2011 To 04/30/2012 Worksheet S Parts I-III Date/Time Prepared: 9/26/2012 5:39 pm

PART I - COST REPORT STATUS		
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 9/26/2012 Time: 5:39 pm
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 KISHWAUKEE COMMUNITY HOSPITAL 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	292,668	39,375	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	292,668	39,375	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140286		Period: From 05/01/2011 To 04/30/2012		Worksheet S-2 Part I Date/Time Prepared: 9/26/2012 5:38 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: ONE KISH HOSPITAL DRIVE		PO Box:						1.00		
2.00	City: DEKALB		State: IL		Zip Code: 60115-		County: DEKALB		2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
		V		XVIII	XIX						
3.00	Hospital and Hospital-Based Component Identification:										
	Hospital	KISHWAUKEE COMMUNITY HOSPITAL		140286	16974	1	12/21/1975	N	P	O	3.00
4.00	Subprovider - IPF										
5.00	Subprovider - IRF										
6.00	Subprovider - (Other)										
7.00	Swing Beds - SNF	SWING BEDS-SNF		14U286	16974		02/08/1993	N	P	N	7.00
8.00	Swing Beds - NF										
9.00	Hospital-Based SNF										
10.00	Hospital-Based NF										
11.00	Hospital-Based OLTC										
12.00	Hospital-Based HHA										
13.00	Separately Certified ASC										
14.00	Hospital-Based Hospice										
15.00	Hospital-Based Health Clinic - RHC										
16.00	Hospital-Based Health Clinic - FQHC										
17.00	Hospital-Based (CMHC) 1										
17.10	Hospital-Based (CORF) 1										
18.00	Renal Dialysis										
19.00	Other										
							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)						2		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 days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,474	907	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.							1		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.							1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0		35.00	
							Beginning:	Ending:			
							1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.							0		37.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet S-2 Part I Date/Time Prepared: 9/26/2012 5:38 pm		
		Beginning:	Ending:			
		1.00	2.00			
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	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		
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.						
64.00	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: 140286

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

Worksheet S-2
Part I
Date/Time Prepared:
9/26/2012 5:38 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet S-2 Part I Date/Time Prepared: 9/26/2012 5:38 pm	
		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 ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	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			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		Speech	
		Occupational		Respiratory	
		1.00		2.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00		2.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00

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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.	276,022	0	863,641	118.01
		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.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	14H134	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: KISHWAUKEE HEALTH SYSTEM	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 131	141.00
142.00	Street: ONE KISH HOSPITAL DRIVE	PO Box:			142.00
143.00	City: DEKALB	State: IL	Zip Code:	60115	143.00
				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				

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140286		Period: From 05/01/2011 To 04/30/2012		Worksheet S-2 Part I Date/Time Prepared: 9/26/2012 5:38 pm		
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
159.00	SNF	N	N	N	N		159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00	
161.00	CMHC		N	N	N		161.00	
161.10	CORF		N	N	N		161.10	
						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.					N	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet S-2 Part II Date/Time Prepared: 9/26/2012 5:38 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)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		Y		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	09/18/2012	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

		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		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		Y		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		Y		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
				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.				41.00
42.00	Enter the employer/company name of the cost report preparer.	KISHHEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-756-1521 EXT 153322	LFOELSKE@KISHHEALTH.ORG		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)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/18/2012	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.	REIMBURSEMENT SPECIALIST		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: 140286

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

Worksheet S-3
Part I
Date/Time Prepared:
9/26/2012 5:38 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	82	30,012	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)		82	30,012	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,392	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)		94	34,404	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
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)		94				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140286

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

Worksheet S-3
Part I
Date/Time Prepared:
9/26/2012 5:38 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	10,244	2,076	17,403		1.00
2.00 HMO		141	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	10,244	2,076	17,403		7.00
8.00 INTENSIVE CARE UNIT	0	1,551	21	2,780		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		1,156	1,520		13.00
14.00 Total (see instructions)	0	11,795	3,253	21,703		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
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		303	2,165		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			128	274		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140286

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

Worksheet S-3
Part I
Date/Time Prepared:
9/26/2012 5:38 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	2,688	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	725.69	0.00	0	2,688	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
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	725.69	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140286

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

Worksheet S-3
Part I
Date/Time Prepared:
9/26/2012 5:38 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)	798	5,787		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)	798	5,787		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140286

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

Worksheet S-3
Part II
Date/Time Prepared:
9/26/2012 5:38 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	41,748,901	121,058	41,869,959	1,517,145.00 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00 4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		0	0	0	0.00 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)		641,616	0	641,616	24,389.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		820,745	0	820,745	12,894.00 11.00
12.00	Contract management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		747,011	0	747,011	8,444.00 13.00
14.00	Home office salaries & wage-related costs		8,266,291	0	8,266,291	130,355.00 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		14,346,888	0	14,346,888	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	18.00
19.00	Excluded areas		222,388	0	222,388	19.00
20.00	Non-physician anesthetist Part A		0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	21.00
22.00	Physician Part A - Administrative		0	0	0	22.00
22.01	Physician Part A - Teaching		0	0	0	22.01
23.00	Physician Part B		0	0	0	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	0	121,058	121,058	0.00 26.00
27.00	Administrative & General	5.00	6,644,252	-290,174	6,354,078	311,536.00 27.00
28.00	Administrative & General under contract (see inst.)		674,667	0	674,667	5,039.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	0	0	0	0.00 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00 31.00
32.00	Housekeeping	9.00	716,686	0	716,686	55,548.00 32.00
33.00	Housekeeping under contract (see instructions)		18,276	0	18,276	1,292.00 33.00
34.00	Dietary	10.00	921,660	-640,779	280,881	22,938.00 34.00
35.00	Dietary under contract (see instructions)		340,717	0	340,717	7,023.00 35.00
36.00	Cafeteria	11.00	0	640,779	640,779	52,330.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	1,204,156	0	1,204,156	43,889.00 38.00
39.00	Central Services and Supply	14.00	217,243	0	217,243	11,816.00 39.00
40.00	Pharmacy	15.00	1,736,221	0	1,736,221	43,544.00 40.00
41.00	Medical Records & Medical Records Library	16.00	1,357,927	0	1,357,927	48,621.00 41.00
42.00	Social Service	17.00	394,867	0	394,867	8,505.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140286

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

Worksheet S-3
Part II
Date/Time Prepared:
9/26/2012 5:38 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	27.60	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A - Administrative	0.00	4.00
4.01	Physicians - Part A - Teaching	0.00	4.01
5.00	Physician-Part B	0.00	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)	26.31	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	63.65	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	88.47	13.00
14.00	Home office salaries & wage-related costs	63.41	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	0.00	26.00
27.00	Administrative & General	20.40	27.00
28.00	Administrative & General under contract (see inst.)	133.89	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	0.00	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	12.90	32.00
33.00	Housekeeping under contract (see instructions)	14.15	33.00
34.00	Dietary	12.25	34.00
35.00	Dietary under contract (see instructions)	48.51	35.00
36.00	Cafeteria	12.24	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	27.44	38.00
39.00	Central Services and Supply	18.39	39.00
40.00	Pharmacy	39.87	40.00
41.00	Medical Records & Medical Records Library	27.93	41.00
42.00	Social Service	46.43	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140286

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

Worksheet S-3
Part III
Date/Time Prepared:
9/26/2012 5:38 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)	42,782,561	121,058	42,903,619	1,530,499.00	1.00
2.00	Excluded area salaries (see instructions)	641,616	0	641,616	24,389.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	42,140,945	121,058	42,262,003	1,506,110.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,834,047	0	9,834,047	151,693.00	4.00
5.00	Subtotal wage-related costs (see inst.)	14,346,888	0	14,346,888	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	66,321,880	121,058	66,442,938	1,657,803.00	6.00
7.00	Total overhead cost (see instructions)	14,226,672	-169,116	14,057,556	612,081.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140286

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

Worksheet S-3
Part III
Date/Time Prepared:
9/26/2012 5:38 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	28.03	1.00
2.00	Excluded area salaries (see instructions)	26.31	2.00
3.00	Subtotal salaries (line 1 minus line 2)	28.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	64.83	4.00
5.00	Subtotal wage-related costs (see inst.)	33.95	5.00
6.00	Total (sum of lines 3 thru 5)	40.08	6.00
7.00	Total overhead cost (see instructions)	22.97	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 9/26/2012 5:38 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	2,300,974	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost (see instructions)	0	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)	5,774,642	8.00
9.00	Prescription Drug Plan	1,448,173	9.00
10.00	Dental, Hearing and Vision Plan	491,815	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	52,099	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)	357,987	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	789,755	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	3,076,865	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	96,260	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	180,706	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	14,569,276	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: 140286

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

Worksheet S-3
Part V
Date/Time Prepared:
9/26/2012 5:38 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	820,745	0	1.00
2.00	Hospital	820,745	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140286

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

Worksheet S-7

Date/Time Prepared:
9/26/2012 5:38 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	Y		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.			2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	0	0	0	12.00
13.00		RUB	0	0	0	13.00
14.00		RUA	0	0	0	14.00
15.00		RVC	0	0	0	15.00
16.00		RVB	0	0	0	16.00
17.00		RVA	0	0	0	17.00
18.00		RHC	0	0	0	18.00
19.00		RHB	0	0	0	19.00
20.00		RHA	0	0	0	20.00
21.00		RMC	0	0	0	21.00
22.00		RMB	0	0	0	22.00
23.00		RMA	0	0	0	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	0	0	0	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	0	0	0	32.00
33.00		HC2	0	0	0	33.00
34.00		HC1	0	0	0	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	0	0	0	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	0	0	0	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	0	0	0	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	0	0	0	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	0	0	0	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	0	0	0	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	0	0	0	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140286

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

Worksheet S-7

Date/Time Prepared:
9/26/2012 5:38 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		16974	16974	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet S-10 Date/Time Prepared: 9/26/2012 5:38 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)		0.329320		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,687,776		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		46,970,055		6.00
7.00	Medicaid cost (line 1 times line 6)		15,468,179		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)		12,780,403		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 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		38,686		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)		12,780,403		19.00
				1.00	
				1.00	
				2.00	
				3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	7,932,873	1,272,304	9,205,177	20.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,612,454	418,995	3,031,449	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			13,210,868	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			298,502	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			12,912,366	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			4,252,300	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			7,283,749	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			20,064,152	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140286

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

Worksheet A
Date/Time Prepared:
9/26/2012 5:38 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		11,478,216	11,478,216	-1,361,969	10,116,247	1.00
2.00	00200		0	0	5,074,131	5,074,131	2.00
4.00	00400		14,470,471	14,470,471	181,112	14,651,583	4.00
5.00	00500	6,644,252	27,887,319	34,531,571	-187,482	34,344,089	5.00
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	461,166	461,166	0	461,166	8.00
9.00	00900	716,686	492,714	1,209,400	0	1,209,400	9.00
10.00	01000	921,660	1,074,738	1,996,398	-1,386,659	609,739	10.00
11.00	01100	0	0	0	1,386,659	1,386,659	11.00
12.00	01200	0	0	0	0	0	12.00
12.01	01201	0	243,261	243,261	0	243,261	12.01
13.00	01300	1,204,156	103,748	1,307,904	60,838	1,368,742	13.00
14.00	01400	217,243	1,192,443	1,409,686	-221,301	1,188,385	14.00
15.00	01500	1,736,221	3,306,041	5,042,262	-2,779,663	2,262,599	15.00
16.00	01600	1,357,927	482,934	1,840,861	0	1,840,861	16.00
17.00	01700	394,867	2,469	397,336	0	397,336	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,933,550	1,372,791	9,306,341	-1,643,377	7,662,964	30.00
31.00	03100	2,422,467	259,950	2,682,417	-22,130	2,660,287	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	600,516	600,516	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,357,161	6,599,784	7,956,945	-1,319,171	6,637,774	50.00
50.01	05001	809,371	102,581	911,952	108,352	1,020,304	50.01
50.02	05002	387,770	232,108	619,878	122,549	742,427	50.02
51.00	05100	455,697	35,959	491,656	0	491,656	51.00
52.00	05200	0	0	0	1,064,991	1,064,991	52.00
53.00	05300	0	355,179	355,179	0	355,179	53.00
54.00	05400	3,296,752	5,212,344	8,509,096	-1,379,056	7,130,040	54.00
55.00	05500	1,265,732	11,154,907	12,420,639	-251,485	12,169,154	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	2,226,956	3,948,092	6,175,048	0	6,175,048	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,355,644	163,215	1,518,859	0	1,518,859	65.00
66.00	06600	1,672,294	954,432	2,626,726	0	2,626,726	66.00
67.00	06700	256,500	7,324	263,824	0	263,824	67.00
68.00	06800	0	161,481	161,481	0	161,481	68.00
69.00	06900	449,015	127,369	576,384	0	576,384	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	211,158	211,158	71.00
72.00	07200	0	0	0	2,774,481	2,774,481	72.00
73.00	07300	0	0	0	2,779,663	2,779,663	73.00
76.00	03950	113	339,193	339,306	87,218	426,524	76.00
76.97	07697	449,278	38,007	487,285	265,028	752,313	76.97
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	238,367	13,619	251,986	0	251,986	90.00
91.00	09100	2,926,926	4,790,596	7,717,522	25,045	7,742,567	91.00
92.00	09200						92.00
93.00	04950	410,680	394,886	805,566	0	805,566	93.00
93.01	04951	0	206,948	206,948	0	206,948	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300		3,712,162	3,712,162	-3,712,162	0	113.00
118.00		41,107,285	101,378,447	142,485,732	477,286	142,963,018	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	88,016	147,449	235,465	0	235,465	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	520,612	112,112	632,724	12,392	645,116	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140286		Period: From 05/01/2011 To 04/30/2012	Worksheet A Date/Time Prepared: 9/26/2012 5:38 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)
		1.00	2.00	3.00	4.00	5.00
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	32,988	1,815,680	1,848,668	-489,678	1,358,990
200.00	TOTAL (SUM OF LINES 118-199)	41,748,901	103,453,688	145,202,589	0	145,202,589
						194.02
						200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140286

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

Worksheet A
Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	255,070	10,371,317	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	352,136	5,426,267	2.00
4.00	00400	EMPLOYEE BENEFITS	0	14,651,583	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-7,114,308	27,229,781	5.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	461,166	8.00
9.00	00900	HOUSEKEEPING	-22,219	1,187,181	9.00
10.00	01000	DIETARY	-9,001	600,738	10.00
11.00	01100	CAFETERIA	-631,693	754,966	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
12.01	01201	MAINTENANCE OF PLANT	-5,880	237,381	12.01
13.00	01300	NURSING ADMINISTRATION	0	1,368,742	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,188,385	14.00
15.00	01500	PHARMACY	-326	2,262,273	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-8,419	1,832,442	16.00
17.00	01700	SOCIAL SERVICE	0	397,336	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,184	7,661,780	30.00
31.00	03100	INTENSIVE CARE UNIT	-7,286	2,653,001	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	600,516	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-59,650	6,578,124	50.00
50.01	05001	AMBULATORY SERVICES	0	1,020,304	50.01
50.02	05002	ENDOSCOPY	0	742,427	50.02
51.00	05100	RECOVERY ROOM	0	491,656	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-25,391	1,039,600	52.00
53.00	05300	ANESTHESIOLOGY	0	355,179	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-373,865	6,756,175	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-2,139,269	10,029,885	55.00
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	-94,328	6,080,720	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-7,286	1,511,573	65.00
66.00	06600	PHYSICAL THERAPY	-95,572	2,531,154	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	263,824	67.00
68.00	06800	SPEECH PATHOLOGY	0	161,481	68.00
69.00	06900	ELECTROCARDIOLOGY	-36,380	540,004	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-211,158	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,774,481	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,779,663	73.00
76.00	03950	SLEEP LAB	-3,017	423,507	76.00
76.97	07697	CARDIAC REHABILITATION	-105,863	646,450	76.97
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	251,986	90.00
91.00	09100	EMERGENCY	-4,566,811	3,175,756	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	-283,837	521,729	93.00
93.01	04951	OUTSIDE SERVICES	0	206,948	93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-15,195,537	127,767,481	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	235,465	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	194.00
194.01	07951	COMMUNITY WELLNESS	0	645,116	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	-55,356	1,303,634	194.02
200.00		TOTAL (SUM OF LINES 118-199)	-15,250,893	129,951,696	200.00

RECLASSIFICATIONS

Provider CCN: 140286

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - CAFETERIA						
1.00	CAFETERIA	11.00	640,779	745,880	1.00	
	TOTALS		640,779	745,880		
B - SCHEDULING COSTS						
1.00	OPERATING ROOM	50.00	63,578	1,498	1.00	
2.00	AMBULATORY SERVICES	50.01	105,857	2,495	2.00	
3.00	ENDOSCOPY	50.02	120,739	2,845	3.00	
	TOTALS		290,174	6,838		
C - NURSERY DELIVERY AND LABOR						
1.00	NURSERY	43.00	537,811	62,705	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	612,688	452,303	2.00	
	TOTALS		1,150,499	515,008		
D - MEDICAL SUPPLY						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	211,158	1.00	
	TOTALS		0	211,158		
E - INTEREST						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	3,712,162	1.00	
	TOTALS		0	3,712,162		
F - DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,074,131	1.00	
	TOTALS		0	5,074,131		
G - DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,779,663	1.00	
	TOTALS		0	2,779,663		
H - ROUTINE OBSERVATION						
1.00	ADULTS & PEDIATRICS	30.00	19,985	2,145	1.00	
	TOTALS		19,985	2,145		
I - CLASSIFICATION OF ONCOLOGY COSTS						
1.00	EMPLOYEE BENEFITS	4.00	0	181,112	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	70,373	2.00	
	TOTALS		0	251,485		
J - PROFESSIONAL BUILDING COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,295	1.00	
2.00	COMMUNITY WELLNESS	194.01	0	12,392	2.00	
	TOTALS		0	14,687		
K - MOB COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	19,846	1.00	
2.00	NURSING ADMINISTRATION	13.00	0	60,838	2.00	
3.00	CARDIAC REHABILITATION	76.97	0	265,028	3.00	
4.00	SLEEP LAB	76.00	0	87,218	4.00	
	TOTALS		0	432,930		
L - KISH HEALTHCARE BUILDING COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	17,016	1.00	
2.00	EMERGENCY	91.00	0	25,045	2.00	
	TOTALS		0	42,061		
M - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,774,481	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	
	TOTALS		0	2,774,481		
N - PTO ACCRUAL SALARIES						
1.00	EMPLOYEE BENEFITS	4.00	121,058	0	1.00	
	TOTALS		121,058	0		
500.00	Grand Total: Increases		2,222,495	16,562,629	500.00	

RECLASSIFICATIONS

Provider CCN: 140286

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

Worksheet A-6
Date/Time Prepared:
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		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CAFETERIA							
1.00	DIETARY	10.00	640,779	745,880	0	1.00	
	TOTALS		640,779	745,880			
B - SCHEDULING COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	290,174	6,838	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
	TOTALS		290,174	6,838			
C - NURSERY DELIVERY AND LABOR							
1.00	ADULTS & PEDIATRICS	30.00	537,811	62,705	0	1.00	
2.00	ADULTS & PEDIATRICS	30.00	612,688	452,303	0	2.00	
	TOTALS		1,150,499	515,008			
D - MEDICAL SUPPLY							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	211,158	0	1.00	
	TOTALS		0	211,158			
E - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	3,712,162	11	1.00	
	TOTALS		0	3,712,162			
F - DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,074,131	9	1.00	
	TOTALS		0	5,074,131			
G - DRUGS							
1.00	PHARMACY	15.00	0	2,779,663	0	1.00	
	TOTALS		0	2,779,663			
H - ROUTINE OBSERVATION							
1.00	INTENSIVE CARE UNIT	31.00	19,985	2,145	0	1.00	
	TOTALS		19,985	2,145			
I - CLASSIFICATION OF ONCOLOGY COSTS							
1.00	RADIOLOGY-THERAPEUTIC	55.00	0	181,112	0	1.00	
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	70,373	0	2.00	
	TOTALS		0	251,485			
J - PROFESSIONAL BUILDING COSTS							
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	2,295	0	1.00	
2.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	12,392	0	2.00	
	TOTALS		0	14,687			
K - MOB COSTS							
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	19,846	0	1.00	
2.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	60,838	0	2.00	
3.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	265,028	0	3.00	
4.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	87,218	0	4.00	
	TOTALS		0	432,930			
L - KISH HEALTHCARE BUILDING COSTS							
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	17,016	0	1.00	
2.00	OTHER NONREIMBURSABLE COST CENTERS	194.02	0	25,045	0	2.00	
	TOTALS		0	42,061			
M - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	1,384,247	0	1.00	
2.00	ENDOSCOPY	50.02	0	1,035	0	2.00	
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,379,056	0	3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	10,143	0	4.00	
	TOTALS		0	2,774,481			
N - PTO ACCRUAL SALARIES							
1.00	EMPLOYEE BENEFITS	4.00	0	121,058	0	1.00	
	TOTALS		0	121,058			
500.00	Grand Total: Decreases		2,101,437	16,683,687		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140286

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
9/26/2012 5:38 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	4,000,547	1,144,404	0	1,144,404	0 1.00
2.00	Land Improvements	9,753,269	2,471,688	0	2,471,688	0 2.00
3.00	Buildings and Fixtures	90,383,140	3,823,818	0	3,823,818	0 3.00
4.00	Building Improvements	554,682	10,680	0	10,680	0 4.00
5.00	Fixed Equipment	656,750	2,936	0	2,936	0 5.00
6.00	Movable Equipment	42,833,473	6,615,638	0	6,615,638	210,382 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	148,181,861	14,069,164	0	14,069,164	210,382 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	148,181,861	14,069,164	0	14,069,164	210,382 10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	11,478,216	0	0	0	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0 2.00
3.00	Total (sum of lines 1-2)	11,478,216	0	0	0	0 3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	95,432,006	0	95,432,006	0.659650	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	49,238,729	0	49,238,729	0.340350	0 2.00
3.00	Total (sum of lines 1-2)	144,670,735	0	144,670,735	1.000000	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140286

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	5,144,951	0		1.00		
2.00	Land Improvements	12,224,957	0		2.00		
3.00	Buildings and Fixtures	94,206,958	0		3.00		
4.00	Building Improvements	565,362	0		4.00		
5.00	Fixed Equipment	659,686	0		5.00		
6.00	Movable Equipment	49,238,729	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	162,040,643	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	162,040,643	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	11,478,216		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	11,478,216		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,659,155	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,426,267	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	12,085,422	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140286

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,712,162	0	0	0	10,371,317	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,426,267	2.00
3.00	Total (sum of lines 1-2)	3,712,162	0	0	0	15,797,584	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140286

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

Worksheet A-8

Date/Time Prepared:
9/26/2012 5:38 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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0	0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-211,158	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0	0		0.00 7.00
8.00 Television and radio service (chapter 21)		0	0		0.00 8.00
9.00 Parking lot (chapter 21)		0	0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-7,416,468	0		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-304,308	0		12.00
13.00 Laundry and linen service		0	0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-631,693	0	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0	0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00 16.00
17.00 Sale of drugs to other than patients		0	0		0.00 17.00
18.00 Sale of medical records and abstracts	B	-7,296	0	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00 19.00
20.00 Vending machines		0	0		0.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	0	NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist		0	0	*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant		0	0		0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	SPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00 32.00
33.00 PHYSICIAN RECRUITMENT & AMORTIZATION	A	-1,994,690	0	ADMINISTRATIVE & GENERAL	5.00 33.00
33.02 TALBOT PROPERTIES	A	-15,348	0	NEW CAP REL COSTS-BLDG & FIXT	1.00 33.02
33.05 IHA DUES	A	-19,662	0	ADMINISTRATIVE & GENERAL	5.00 33.05
33.08 AHA DUES	A	-4,921	0	ADMINISTRATIVE & GENERAL	5.00 33.08
33.10 RTE 23 BLDG DEPRECIATION	A	-39,468	0	NEW CAP REL COSTS-BLDG & FIXT	1.00 33.10
33.12 ACCL DEPRECIATION ADJ	A	-1,336	0	NEW CAP REL COSTS-BLDG & FIXT	1.00 33.12
33.13 ACCL DEPRECIATION ADJ	A	-29,117	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00 33.13
33.14 MEDICAL BLDG DEPRECIATION	A	-71,110	0	NEW CAP REL COSTS-BLDG & FIXT	1.00 33.14
33.15 PHYSICIAN BILLING	A	-39,628	0	ADMINISTRATIVE & GENERAL	5.00 33.15
33.16 PROPERTY TAX	A	-11,449	0	ADMINISTRATIVE & GENERAL	5.00 33.16
33.17 PROPERTY TAX	A	-26,954	0	RADIOLOGY-THERAPEUTIC	55.00 33.17
33.18 COMMUNITY RELATIONS	A	-837,800	0	ADMINISTRATIVE & GENERAL	5.00 33.18
33.20 ER MD MALPRACTICE	A	-276,022	0	ADMINISTRATIVE & GENERAL	5.00 33.20
33.21 CONTRIBUTIONS	A	-402,966	0	ADMINISTRATIVE & GENERAL	5.00 33.21
33.22 CONTRIBUTIONS	A	-1,908	0	DIETARY	10.00 33.22

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
33.23 CONTRIBUTIONS	A	-2,599	PHYSICAL THERAPY	66.00 33.23
33.26 CONTRIBUTIONS	A	-47	SLEEP LAB	76.00 33.26
33.27 CONTRIBUTIONS	A	-7,481	EMERGENCY	91.00 33.27
33.28 MISC INCOME	B	-17,978	ADMINISTRATIVE & GENERAL	5.00 33.28
33.30 MISC INCOME	B	-11,605	ADMINISTRATIVE & GENERAL	5.00 33.30
33.31 HOUSEKEEPING REVENUE	B	-22,219	HOUSEKEEPING	9.00 33.31
33.32 MISC INCOME DIETARY	B	-7,093	DIETARY	10.00 33.32
33.33 MISC INCOME	B	-5,880	MAINTENANCE OF PLANT	12.01 33.33
33.34 PHARMACY MISC INCOME	B	-326	PHARMACY	15.00 33.34
33.35 MISC INCOME MEDICAL RECORDS	B	-1,123	MEDICAL RECORDS & LIBRARY	16.00 33.35
33.36 LAMAZE MISC INCOME	B	-1,184	ADULTS & PEDIATRICS	30.00 33.36
33.37 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-59,650	OPERATING ROOM	50.00 33.37
34.00 MISC INCOME	B	-3,440	RADIOLOGY-DIAGNOSTIC	54.00 34.00
34.01 MISC INCOME	B	-6,340	RADIOLOGY-THERAPEUTIC	55.00 34.01
34.02 UR MISC PT INCOME	B	-82,894	PHYSICAL THERAPY	66.00 34.02
34.03 CARDIAC REHAB MISC INCOME	B	-101,219	CARDIAC REHABILITATION	76.97 34.03
34.04 EMS MISC INCOME	B	-156,778	EMERGENCY	91.00 34.04
34.05 MISC INCOME	B	-3,435	OUTPATIENT COUNSELING	93.00 34.05
34.06 PROVIDER TAX	A	-2,360,301	ADMINISTRATIVE & GENERAL	5.00 34.06
34.07 MISC INCOME	B	-643	ADMINISTRATIVE & GENERAL	5.00 34.07
34.09		0		0.00 34.09
34.12		0		0.00 34.12
35.00 HOME OFFICE COSTS	A	-55,356	OTHER NONREIMBURSABLE COST CENTERS	194.02 35.00
36.00		0		0.00 36.00
37.00		0		0.00 37.00
38.00		0		0.00 38.00
39.00		0		0.00 39.00
40.00		0		0.00 40.00
41.00		0		0.00 41.00
42.00		0		0.00 42.00
43.00		0		0.00 43.00
44.00		0		0.00 44.00
45.00		0		0.00 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,250,893		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140286

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

Worksheet A-8
Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW 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 - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW 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	PHYSICIAN RECRUITMENT & AMORTIZATION	0	33.00
33.02	TALBOT PROPERTIES	9	33.02
33.05	IHA DUES	0	33.05
33.08	AHA DUES	0	33.08
33.10	RTE 23 BLDG DEPRECIATION	9	33.10
33.12	ACCL DEPRECIATION ADJ	9	33.12
33.13	ACCL DEPRECIATION ADJ	9	33.13
33.14	MEDICAL BLDG DEPRECIATION	9	33.14
33.15	PHYSICIAN BILLING	0	33.15
33.16	PROPERTY TAX	0	33.16
33.17	PROPERTY TAX	0	33.17
33.18	COMMUNITY RELATIONS	0	33.18
33.20	ER MD MALPRACTICE	0	33.20
33.21	CONTRIBUTIONS	0	33.21
33.22	CONTRIBUTIONS	0	33.22
33.23	CONTRIBUTIONS	0	33.23
33.26	CONTRIBUTIONS	0	33.26
33.27	CONTRIBUTIONS	0	33.27
33.28	MISC INCOME	0	33.28
33.30	MISC INCOME	0	33.30
33.31	HOUSEKEEPING REVENUE	0	33.31
33.32	MISC INCOME DIETARY	0	33.32
33.33	MISC INCOME	0	33.33
33.34	PHARMACY MISC INCOME	0	33.34
33.35	MISC INCOME MEDICAL RECORDS	0	33.35
33.36	LAMAZE MISC INCOME	0	33.36
33.37	TRADE, QUANTITY, AND TIME DISCOUNTS	0	33.37
34.00	MISC INCOME	0	34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140286

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

Worksheet A-8

Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
34.01	MISC INCOME	0	34.01
34.02	UR MISC PT INCOME	0	34.02
34.03	CARDIAC REHAB MISC INCOME	0	34.03
34.04	EMS MISC INCOME	0	34.04
34.05	MISC INCOME	0	34.05
34.06	PROVIDER TAX	0	34.06
34.07	MISC INCOME	0	34.07
34.09		0	34.09
34.12		0	34.12
35.00	HOME OFFICE COSTS	0	35.00
36.00		0	36.00
37.00		0	37.00
38.00		0	38.00
39.00		0	39.00
40.00		0	40.00
41.00		0	41.00
42.00		0	42.00
43.00		0	43.00
44.00		0	44.00
45.00		0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	0	50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 140286

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

Worksheet A-8-1

Date/Time Prepared:
9/26/2012 5:38 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE EXPENSE	1.00
2.00		1.00	NEW CAP REL COSTS-BLDG & FIXT	HOME OFFICE EXPENSE	2.00
3.00		2.00	NEW CAP REL COSTS-MVBLE EQUIP	HOME OFFICE EXPENSE	3.00
4.00		0.00			4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 140286

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

Worksheet A-8-1

Date/Time Prepared: 9/26/2012 5:38 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00					1.00
2.00	11,574,263	12,642,156	-1,067,893	0	2.00
3.00	382,332	0	382,332	9	3.00
4.00	381,253	0	381,253	9	4.00
5.00	0	0	0	0	5.00
	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	12,337,848	12,642,156	-304,308	

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
	4.00	5.00	6.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00		KISHHEALTH SYS	100.00	HEALTH CARE	6.00
7.00			0.00		7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140286

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

Worksheet A-8-2

Date/Time Prepared:
9/26/2012 5:38 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	68,750	68,750	1.00
2.00	52.00	DELIVERY ROOM & LABOR ROOM	380,868	25,391	2.00
3.00	31.00	INTENSIVE CARE UNIT	16,913	0	3.00
4.00	53.00	ANESTHESIOLOGY	45,673	0	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	337,980	337,980	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,500	1,500	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	56,400	0	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	1,700,000	1,658,000	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	413,313	413,313	9.00
10.00	55.00	RADIOLOGY-THERAPEUTIC	2,800	0	10.00
11.00	60.00	LABORATORY	68,211	0	11.00
12.00	60.00	LABORATORY	94,328	94,328	12.00
13.00	65.00	RESPIRATORY THERAPY	16,913	0	13.00
14.00	66.00	PHYSICAL THERAPY	14,850	0	14.00
15.00	69.00	ELECTROCARDIOLOGY	56,400	0	15.00
16.00	76.00	SLEEP LAB	12,000	0	16.00
17.00	76.97	CARDIAC REHABILITATION	7,200	0	17.00
18.00	91.00	EMERGENCY	4,402,552	4,402,552	18.00
19.00	93.00	OUTPATIENT COUNSELING	280,402	280,402	19.00
200.00			7,977,053	7,282,216	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140286

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

Worksheet A-8-2

Date/Time Prepared:
9/26/2012 5:38 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	355,477	196,400	4,099	387,040	19,352	2.00
3.00	16,913	177,200	113	9,627	481	3.00
4.00	45,673	200,300	1,684	162,166	8,108	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	56,400	225,300	235	25,455	1,273	7.00
8.00	42,000	177,200	106	9,030	452	8.00
9.00	0	0	0	0	0	9.00
10.00	2,800	177,200	13	1,108	55	10.00
11.00	68,211	215,700	1,296	134,398	6,720	11.00
12.00	0	0	0	0	0	12.00
13.00	16,913	177,200	113	9,627	481	13.00
14.00	14,850	177,200	56	4,771	239	14.00
15.00	56,400	177,200	235	20,020	1,001	15.00
16.00	12,000	177,200	106	9,030	452	16.00
17.00	7,200	177,200	30	2,556	128	17.00
18.00	0	0	0	0	0	18.00
19.00	0	0	0	0	0	19.00
200.00	694,837		8,086	774,828	38,742	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140286

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

Worksheet A-8-2

Date/Time Prepared:
9/26/2012 5:38 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	0	0	0	0	0	1.00
2.00	0	0	0	0	387,040	2.00
3.00	0	0	0	0	9,627	3.00
4.00	0	0	0	0	162,166	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	25,455	7.00
8.00	0	0	0	0	9,030	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	1,108	10.00
11.00	0	0	0	0	134,398	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	9,627	13.00
14.00	0	0	0	0	4,771	14.00
15.00	0	0	0	0	20,020	15.00
16.00	0	0	0	0	9,030	16.00
17.00	0	0	0	0	2,556	17.00
18.00	0	0	0	0	0	18.00
19.00	0	0	0	0	0	19.00
200.00	0	0	0	0	774,828	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140286

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

Worksheet A-8-2

Date/Time Prepared:
9/26/2012 5:38 pm

	RCE	Adjustment	
	Disallowance	18.00	
1.00	0	68,750	1.00
2.00	0	25,391	2.00
3.00	7,286	7,286	3.00
4.00	0	0	4.00
5.00	0	337,980	5.00
6.00	0	1,500	6.00
7.00	30,945	30,945	7.00
8.00	32,970	1,690,970	8.00
9.00	0	413,313	9.00
10.00	1,692	1,692	10.00
11.00	0	0	11.00
12.00	0	94,328	12.00
13.00	7,286	7,286	13.00
14.00	10,079	10,079	14.00
15.00	36,380	36,380	15.00
16.00	2,970	2,970	16.00
17.00	4,644	4,644	17.00
18.00	0	4,402,552	18.00
19.00	0	280,402	19.00
200.00	134,252	7,416,468	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

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	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	10,371,317	10,371,317			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	5,426,267		5,426,267		2.00
4.00 00400	EMPLOYEE BENEFITS	14,651,583	0	1,287	14,652,870	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	27,229,781	996,754	1,227,759	2,230,129	31,684,423
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	461,166	60,666	0	0	521,832
9.00 00900	HOUSEKEEPING	1,187,181	292,304	2,831	251,540	1,733,856
10.00 01000	DIETARY	600,738	59,922	25,657	98,582	784,899
11.00 01100	CAFETERIA	754,966	346,922	58,519	224,898	1,385,305
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
12.01 01201	MAINTENANCE OF PLANT	237,381	695,472	24,069	0	956,922
13.00 01300	NURSING ADMINISTRATION	1,368,742	16,143	42,887	422,630	1,850,402
14.00 01400	CENTRAL SERVICES & SUPPLY	1,188,385	184,091	28,909	76,247	1,477,632
15.00 01500	PHARMACY	2,262,273	141,802	7,258	609,372	3,020,705
16.00 01600	MEDICAL RECORDS & LIBRARY	1,832,442	87,277	0	476,600	2,396,319
17.00 01700	SOCIAL SERVICE	397,336	10,235	0	138,589	546,160
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	7,661,780	1,885,761	197,061	2,387,708	12,132,310
31.00 03100	INTENSIVE CARE UNIT	2,653,001	467,091	186,975	843,214	4,150,281
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	600,516	50,384	34,012	188,759	873,671
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	6,578,124	768,141	315,391	498,645	8,160,301
50.01 05001	AMBULATORY SERVICES	1,020,304	367,857	2,880	321,223	1,712,264
50.02 05002	ENDOSCOPY	742,427	23,820	31,273	178,474	975,994
51.00 05100	RECOVERY ROOM	491,656	89,185	32,430	159,939	773,210
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,039,600	130,636	38,747	215,039	1,424,022
53.00 05300	ANESTHESIOLOGY	355,179	4,327	73,685	0	433,191
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,756,175	827,643	2,633,540	1,157,081	11,374,439
55.00 05500	RADIOLOGY-THERAPEUTIC	10,029,885	989,404	54,604	444,242	11,518,135
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	6,080,720	356,319	164,281	781,608	7,382,928
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,511,573	28,286	43,121	475,799	2,058,779
66.00 06600	PHYSICAL THERAPY	2,531,154	45,081	28,401	586,935	3,191,571
67.00 06700	OCCUPATIONAL THERAPY	263,824	0	0	90,025	353,849
68.00 06800	SPEECH PATHOLOGY	161,481	0	0	0	161,481
69.00 06900	ELECTROCARDIOLOGY	540,004	58,898	17,315	157,593	773,810
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,774,481	0	0	0	2,774,481
73.00 07300	DRUGS CHARGED TO PATIENTS	2,779,663	0	0	0	2,779,663
76.00 03950	SLEEP LAB	423,507	0	0	40	423,547
76.97 07697	CARDIAC REHABILITATION	646,450	0	15,636	157,686	819,772
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	251,986	57,223	1,539	83,661	394,409
91.00 09100	EMERGENCY	3,175,756	871,003	104,702	1,027,281	5,178,742
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 04950	OUTPATIENT COUNSELING	521,729	0	11,781	144,139	677,649
93.01 04951	OUTSIDE SERVICES	206,948	0	0	0	206,948
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	127,767,481	9,912,647	5,406,550	14,427,678	127,063,902
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	235,465	41,452	10,406	30,892	318,215
191.00 19100	RESEARCH	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 HOME OFFICE COSTS	0	302,678	0	0	302,678	194.00
194.01 07951 COMMUNITY WELLNESS	645,116	114,540	9,311	182,722	951,689	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	1,303,634	0	0	11,578	1,315,212	194.02
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)	129,951,696	10,371,317	5,426,267	14,652,870	129,951,696	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

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

Worksheet B
Part I
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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	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	31,684,423				5.00
7.00	00700	OPERATION OF PLANT	0	0			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	168,255	0	690,087		8.00
9.00	00900	HOUSEKEEPING	559,049	0	0	2,292,905	9.00
10.00	01000	DIETARY	253,076	0	0	14,789	10.00
11.00	01100	CAFETERIA	446,665	0	0	85,621	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
12.01	01201	MAINTENANCE OF PLANT	308,541	0	0	171,643	0
13.00	01300	NURSING ADMINISTRATION	596,627	0	0	24,479	0
14.00	01400	CENTRAL SERVICES & SUPPLY	476,434	0	0	45,434	0
15.00	01500	PHARMACY	973,969	0	0	34,997	0
16.00	01600	MEDICAL RECORDS & LIBRARY	772,648	0	0	21,540	0
17.00	01700	SOCIAL SERVICE	176,099	0	0	2,526	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,911,840	0	274,075	465,409	910,096
31.00	03100	INTENSIVE CARE UNIT	1,338,179	0	39,886	115,278	142,668
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	281,699	0	15,853	12,435	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,631,134	0	24,796	189,578	0
50.01	05001	AMBULATORY SERVICES	552,087	0	65,348	90,788	0
50.02	05002	ENDOSCOPY	314,691	0	2,711	5,879	0
51.00	05100	RECOVERY ROOM	249,307	0	5,300	22,011	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	459,149	0	18,055	32,241	0
53.00	05300	ANESTHESIOLOGY	139,674	0	0	1,068	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,667,472	0	68,325	204,263	0
55.00	05500	RADIOLOGY-THERAPEUTIC	3,713,804	0	9,100	11,172	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	2,380,485	0	0	87,940	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	663,814	0	0	6,981	0
66.00	06600	PHYSICAL THERAPY	1,029,061	0	3,558	11,126	0
67.00	06700	OCCUPATIONAL THERAPY	114,092	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	52,066	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	249,500	0	3,679	14,536	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	7,951	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	894,579	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	896,250	0	0	0	0
76.00	03950	SLEEP LAB	136,565	0	0	29,382	0
76.97	07697	CARDIAC REHABILITATION	264,320	0	2,311	89,283	0
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	127,170	0	3,679	14,123	0
91.00	09100	EMERGENCY	1,669,787	0	145,460	147,359	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04950	OUTPATIENT COUNSELING	218,495	0	0	0	0
93.01	04951	OUTSIDE SERVICES	66,726	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	30,753,309	0	690,087	1,951,881	1,052,764
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	102,602	0	0	16,408	0
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	HOME OFFICE COSTS	97,593	0	0	231,085	0
194.01	07951	COMMUNITY WELLNESS	306,854	0	0	28,268	0
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	424,065	0	0	65,263	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

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

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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	31,684,423	0	690,087	2,292,905	1,052,764	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

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

Worksheet B
Part I
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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW 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	1,917,591					11.00
12.00	01200 MAINTENANCE OF PERSONNEL		0				12.00
12.01	01201 MAINTENANCE OF PLANT		0	1,437,106			12.01
13.00	01300 NURSING ADMINISTRATION	68,836	0	3,522	2,543,866		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	18,060	0	40,166	0	2,057,726	14.00
15.00	01500 PHARMACY	66,547	0	30,939	0	34,444	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	74,337	0	19,042	0	22	16.00
17.00	01700 SOCIAL SERVICE	13,004	0	2,233	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	345,738	0	411,443	1,087,044	76,635	30.00
31.00	03100 INTENSIVE CARE UNIT	101,108	0	101,912	317,896	24,045	31.00
40.00	04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	24,260	0	10,993	76,275	4,405	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	67,628	0	167,596	212,630	897,856	50.00
50.01	05001 AMBULATORY SERVICES	41,810	0	80,260	131,457	10,811	50.01
50.02	05002 ENDOSCOPY	22,129	0	5,197	69,577	37,839	50.02
51.00	05100 RECOVERY ROOM	14,085	0	19,459	44,285	5,073	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	27,630	0	28,503	86,872	5,019	52.00
53.00	05300 ANESTHESIOLOGY	0	0	944	0	34,719	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	149,596	0	180,578	0	266,322	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	57,899	0	9,876	0	14,971	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	135,002	0	77,743	0	45,910	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	70,172	0	6,172	0	16,872	65.00
66.00	06600 PHYSICAL THERAPY	81,014	0	9,836	0	5,331	66.00
67.00	06700 OCCUPATIONAL THERAPY	9,475	0	0	0	561	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	18,505	0	12,851	0	1,915	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	38,327	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	511,267	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950 SLEEP LAB	0	0	0	0	39	76.00
76.97	07697 CARDIAC REHABILITATION	21,462	0	0	0	1,027	76.97
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	12,941	0	12,485	0	1,467	90.00
91.00	09100 EMERGENCY	144,540	0	130,272	454,451	22,098	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950 OUTPATIENT COUNSELING	20,158	0	0	63,379	265	93.00
93.01	04951 OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,605,936	0	1,362,022	2,543,866	2,057,240	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,284	0	9,044	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 HOME OFFICE COSTS	274,359	0	66,040	0	0	194.00
194.01	07951 COMMUNITY WELLNESS	24,832	0	0	0	320	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	3,180	0	0	0	166	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

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

Worksheet B
Part I
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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
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)	1,917,591	0	1,437,106	2,543,866	2,057,726	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

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

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Part I
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		15.00	16.00	17.00	24.00	25.00	
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
12.00	01200						12.00
12.01	01201						12.01
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	4,161,601					15.00
16.00	01600		3,283,908				16.00
17.00	01700			740,022			17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	247,943	595,604	20,458,137	0	30.00
31.00	03100	0	54,665	93,368	6,479,286	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	12,680	51,050	1,363,321	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	282,992	0	12,634,511	0	50.00
50.01	05001	0	18,739	0	2,703,564	0	50.01
50.02	05002	0	57,382	0	1,491,399	0	50.02
51.00	05100	0	12,203	0	1,144,933	0	51.00
52.00	05200	0	12,070	0	2,093,561	0	52.00
53.00	05300	0	6,286	0	615,882	0	53.00
54.00	05400	0	727,251	0	16,638,246	0	54.00
55.00	05500	3,116,264	304,172	0	18,755,393	0	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	428,738	0	10,538,746	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	137,406	0	2,960,196	0	65.00
66.00	06600	0	40,837	0	4,372,334	0	66.00
67.00	06700	0	6,729	0	484,706	0	67.00
68.00	06800	0	2,681	0	216,228	0	68.00
69.00	06900	0	30,076	0	1,104,872	0	69.00
70.00	07000	0	1,958	0	1,958	0	70.00
71.00	07100	0	51,692	0	97,970	0	71.00
72.00	07200	0	107,607	0	4,287,934	0	72.00
73.00	07300	1,045,337	527,118	0	5,248,368	0	73.00
76.00	03950	0	13,182	0	602,715	0	76.00
76.97	07697	0	6,692	0	1,204,867	0	76.97
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	8,971	0	575,245	0	90.00
91.00	09100	0	175,195	0	8,067,904	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	6,367	0	986,313	0	93.00
93.01	04951	0	2,276	0	275,950	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		4,161,601	3,283,908	740,022	125,404,539	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	455,553	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	971,755	0	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

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

Worksheet B
Part I
Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
194.01	07951	COMMUNITY WELLNESS	0	0	0	1,311,963	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,807,886	0	194.02
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)	4,161,601	3,283,908	740,022	129,951,696		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

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

Worksheet B
Part I
Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW 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
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
12.01	01201 MAINTENANCE OF PLANT		12.01
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		17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	20,458,137	30.00
31.00	03100 INTENSIVE CARE UNIT	6,479,286	31.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	1,363,321	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	12,634,511	50.00
50.01	05001 AMBULATORY SERVICES	2,703,564	50.01
50.02	05002 ENDOSCOPY	1,491,399	50.02
51.00	05100 RECOVERY ROOM	1,144,933	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,093,561	52.00
53.00	05300 ANESTHESIOLOGY	615,882	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,638,246	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	18,755,393	55.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	10,538,746	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	2,960,196	65.00
66.00	06600 PHYSICAL THERAPY	4,372,334	66.00
67.00	06700 OCCUPATIONAL THERAPY	484,706	67.00
68.00	06800 SPEECH PATHOLOGY	216,228	68.00
69.00	06900 ELECTROCARDIOLOGY	1,104,872	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,958	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	97,970	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,287,934	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,248,368	73.00
76.00	03950 SLEEP LAB	602,715	76.00
76.97	07697 CARDIAC REHABILITATION	1,204,867	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	575,245	90.00
91.00	09100 EMERGENCY	8,067,904	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	04950 OUTPATIENT COUNSELING	986,313	93.00
93.01	04951 OUTSIDE SERVICES	275,950	93.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	125,404,539	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	455,553	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 HOME OFFICE COSTS	971,755	194.00
194.01	07951 COMMUNITY WELLNESS	1,311,963	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	1,807,886	194.02
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140286

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

Worksheet B
Part I
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Cost Center Description		Total	
		26.00	
202.00	TOTAL (sum lines 118-201)	129,951,696	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

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

Worksheet B
Part II
Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description	CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS	
	Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	NEW MVBLE EQUIP				
		0	1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS	0	0	1,287	1,287	1,287	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	432,346	996,754	1,227,759	2,656,859	197	5.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	60,666	0	60,666	0	8.00
9.00 00900	HOUSEKEEPING	0	292,304	2,831	295,135	22	9.00
10.00 01000	DIETARY	124	59,922	25,657	85,703	9	10.00
11.00 01100	CAFETERIA	283	346,922	58,519	405,724	20	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01 01201	MAINTENANCE OF PLANT	0	695,472	24,069	719,541	0	12.01
13.00 01300	NURSING ADMINISTRATION	65,280	16,143	42,887	124,310	37	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	48,992	184,091	28,909	261,992	7	14.00
15.00 01500	PHARMACY	314,295	141,802	7,258	463,355	54	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	87,277	0	87,277	42	16.00
17.00 01700	SOCIAL SERVICE	0	10,235	0	10,235	12	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	17,180	1,885,761	197,061	2,100,002	204	30.00
31.00 03100	INTENSIVE CARE UNIT	8,044	467,091	186,975	662,110	74	31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	50,384	34,012	84,396	17	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	768,141	315,391	1,083,532	44	50.00
50.01 05001	AMBULATORY SERVICES	0	367,857	2,880	370,737	28	50.01
50.02 05002	ENDOSCOPY	0	23,820	31,273	55,093	16	50.02
51.00 05100	RECOVERY ROOM	0	89,185	32,430	121,615	14	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	130,636	38,747	169,383	19	52.00
53.00 05300	ANESTHESIOLOGY	0	4,327	73,685	78,012	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	827,643	2,633,540	3,461,183	102	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	14,722	989,404	54,604	1,058,730	39	55.00
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	16,044	356,319	164,281	536,644	69	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,070	28,286	43,121	72,477	42	65.00
66.00 06600	PHYSICAL THERAPY	660,466	45,081	28,401	733,948	52	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	8	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	58,898	17,315	76,213	14	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 03950	SLEEP LAB	85,865	0	0	85,865	0	76.00
76.97 07697	CARDIAC REHABILITATION	260,887	0	15,636	276,523	14	76.97
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	57,223	1,539	58,762	7	90.00
91.00 09100	EMERGENCY	10,101	871,003	104,702	985,806	91	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950	OUTPATIENT COUNSELING	71,253	0	11,781	83,034	13	93.00
93.01 04951	OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,006,952	9,912,647	5,406,550	17,326,149	1,267	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,532	41,452	10,406	68,390	3	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140286

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

Worksheet B
Part II
Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
194.00 07950 HOME OFFICE COSTS	0	302,678	0	302,678	0	194.00
194.01 07951 COMMUNITY WELLNESS	900	114,540	9,311	124,751	16	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	151,289	0	0	151,289	1	194.02
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)	2,175,673	10,371,317	5,426,267	17,973,257	1,287	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet B Part II Date/Time Prepared: 9/26/2012 5:38 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	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	2,657,056				5.00	
7.00	00700	OPERATION OF PLANT	0	0			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	14,110	0	74,776		8.00	
9.00	00900	HOUSEKEEPING	46,882	0	0	342,039	9.00	
10.00	01000	DIETARY	21,223	0	0	2,206	10.00	
11.00	01100	CAFETERIA	37,457	0	0	12,772	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
12.01	01201	MAINTENANCE OF PLANT	25,874	0	0	25,604	12.01	
13.00	01300	NURSING ADMINISTRATION	50,033	0	0	3,652	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	39,954	0	0	6,778	14.00	
15.00	01500	PHARMACY	81,677	0	0	5,221	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	64,794	0	0	3,213	16.00	
17.00	01700	SOCIAL SERVICE	14,768	0	0	377	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	328,054	0	29,696	69,425	94,351	30.00
31.00	03100	INTENSIVE CARE UNIT	112,219	0	4,322	17,196	14,790	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	23,623	0	1,718	1,855	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	220,646	0	2,687	28,280	0	50.00
50.01	05001	AMBULATORY SERVICES	46,298	0	7,081	13,543	0	50.01
50.02	05002	ENDOSCOPY	26,390	0	294	877	0	50.02
51.00	05100	RECOVERY ROOM	20,907	0	574	3,283	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	38,504	0	1,956	4,810	0	52.00
53.00	05300	ANESTHESIOLOGY	11,713	0	0	159	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	307,553	0	7,404	30,471	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	311,439	0	986	1,667	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	199,627	0	0	13,118	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	55,667	0	0	1,041	0	65.00
66.00	06600	PHYSICAL THERAPY	86,297	0	386	1,660	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,568	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,366	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20,923	0	399	2,168	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	862	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	75,019	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	75,159	0	0	0	0	73.00
76.00	03950	SLEEP LAB	11,452	0	0	4,383	0	76.00
76.97	07697	CARDIAC REHABILITATION	22,166	0	250	13,319	0	76.97
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	10,664	0	399	2,107	0	90.00
91.00	09100	EMERGENCY	140,028	0	15,762	21,982	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OUTPATIENT COUNSELING	18,323	0	0	0	0	93.00
93.01	04951	OUTSIDE SERVICES	5,596	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,578,973	0	74,776	291,167	109,141	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,604	0	0	2,448	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	8,184	0	0	34,472	0	194.00
194.01	07951	COMMUNITY WELLNESS	25,733	0	0	4,217	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	35,562	0	0	9,735	0	194.02
200.00		Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286			Period: From 05/01/2011 To 04/30/2012		Worksheet B Part II Date/Time Prepared: 9/26/2012 5:38 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,657,056	0	74,776	342,039	109,141	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286		Period: From 05/01/2011 To 04/30/2012		Worksheet B Part II Date/Time Prepared: 9/26/2012 5:38 pm	
Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		11.00	12.00	12.01	13.00	14.00	
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	455,973					11.00
12.00	01200		0				12.00
12.01	01201		0	771,019			12.01
13.00	01300	16,368	0	1,890	196,290		13.00
14.00	01400	4,294	0	21,549	0	334,574	14.00
15.00	01500	15,824	0	16,599	0	5,600	15.00
16.00	01600	17,676	0	10,216	0	4	16.00
17.00	01700	3,092	0	1,198	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	82,212	0	220,744	83,880	12,460	30.00
31.00	03100	24,042	0	54,676	24,529	3,910	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	5,769	0	5,898	5,886	716	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	16,081	0	89,917	16,407	145,987	50.00
50.01	05001	9,942	0	43,060	10,143	1,758	50.01
50.02	05002	5,262	0	2,788	5,369	6,152	50.02
51.00	05100	3,349	0	10,440	3,417	825	51.00
52.00	05200	6,570	0	15,292	6,703	816	52.00
53.00	05300	0	0	506	0	5,645	53.00
54.00	05400	35,572	0	96,882	0	43,302	54.00
55.00	05500	13,767	0	5,299	0	2,434	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	32,101	0	41,710	0	7,465	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	16,686	0	3,311	0	2,743	65.00
66.00	06600	19,264	0	5,277	0	867	66.00
67.00	06700	2,253	0	0	0	91	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	4,400	0	6,894	0	311	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	6,232	71.00
72.00	07200	0	0	0	0	83,129	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03950	0	0	0	0	6	76.00
76.97	07697	5,103	0	0	0	167	76.97
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	3,077	0	6,698	0	239	90.00
91.00	09100	34,369	0	69,892	35,066	3,593	91.00
92.00	09200						92.00
93.00	04950	4,793	0	0	4,890	43	93.00
93.01	04951	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
118.00		381,866	0	730,736	196,290	334,495	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	2,208	0	4,852	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	65,238	0	35,431	0	0	194.00
194.01	07951	5,905	0	0	0	52	194.01
194.02	07953	756	0	0	0	27	194.02

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286			Period: From 05/01/2011 To 04/30/2012		Worksheet B Part II Date/Time Prepared: 9/26/2012 5:38 pm	
Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	MAINTENANCE OF PLANT	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		11.00	12.00	12.01	13.00	14.00		
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)	455,973	0	771,019	196,290	334,574	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286		Period: From 05/01/2011 To 04/30/2012		Worksheet B Part II Date/Time Prepared: 9/26/2012 5:38 pm	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		15.00	16.00	17.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW 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
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
12.01	01201	MAINTENANCE OF PLANT					12.01
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	588,330				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	183,222			16.00
17.00	01700	SOCIAL SERVICE	0	0	29,682		17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	13,845	23,889	3,058,762	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,052	3,745	924,665	0 31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	708	2,048	132,634	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	15,802	0	1,619,383	0 50.00
50.01	05001	AMBULATORY SERVICES	0	1,046	0	503,636	0 50.01
50.02	05002	ENDOSCOPY	0	3,204	0	105,445	0 50.02
51.00	05100	RECOVERY ROOM	0	681	0	165,105	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	674	0	244,727	0 52.00
53.00	05300	ANESTHESIOLOGY	0	351	0	96,386	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	40,465	0	4,022,934	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	440,549	16,984	0	1,851,894	0 55.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	0	23,940	0	854,674	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0	7,672	0	159,639	0 65.00
66.00	06600	PHYSICAL THERAPY	0	2,280	0	850,031	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	376	0	12,296	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	150	0	4,516	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,679	0	113,001	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	109	0	109	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,886	0	9,980	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,009	0	164,157	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	147,781	29,433	0	252,373	0 73.00
76.00	03950	SLEEP LAB	0	736	0	102,442	0 76.00
76.97	07697	CARDIAC REHABILITATION	0	374	0	317,916	0 76.97
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	501	0	82,454	0 90.00
91.00	09100	EMERGENCY	0	9,782	0	1,316,371	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00	04950	OUTPATIENT COUNSELING	0	356	0	111,452	0 93.00
93.01	04951	OUTSIDE SERVICES	0	127	0	5,723	0 93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0 99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0 113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	588,330	183,222	29,682	17,082,705	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	86,505	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	07950	HOME OFFICE COSTS	0	0	0	446,003	0 194.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140286		Period: From 05/01/2011 To 04/30/2012		Worksheet B Part II Date/Time Prepared: 9/26/2012 5:38 pm	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			15.00	16.00	17.00	24.00	25.00	
194.01	07951	COMMUNITY WELLNESS	0	0	0	160,674	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	197,370	0	194.02
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)	588,330	183,222	29,682	17,973,257		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet B Part II Date/Time Prepared: 9/26/2012 5:38 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW 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
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
12.01	01201 MAINTENANCE OF PLANT		12.01
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		17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	3,058,762	30.00
31.00	03100 INTENSIVE CARE UNIT	924,665	31.00
40.00	04000 SUBPROVIDER - I PF	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	132,634	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	1,619,383	50.00
50.01	05001 AMBULATORY SERVICES	503,636	50.01
50.02	05002 ENDOSCOPY	105,445	50.02
51.00	05100 RECOVERY ROOM	165,105	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	244,727	52.00
53.00	05300 ANESTHESIOLOGY	96,386	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,022,934	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,851,894	55.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	854,674	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	159,639	65.00
66.00	06600 PHYSICAL THERAPY	850,031	66.00
67.00	06700 OCCUPATIONAL THERAPY	12,296	67.00
68.00	06800 SPEECH PATHOLOGY	4,516	68.00
69.00	06900 ELECTROCARDIOLOGY	113,001	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	109	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,980	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	164,157	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	252,373	73.00
76.00	03950 SLEEP LAB	102,442	76.00
76.97	07697 CARDIAC REHABILITATION	317,916	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	82,454	90.00
91.00	09100 EMERGENCY	1,316,371	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	04950 OUTPATIENT COUNSELING	111,452	93.00
93.01	04951 OUTSIDE SERVICES	5,723	93.01
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	17,082,705	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	86,505	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950 HOME OFFICE COSTS	446,003	194.00
194.01	07951 COMMUNITY WELLNESS	160,674	194.01
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	197,370	194.02
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140286		Period: From 05/01/2011 To 04/30/2012	Worksheet B Part II Date/Time Prepared: 9/26/2012 5:38 pm
Cost Center Description		Total			
		26.00			
202.00	TOTAL (sum lines 118-201)	17,973,257	202.00		

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

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

Worksheet B-1

Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	222,929					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		4,710,233				2.00
4.00 00400	EMPLOYEE BENEFITS	0	1,117	41,748,901			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	21,425	1,065,747	6,354,078	-31,684,423	98,267,273	5.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,304	0	0	0	521,832	8.00
9.00 00900	HOUSEKEEPING	6,283	2,457	716,686	0	1,733,856	9.00
10.00 01000	DIETARY	1,288	22,271	280,881	0	784,899	10.00
11.00 01100	CAFETERIA	7,457	50,797	640,779	0	1,385,305	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
12.01 01201	MAINTENANCE OF PLANT	14,949	20,893	0	0	956,922	12.01
13.00 01300	NURSING ADMINISTRATION	347	37,228	1,204,156	0	1,850,402	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,957	25,094	217,243	0	1,477,632	14.00
15.00 01500	PHARMACY	3,048	6,300	1,736,221	0	3,020,705	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,876	0	1,357,927	0	2,396,319	16.00
17.00 01700	SOCIAL SERVICE	220	0	394,867	0	546,160	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	40,534	171,057	6,803,036	0	12,132,310	30.00
31.00 03100	INTENSIVE CARE UNIT	10,040	162,302	2,402,482	0	4,150,281	31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	1,083	29,524	537,811	0	873,671	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	16,511	273,773	1,420,739	0	8,160,301	50.00
50.01 05001	AMBULATORY SERVICES	7,907	2,500	915,228	0	1,712,264	50.01
50.02 05002	ENDOSCOPY	512	27,146	508,509	0	975,994	50.02
51.00 05100	RECOVERY ROOM	1,917	28,151	455,697	0	773,210	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,808	33,634	612,688	0	1,424,022	52.00
53.00 05300	ANESTHESIOLOGY	93	63,962	0	0	433,191	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	17,790	2,286,028	3,296,752	0	11,374,439	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	21,267	47,399	1,265,732	0	11,518,135	55.00
57.00 05700	CT SCAN	0	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	7,659	142,603	2,226,956	0	7,382,928	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	608	37,431	1,355,644	0	2,058,779	65.00
66.00 06600	PHYSICAL THERAPY	969	24,653	1,672,294	0	3,191,571	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	256,500	0	353,849	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	161,481	68.00
69.00 06900	ELECTROCARDIOLOGY	1,266	15,030	449,015	0	773,810	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,774,481	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,779,663	73.00
76.00 03950	SLEEP LAB	0	0	113	0	423,547	76.00
76.97 07697	CARDIAC REHABILITATION	0	13,573	449,278	0	819,772	76.97
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	1,230	1,336	238,367	0	394,409	90.00
91.00 09100	EMERGENCY	18,722	90,886	2,926,926	0	5,178,742	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04950	OUTPATIENT COUNSELING	0	10,226	410,680	0	677,649	93.00
93.01 04951	OUTSIDE SERVICES	0	0	0	0	206,948	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	213,070	4,693,118	41,107,285	-31,684,423	95,379,479	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	891	9,033	88,016	0	318,215	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

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

Worksheet B-1

Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
194.00 07950 HOME OFFICE COSTS	6,506	0	0	0	0	302,678	194.00
194.01 07951 COMMUNITY WELLNESS	2,462	8,082	520,612	0	0	951,689	194.01
194.02 07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	32,988	0	0	1,315,212	194.02
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	10,371,317	5,426,267	14,652,870		5A	31,684,423	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	46.522960	1.152017	0.350976			0.322431	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			1,287			2,657,056	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000031			0.027039	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

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

Worksheet B-1

Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW 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	0				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	57,025			8.00	
9.00	00900	HOUSEKEEPING	0	0	199,697		9.00	
10.00	01000	DIETARY	0	0	1,288	20,514	10.00	
11.00	01100	CAFETERIA	0	0	7,457	0	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
12.01	01201	MAINTENANCE OF PLANT	0	0	14,949	0	12.01	
13.00	01300	NURSING ADMINISTRATIVE	0	0	2,132	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,957	0	14.00	
15.00	01500	PHARMACY	0	0	3,048	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,876	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	220	0	17.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	22,648	40,534	17,734	10,874	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,296	10,040	2,780	3,180	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,310	1,083	0	763	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,049	16,511	0	2,127	50.00
50.01	05001	AMBULATORY SERVICES	0	5,400	7,907	0	1,315	50.01
50.02	05002	ENDOSCOPY	0	224	512	0	696	50.02
51.00	05100	RECOVERY ROOM	0	438	1,917	0	443	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,492	2,808	0	869	52.00
53.00	05300	ANESTHESIOLOGY	0	0	93	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,646	17,790	0	4,705	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	752	973	0	1,821	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	7,659	0	4,246	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	608	0	2,207	65.00
66.00	06600	PHYSICAL THERAPY	0	294	969	0	2,548	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	298	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	304	1,266	0	582	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	657	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03950	SLEEP LAB	0	0	2,559	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	191	7,776	0	675	76.97
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	304	1,230	0	407	90.00
91.00	09100	EMERGENCY	0	12,020	12,834	0	4,546	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	0	0	0	634	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	57,025	169,996	20,514	50,509	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,429	0	292	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	HOME OFFICE COSTS	0	0	20,126	0	8,629	194.00
194.01	07951	COMMUNITY WELLNESS	0	0	2,462	0	781	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

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

Worksheet B-1

Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
194.02	07953 OTHER NONREIMBURSABLE COST CENTERS	0	0	5,684	0	100	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	690,087	2,292,905	1,052,764	1,917,591	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	12.101482	11.481920	51.319294	31.795046	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	74,776	342,039	109,141	455,973	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	1.311285	1.712790	5.320318	7.560362	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

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

Worksheet B-1

Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		12.00	12.01	13.00	14.00	15.00	
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
12.00	01200	0					12.00
12.01	01201	0	141,579				12.01
13.00	01300	0	347	25,447			13.00
14.00	01400	0	3,957	0	11,166,611		14.00
15.00	01500	0	3,048	0	186,917	11,066,138	15.00
16.00	01600	0	1,876	0	117	0	16.00
17.00	01700	0	220	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	40,534	10,874	415,871	0	30.00
31.00	03100	0	10,040	3,180	130,485	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	1,083	763	23,906	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	16,511	2,127	4,872,371	0	50.00
50.01	05001	0	7,907	1,315	58,667	0	50.01
50.02	05002	0	512	696	205,340	0	50.02
51.00	05100	0	1,917	443	27,528	0	51.00
52.00	05200	0	2,808	869	27,234	0	52.00
53.00	05300	0	93	0	188,408	0	53.00
54.00	05400	0	17,790	0	1,445,242	0	54.00
55.00	05500	0	973	0	81,244	8,286,475	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	7,659	0	249,137	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	608	0	91,560	0	65.00
66.00	06600	0	969	0	28,930	0	66.00
67.00	06700	0	0	0	3,047	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	1,266	0	10,394	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	207,989	0	71.00
72.00	07200	0	0	0	2,774,481	0	72.00
73.00	07300	0	0	0	0	2,779,663	73.00
76.00	03950	0	0	0	212	0	76.00
76.97	07697	0	0	0	5,572	0	76.97
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	1,230	0	7,963	0	90.00
91.00	09100	0	12,834	4,546	119,918	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	0	634	1,440	0	93.00
93.01	04951	0	0	0	0	0	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00
118.00		0	134,182	25,447	11,163,973	11,066,138	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	891	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
194.00	07950	0	6,506	0	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

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

Worksheet B-1

Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description			MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	MAINTENANCE OF PLANT (SQUARE FEET)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			12.00	12.01	13.00	14.00	15.00	
194.01	07951	COMMUNITY WELLNESS	0	0	0	1,736	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	902	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	1,437,106	2,543,866	2,057,726	4,161,601	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	10.150559	99.967226	0.184275	0.376066	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	771,019	196,290	334,574	588,330	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	5.445857	7.713679	0.029962	0.053165	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

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

Worksheet B-1
Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		16.00	17.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW 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
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
12.01	01201	MAINTENANCE OF PLANT		12.01
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	387,671,608	16.00
17.00	01700	SOCIAL SERVICE	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	29,269,605	30.00
31.00	03100	INTENSIVE CARE UNIT	6,453,219	31.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	1,496,819	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	33,407,112	50.00
50.01	05001	AMBULATORY SERVICES	2,212,113	50.01
50.02	05002	ENDOSCOPY	6,773,876	50.02
51.00	05100	RECOVERY ROOM	1,440,592	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,424,837	52.00
53.00	05300	ANESTHESIOLOGY	742,003	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	85,859,191	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	35,907,451	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	50,612,470	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	16,220,701	65.00
66.00	06600	PHYSICAL THERAPY	4,820,764	66.00
67.00	06700	OCCUPATIONAL THERAPY	794,301	67.00
68.00	06800	SPEECH PATHOLOGY	316,486	68.00
69.00	06900	ELECTROCARDIOLOGY	3,550,409	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	231,095	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,102,207	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,703,028	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,226,175	73.00
76.00	03950	SLEEP LAB	1,556,127	76.00
76.97	07697	CARDIAC REHABILITATION	789,933	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	1,058,984	90.00
91.00	09100	EMERGENCY	20,681,796	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	04950	OUTPATIENT COUNSELING	751,601	93.00
93.01	04951	OUTSIDE SERVICES	268,713	93.01
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	387,671,608	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	HOME OFFICE COSTS	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140286

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

Worksheet B-1
Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description			MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			16.00	17.00	
194.01	07951	COMMUNITY WELLNESS	0	0	194.01
194.02	07953	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.02
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,283,908	740,022	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.008471	33.585459	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	183,222	29,682	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000473	1.347100	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet C Part I Date/Time Prepared: 9/26/2012 5:38 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		20,458,137	0	20,458,137	30.00
31.00	03100 INTENSIVE CARE UNIT		6,479,286	7,286	6,486,572	31.00
40.00	04000 SUBPROVIDER - I/PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		1,363,321	0	1,363,321	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		12,634,511	0	12,634,511	50.00
50.01	05001 AMBULATORY SERVICES		2,703,564	0	2,703,564	50.01
50.02	05002 ENDOSCOPY		1,491,399	0	1,491,399	50.02
51.00	05100 RECOVERY ROOM		1,144,933	0	1,144,933	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,093,561	0	2,093,561	52.00
53.00	05300 ANESTHESIOLOGY		615,882	0	615,882	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		16,638,246	30,945	16,669,191	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		18,755,393	34,662	18,790,055	55.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		10,538,746	0	10,538,746	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	2,960,196	7,286	2,967,482	65.00
66.00	06600 PHYSICAL THERAPY	0	4,372,334	10,079	4,382,413	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	484,706	0	484,706	67.00
68.00	06800 SPEECH PATHOLOGY	0	216,228	0	216,228	68.00
69.00	06900 ELECTROCARDIOLOGY		1,104,872	36,380	1,141,252	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,958	0	1,958	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		97,970	0	97,970	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		4,287,934	0	4,287,934	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		5,248,368	0	5,248,368	73.00
76.00	03950 SLEEP LAB		602,715	2,970	605,685	76.00
76.97	07697 CARDIAC REHABILITATION		1,204,867	4,644	1,209,511	76.97
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		575,245	0	575,245	90.00
91.00	09100 EMERGENCY		8,067,904	0	8,067,904	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,263,486	0	2,263,486	92.00
93.00	04950 OUTPATIENT COUNSELING		986,313	0	986,313	93.00
93.01	04951 OUTSIDE SERVICES		275,950	0	275,950	93.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		127,668,025	134,252	127,802,277	200.00
201.00	Less Observation Beds		2,263,486	0	2,263,486	201.00
202.00	Total (see instructions)		125,404,539	134,252	125,538,791	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140286

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

Worksheet C
Part I
Date/Time Prepared:
9/26/2012 5:38 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,446,038		26,446,038		30.00
31.00	03100	INTENSIVE CARE UNIT	6,453,219		6,453,219		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,496,819		1,496,819		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,074,171	17,332,941	33,407,112	0.378198	50.00
50.01	05001	AMBULATORY SERVICES	22,034	2,190,079	2,212,113	1.222164	50.01
50.02	05002	ENDOSCOPY	1,469,039	5,304,837	6,773,876	0.220169	50.02
51.00	05100	RECOVERY ROOM	631,178	809,414	1,440,592	0.794766	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,378,605	46,232	1,424,837	1.469334	52.00
53.00	05300	ANESTHESIOLOGY	325,670	416,333	742,003	0.830026	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,967,314	58,891,877	85,859,191	0.193785	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	44,399	35,863,052	35,907,451	0.522326	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	18,753,223	31,859,247	50,612,470	0.208224	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	14,302,399	1,918,302	16,220,701	0.182495	65.00
66.00	06600	PHYSICAL THERAPY	729,278	4,091,486	4,820,764	0.906979	66.00
67.00	06700	OCCUPATIONAL THERAPY	149,170	645,131	794,301	0.610230	67.00
68.00	06800	SPEECH PATHOLOGY	70,550	245,936	316,486	0.683215	68.00
69.00	06900	ELECTROCARDIOLOGY	1,244,126	2,306,283	3,550,409	0.311196	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	130,071	101,024	231,095	0.008473	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,779,918	2,322,289	6,102,207	0.016055	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,190,656	3,512,372	12,703,028	0.337552	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,458,412	18,767,763	62,226,175	0.084343	73.00
76.00	03950	SLEEP LAB	0	1,556,127	1,556,127	0.387317	76.00
76.97	07697	CARDIAC REHABILITATION	7,107	782,826	789,933	1.525277	76.97
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	2,591	1,056,393	1,058,984	0.543205	90.00
91.00	09100	EMERGENCY	4,386,671	16,295,125	20,681,796	0.390097	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	459,074	2,364,493	2,823,567	0.801641	92.00
93.00	04950	OUTPATIENT COUNSELING	0	751,601	751,601	1.312283	93.00
93.01	04951	OUTSIDE SERVICES	268,713	0	268,713	1.026932	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	178,240,445	209,431,163	387,671,608		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	178,240,445	209,431,163	387,671,608		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet C Part I Date/Time Prepared: 9/26/2012 5:38 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
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.378198		50.00
50.01	05001 AMBULATORY SERVICES	1.222164		50.01
50.02	05002 ENDOSCOPY	0.220169		50.02
51.00	05100 RECOVERY ROOM	0.794766		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.469334		52.00
53.00	05300 ANESTHESIOLOGY	0.830026		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.194146		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.523291		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.208224		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.182944		65.00
66.00	06600 PHYSICAL THERAPY	0.909070		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.610230		67.00
68.00	06800 SPEECH PATHOLOGY	0.683215		68.00
69.00	06900 ELECTROCARDIOLOGY	0.321442		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.008473		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.016055		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.337552		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.084343		73.00
76.00	03950 SLEEP LAB	0.389226		76.00
76.97	07697 CARDIAC REHABILITATION	1.531156		76.97
	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	0.543205		90.00
91.00	09100 EMERGENCY	0.390097		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.801641		92.00
93.00	04950 OUTPATIENT COUNSELING	1.312283		93.00
93.01	04951 OUTSIDE SERVICES	1.026932		93.01
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140286

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

Worksheet C
Part I
Date/Time Prepared:
9/26/2012 5:38 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	20,458,137		20,458,137	0	0 30.00
31.00	03100 INTENSIVE CARE UNIT	6,479,286		6,479,286	0	0 31.00
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0 40.00
41.00	04100 SUBPROVIDER - I/RF	0		0	0	0 41.00
42.00	04200 SUBPROVIDER	0		0	0	0 42.00
43.00	04300 NURSERY	1,363,321		1,363,321	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	12,634,511		12,634,511	0	0 50.00
50.01	05001 AMBULATORY SERVICES	2,703,564		2,703,564	0	0 50.01
50.02	05002 ENDOSCOPY	1,491,399		1,491,399	0	0 50.02
51.00	05100 RECOVERY ROOM	1,144,933		1,144,933	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,093,561		2,093,561	0	0 52.00
53.00	05300 ANESTHESIOLOGY	615,882		615,882	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	16,638,246		16,638,246	0	0 54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	18,755,393		18,755,393	0	0 55.00
57.00	05700 CT SCAN	0		0	0	0 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0 59.00
60.00	06000 LABORATORY	10,538,746		10,538,746	0	0 60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0 60.01
65.00	06500 RESPIRATORY THERAPY	2,960,196	0	2,960,196	0	0 65.00
66.00	06600 PHYSICAL THERAPY	4,372,334	0	4,372,334	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	484,706	0	484,706	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	216,228	0	216,228	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	1,104,872		1,104,872	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,958		1,958	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	97,970		97,970	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,287,934		4,287,934	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,248,368		5,248,368	0	0 73.00
76.00	03950 SLEEP LAB	602,715		602,715	0	0 76.00
76.97	07697 CARDIAC REHABILITATION	1,204,867		1,204,867	0	0 76.97
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	575,245		575,245	0	0 90.00
91.00	09100 EMERGENCY	8,067,904		8,067,904	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,263,486		2,263,486	0	0 92.00
93.00	04950 OUTPATIENT COUNSELING	986,313		986,313	0	0 93.00
93.01	04951 OUTSIDE SERVICES	275,950		275,950	0	0 93.01
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0		0		0 99.10
101.00	10100 HOME HEALTH AGENCY	0		0		0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0		0		0 109.00
110.00	11000 INTESTINAL ACQUISITION	0		0		0 110.00
111.00	11100 ISLET ACQUISITION	0		0		0 111.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)	127,668,025	0	127,668,025	0	0 200.00
201.00	Less Observation Beds	2,263,486		2,263,486		0 201.00
202.00	Total (see instructions)	125,404,539	0	125,404,539	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140286

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

Worksheet C
Part I
Date/Time Prepared:
9/26/2012 5:38 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	26,446,038		26,446,038		30.00
31.00	03100	INTENSIVE CARE UNIT	6,453,219		6,453,219		31.00
40.00	04000	SUBPROVIDER - IPF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	1,496,819		1,496,819		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,074,171	17,332,941	33,407,112	0.378198	50.00
50.01	05001	AMBULATORY SERVICES	22,034	2,190,079	2,212,113	1.222164	50.01
50.02	05002	ENDOSCOPY	1,469,039	5,304,837	6,773,876	0.220169	50.02
51.00	05100	RECOVERY ROOM	631,178	809,414	1,440,592	0.794766	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,378,605	46,232	1,424,837	1.469334	52.00
53.00	05300	ANESTHESIOLOGY	325,670	416,333	742,003	0.830026	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,967,314	58,891,877	85,859,191	0.193785	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	44,399	35,863,052	35,907,451	0.522326	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	18,753,223	31,859,247	50,612,470	0.208224	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	14,302,399	1,918,302	16,220,701	0.182495	65.00
66.00	06600	PHYSICAL THERAPY	729,278	4,091,486	4,820,764	0.906979	66.00
67.00	06700	OCCUPATIONAL THERAPY	149,170	645,131	794,301	0.610230	67.00
68.00	06800	SPEECH PATHOLOGY	70,550	245,936	316,486	0.683215	68.00
69.00	06900	ELECTROCARDIOLOGY	1,244,126	2,306,283	3,550,409	0.311196	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	130,071	101,024	231,095	0.008473	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,779,918	2,322,289	6,102,207	0.016055	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	9,190,656	3,512,372	12,703,028	0.337552	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	43,458,412	18,767,763	62,226,175	0.084343	73.00
76.00	03950	SLEEP LAB	0	1,556,127	1,556,127	0.387317	76.00
76.97	07697	CARDIAC REHABILITATION	7,107	782,826	789,933	1.525277	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	2,591	1,056,393	1,058,984	0.543205	90.00
91.00	09100	EMERGENCY	4,386,671	16,295,125	20,681,796	0.390097	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	459,074	2,364,493	2,823,567	0.801641	92.00
93.00	04950	OUTPATIENT COUNSELING	0	751,601	751,601	1.312283	93.00
93.01	04951	OUTSIDE SERVICES	268,713	0	268,713	1.026932	93.01
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	178,240,445	209,431,163	387,671,608		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	178,240,445	209,431,163	387,671,608		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet C Part I Date/Time Prepared: 9/26/2012 5:38 pm
Cost Center Description			PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.000000		50.00
50.01	05001	AMBULATORY SERVICES	0.000000		50.01
50.02	05002	ENDOSCOPY	0.000000		50.02
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03950	SLEEP LAB	0.000000		76.00
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
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	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04950	OUTPATIENT COUNSELING	0.000000		93.00
93.01	04951	OUTSIDE SERVICES	0.000000		93.01
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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: 140286

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

Worksheet D
Part I
Date/Time Prepared:
9/26/2012 5:38 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	3,058,762	0	3,058,762	19,568	156.31	30.00
31.00	03100 INTENSIVE CARE UNIT	924,665		924,665	2,780	332.61	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	04300 NURSERY	132,634		132,634	1,520	87.26	43.00
200.00	Total (lines 30-199)	4,116,061		4,116,061	23,868		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part I Date/Time Prepared: 9/26/2012 5:38 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	10,244	1,601,240	30.00
31.00	03100 INTENSIVE CARE UNIT	1,551	515,878	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
200.00	Total (lines 30-199)	11,795	2,117,118	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part II Date/Time Prepared: 9/26/2012 5:38 pm
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Cost Center Description		Title XVII			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	1,619,383	33,407,112	0.048474	7,134,207	345,824	50.00
50.01	05001	AMBULATORY SERVICES	503,636	2,212,113	0.227672	18,934	4,311	50.01
50.02	05002	ENDOSCOPY	105,445	6,773,876	0.015566	927,657	14,440	50.02
51.00	05100	RECOVERY ROOM	165,105	1,440,592	0.114609	297,624	34,110	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	244,727	1,424,837	0.171758	7,047	1,210	52.00
53.00	05300	ANESTHESIOLOGY	96,386	742,003	0.129900	134,422	17,461	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,022,934	85,859,191	0.046855	16,262,090	761,960	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,851,894	35,907,451	0.051574	0	0	55.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	854,674	50,612,470	0.016887	11,128,331	187,924	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	159,639	16,220,701	0.009842	9,760,697	96,065	65.00
66.00	06600	PHYSICAL THERAPY	850,031	4,820,764	0.176327	554,174	97,716	66.00
67.00	06700	OCCUPATIONAL THERAPY	12,296	794,301	0.015480	101,581	1,572	67.00
68.00	06800	SPEECH PATHOLOGY	4,516	316,486	0.014269	60,207	859	68.00
69.00	06900	ELECTROCARDIOLOGY	113,001	3,550,409	0.031828	791,983	25,207	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	109	231,095	0.000472	86,406	41	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,980	6,102,207	0.001635	1,919,797	3,139	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	164,157	12,703,028	0.012923	5,484,087	70,871	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	252,373	62,226,175	0.004056	24,231,933	98,285	73.00
76.00	03950	SLEEP LAB	102,442	1,556,127	0.065831	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	317,916	789,933	0.402459	4,445	1,789	76.97
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	82,454	1,058,984	0.077861	1,980	154	90.00
91.00	09100	EMERGENCY	1,316,371	20,681,796	0.063649	2,403,018	152,950	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	338,421	2,823,567	0.119856	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	111,452	751,601	0.148286	0	0	93.00
93.01	04951	OUTSIDE SERVICES	5,723	268,713	0.021298	213,847	4,555	93.01
200.00		Total (lines 50-199)	13,305,065	353,275,532		81,524,467	1,920,443	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140286		Period: From 05/01/2011 To 04/30/2012		Worksheet D Part III Date/Time Prepared: 9/26/2012 5:38 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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140286		Period: From 05/01/2011 To 04/30/2012		Worksheet D Part III Date/Time Prepared: 9/26/2012 5:38 pm	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	19,568	0.00	10,244	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,780	0.00	1,551	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	1,520	0.00	0	0		43.00
200.00		Total (lines 30-199)	23,868		11,795	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part IV Date/Time Prepared: 9/26/2012 5:38 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0 50.00	
50.01	05001	AMBULATORY SERVICES	0	0	0	0	0 50.01	
50.02	05002	ENDOSCOPY	0	0	0	0	0 50.02	
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00	
57.00	05700	CT SCAN	0	0	0	0	0 57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00	
60.00	06000	LABORATORY	0	0	0	0	0 60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01	
65.00	06500	RESPIRATORY THERAPY	0	0	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	0	0	0	0 69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00	
76.00	03950	SLEEP LAB	0	0	0	0	0 76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97	
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	0	0	0	0 90.00	
91.00	09100	EMERGENCY	0	0	0	0	0 91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00	
93.00	04950	OUTPATIENT COUNSELING	0	0	0	0	0 93.00	
93.01	04951	OUTSIDE SERVICES	0	0	0	0	0 93.01	
200.00		Total (lines 50-199)	0	0	0	0	0 200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140286

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

Worksheet D
Part IV
Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	33,407,112	0.000000	0.000000	7,134,207	50.00
50.01	05001	AMBULATORY SERVICES	0	2,212,113	0.000000	0.000000	18,934	50.01
50.02	05002	ENDOSCOPY	0	6,773,876	0.000000	0.000000	927,657	50.02
51.00	05100	RECOVERY ROOM	0	1,440,592	0.000000	0.000000	297,624	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,424,837	0.000000	0.000000	7,047	52.00
53.00	05300	ANESTHESIOLOGY	0	742,003	0.000000	0.000000	134,422	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	85,859,191	0.000000	0.000000	16,262,090	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	35,907,451	0.000000	0.000000	0	55.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	50,612,470	0.000000	0.000000	11,128,331	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	16,220,701	0.000000	0.000000	9,760,697	65.00
66.00	06600	PHYSICAL THERAPY	0	4,820,764	0.000000	0.000000	554,174	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	794,301	0.000000	0.000000	101,581	67.00
68.00	06800	SPEECH PATHOLOGY	0	316,486	0.000000	0.000000	60,207	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,550,409	0.000000	0.000000	791,983	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	231,095	0.000000	0.000000	86,406	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,102,207	0.000000	0.000000	1,919,797	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,703,028	0.000000	0.000000	5,484,087	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	62,226,175	0.000000	0.000000	24,231,933	73.00
76.00	03950	SLEEP LAB	0	1,556,127	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	789,933	0.000000	0.000000	4,445	76.97
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	1,058,984	0.000000	0.000000	1,980	90.00
91.00	09100	EMERGENCY	0	20,681,796	0.000000	0.000000	2,403,018	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,823,567	0.000000	0.000000	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	751,601	0.000000	0.000000	0	93.00
93.01	04951	OUTSIDE SERVICES	0	268,713	0.000000	0.000000	213,847	93.01
200.00		Total (lines 50-199)	0	353,275,532			81,524,467	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140286

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

Worksheet D
Part IV
Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
Title XVIII Hospital PPS						
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	2,698,878	0	50.00
50.01	05001	AMBULATORY SERVICES	0	758,156	0	50.01
50.02	05002	ENDOSCOPY	0	1,709,218	0	50.02
51.00	05100	RECOVERY ROOM	0	124,020	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,081	0	52.00
53.00	05300	ANESTHESIOLOGY	0	39,723	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,715,129	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	18,102,143	0	55.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	2,552,772	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	581,745	0	65.00
66.00	06600	PHYSICAL THERAPY	0	28,860	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	6,916	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	28,032	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	647,263	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	25,241	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	496,763	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,848,286	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,344,660	0	73.00
76.00	03950	SLEEP LAB	0	410,492	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	340,727	0	76.97
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	608,459	0	90.00
91.00	09100	EMERGENCY	0	2,156,470	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	464,934	0	92.00
93.00	04950	OUTPATIENT COUNSELING	0	87,963	0	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	93.01
200.00		Total (lines 50-199)	0	52,779,931	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part V Date/Time Prepared: 9/26/2012 5:38 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.378198	2,698,878	0	0	50.00
50.01 05001 AMBULATORY SERVICES	1.222164	758,156	0	0	50.01
50.02 05002 ENDOSCOPY	0.220169	1,709,218	0	0	50.02
51.00 05100 RECOVERY ROOM	0.794766	124,020	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1.469334	3,081	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.830026	39,723	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.193785	15,715,129	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.522326	18,102,143	0	0	55.00
57.00 05700 CT SCAN	0.000000	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00 06000 LABORATORY	0.208224	2,552,772	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0.182495	581,745	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.906979	28,860	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.610230	6,916	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.683215	28,032	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.311196	647,263	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.008473	25,241	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.016055	496,763	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.337552	1,848,286	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.084343	3,344,660	0	0	73.00
76.00 03950 SLEEP LAB	0.387317	410,492	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	1.525277	340,727	0	0	76.97
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	0.543205	608,459	0	0	90.00
91.00 09100 EMERGENCY	0.390097	2,156,470	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.801641	464,934	0	0	92.00
93.00 04950 OUTPATIENT COUNSELING	1.312283	87,963	0	0	93.00
93.01 04951 OUTSIDE SERVICES	1.026932	0	0	0	93.01
200.00		Subtotal (see instructions)	52,779,931	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	201.00
202.00		Net Charges (line 200 +/- line 201)	52,779,931	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part V Date/Time Prepared: 9/26/2012 5:38 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	1,020,710	0	0	50.00
50.01	05001	AMBULATORY SERVICES	926,591	0	0	50.01
50.02	05002	ENDOSCOPY	376,317	0	0	50.02
51.00	05100	RECOVERY ROOM	98,567	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,527	0	0	52.00
53.00	05300	ANESTHESIOLOGY	32,971	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,045,356	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	9,455,220	0	0	55.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	531,548	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	106,166	0	0	65.00
66.00	06600	PHYSICAL THERAPY	26,175	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,220	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	19,152	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	201,426	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	214	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,976	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	623,893	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	282,099	0	0	73.00
76.00	03950	SLEEP LAB	158,991	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	519,703	0	0	76.97
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	330,518	0	0	90.00
91.00	09100	EMERGENCY	841,232	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	372,710	0	0	92.00
93.00	04950	OUTPATIENT COUNSELING	115,432	0	0	93.00
93.01	04951	OUTSIDE SERVICES	0	0	0	93.01
200.00		Subtotal (see instructions)	19,101,714	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00		Net Charges (line 200 +/- line 201)	19,101,714	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet D-1 Date/Time Prepared: 9/26/2012 5:38 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)		19,568	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		19,568	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)		17,403	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)		10,244	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)		20,458,137	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)		20,458,137	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		26,446,038	28.00
29.00	Private room charges (excluding swing-bed charges)		26,446,038	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.773580	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		20,458,137	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)		1,045.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,710,000	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)		10,710,000	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet D-1 Date/Time Prepared: 9/26/2012 5:38 pm	
Title XVIII			Hospital		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	6,486,572	2,780	2,333.30	1,551	3,618,948	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)					16,496,953	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					30,825,901	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)					2,117,118	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,920,443	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,037,561	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					26,788,340	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)					2,165	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,045.49	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,263,486	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140286		Period: From 05/01/2011 To 04/30/2012		Worksheet D-1 Date/Time Prepared: 9/26/2012 5:38 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,058,762	20,458,137	0.149513	2,263,486	338,421	90.00
91.00	Nursing School cost	0	20,458,137	0.000000	2,263,486	0	91.00
92.00	Allied health cost	0	20,458,137	0.000000	2,263,486	0	92.00
93.00	All other Medical Education	0	20,458,137	0.000000	2,263,486	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet D-3 Date/Time Prepared: 9/26/2012 5:38 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		14,910,603	30.00
31.00	03100	INTENSIVE CARE UNIT		3,639,708	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.378198	7,134,207	50.00
50.01	05001	AMBULATORY SERVICES	1.222164	18,934	50.01
50.02	05002	ENDOSCOPY	0.220169	927,657	50.02
51.00	05100	RECOVERY ROOM	0.794766	297,624	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.469334	7,047	52.00
53.00	05300	ANESTHESIOLOGY	0.830026	134,422	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.194146	16,262,090	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.523291	0	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.208224	11,128,331	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.182944	9,760,697	65.00
66.00	06600	PHYSICAL THERAPY	0.909070	554,174	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.610230	101,581	67.00
68.00	06800	SPEECH PATHOLOGY	0.683215	60,207	68.00
69.00	06900	ELECTROCARDIOLOGY	0.321442	791,983	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.008473	86,406	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.016055	1,919,797	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.337552	5,484,087	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.084343	24,231,933	73.00
76.00	03950	SLEEP LAB	0.389226	0	76.00
76.97	07697	CARDIAC REHABILITATION	1.531156	4,445	76.97
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	0.543205	1,980	90.00
91.00	09100	EMERGENCY	0.390097	2,403,018	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.801641	0	92.00
93.00	04950	OUTPATIENT COUNSELING	1.312283	0	93.00
93.01	04951	OUTSIDE SERVICES	1.026932	213,847	93.01
200.00		Total (sum of lines 50-94 and 96-98)		81,524,467	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		81,524,467	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet D-3 Date/Time Prepared: 9/26/2012 5:38 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		2,565,269	30.00
31.00	03100	INTENSIVE CARE UNIT		406,634	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.378198	1,165,894	440,939 50.00
50.01	05001	AMBULATORY SERVICES	1.222164	261	319 50.01
50.02	05002	ENDOSCOPY	0.220169	88,215	19,422 50.02
51.00	05100	RECOVERY ROOM	0.794766	41,174	32,724 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.469334	675,201	992,096 52.00
53.00	05300	ANESTHESIOLOGY	0.830026	17,796	14,771 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.193785	1,709,104	331,199 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.522326	0	0 55.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.208224	1,642,053	341,915 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	0.182495	850,266	155,169 65.00
66.00	06600	PHYSICAL THERAPY	0.906979	15,687	14,228 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.610230	1,820	1,111 67.00
68.00	06800	SPEECH PATHOLOGY	0.683215	1,368	935 68.00
69.00	06900	ELECTROCARDIOLOGY	0.311196	61,887	19,259 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.008473	4,291	36 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.016055	412,169	6,617 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.337552	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.084343	4,406,567	371,663 73.00
76.00	03950	SLEEP LAB	0.387317	0	0 76.00
76.97	07697	CARDIAC REHABILITATION	1.525277	141	215 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.543205	329	179 90.00
91.00	09100	EMERGENCY	0.390097	445,694	173,864 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.801641	0	0 92.00
93.00	04950	OUTPATIENT COUNSELING	1.312283	0	0 93.00
93.01	04951	OUTSIDE SERVICES	1.026932	18,552	19,052 93.01
200.00		Total (sum of lines 50-94 and 96-98)		11,558,469	2,935,713 200.00
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)		11,558,469	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet E Part A Date/Time Prepared: 9/26/2012 5:38 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		19,015,853	1.00
2.00	Outlier payments for discharges. (see instructions)		877,856	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)		88.08	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)		2.87	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		15.38	31.00
32.00	Sum of lines 30 and 31		18.25	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.61	33.00
34.00	Disproportionate share adjustment (see instructions)		876,631	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)		20,770,340	47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet E Part A Date/Time Prepared: 9/26/2012 5:38 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)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		20,770,340	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,784,084	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)		22,554,424	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,554,424	61.00
62.00	Deductibles billed to program beneficiaries		2,182,972	62.00
63.00	Coinurance billed to program beneficiaries		30,497	63.00
64.00	Allowable bad debts (see instructions)		221,161	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		154,813	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		155,053	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		20,495,768	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)		20,495,768	71.00
72.00	Interim payments		20,203,100	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)		292,668	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		168,737	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: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet E Part B Date/Time Prepared: 9/26/2012 5:38 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,101,714	2.00
3.00	PPS payments		10,291,719	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		10,291,719	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,173,307	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)		8,118,412	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)		8,118,412	30.00
31.00	Primary payer payments		331	31.00
32.00	Subtotal (line 30 minus line 31)		8,118,081	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)		205,270	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		143,689	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		167,471	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		8,261,770	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)		8,261,770	40.00
41.00	Interim payments		8,222,395	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)		39,375	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140286

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

Worksheet E-1
Part I
Date/Time Prepared:
9/26/2012 5:38 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		20,201,523		8,270,655	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	02/10/2012	1,577		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	02/10/2012	48,260	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)		1,577		-48,260	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)		20,203,100		8,222,395	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		292,668		39,375	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		20,495,768		8,261,770	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: 140286
Component CCN: 14U286

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

Worksheet E-1
Part I
Date/Time Prepared:
9/26/2012 5:38 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 - SWING BEDS

Provider CCN: 140286
Component CCN: 14U286

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

Worksheet E-2
Date/Time Prepared:
9/26/2012 5:38 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: 140286

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

Worksheet G

Date/Time Prepared:
9/26/2012 5:38 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	16,535,675	0	0	0	1.00
2.00	Temporary investments	64,296,593	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	62,708,463	0	0	0	4.00
5.00	Other receivable	457,306	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-34,466,603	0	0	0	6.00
7.00	Inventory	3,725,696	0	0	0	7.00
8.00	Prepaid expenses	2,963,525	0	0	0	8.00
9.00	Other current assets	3,732,585	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	119,953,240	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,144,951	0	0	0	12.00
13.00	Land improvements	12,335,095	0	0	0	13.00
14.00	Accumulated depreciation	-3,740,324	0	0	0	14.00
15.00	Buildings	97,396,729	0	0	0	15.00
16.00	Accumulated depreciation	-24,260,720	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	666,936	0	0	0	19.00
20.00	Accumulated depreciation	-417,653	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	51,169,773	0	0	0	23.00
24.00	Accumulated depreciation	-36,849,991	0	0	0	24.00
25.00	Minor equipment depreciable	859,701	0	0	0	25.00
26.00	Accumulated depreciation	-827,729	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)	101,476,768	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	66,516,219	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	5,444,813	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	71,961,032	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	293,391,040	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	24,678,618	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,309,217	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,226,938	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	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	33,214,773	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	67,204,769	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	2,377,728	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	69,582,497	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	102,797,270	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	190,593,770				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)	190,593,770	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	293,391,040	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140286

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

Worksheet G-1

Date/Time Prepared:
9/26/2012 5:38 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		176,839,582	
2.00	Net income (loss) (From Wkst. G-3, line 29)		18,012,130			2.00
3.00	Total (sum of line 1 and line 2)		194,851,712		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)		194,851,712		0	11.00
12.00	TRANSFER OF FUNDS/OTHER	4,257,942		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)		4,257,942		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		190,593,770		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140286

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

Worksheet G-1

Date/Time Prepared:
9/26/2012 5:38 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00			0		0	1.00
2.00						2.00
3.00			0		0	3.00
4.00	0			0		4.00
5.00	0			0		5.00
6.00	0			0		6.00
7.00	0			0		7.00
8.00	0			0		8.00
9.00	0			0		9.00
10.00			0		0	10.00
11.00			0		0	11.00
12.00	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			0		0	18.00
19.00			0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140286

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

Worksheet G-2 Parts

Date/Time Prepared:
9/26/2012 5:38 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	26,446,038		26,446,038	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	26,446,038		26,446,038	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,453,219		6,453,219	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)	6,453,219		6,453,219	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	32,899,257		32,899,257	17.00
18.00	Ancillary services	138,727,319	188,963,551	327,690,870	18.00
19.00	Outpatient services	5,117,049	20,467,612	25,584,661	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY / LAB GROSS UP / NON REIMB	3,701,232	9,065,478	12,766,710	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	180,444,857	218,496,641	398,941,498	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		145,202,589		29.00
30.00	BAD DEBTS	13,618,993			30.00
31.00	ROUNDING	2			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)		13,618,995		36.00
37.00	ROUNDING	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		158,821,584		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140286

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

Worksheet G-3

Date/Time Prepared:
9/26/2012 5:38 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	398,941,498	1.00
2.00	Less contractual allowances and discounts on patients' accounts	229,432,943	2.00
3.00	Net patient revenues (line 1 minus line 2)	169,508,555	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	158,821,584	4.00
5.00	Net income from service to patients (line 3 minus line 4)	10,686,971	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	5,352,080	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	2,346,231	24.00
24.01	OTHER GAINS/LOSSES	766,625	24.01
24.02	ROUNDING	4	24.02
25.00	Total other income (sum of lines 6-24)	8,464,940	25.00
26.00	Total (line 5 plus line 25)	19,151,911	26.00
27.00	UNREALIZED GAINS/LOSSES	1,139,781	27.00
27.01	ROUNDING	0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	1,139,781	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	18,012,130	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140286	Period: From 05/01/2011 To 04/30/2012	Worksheet L Parts I-III Date/Time Prepared: 9/26/2012 5:38 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,541,152	1.00
2.00	Capital DRG outlier payments		242,932	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		55.14	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)		1,784,084	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