

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet S Parts I-III Date/Time Prepared: 7/27/2012 1:24 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/22/2011 Time: 9:36 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 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 Perry Memorial 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

	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	245,616	584,533	0	0	1.00
2.00	Subprovider - IPF	0	0	0	0	0	2.00
3.00	Subprovider - IRF	0	0	0	0	0	3.00
4.00	SUBPROVIDER I	0	0	0	0	0	4.00
5.00	Swing bed - SNF	0	23,864	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	269,480	584,533	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.

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Encryption Information
ECR: Date: 11/22/2011 Time: 9:36 am
1mYB: T42iWugKhFF46Tm.JINTPjgj0
1n0Fa0qHYuccRiGBVXTUe46nic.tyZ
aYnR0pk:Pb0tcHu9
PI: Date: 11/22/2011 Time: 9:36 am
SivVhmMGkOALVnK:rIU5s00fyzGDO
hFpJt0YYsrGgbt3JgiuNYFdZ3qqCFT
5jyEEdl0Pn00Le.Q

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

Title

Date

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141337		Period: From 05/01/2011 To 04/30/2012		Worksheet S-2 Part I Date/Time Prepared: 7/27/2012 1:24 pm			
1.00		2.00		3.00		4.00			
Hospital and Hospital Health Care Complex Address:									
1.00	Street: 530 Park Avenue East		PO Box:				1.00		
2.00	City: Princeton		State: IL		Zip Code: 61356		County: Bureau		
		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			
Hospital and Hospital-Based Component Identification:									
3.00	Hospital		Perry Memorial Hospital	141337	99914	1	07/15/2004	N	0 0
4.00	Subprovider - IPF								3.00
5.00	Subprovider - IRF								4.00
6.00	Subprovider - (Other)								5.00
7.00	Swing Beds - SNF		Perry Memorial SB/SNF	14Z337	99914		07/15/2004	N	0 N
8.00	Swing Beds - NF		Perry Memorial SB/SNF	14Z337	99914		07/15/2004	N	N
9.00	Hospital-Based SNF								6.00
10.00	Hospital-Based NF								7.00
11.00	Hospital-Based OLTC								8.00
12.00	Hospital-Based HHA								9.00
13.00	Separately Certified ASC								10.00
14.00	Hospital-Based Hospice								11.00
15.00	Hospital-Based Health Clinic - RHC								12.00
16.00	Hospital-Based Health Clinic - FQHC								13.00
17.00	Hospital-Based (CMHC) 1								14.00
18.00	Renal Dialysis								15.00
19.00	Other								16.00
							From:	To:	
							1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)						05/01/2011	04/30/2012	20.00
21.00	Type of Control (see instructions)						8		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.						N	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.						2	N	23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
		1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible but unpaid days in column 5, and other Medicaid days in column 6.		0	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		0	0	0	0	0	0	25.00
							Urban/Rural S	Date of Geogr	
							1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						2		26.00
27.00	For the Standard Geographic Classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00
							Beginning:	Ending:	
							1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscriber line 36 for number of periods in excess of one and enter subsequent dates.								36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.						0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscriber line 38 for number of periods in excess of one and enter subsequent dates.								38.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet S-2 Part I Date/Time Prepared: 7/27/2012 1:24 pm		
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 141337

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

Worksheet S-2
Part I
Date/Time Prepared:
7/27/2012 1:24 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

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			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period 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.			Y	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	Y			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	Y			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet S-2 Part I Date/Time Prepared: 7/27/2012 1:24 pm	
		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.	346,397	0		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)		N		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141337		Period: From 05/01/2011 To 04/30/2012		Worksheet S-2 Part I Date/Time Prepared: 7/27/2012 1:24 pm	
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
						1.00	
Multi-campus							
165.00	Is this hospital part of a Multi-campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141337		Period: From 05/01/2011 To 04/30/2012		Worksheet S-2 Part II Date/Time Prepared: 7/27/2012 1:24 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				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A				4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N					9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					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		05/23/2012			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		N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		Y		27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		Y		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.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
			Y/N	Date	
			1.00	2.00	
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N		40.00
		1.00	2.00	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.	DAN	LI NHART	CONSULTANT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.	MCGLADREY, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(563) 888-4404	DAN.LI NHART@MCGLADREY.COM		43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	05/23/2012	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141337

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

Worksheet S-3
Part I
Date/Time Prepared:
7/27/2012 1:24 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	22	8,052	98,143.00	1.00
2.00 HMO					2.00
3.00 HMO IPF					3.00
4.00 HMO IRF					4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					5.00
6.00 Hospital Adults & Peds. Swing Bed NF					6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		22	8,052	98,143.00	7.00
8.00 Intensive Care Unit	31.00	3	1,098	3,818.00	8.00
9.00 Coronary Care Unit					9.00
10.00 Burn Intensive Care Unit					10.00
11.00 Surgical Intensive Care Unit					11.00
12.00 Other Special Care (specify)					12.00
13.00 Nursery	43.00				13.00
14.00 Total (see instructions)		25	9,150	101,961.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF					17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
26.00 RURAL HEALTH CLINIC					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00 Total (sum of lines 14-26)		25			27.00
28.00 Observation Bed Days					28.00
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141337

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

Worksheet S-3
Part I
Date/Time Prepared:
7/27/2012 1:24 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	2,339	266	3,673		1.00
2.00 HMO		0	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	365	0	409		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	27		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	2,704	266	4,109		7.00
8.00 Intensive Care Unit	0	239	18	358		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		34	216		13.00
14.00 Total (see instructions)	0	2,943	318	4,683		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	419		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				54		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141337

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

Worksheet S-3
Part I
Date/Time Prepared:
7/27/2012 1:24 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	754	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	290.48	0.00	0	754	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	290.48	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141337

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

Worksheet S-3
Part I
Date/Time Prepared:
7/27/2012 1:24 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)	123	1,199		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)	123	1,199		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet S-10 Date/Time Prepared: 7/27/2012 1:24 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)		0.448226	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		811,330	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		1,079,839	5.00	
6.00	Medicaid charges		3,280,069	6.00	
7.00	Medicaid cost (line 1 times line 6)		1,470,212	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)		0	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		17,030	9.00	
10.00	Stand-alone SCHIP charges		96,257	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		43,145	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		26,115	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		26,115	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,193,119	555,126	1,748,245	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	534,787	248,822	783,609	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	534,787	248,822	783,609	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			899,218	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			540,047	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			359,171	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			160,990	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			944,599	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			970,714	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141337

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

Worksheet A
Date/Time Prepared: 7/27/2012 1:24 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 Cap Rel Costs-Bldg & Fixt		1,210,648	1,210,648	190,146	1,400,794	1.00
1.01 Perry Plaza B&F		125,230	125,230	0	125,230	1.01
2.00 Cap Rel Costs-Mvble Equip		1,293,887	1,293,887	35,204	1,329,091	2.00
4.00 Employee Benefits	177,664	4,950,069	5,127,733	-100,919	5,026,814	4.00
5.01 OTHER ADMINISTRATIVE AND GENERAL	446,247	204,091	650,338	0	650,338	5.01
5.02 A&G Hospital Only	748,124	353,825	1,101,949	-15,761	1,086,188	5.02
5.03 A&G Shared	721,827	1,286,230	2,008,057	-65,828	1,942,229	5.03
7.00 Operation of Plant	532,170	1,006,244	1,538,414	144,159	1,682,573	7.00
7.01 Perry Plaza Plant Op	30,152	69,712	99,864	0	99,864	7.01
8.00 Laundry & Linen Service	295,829	251,477	547,306	-129,093	418,213	8.00
9.00 Housekeeping	340,101	131,075	471,176	0	471,176	9.00
10.00 Dietary	400,766	443,942	844,708	0	844,708	10.00
11.00 Cafeteria	0	0	0	0	0	11.00
13.00 Nursing Administration	856,728	20,814	877,542	0	877,542	13.00
14.00 Central Services & Supply	55,642	39,115	94,757	0	94,757	14.00
15.00 Pharmacy	280,118	363,701	643,819	0	643,819	15.00
16.00 Medical Records & Library	501,639	67,493	569,132	0	569,132	16.00
17.00 SOCIAL SERVICE	320,327	28,361	348,688	0	348,688	17.00
18.00 Patient Registration	248,353	11,309	259,662	0	259,662	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	1,943,349	206,350	2,149,699	0	2,149,699	30.00
31.00 Intensive Care Unit	529,154	19,780	548,934	0	548,934	31.00
43.00 Nursery	39,324	19,189	58,513	0	58,513	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	1,595,106	1,899,863	3,494,969	-685,819	2,809,150	50.00
52.00 Labor Room & Delivery Room	16,744	5,013	21,757	0	21,757	52.00
53.00 Anesthesiology	0	1,217,908	1,217,908	0	1,217,908	53.00
54.00 Radiology - Diagnostic	632,816	313,867	946,683	0	946,683	54.00
55.00 Radiology - Therapeutic	174,525	44,636	219,161	0	219,161	55.00
56.00 Radiosotope	0	328,182	328,182	0	328,182	56.00
57.00 CT SCAN	130,054	225,853	355,907	0	355,907	57.00
58.00 Magnetic Resonance Imaging (MRI)	26,304	298,300	324,604	0	324,604	58.00
60.00 Laboratory	684,978	930,833	1,615,811	0	1,615,811	60.00
63.00 Blood Storing, Processing, & Trans.	0	169,068	169,068	0	169,068	63.00
65.00 Respiratory Therapy	359,769	41,808	401,577	0	401,577	65.00
66.00 Physical Therapy	493,132	47,500	540,632	0	540,632	66.00
69.00 Electrocardiology	40,585	6,299	46,884	0	46,884	69.00
70.00 Electroencephalography	1,810	516	2,326	0	2,326	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	685,819	685,819	72.00
73.00 Drugs Charged to Patients	0	1,084,640	1,084,640	0	1,084,640	73.00
76.00 Cardiology	0	0	0	0	0	76.00
76.97 Cardiac Rehabilitation	47,394	25,529	72,923	0	72,923	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 Clinic	0	0	0	0	0	90.00
90.01 Sleep Lab	33,915	5,680	39,595	0	39,595	90.01
91.00 Emergency	799,949	1,452,665	2,252,614	-1,620	2,250,994	91.00
92.00 Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 Durable Medical Equip. - Sold	160,940	171,830	332,770	0	332,770	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 Heart Acquisition	0	0	0	0	0	106.00
113.00 Interest Expense		157,207	157,207	-157,207	0	113.00
118.00 SUBTOTALS (sum of lines 1-117)	13,665,535	20,529,739	34,195,274	-100,919	34,094,355	118.00
NONREIMBURSABLE COST CENTERS						
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00 Physicians' Private Offices	0	0	0	0	0	192.00
192.03 OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
OTHER NONREIMBURSABLE COST CENTERS						
194.01 Hospital Leased Space	0	0	0	0	0	194.01
194.02 ORTHO CLINIC	1,198,819	137,715	1,336,534	100,919	1,437,453	194.02
194.03 MOB LEASED SPACE	0	0	0	0	0	194.03
194.04 Walnut Clinic	0	1	1	0	1	194.04
194.05 Perry Plaza Leased	0	0	0	0	0	194.05
200.00 TOTAL (sum of lines 118-199)	14,864,354	20,667,455	35,531,809	0	35,531,809	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141337

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

Worksheet A
Date/Time Prepared:
7/27/2012 1:24 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	Cap Rel Costs-Bldg & Fixt	-99,314	1,301,480	1.00
1.01	Perry Plaza B&F	0	125,230	1.01
2.00	Cap Rel Costs-Mvble Equip	0	1,329,091	2.00
4.00	Employee Benefits	-224,368	4,802,446	4.00
5.01	OTHER ADMINISTRATIVE AND GENERAL	-3,654	646,684	5.01
5.02	A&G Hospital Only	-5,161	1,081,027	5.02
5.03	A&G Shared	-679,488	1,262,741	5.03
7.00	Operation of Plant	0	1,682,573	7.00
7.01	Perry Plaza Plant Op	0	99,864	7.01
8.00	Laundry & Linen Service	0	418,213	8.00
9.00	Housekeeping	0	471,176	9.00
10.00	Dietary	-197,975	646,733	10.00
11.00	Cafeteria	0	0	11.00
13.00	Nursing Administration	-90,700	786,842	13.00
14.00	Central Services & Supply	0	94,757	14.00
15.00	Pharmacy	0	643,819	15.00
16.00	Medical Records & Library	-6	569,126	16.00
17.00	SOCIAL SERVICE	0	348,688	17.00
18.00	Patient Registration	0	259,662	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	Adults & Pediatrics	0	2,149,699	30.00
31.00	Intensive Care Unit	0	548,934	31.00
43.00	Nursery	0	58,513	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	Operating Room	-17,370	2,791,780	50.00
52.00	Labor Room & Delivery Room	0	21,757	52.00
53.00	Anesthesiology	-1,157,772	60,136	53.00
54.00	Radiology - Diagnostic	0	946,683	54.00
55.00	Radiology - Therapeutic	0	219,161	55.00
56.00	Radiosotope	0	328,182	56.00
57.00	CT SCAN	0	355,907	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	324,604	58.00
60.00	Laboratory	-37,260	1,578,551	60.00
63.00	Blood Storing, Processing, & Trans.	0	169,068	63.00
65.00	Respiratory Therapy	0	401,577	65.00
66.00	Physical Therapy	0	540,632	66.00
69.00	Electrocardiology	0	46,884	69.00
70.00	Electroencephalography	0	2,326	70.00
71.00	Medical Supplies Charged to Patients	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	685,819	72.00
73.00	Drugs Charged to Patients	0	1,084,640	73.00
76.00	Cardiology	0	0	76.00
76.97	Cardiac Rehabilitation	-23,125	49,798	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	Clinic	0	0	90.00
90.01	Sleep Lab	0	39,595	90.01
91.00	Emergency	-610,402	1,640,592	91.00
92.00	Observation Beds (Non-Distinct Part)			92.00
OTHER REIMBURSABLE COST CENTERS				
97.00	Durable Medical Equip. - Sold	0	332,770	97.00
SPECIAL PURPOSE COST CENTERS				
106.00	Heart Acquisition	0	0	106.00
113.00	Interest Expense	0	0	113.00
118.00	SUBTOTALS (sum of lines 1-117)	-3,146,595	30,947,760	118.00
NONREIMBURSABLE COST CENTERS				
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	190.00
192.00	Physicians' Private Offices	0	0	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	0	192.03
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	Hospital Leased Space	0	0	194.01
194.02	ORTHO CLINIC	0	1,437,453	194.02
194.03	MOB LEASED SPACE	0	0	194.03
194.04	Walnut Clinic	0	1	194.04
194.05	Perry Plaza Leased	0	0	194.05
200.00	TOTAL (sum of lines 118-199)	-3,146,595	32,385,214	200.00

RECLASSIFICATIONS

Provider CCN: 141337

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

Worksheet A-6

Date/Time Prepared:
7/27/2012 1:24 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - INTEREST						
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	157,207		1.00
	TOTALS		0	157,207		
B - PROPERTY INSURANCE						
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	32,939		1.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0	35,204		2.00
	TOTALS		0	68,143		
C - EMPLOYEE PHYSICALS						
1.00	A&G Shared	5.03	0	1,620		1.00
	TOTALS		0	1,620		
D - LAUNDRY UTILITIES						
1.00	Operation of Plant	7.00	0	144,159		1.00
	TOTALS		0	144,159		
E - MATERIALS MANAGEMENT DIRECTOR						
1.00	A&G Shared	5.03	695	0		1.00
2.00	Laundry & Linen Service	8.00	15,066	0		2.00
	TOTALS		15,761	0		
F - PHYSICIAN BENEFITS RECLASS						
1.00	ORTHO CLINIC	194.02	0	100,919		1.00
	TOTALS		0	100,919		
G - IMPLANTABLES RECLASS						
1.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	72.00	0	685,819		1.00
	TOTALS		0	685,819		
500.00	Grand Total: Increases		15,761	1,157,867		500.00

RECLASSIFICATIONS

Provider CCN: 141337

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

Worksheet A-6

Date/Time Prepared:
7/27/2012 1:24 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
	6.00	7.00	8.00	9.00	10.00		
A - INTEREST							
1.00	Interest Expense	113.00	0	157,207	11		1.00
	TOTALS		0	157,207			
B - PROPERTY INSURANCE							
1.00	A&G Shared	5.03	0	68,143	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	68,143			
C - EMPLOYEE PHYSICALS							
1.00	Emergency	91.00	0	1,620	0		1.00
	TOTALS		0	1,620			
D - LAUNDRY UTILITIES							
1.00	Laundry & Linen Service	8.00	0	144,159	0		1.00
	TOTALS		0	144,159			
E - MATERIALS MANAGEMENT DIRECTOR							
1.00	A&G Hospital Only	5.02	15,761	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		15,761	0			
F - PHYSICIAN BENEFITS RECLASS							
1.00	Employee Benefits	4.00	0	100,919	0		1.00
	TOTALS		0	100,919			
G - IMPLANTIBLES RECLASS							
1.00	Operating Room	50.00	0	685,819	0		1.00
	TOTALS		0	685,819			
500.00	Grand Total: Decreases		15,761	1,157,867			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141337

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
7/27/2012 1:24 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	981,281	2,564,870	0	2,564,870	2,219,920	1.00
2.00	Land Improvements	1,156,448	50,250	0	50,250	0	2.00
3.00	Buildings and Fixtures	36,448,781	686,651	0	686,651	13,914	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	16,057,597	2,134,633	0	2,134,633	1,332,760	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	54,644,107	5,436,404	0	5,436,404	3,566,594	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	54,644,107	5,436,404	0	5,436,404	3,566,594	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	Cap Rel Costs-Bldg & Fixt	1,210,648	0	0	0	0	1.00
1.01	Perry Plaza B&F	125,230	0	0	0	0	1.01
2.00	Cap Rel Costs-Mvble Equip	1,293,887	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,629,765	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	39,654,447	0	39,654,447	0.701676	0	1.00
1.01	Perry Plaza B&F	0	0	0	0.000000	0	1.01
2.00	Cap Rel Costs-Mvble Equip	16,859,470	0	16,859,470	0.298324	0	2.00
3.00	Total (sum of lines 1-2)	56,513,917	0	56,513,917	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141337

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
7/27/2012 1:24 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,326,231	0		1.00		
2.00	Land Improvements	1,206,698	0		2.00		
3.00	Buildings and Fixtures	37,121,518	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	16,859,470	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	56,513,917	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	56,513,917	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	Cap Rel Costs-Bldg & Fixt	0	1,210,648		1.00		
1.01	Perry Plaza B&F	0	125,230		1.01		
2.00	Cap Rel Costs-Mvble Equip	0	1,293,887		2.00		
3.00	Total (sum of lines 1-2)	0	2,629,765		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	0	0	0	1,201,760	0	1.00
1.01	Perry Plaza B&F	0	0	0	125,230	0	1.01
2.00	Cap Rel Costs-Mvble Equip	0	0	0	1,293,887	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,620,877	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141337

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
7/27/2012 1:24 pm

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	66,781	32,939	0	0	1,301,480	1.00
1.01	Perry Plaza B&F	0	0	0	0	125,230	1.01
2.00	Cap Rel Costs-Mvble Equip	0	35,204	0	0	1,329,091	2.00
3.00	Total (sum of lines 1-2)	66,781	68,143	0	0	2,755,801	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141337

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

Worksheet A-8
Date/Time Prepared:
7/27/2012 1:24 pm

Line #	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
1.00	Investment income - Cap Rel Costs-Bldg & Fixt (chapter 2)	B	-14,608	Cap Rel Costs-Bldg & Fixt	1.00 1.00
1.01	Investment income - Perry Plaza B&F (chapter 2)		0	Perry Plaza B&F	1.01 1.01
2.00	Investment income - Cap Rel Costs-Mvble Equip (chapter 2)		0	Cap Rel Costs-Mvble Equip	2.00 2.00
3.00	Investment income - other (chapter 2)		0		0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00 7.00
8.00	Television and radio service (chapter 21)		0		0.00 8.00
9.00	Parking lot (chapter 21)		0		0.00 9.00
10.00	Provider-based physician adjustment	A-8-2	-1,845,929		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0		12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Cafeteria-employees and guests		0		0.00 14.00
15.00	Rental of quarters to employee and others		0		0.00 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00	Sale of drugs to other than patients		0		0.00 17.00
18.00	Sale of medical records and abstracts		0		0.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00	Vending machines		0		0.00 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	Respiratory Therapy	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	Physical Therapy	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00 25.00
26.00	Depreciation - Cap Rel Costs-Bldg & Fixt		0	Cap Rel Costs-Bldg & Fixt	1.00 26.00
26.01	Depreciation - Perry Plaza B&F		0	Perry Plaza B&F	1.01 26.01
27.00	Depreciation - Cap Rel Costs-Mvble Equip		0	Cap Rel Costs-Mvble Equip	2.00 27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00 28.00
29.00	Physicians' assistant		0		0.00 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00	CAFETERIA	B	-156,608	Dietary	10.00 33.00
33.01	DIETICIAN REVENUE (EXP IN DEPT 62)	B	-1,751	Dietary	10.00 33.01
33.02	OUTSIDE CATERING	B	-1,552	Dietary	10.00 33.02
33.03	MEDICAL RECORDS	B	-6	Medical Records & Library	16.00 33.03
33.04	CONTRACT NURSING	B	-90,700	Nursing Administration	13.00 33.04
33.05	MISCELLANEOUS	B	-254,953	A&G Shared	5.03 33.05
33.06	MOBILE MEALS	B	-38,064	Dietary	10.00 33.06
33.07	BILLING & COLLECTIONS	B	-3,654	OTHER ADMINISTRATIVE AND GENERAL	5.01 33.07
33.08			0		0.00 33.08
33.09			0		0.00 33.09
33.10			0		0.00 33.10
33.11	AMORTIZATION EXPENSE	A	-54,893	A&G Shared	5.03 33.11
33.12	TELEPHONE SALARY OFFSET	A	-5,161	A&G Hospital Only	5.02 33.12
33.13	TELEPHONE BENEFIT OFFSET	A	-1,042	Employee Benefits	4.00 33.13
33.14	NON-ALLOWABLE MARKETING	A	-178,280	A&G Shared	5.03 33.14
33.15	MARKETING BENEFITS	A	-14,751	Employee Benefits	4.00 33.15
33.16	RENTAL PROPERTY - CAPITAL	A	-8,888	Cap Rel Costs-Bldg & Fixt	1.00 33.16
33.17	2004 BOND INTEREST	A	-26,355	Cap Rel Costs-Bldg & Fixt	1.00 33.17

Provider CCN: 141337

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

Worksheet A-8
 Date/Time Prepared:
 7/27/2012 1:24 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center		
			1.00	2.00	
33.18 IHA DUES OFFSET	A	-15,782	A&G Shared		5.03 33.18
33.19		0			0.00 33.19
33.20		0			0.00 33.20
33.21 PHYSICIAN RECRUITMENT	A	-17,007	A&G Shared		5.03 33.21
33.22 PHYSICIAN ON CALL	A	-158,393	A&G Shared		5.03 33.22
33.23 SELF-INSURANCE OFFSET	A	-854,013	Employee Benefits		4.00 33.23
33.24 UNFUNDED OTHER POST EMPLOYMENT BENEF	A	-32,343	Employee Benefits		4.00 33.24
33.25 SOCIAL ORG. DUES - PRINCETON ROTARY	A	-180	A&G Shared		5.03 33.25
33.26 NON-ALLOWABLE NOTE INTEREST	B	-49,463	Cap Rel Costs-Bldg & Fixt		1.00 33.26
33.27 ADDITIONAL PENSION EXPENSE	A	677,781	Employee Benefits		4.00 33.27
33.28		0			0.00 33.28
33.29		0			0.00 33.29
33.30		0			0.00 33.30
33.31		0			0.00 33.31
33.32		0			0.00 33.32
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,146,595			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141337

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

Worksheet A-8
Date/Time Prepared:
7/27/2012 1:24 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - Cap Rel Costs-Bldg & Fixt (chapter 2)	11	1.00
1.01	Investment income - Perry Plaza B&F (chapter 2)	0	1.01
2.00	Investment income - Cap Rel Costs-Mvble Equip (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - Cap Rel Costs-Bldg & Fixt	0	26.00
26.01	Depreciation - Perry Plaza B&F	0	26.01
27.00	Depreciation - Cap Rel Costs-Mvble Equip	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	CAFETERIA	0	33.00
33.01	DIETICIAN REVENUE (EXP IN DEPT 62)	0	33.01
33.02	OUTSIDE CATERING	0	33.02
33.03	MEDICAL RECORDS	0	33.03
33.04	CONTRACT NURSING	0	33.04
33.05	MISCELLANEOUS	0	33.05
33.06	MOBILE MEALS	0	33.06
33.07	BILLING & COLLECTIONS	0	33.07
33.08		0	33.08
33.09		0	33.09
33.10		0	33.10
33.11	AMORTIZATION EXPENSE	0	33.11
33.12	TELEPHONE SALARY OFFSET	0	33.12
33.13	TELEPHONE BENEFIT OFFSET	0	33.13
33.14	NON-ALLOWABLE MARKETING	0	33.14
33.15	MARKETING BENEFITS	0	33.15
33.16	RENTAL PROPERTY - CAPITAL	9	33.16
33.17	2004 BOND INTEREST	11	33.17
33.18	IHA DUES OFFSET	0	33.18
33.19		0	33.19
33.20		0	33.20
33.21	PHYSICIAN RECRUITMENT	0	33.21
33.22	PHYSICIAN ON CALL	0	33.22
33.23	SELF-INSURANCE OFFSET	0	33.23
33.24	UNFUNDED OTHER POST EMPLOYMENT BENEF	0	33.24

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ADJUSTMENTS TO EXPENSES

Provider CCN: 141337

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

Worksheet A-8

Date/Time Prepared:
7/27/2012 1:24 pm

Cost Center Description		Wkst.	A-7	Ref.	
		5.00			
33.25	SOCIAL ORG. DUES - PRINCETON ROTARY			0	33.25
33.26	NON-ALLOWABLE NOTE INTEREST			11	33.26
33.27	ADDITIONAL PENSION EXPENSE			0	33.27
33.28				0	33.28
33.29				0	33.29
33.30				0	33.30
33.31				0	33.31
33.32				0	33.32
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141337

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

Worksheet A-8-2

Date/Time Prepared:
7/27/2012 1:24 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	91.00	Emergency	1,225,363	610,402	1.00
2.00	50.00	Operating Room	17,370	17,370	2.00
3.00	60.00	Laboratory	37,260	37,260	3.00
4.00	53.00	Anesthesiology	1,157,772	1,157,772	4.00
5.00	76.97	Cardiac Rehabilitation	23,125	23,125	5.00
6.00	5.03	A&G Shared	25,469	0	6.00
7.00	0.00		0	0	7.00
8.00	0.00		0	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00			2,486,359	1,845,929	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141337

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

Worksheet A-8-2

Date/Time Prepared:
7/27/2012 1:24 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	614,961	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	25,469	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	640,430					200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141337

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

Worksheet A-8-2

Date/Time Prepared:
7/27/2012 1:24 pm

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141337

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

Worksheet A-8-2
Date/Time Prepared:
7/27/2012 1:24 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	610,402	1.00
2.00	0	17,370	2.00
3.00	0	37,260	3.00
4.00	0	1,157,772	4.00
5.00	0	23,125	5.00
6.00	0	0	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	0	1,845,929	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

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

Worksheet B
Part I
Date/Time Prepared:
7/27/2012 1:24 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS			Employee Benefits	
		Bldg & Fixt	Perry Plaza B&F	Mvble Equip		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt	1,301,480	1,301,480				1.00
1.01 Perry Plaza B&F	125,230	0	125,230			1.01
2.00 Cap Rel Costs-Mvble Equip	1,329,091			1,329,091		2.00
4.00 Employee Benefits	4,802,446	6,294	0	0	4,808,740	4.00
OTHER ADMINISTRATIVE AND GENERAL						
5.01 OTHER ADMINISTRATIVE AND GENERAL	646,684	28,096	0	2,474	146,111	5.01
5.02 A&G Hospital Only	1,081,027	55,165	774	194,396	244,952	5.02
5.03 A&G Shared	1,262,741	107,577	0	15,861	236,342	5.03
7.00 Operation of Plant	1,682,573	162,665	19,302	18,619	174,244	7.00
7.01 Perry Plaza Plant Op	99,864	0	870	374	9,872	7.01
8.00 Laundry & Linen Service	418,213	6,364	24,505	15,781	96,861	8.00
9.00 Housekeeping	471,176	14,635	0	28	111,357	9.00
10.00 Dietary	646,733	36,786	0	10,999	131,220	10.00
11.00 Cafeteria	0	18,288	0	0	0	11.00
13.00 Nursing Administration	786,842	17,932	0	251	280,512	13.00
14.00 Central Services & Supply	94,757	12,853	0	13,758	18,218	14.00
15.00 Pharmacy	643,819	15,703	0	1,613	91,717	15.00
16.00 Medical Records & Library	569,126	32,294	0	2,627	164,248	16.00
17.00 SOCIAL SERVICE	348,688	10,380	0	0	104,882	17.00
18.00 Patient Registration	259,662	6,867	0	1,306	81,316	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	2,149,699	125,432	0	37,574	636,288	30.00
31.00 Intensive Care Unit	548,934	22,773	0	3,664	173,257	31.00
43.00 Nursery	58,513	6,979	0	0	12,876	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	2,791,780	179,033	0	208,694	522,273	50.00
52.00 Labor Room & Delivery Room	21,757	7,055	0	0	5,482	52.00
53.00 Anesthesiology	60,136	1,243	0	26,526	0	53.00
54.00 Radiology - Diagnostic	946,683	27,181	0	245,590	207,198	54.00
55.00 Radiology - Therapeutic	219,161	2,361	0	42,084	57,143	55.00
56.00 Radiotope	328,182	4,114	0	0	0	56.00
57.00 CT SCAN	355,907	6,441	0	165,027	42,583	57.00
58.00 Magnetic Resonance Imaging (MRI)	324,604	8,955	0	195,816	8,613	58.00
60.00 Laboratory	1,578,551	28,061	0	63,651	224,277	60.00
63.00 Blood Storing, Processing, & Trans.	169,068	0	0	0	0	63.00
65.00 Respiratory Therapy	401,577	17,324	0	5,933	117,796	65.00
66.00 Physical Therapy	540,632	29,081	0	16,345	161,462	66.00
69.00 Electrocardiology	46,884	964	0	4,109	13,288	69.00
70.00 Electroencephalography	2,326	2,389	0	3,010	593	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	685,819	0	0	0	0	72.00
73.00 Drugs Charged to Patients	1,084,640	0	0	0	0	73.00
76.00 Cardiology	0	0	0	0	0	76.00
76.97 Cardiac Rehabilitation	49,798	3,472	0	6,186	15,518	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 Clinic	0	0	0	0	0	90.00
90.01 Sleep Lab	39,595	5,700	0	2,212	11,105	90.01
91.00 Emergency	1,640,592	57,938	0	16,873	261,921	91.00
92.00 Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 Durable Medical Equip. - Sold	332,770	13,279	0	4,933	52,695	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 Heart Acquisition	0	0	0	0	0	106.00
113.00 Interest Expense						113.00
118.00 SUBTOTALS (sum of lines 1-117)	30,947,760	1,081,674	45,451	1,326,314	4,416,220	118.00
NONREIMBURSABLE COST CENTERS						
190.00 Gift, Flower, Coffee Shop, & Canteen	0	4,624	0	0	0	190.00
192.00 Physicians' Private Offices	0	0	0	0	0	192.00
192.03 OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
OTHER NONREIMBURSABLE COST CENTERS						
194.01 Hospital Leased Space	0	16,933	0	0	0	194.01
194.02 ORTHO CLINIC	1,437,453	24,910	0	2,777	392,520	194.02
194.03 MOB LEASED SPACE	0	172,228	0	0	0	194.03
194.04 Walnut Clinic	1	1,111	0	0	0	194.04
194.05 Perry Plaza Leased	0	0	79,779	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	32,385,214	1,301,480	125,230	1,329,091	4,808,740	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

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

Worksheet B
Part I
Date/Time Prepared:
7/27/2012 1:24 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	Subtotal	A&G Hospital Only	Subtotal	A&G Shared	
		5.01	5A.01	5.02	5A.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt						1.00
1.01	Perry Plaza B&F						1.01
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.01	OTHER ADMINISTRATIVE AND GENERAL	823,365					5.01
5.02	A&G Hospital Only	0	1,576,314	1,576,314			5.02
5.03	A&G Shared	0	1,622,521	88,689	1,711,210	1,711,210	5.03
7.00	Operation of Plant	0	2,057,403	112,460	2,169,863	121,365	7.00
7.01	Perry Plaza Plant Op	0	110,980	6,066	117,046	6,547	7.01
8.00	Laundry & Linen Service	0	561,724	30,704	592,428	33,136	8.00
9.00	Housekeeping	0	597,196	32,643	629,839	35,228	9.00
10.00	Dietary	0	825,738	45,136	870,874	48,710	10.00
11.00	Cafeteria	0	18,288	1,000	19,288	1,079	11.00
13.00	Nursing Administration	0	1,085,537	59,337	1,144,874	64,035	13.00
14.00	Central Services & Supply	0	139,586	7,630	147,216	8,234	14.00
15.00	Pharmacy	0	752,852	41,152	794,004	44,410	15.00
16.00	Medical Records & Library	0	768,295	41,996	810,291	45,321	16.00
17.00	SOCIAL SERVICE	0	463,950	25,360	489,310	27,368	17.00
18.00	Patient Registration	0	349,151	19,085	368,236	20,596	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	51,871	3,000,864	164,030	3,164,894	177,019	30.00
31.00	Intensive Care Unit	9,196	757,824	41,423	799,247	44,703	31.00
43.00	Nursery	2,804	81,172	4,437	85,609	4,788	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	173,615	3,875,395	211,822	4,087,217	228,622	50.00
52.00	Labor Room & Delivery Room	3,416	37,710	2,061	39,771	2,224	52.00
53.00	Anesthesiology	10,583	98,488	5,383	103,871	5,810	53.00
54.00	Radiology - Diagnostic	52,971	1,479,623	80,878	1,560,501	87,282	54.00
55.00	Radiology - Therapeutic	25,796	346,545	18,942	365,487	20,442	55.00
56.00	Radiosotope	11,718	344,014	18,804	362,818	20,293	56.00
57.00	CT SCAN	73,890	643,848	35,193	679,041	37,980	57.00
58.00	Magnetic Resonance Imaging (MRI)	33,202	571,190	31,222	602,412	33,694	58.00
60.00	Laboratory	125,932	2,020,472	110,441	2,130,913	119,186	60.00
63.00	Blood Storing, Processing, & Trans.	5,596	174,664	9,547	184,211	10,303	63.00
65.00	Respiratory Therapy	23,188	565,818	30,928	596,746	33,377	65.00
66.00	Physical Therapy	29,158	776,678	42,454	819,132	45,816	66.00
69.00	Electrocardiology	8,924	74,169	4,054	78,223	4,375	69.00
70.00	Electroencephalography	273	8,591	470	9,061	507	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	17,307	703,126	38,434	741,560	41,477	72.00
73.00	Drugs Charged to Patients	56,352	1,140,992	62,368	1,203,360	67,306	73.00
76.00	Cardiology	0	0	0	0	0	76.00
76.97	Cardiac Rehabilitation	2,773	77,747	4,250	81,997	4,586	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0	0	0	90.00
90.01	Sleep Lab	3,590	62,202	3,400	65,602	3,669	90.01
91.00	Emergency	61,760	2,039,084	111,458	2,150,542	120,284	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	7,296	410,973	22,464	433,437	24,243	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	Heart Acquisition	0	0	0	0	0	106.00
113.00	Interest Expense	0	0	0	0	0	113.00
118.00	SUBTOTALS (sum of lines 1-117)	791,211	30,220,724	1,565,721	30,210,131	1,594,015	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	0	4,624	253	4,877	273	190.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	Hospital Leased Space	0	16,933	926	17,859	999	194.01
194.02	ORTHO CLINIC	32,154	1,889,814	0	1,889,814	105,701	194.02
194.03	MOB LEASED SPACE	0	172,228	9,414	181,642	10,160	194.03
194.04	Walnut Clinic	0	1,112	0	1,112	62	194.04
194.05	Perry Plaza Leased	0	79,779	0	79,779	0	194.05
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	823,365	32,385,214	1,576,314	32,385,214	1,711,210	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Operation of Plant	Perry Plaza Plant Op	Laundry & Linen Service	Housekeeping	Dietary	
		7.00	7.01	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt						1.00
1.01	Perry Plaza B&F						1.01
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.01	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	A&G Hospital Only						5.02
5.03	A&G Shared						5.03
7.00	Operation of Plant	2,291,228					7.00
7.01	Perry Plaza Plant Op	0	123,593				7.01
8.00	Laundry & Linen Service	15,484	29,043	670,091			8.00
9.00	Housekeeping	35,608	0	7,043	707,718		9.00
10.00	Dietary	89,504	0	0	18,571	1,027,659	10.00
11.00	Cafeteria	44,497	0	473	0	547,267	11.00
13.00	Nursing Administration	43,630	0	0	9,537	32,561	13.00
14.00	Central Services & Supply	31,274	0	236	18,320	0	14.00
15.00	Pharmacy	38,208	0	0	10,290	0	15.00
16.00	Medical Records & Library	78,575	0	0	18,571	0	16.00
17.00	SOCIAL SERVICE	25,257	0	0	2,510	0	17.00
18.00	Patient Registration	16,708	0	0	6,023	135	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	305,191	0	41,206	149,323	315,107	30.00
31.00	Intensive Care Unit	55,409	0	6,639	17,066	47,583	31.00
43.00	Nursery	16,980	0	413	7,529	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	435,605	0	24,042	160,617	57,087	50.00
52.00	Labor Room & Delivery Room	17,167	0	779	0	0	52.00
53.00	Anesthesiology	3,025	0	0	0	0	53.00
54.00	Radiology - Diagnostic	66,134	0	2,157	16,313	51	54.00
55.00	Radiology - Therapeutic	5,745	0	2,800	0	0	55.00
56.00	Radi isotope	10,011	0	1,837	0	405	56.00
57.00	CT SCAN	15,671	0	1,911	2,761	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	21,790	0	1,395	5,772	0	58.00
60.00	Laboratory	68,275	0	12	20,077	203	60.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00	Respiratory Therapy	42,152	0	0	12,799	0	65.00
66.00	Physical Therapy	70,757	0	6,819	26,853	557	66.00
69.00	Electrocardiology	2,346	0	179	0	0	69.00
70.00	Electroencephalography	5,813	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	0	73.00
76.00	Cardiology	0	0	0	0	0	76.00
76.97	Cardiac Rehabilitation	8,447	0	1	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0	0	0	90.00
90.01	Sleep Lab	13,869	0	0	11,293	1,350	90.01
91.00	Emergency	140,970	0	15,337	88,590	25,150	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	32,311	0	0	6,525	203	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	Heart Acquisition	0	0	0	0	0	106.00
113.00	Interest Expense						113.00
118.00	SUBTOTALS (sum of lines 1-117)	1,756,413	29,043	113,279	609,340	1,027,659	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	11,252	0	0	0	0	190.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	0	556,278	0	0	192.03
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	Hospital Leased Space	41,200	0	0	0	0	194.01
194.02	ORTHO CLINIC	60,610	0	534	98,378	0	194.02
194.03	MOB LEASED SPACE	419,051	0	0	0	0	194.03
194.04	Walnut Clinic	2,702	0	0	0	0	194.04
194.05	Perry Plaza Leased	0	94,550	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,291,228	123,593	670,091	707,718	1,027,659	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

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

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Part I
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Cost Center Description	Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy	Medical Records & Library	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt						1.00
1.01 Perry Plaza B&F						1.01
2.00 Cap Rel Costs-Mvble Equip						2.00
4.00 Employee Benefits						4.00
5.01 OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02 A&G Hospital Only						5.02
5.03 A&G Shared						5.03
7.00 Operation of Plant						7.00
7.01 Perry Plaza Plant Op						7.01
8.00 Laundry & Linen Service						8.00
9.00 Housekeeping						9.00
10.00 Dietary						10.00
11.00 Cafeteria	612,604					11.00
13.00 Nursing Administration	42,189	1,336,826				13.00
14.00 Central Services & Supply	7,798	28,294	241,372			14.00
15.00 Pharmacy	17,596	0	2,145	906,653		15.00
16.00 Medical Records & Library	51,547	0	0	0	1,004,305	16.00
17.00 SOCIAL SERVICE	23,474	0	0	0	0	17.00
18.00 Patient Registration	19,035	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	96,096	599,077	17,785	276	63,271	30.00
31.00 Intensive Care Unit	21,155	111,389	2,598	1	11,217	31.00
43.00 Nursery	0	9,017	3,605	0	3,420	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	97,414	364,483	189,007	36	211,757	50.00
52.00 Labor Room & Delivery Room	0	3,809	454	0	4,166	52.00
53.00 Anesthesiology	0	0	5,301	0	12,909	53.00
54.00 Radiology - Diagnostic	36,991	0	0	840	64,612	54.00
55.00 Radiology - Therapeutic	9,518	0	0	0	31,465	55.00
56.00 Radioisotope	0	0	20	76,495	14,294	56.00
57.00 CT SCAN	8,478	0	0	0	90,129	57.00
58.00 Magnetic Resonance Imaging (MRI)	1,640	0	0	0	40,499	58.00
60.00 Laboratory	46,388	0	0	0	153,608	60.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	6,826	63.00
65.00 Respiratory Therapy	19,555	0	2,517	4,465	28,284	65.00
66.00 Physical Therapy	33,671	0	3,945	2,647	35,566	66.00
69.00 Electrocardiology	4,279	0	432	0	10,886	69.00
70.00 Electroencephalography	0	0	23	0	333	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	21,110	72.00
73.00 Drugs Charged to Patients	0	0	0	782,826	68,737	73.00
76.00 Cardiology	0	0	0	0	0	76.00
76.97 Cardiac Rehabilitation	3,839	0	156	0	3,383	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 Clinic	0	0	0	0	0	90.00
90.01 Sleep Lab	40	0	669	0	4,379	90.01
91.00 Emergency	34,391	220,757	12,127	246	75,333	91.00
92.00 Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 Durable Medical Equip. - Sold	17,835	0	0	0	8,900	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 Heart Acquisition	0	0	0	0	0	106.00
113.00 Interest Expense						113.00
118.00 SUBTOTALS (sum of lines 1-117)	592,929	1,336,826	240,784	867,832	965,084	118.00
NONREIMBURSABLE COST CENTERS						
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00 Physicians' Private Offices	0	0	0	0	0	192.00
192.03 OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 Hospital Leased Space	0	0	0	0	0	194.01
194.02 ORTHO CLINIC	19,675	0	588	38,821	39,221	194.02
194.03 MOB LEASED SPACE	0	0	0	0	0	194.03
194.04 Walnut Clinic	0	0	0	0	0	194.04
194.05 Perry Plaza Leased	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	612,604	1,336,826	241,372	906,653	1,004,305	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141337

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		Patient Registration				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt						1.00
1.01 Perry Plaza B&F						1.01
2.00 Cap Rel Costs-Mvble Equip						2.00
4.00 Employee Benefits						4.00
5.01 OTHER ADMINISTRATIVE AND GENERAL						
5.02 A&G Hospital Only						5.02
5.03 A&G Shared						5.03
7.00 Operation of Plant						7.00
7.01 Perry Plaza Plant Op						7.01
8.00 Laundry & Linen Service						8.00
9.00 Housekeeping						9.00
10.00 Dietary						10.00
11.00 Cafeteria						11.00
13.00 Nursing Administration						13.00
14.00 Central Services & Supply						14.00
15.00 Pharmacy						15.00
16.00 Medical Records & Library						16.00
17.00 SOCIAL SERVICE	567,919					17.00
18.00 Patient Registration	0	430,733				18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	526,765	27,133	5,483,143	0	5,483,143	30.00
31.00 Intensive Care Unit	41,154	4,810	1,162,971	0	1,162,971	31.00
43.00 Nursery	0	1,467	132,828	0	132,828	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	0	90,857	5,946,744	0	5,946,744	50.00
52.00 Labor Room & Delivery Room	0	1,787	70,157	0	70,157	52.00
53.00 Anesthesiology	0	5,536	136,452	0	136,452	53.00
54.00 Radiology - Diagnostic	0	27,708	1,862,589	0	1,862,589	54.00
55.00 Radiology - Therapeutic	0	13,493	448,950	0	448,950	55.00
56.00 Radiotope	0	6,130	492,303	0	492,303	56.00
57.00 CT SCAN	0	38,651	874,622	0	874,622	57.00
58.00 Magnetic Resonance Imaging (MRI)	0	17,367	724,569	0	724,569	58.00
60.00 Laboratory	0	65,873	2,604,535	0	2,604,535	60.00
63.00 Blood Storing, Processing, & Trans.	0	2,927	204,267	0	204,267	63.00
65.00 Respiratory Therapy	0	12,129	752,024	0	752,024	65.00
66.00 Physical Therapy	0	15,252	1,061,015	0	1,061,015	66.00
69.00 Electrocardiology	0	4,668	105,388	0	105,388	69.00
70.00 Electroencephalography	0	143	15,880	0	15,880	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	9,053	813,200	0	813,200	72.00
73.00 Drugs Charged to Patients	0	29,477	2,151,706	0	2,151,706	73.00
76.00 Cardiology	0	0	0	0	0	76.00
76.97 Cardiac Rehabilitation	0	1,451	103,860	0	103,860	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 Clinic	0	0	0	0	0	90.00
90.01 Sleep Lab	0	1,878	102,749	0	102,749	90.01
91.00 Emergency	0	32,306	2,916,033	0	2,916,033	91.00
92.00 Observation Beds (Non-Distinct Part)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 Durable Medical Equip. - Sold	0	3,817	527,271	0	527,271	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 Heart Acquisition	0	0	0	0	0	106.00
113.00 Interest Expense						113.00
118.00 SUBTOTALS (sum of lines 1-117)	567,919	413,913	28,693,256	0	28,693,256	118.00
NONREIMBURSABLE COST CENTERS						
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	16,402	0	16,402	190.00
192.00 Physicians' Private Offices	0	0	0	0	0	192.00
192.03 OUTSIDE CONTRACT LAUNDRY	0	0	556,278	0	556,278	192.03
194.00 OTHER NONREIMBURSABLE COST CENTERS						
194.01 Hospital Leased Space	0	0	60,058	0	60,058	194.01
194.02 ORTHO CLINIC	0	16,820	2,270,162	0	2,270,162	194.02
194.03 MOB LEASED SPACE	0	0	610,853	0	610,853	194.03
194.04 Walnut Clinic	0	0	3,876	0	3,876	194.04
194.05 Perry Plaza Leased	0	0	174,329	0	174,329	194.05
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	567,919	430,733	32,385,214	0	32,385,214	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141337

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		Bldg & Fixt	Perry Plaza B&F	Mvble Equip		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00	Cap Rel Costs-Bldg & Fixt					1.00
1.01	Perry Plaza B&F					1.01
2.00	Cap Rel Costs-Mvble Equip					2.00
4.00	Employee Benefits	0	6,294	0	6,294	4.00
5.01	OTHER ADMINISTRATIVE AND GENERAL	0	28,096	0	30,570	5.01
5.02	A&G Hospital Only	0	55,165	774	250,335	5.02
5.03	A&G Shared	0	107,577	0	123,438	5.03
7.00	Operation of Plant	0	162,665	19,302	200,586	7.00
7.01	Perry Plaza Plant Op	0	0	870	1,244	7.01
8.00	Laundry & Linen Service	0	6,364	24,505	46,650	8.00
9.00	Housekeeping	0	14,635	0	14,663	9.00
10.00	Dietary	0	36,786	0	47,785	10.00
11.00	Cafeteria	0	18,288	0	18,288	11.00
13.00	Nursing Administration	0	17,932	0	18,183	13.00
14.00	Central Services & Supply	0	12,853	0	26,611	14.00
15.00	Pharmacy	0	15,703	0	17,316	15.00
16.00	Medical Records & Library	0	32,294	0	34,921	16.00
17.00	SOCIAL SERVICE	0	10,380	0	10,380	17.00
18.00	Patient Registration	0	6,867	0	8,173	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	0	125,432	0	163,006	30.00
31.00	Intensive Care Unit	0	22,773	0	26,437	31.00
43.00	Nursery	0	6,979	0	6,979	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	179,033	0	387,727	50.00
52.00	Labor Room & Delivery Room	0	7,055	0	7,055	52.00
53.00	Anesthesiology	0	1,243	0	27,769	53.00
54.00	Radiology - Diagnostic	0	27,181	0	272,771	54.00
55.00	Radiology - Therapeutic	0	2,361	0	44,445	55.00
56.00	Radioisotope	0	4,114	0	4,114	56.00
57.00	CT SCAN	0	6,441	0	171,468	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	8,955	0	204,771	58.00
60.00	Laboratory	0	28,061	0	91,712	60.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	63.00
65.00	Respiratory Therapy	0	17,324	0	23,257	65.00
66.00	Physical Therapy	0	29,081	0	45,426	66.00
69.00	Electrocardiology	0	964	0	5,073	69.00
70.00	Electroencephalography	0	2,389	0	5,399	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	73.00
76.00	Cardiology	0	0	0	0	76.00
76.97	Cardiac Rehabilitation	0	3,472	0	9,658	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	Clinic	0	0	0	0	90.00
90.01	Sleep Lab	0	5,700	0	7,912	90.01
91.00	Emergency	0	57,938	0	74,811	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	Durable Medical Equip. - Sold	0	13,279	0	18,212	97.00
SPECIAL PURPOSE COST CENTERS						
106.00	Heart Acquisition	0	0	0	0	106.00
113.00	Interest Expense	0	0	0	0	113.00
118.00	SUBTOTALS (sum of lines 1-117)	0	1,081,674	45,451	2,453,439	118.00
NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	0	4,624	0	4,624	190.00
192.00	Physicians' Private Offices	0	0	0	0	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	192.03
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	Hospital Leased Space	0	16,933	0	16,933	194.01
194.02	ORTHO CLINIC	0	24,910	0	27,687	194.02
194.03	MOB LEASED SPACE	0	172,228	0	172,228	194.03
194.04	Walnut Clinic	0	1,111	0	1,111	194.04
194.05	Perry Plaza Leased	0	0	79,779	79,779	194.05
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,301,480	125,230	2,755,801	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141337

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Employee Benefits	OTHER ADMINISTRATIVE AND GENERAL	A&G Hospital Only	A&G Shared	Operation of Plant	
		4.00	5.01	5.02	5.03	7.00	
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt						1.00
1.01	Perry Plaza B&F						1.01
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits	6,294					4.00
5.01	OTHER ADMINISTRATIVE AND GENERAL	191	30,761				5.01
5.02	A&G Hospital Only	321	0	250,656			5.02
5.03	A&G Shared	310	0	14,103	137,851		5.03
7.00	Operation of Plant	228	0	17,883	9,777	228,474	7.00
7.01	Perry Plaza Plant Op	13	0	965	527	0	7.01
8.00	Laundry & Linen Service	127	0	4,883	2,669	1,544	8.00
9.00	Housekeeping	146	0	5,191	2,838	3,551	9.00
10.00	Dietary	172	0	7,177	3,924	8,925	10.00
11.00	Cafeteria	0	0	159	87	4,437	11.00
13.00	Nursing Administration	368	0	9,435	5,159	4,351	13.00
14.00	Central Services & Supply	24	0	1,213	663	3,119	14.00
15.00	Pharmacy	120	0	6,544	3,578	3,810	15.00
16.00	Medical Records & Library	215	0	6,678	3,651	7,835	16.00
17.00	SOCIAL SERVICE	137	0	4,033	2,205	2,519	17.00
18.00	Patient Registration	107	0	3,035	1,659	1,666	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	828	1,939	26,084	14,261	30,433	30.00
31.00	Intensive Care Unit	227	344	6,587	3,601	5,525	31.00
43.00	Nursery	17	105	706	386	1,693	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	684	6,473	33,676	18,414	43,436	50.00
52.00	Labor Room & Delivery Room	7	128	328	179	1,712	52.00
53.00	Anesthesiology	0	396	856	468	302	53.00
54.00	Radiology - Diagnostic	271	1,980	12,861	7,032	6,595	54.00
55.00	Radiology - Therapeutic	75	964	3,012	1,647	573	55.00
56.00	Radiosotope	0	438	2,990	1,635	998	56.00
57.00	CT SCAN	56	2,762	5,596	3,060	1,563	57.00
58.00	Magnetic Resonance Imaging (MRI)	11	1,241	4,965	2,714	2,173	58.00
60.00	Laboratory	294	4,707	17,562	9,602	6,808	60.00
63.00	Blood Storing, Processing, & Trans.	0	209	1,518	830	0	63.00
65.00	Respiratory Therapy	154	867	4,918	2,689	4,203	65.00
66.00	Physical Therapy	212	1,090	6,751	3,691	7,056	66.00
69.00	Electrocardiology	17	334	645	352	234	69.00
70.00	Electroencephalography	1	10	75	41	580	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	647	6,112	3,341	0	72.00
73.00	Drugs Charged to Patients	0	2,106	9,918	5,422	0	73.00
76.00	Cardiology	0	0	0	0	0	76.00
76.97	Cardiac Rehabilitation	20	104	676	369	842	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0	0	0	90.00
90.01	Sleep Lab	15	134	541	296	1,383	90.01
91.00	Emergency	343	2,308	17,724	9,690	14,057	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	69	273	3,572	1,953	3,222	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	Heart Acquisition	0	0	0	0	0	106.00
113.00	Interest Expense						113.00
118.00	SUBTOTALS (sum of lines 1-117)	5,780	29,559	248,972	128,410	175,145	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	40	22	1,122	190.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	Hospital Leased Space	0	0	147	80	4,108	194.01
194.02	ORTHO CLINIC	514	1,202	0	8,516	6,044	194.02
194.03	MOB LEASED SPACE	0	0	1,497	818	41,786	194.03
194.04	Walnut Clinic	0	0	0	5	269	194.04
194.05	Perry Plaza Leased	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,294	30,761	250,656	137,851	228,474	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141337		Period: From 05/01/2011 To 04/30/2012		Worksheet B Part II Date/Time Prepared: 7/27/2012 1:24 pm	
Cost Center Description		Perry Plaza Plant Op	Laundry & Linen Service	Housekeeping	Dietary	Cafeteria	
		7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt						1.00
1.01	Perry Plaza B&F						1.01
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.01	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	A&G Hospital Only						5.02
5.03	A&G Shared						5.03
7.00	Operation of Plant						7.00
7.01	Perry Plaza Plant Op	2,749					7.01
8.00	Laundry & Linen Service	646	56,519				8.00
9.00	Housekeeping	0	594	26,983			9.00
10.00	Dietary	0	0	708	68,691		10.00
11.00	Cafeteria	0	40	0	36,581	59,592	11.00
13.00	Nursing Administration	0	0	364	2,176	4,104	13.00
14.00	Central Services & Supply	0	20	698	0	759	14.00
15.00	Pharmacy	0	0	392	0	1,712	15.00
16.00	Medical Records & Library	0	0	708	0	5,014	16.00
17.00	SOCIAL SERVICE	0	0	96	0	2,283	17.00
18.00	Patient Registration	0	0	230	9	1,852	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	0	3,475	5,693	21,062	9,348	30.00
31.00	Intensive Care Unit	0	560	651	3,181	2,058	31.00
43.00	Nursery	0	35	287	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	0	2,028	6,123	3,816	9,478	50.00
52.00	Labor Room & Delivery Room	0	66	0	0	0	52.00
53.00	Anesthesiology	0	0	0	0	0	53.00
54.00	Radiology - Diagnostic	0	182	622	3	3,598	54.00
55.00	Radiology - Therapeutic	0	236	0	0	926	55.00
56.00	Radiosotope	0	155	0	27	0	56.00
57.00	CT SCAN	0	161	105	0	825	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	118	220	0	159	58.00
60.00	Laboratory	0	1	765	14	4,512	60.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00	Respiratory Therapy	0	0	488	0	1,902	65.00
66.00	Physical Therapy	0	575	1,024	37	3,275	66.00
69.00	Electrocardiology	0	15	0	0	416	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	0	73.00
76.00	Cardiology	0	0	0	0	0	76.00
76.97	Cardiac Rehabilitation	0	0	0	0	373	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0	0	0	90.00
90.01	Sleep Lab	0	0	431	90	4	90.01
91.00	Emergency	0	1,294	3,378	1,681	3,345	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	0	0	249	14	1,735	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	Heart Acquisition	0	0	0	0	0	106.00
113.00	Interest Expense						113.00
118.00	SUBTOTALS (sum of lines 1-117)	646	9,555	23,232	68,691	57,678	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	46,919	0	0	0	192.03
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	Hospital Leased Space	0	0	0	0	0	194.01
194.02	ORTHO CLINIC	0	45	3,751	0	1,914	194.02
194.03	MOB LEASED SPACE	0	0	0	0	0	194.03
194.04	Walnut Clinic	0	0	0	0	0	194.04
194.05	Perry Plaza Leased	2,103	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,749	56,519	26,983	68,691	59,592	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141337		Period: From 05/01/2011 To 04/30/2012		Worksheet B Part II Date/Time Prepared: 7/27/2012 1:24 pm	
Cost Center Description		Nursing Administration	Central Services & Supply	Pharmacy	Medical Records & Library	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt						1.00
1.01	Perry Plaza B&F						1.01
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.01	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	A&G Hospital Only						5.02
5.03	A&G Shared						5.03
7.00	Operation of Plant						7.00
7.01	Perry Plaza Plant Op						7.01
8.00	Laundry & Linen Service						8.00
9.00	Housekeeping						9.00
10.00	Dietary						10.00
11.00	Cafeteria						11.00
13.00	Nursing Administration	44,140					13.00
14.00	Central Services & Supply	934	34,041				14.00
15.00	Pharmacy	0	302	33,774			15.00
16.00	Medical Records & Library	0	0	0	59,022		16.00
17.00	SOCIAL SERVICE	0	0	0	0	21,653	17.00
18.00	Patient Registration	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	19,780	2,508	10	3,719	20,084	30.00
31.00	Intensive Care Unit	3,678	366	0	659	1,569	31.00
43.00	Nursery	298	508	0	201	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	12,035	26,658	1	12,431	0	50.00
52.00	Labor Room & Delivery Room	126	64	0	245	0	52.00
53.00	Anesthesiology	0	748	0	759	0	53.00
54.00	Radiology - Diagnostic	0	0	31	3,798	0	54.00
55.00	Radiology - Therapeutic	0	0	0	1,850	0	55.00
56.00	Radioisotope	0	3	2,850	840	0	56.00
57.00	CT SCAN	0	0	0	5,298	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	2,381	0	58.00
60.00	Laboratory	0	0	0	9,030	0	60.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	401	0	63.00
65.00	Respiratory Therapy	0	355	166	1,663	0	65.00
66.00	Physical Therapy	0	556	99	2,091	0	66.00
69.00	Electrocardiology	0	61	0	640	0	69.00
70.00	Electroencephalography	0	3	0	20	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	1,241	0	72.00
73.00	Drugs Charged to Patients	0	0	29,162	4,041	0	73.00
76.00	Cardiology	0	0	0	0	0	76.00
76.97	Cardiac Rehabilitation	0	22	0	199	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0	0	0	90.00
90.01	Sleep Lab	0	94	0	257	0	90.01
91.00	Emergency	7,289	1,710	9	4,429	0	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	0	0	0	523	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	Heart Acquisition	0	0	0	0	0	106.00
113.00	Interest Expense						113.00
118.00	SUBTOTALS (sum of lines 1-117)	44,140	33,958	32,328	56,716	21,653	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	Hospital Leased Space	0	0	0	0	0	194.01
194.02	ORTHO CLINIC	0	83	1,446	2,306	0	194.02
194.03	MOB LEASED SPACE	0	0	0	0	0	194.03
194.04	Walnut Clinic	0	0	0	0	0	194.04
194.05	Perry Plaza Leased	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	44,140	34,041	33,774	59,022	21,653	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141337

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

Worksheet B
Part II
Date/Time Prepared:
7/27/2012 1:24 pm

Cost Center Description	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	Patient Registration				
	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 Cap Rel Costs-Bldg & Fixt					1.00
1.01 Perry Plaza B&F					1.01
2.00 Cap Rel Costs-Mvble Equip					2.00
4.00 Employee Benefits					4.00
5.01 OTHER ADMINISTRATIVE AND GENERAL					
5.02 A&G Hospital Only					5.02
5.03 A&G Shared					5.03
7.00 Operation of Plant					7.00
7.01 Perry Plaza Plant Op					7.01
8.00 Laundry & Linen Service					8.00
9.00 Housekeeping					9.00
10.00 Dietary					10.00
11.00 Cafeteria					11.00
13.00 Nursing Administration					13.00
14.00 Central Services & Supply					14.00
15.00 Pharmacy					15.00
16.00 Medical Records & Library					16.00
17.00 SOCIAL SERVICE					17.00
18.00 Patient Registration	16,731				18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 Adults & Pediatrics	1,053	323,283	0	323,283	30.00
31.00 Intensive Care Unit	187	55,630	0	55,630	31.00
43.00 Nursery	57	11,272	0	11,272	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 Operating Room	3,541	566,521	0	566,521	50.00
52.00 Labor Room & Delivery Room	69	9,979	0	9,979	52.00
53.00 Anesthesiology	215	31,513	0	31,513	53.00
54.00 Radiology - Diagnostic	1,075	310,819	0	310,819	54.00
55.00 Radiology - Therapeutic	524	54,252	0	54,252	55.00
56.00 Radiotope	238	14,288	0	14,288	56.00
57.00 CT SCAN	1,500	192,394	0	192,394	57.00
58.00 Magnetic Resonance Imaging (MRI)	674	219,427	0	219,427	58.00
60.00 Laboratory	2,556	147,563	0	147,563	60.00
63.00 Blood Storing, Processing, & Trans.	114	3,072	0	3,072	63.00
65.00 Respiratory Therapy	471	41,133	0	41,133	65.00
66.00 Physical Therapy	592	72,475	0	72,475	66.00
69.00 Electrocardiology	181	7,968	0	7,968	69.00
70.00 Electroencephalography	6	6,135	0	6,135	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	351	11,692	0	11,692	72.00
73.00 Drugs Charged to Patients	1,144	51,793	0	51,793	73.00
76.00 Cardiology	0	0	0	0	76.00
76.97 Cardiac Rehabilitation	56	12,319	0	12,319	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 Clinic	0	0	0	0	90.00
90.01 Sleep Lab	73	11,230	0	11,230	90.01
91.00 Emergency	1,253	143,321	0	143,321	91.00
92.00 Observation Beds (Non-Distinct Part)			0		92.00
OTHER REIMBURSABLE COST CENTERS					
97.00 Durable Medical Equip. - Sold	148	29,970	0	29,970	97.00
SPECIAL PURPOSE COST CENTERS					
106.00 Heart Acquisition	0	0	0	0	106.00
113.00 Interest Expense					113.00
118.00 SUBTOTALS (sum of lines 1-117)	16,078	2,328,049	0	2,328,049	118.00
NONREIMBURSABLE COST CENTERS					
190.00 Gift, Flower, Coffee Shop, & Canteen	0	5,808	0	5,808	190.00
192.00 Physicians' Private Offices	0	0	0	0	192.00
192.03 OUTSIDE CONTRACT LAUNDRY	0	46,919	0	46,919	192.03
194.00 OTHER NONREIMBURSABLE COST CENTERS					
194.01 Hospital Leased Space	0	21,268	0	21,268	194.01
194.02 ORTHO CLINIC	653	54,161	0	54,161	194.02
194.03 MOB LEASED SPACE	0	216,329	0	216,329	194.03
194.04 Walnut Clinic	0	1,385	0	1,385	194.04
194.05 Perry Plaza Leased	0	81,882	0	81,882	194.05
200.00 Cross Foot Adjustments		0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	16,731	2,755,801	0	2,755,801	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

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

Worksheet B-1
Date/Time Prepared:
7/27/2012 1:24 pm

Cost Center Description	CAPITAL RELATED COSTS			Employee Benefits (Gross Salaries)	OTHER ADMINISTRATIVE AND GENERAL (Gross Revenue)	
	Bldg & Fixt (Square Feet)	Perry Plaza B&F (Assigned Time)	Mvble Equip (PLAZA SQUARE FEET)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt	186,311					1.00
1.01 Perry Plaza B&F	0	37,714				1.01
2.00 Cap Rel Costs-Mvble Equip			1,293,887			2.00
4.00 Employee Benefits	901	0	0	14,686,690		4.00
5.01 OTHER ADMINISTRATIVE AND GENERAL	4,022	0	2,408	446,247	69,624,783	5.01
5.02 A&G Hospital Only	7,897	233	189,247	748,124	0	5.02
5.03 A&G Shared	15,400	0	15,441	721,827	0	5.03
7.00 Operation of Plant	23,286	5,813	18,126	532,170	0	7.00
7.01 Perry Plaza Plant Op	0	262	364	30,152	0	7.01
8.00 Laundry & Linen Service	911	7,380	15,363	295,829	0	8.00
9.00 Housekeeping	2,095	0	27	340,101	0	9.00
10.00 Dietary	5,266	0	10,708	400,766	0	10.00
11.00 Cafeteria	2,618	0	0	0	0	11.00
13.00 Nursing Administration	2,567	0	244	856,728	0	13.00
14.00 Central Services & Supply	1,840	0	13,394	55,642	0	14.00
15.00 Pharmacy	2,248	0	1,570	280,118	0	15.00
16.00 Medical Records & Library	4,623	0	2,557	501,639	0	16.00
17.00 SOCIAL SERVICE	1,486	0	0	320,327	0	17.00
18.00 Patient Registration	983	0	1,271	248,353	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	17,956	0	36,579	1,943,349	4,386,196	30.00
31.00 Intensive Care Unit	3,260	0	3,567	529,154	777,594	31.00
43.00 Nursery	999	0	0	39,324	237,070	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	25,629	0	203,166	1,595,106	14,682,197	50.00
52.00 Labor Room & Delivery Room	1,010	0	0	16,744	288,829	52.00
53.00 Anesthesiology	178	0	25,823	0	894,925	53.00
54.00 Radiology - Diagnostic	3,891	0	239,089	632,816	4,479,160	54.00
55.00 Radiology - Therapeutic	338	0	40,969	174,525	2,181,284	55.00
56.00 Radiotope	589	0	0	0	990,894	56.00
57.00 CT SCAN	922	0	160,656	130,054	6,248,134	57.00
58.00 Magnetic Resonance Imaging (MRI)	1,282	0	190,629	26,304	2,807,539	58.00
60.00 Laboratory	4,017	0	61,965	684,978	10,648,704	60.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	473,178	63.00
65.00 Respiratory Therapy	2,480	0	5,776	359,769	1,960,771	65.00
66.00 Physical Therapy	4,163	0	15,912	493,132	2,465,586	66.00
69.00 Electrocardiology	138	0	4,000	40,585	754,635	69.00
70.00 Electroencephalography	342	0	2,930	1,810	23,105	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	1,463,464	72.00
73.00 Drugs Charged to Patients	0	0	0	0	4,765,119	73.00
76.00 Cardiology	0	0	0	0	0	76.00
76.97 Cardiac Rehabilitation	497	0	6,022	47,394	234,523	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 Clinic	0	0	0	0	0	90.00
90.01 Sleep Lab	816	0	2,153	33,915	303,583	90.01
91.00 Emergency	8,294	0	16,426	799,949	5,222,369	91.00
92.00 Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 Durable Medical Equip. - Sold	1,901	0	4,802	160,940	616,959	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 Heart Acquisition	0	0	0	0	0	106.00
113.00 Interest Expense						113.00
118.00 SUBTOTALS (sum of lines 1-117)	154,845	13,688	1,291,184	13,487,871	66,905,818	118.00
NONREIMBURSABLE COST CENTERS						
190.00 Gift, Flower, Coffee Shop, & Canteen	662	0	0	0	0	190.00
192.00 Physicians' Private Offices	0	0	0	0	0	192.00
192.03 OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
OTHER NONREIMBURSABLE COST CENTERS						
194.01 Hospital Leased Space	2,424	0	0	0	0	194.01
194.02 ORTHO CLINIC	3,566	0	2,703	1,198,819	2,718,965	194.02
194.03 MOB LEASED SPACE	24,655	0	0	0	0	194.03
194.04 Walnut Clinic	159	0	0	0	0	194.04
194.05 Perry Plaza Leased	0	24,026	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,301,480	125,230	1,329,091	4,808,740	823,365	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6.985524	3.320518	1.027208	0.327422	0.011826	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

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

Worksheet B-1
Date/Time Prepared:
7/27/2012 1:24 pm

Cost Center Description	CAPITAL RELATED COSTS			Employee Benefits (Gross Salaries)	OTHER ADMINISTRATIVE AND GENERAL (Gross Revenue)	
	Bldg & Fixt (Square Feet)	Perry Plaza B&F (Assigned Time)	Mvble Equip (PLAZA SQUARE FEET)			
	1.00	1.01	2.00			
204.00 Cost to be allocated (per Wkst. B, Part II)				6,294	30,761	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000429	0.000442	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

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

Worksheet B-1
Date/Time Prepared:
7/27/2012 1:24 pm

Cost Center Description	Reconciliation	A&G Hospital Only (Accum. Cost)	Reconciliation	A&G Shared (Accum. Cost)	Operation of Plant (Square Feet)	
	5A.02	5.02	5A.03	5.03	7.00	
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt						1.00
1.01 Perry Plaza B&F						1.01
2.00 Cap Rel Costs-Mvble Equip						2.00
4.00 Employee Benefits						4.00
5.01 OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02 A&G Hospital Only	-1,576,314	28,838,195				5.02
5.03 A&G Shared	0	1,622,521	-1,711,210	30,594,225		5.03
7.00 Operation of Plant	0	2,057,403	0	2,169,863	134,805	7.00
7.01 Perry Plaza Plant Op	0	110,980	0	117,046	0	7.01
8.00 Laundry & Linen Service	0	561,724	0	592,428	911	8.00
9.00 Housekeeping	0	597,196	0	629,839	2,095	9.00
10.00 Dietary	0	825,738	0	870,874	5,266	10.00
11.00 Cafeteria	0	18,288	0	19,288	2,618	11.00
13.00 Nursing Administration	0	1,085,537	0	1,144,874	2,567	13.00
14.00 Central Services & Supply	0	139,586	0	147,216	1,840	14.00
15.00 Pharmacy	0	752,852	0	794,004	2,248	15.00
16.00 Medical Records & Library	0	768,295	0	810,291	4,623	16.00
17.00 SOCIAL SERVICE	0	463,950	0	489,310	1,486	17.00
18.00 Patient Registration	0	349,151	0	368,236	983	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	0	3,000,864	0	3,164,894	17,956	30.00
31.00 Intensive Care Unit	0	757,824	0	799,247	3,260	31.00
43.00 Nursery	0	81,172	0	85,609	999	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	0	3,875,395	0	4,087,217	25,629	50.00
52.00 Labor Room & Delivery Room	0	37,710	0	39,771	1,010	52.00
53.00 Anesthesiology	0	98,488	0	103,871	178	53.00
54.00 Radiology - Diagnostic	0	1,479,623	0	1,560,501	3,891	54.00
55.00 Radiology - Therapeutic	0	346,545	0	365,487	338	55.00
56.00 Radioisotope	0	344,014	0	362,818	589	56.00
57.00 CT SCAN	0	643,848	0	679,041	922	57.00
58.00 Magnetic Resonance Imaging (MRI)	0	571,190	0	602,412	1,282	58.00
60.00 Laboratory	0	2,020,472	0	2,130,913	4,017	60.00
63.00 Blood Storing, Processing, & Trans.	0	174,664	0	184,211	0	63.00
65.00 Respiratory Therapy	0	565,818	0	596,746	2,480	65.00
66.00 Physical Therapy	0	776,678	0	819,132	4,163	66.00
69.00 Electrocardiology	0	74,169	0	78,223	138	69.00
70.00 Electroencephalography	0	8,591	0	9,061	342	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	703,126	0	741,560	0	72.00
73.00 Drugs Charged to Patients	0	1,140,992	0	1,203,360	0	73.00
76.00 Cardiology	0	0	0	0	0	76.00
76.97 Cardiac Rehabilitation	0	77,747	0	81,997	497	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 Clinic	0	0	0	0	0	90.00
90.01 Sleep Lab	0	62,202	0	65,602	816	90.01
91.00 Emergency	0	2,039,084	0	2,150,542	8,294	91.00
92.00 Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 Durable Medical Equip. - Sold	0	410,973	0	433,437	1,901	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 Heart Acquisition	0	0	0	0	0	106.00
113.00 Interest Expense						113.00
118.00 SUBTOTALS (sum of lines 1-117)	-1,576,314	28,644,410	-1,711,210	28,498,921	103,339	118.00
NONREIMBURSABLE COST CENTERS						
190.00 Gift, Flower, Coffee Shop, & Canteen	0	4,624	0	4,877	662	190.00
192.00 Physicians' Private Offices	0	0	0	0	0	192.00
192.03 OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00 OTHER NONREIMBURSABLE COST CENTERS						194.00
194.01 Hospital Leased Space	0	16,933	0	17,859	2,424	194.01
194.02 ORTHO CLINIC	-1,889,814	0	0	1,889,814	3,566	194.02
194.03 MOB LEASED SPACE	0	172,228	0	181,642	24,655	194.03
194.04 Walnut Clinic	-1,112	0	0	1,112	159	194.04
194.05 Perry Plaza Leased	-79,779	0	-79,779	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)		1,576,314		1,711,210	2,291,228	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)		0.054661		0.055932	16.996610	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		250,656		137,851	228,474	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.008692		0.004506	1.694848	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	Perry Plaza Plant Op (PLAZA SQUARE FEET)	Laundry & Linen Service (Pounds of Laundry)	Housekeeping (Hours of Service)	Dietary (Meals Served)	Cafeteria (FTE'S SERVED)	
	7.01	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt						1.00
1.01 Perry Plaza B&F						1.01
2.00 Cap Rel Costs-Mvble Equip						2.00
4.00 Employee Benefits						4.00
5.01 OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02 A&G Hospital Only						5.02
5.03 A&G Shared						5.03
7.00 Operation of Plant						7.00
7.01 Perry Plaza Plant Op	31,406					7.01
8.00 Laundry & Linen Service	7,380	1,331,789				8.00
9.00 Housekeeping	0	13,997	2,820			9.00
10.00 Dietary	0	0	74	60,882		10.00
11.00 Cafeteria	0	941	0	32,422	15,319	11.00
13.00 Nursing Administration	0	0	38	1,929	1,055	13.00
14.00 Central Services & Supply	0	470	73	0	195	14.00
15.00 Pharmacy	0	0	41	0	440	15.00
16.00 Medical Records & Library	0	0	74	0	1,289	16.00
17.00 SOCIAL SERVICE	0	0	10	0	587	17.00
18.00 Patient Registration	0	0	24	8	476	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	0	81,895	595	18,668	2,403	30.00
31.00 Intensive Care Unit	0	13,195	68	2,819	529	31.00
43.00 Nursery	0	820	30	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	0	47,782	640	3,382	2,436	50.00
52.00 Labor Room & Delivery Room	0	1,548	0	0	0	52.00
53.00 Anesthesiology	0	0	0	0	0	53.00
54.00 Radiology - Diagnostic	0	4,287	65	3	925	54.00
55.00 Radiology - Therapeutic	0	5,564	0	0	238	55.00
56.00 Radiosotope	0	3,650	0	24	0	56.00
57.00 CT SCAN	0	3,798	11	0	212	57.00
58.00 Magnetic Resonance Imaging (MRI)	0	2,773	23	0	41	58.00
60.00 Laboratory	0	24	80	12	1,160	60.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00 Respiratory Therapy	0	0	51	0	489	65.00
66.00 Physical Therapy	0	13,552	107	33	842	66.00
69.00 Electrocardiology	0	356	0	0	107	69.00
70.00 Electroencephalography	0	0	0	0	0	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 Drugs Charged to Patients	0	0	0	0	0	73.00
76.00 Cardiology	0	0	0	0	0	76.00
76.97 Cardiac Rehabilitation	0	2	0	0	96	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 Clinic	0	0	0	0	0	90.00
90.01 Sleep Lab	0	0	45	80	1	90.01
91.00 Emergency	0	30,481	353	1,490	860	91.00
92.00 Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 Durable Medical Equip. - Sold	0	0	26	12	446	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 Heart Acquisition	0	0	0	0	0	106.00
113.00 Interest Expense						113.00
118.00 SUBTOTALS (sum of lines 1-117)	7,380	225,135	2,428	60,882	14,827	118.00
NONREIMBURSABLE COST CENTERS						
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00 Physicians' Private Offices	0	0	0	0	0	192.00
192.03 OUTSIDE CONTRACT LAUNDRY	0	1,105,593	0	0	0	192.03
OTHER NONREIMBURSABLE COST CENTERS						
194.01 Hospital Leased Space	0	0	0	0	0	194.01
194.02 ORTHO CLINIC	0	1,061	392	0	492	194.02
194.03 MOB LEASED SPACE	0	0	0	0	0	194.03
194.04 Walnut Clinic	0	0	0	0	0	194.04
194.05 Perry Plaza Leased	24,026	0	0	0	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	123,593	670,091	707,718	1,027,659	612,604	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	3.935331	0.503151	250.963830	16.879521	39.989817	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	2,749	56,519	26,983	68,691	59,592	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.087531	0.042438	9.568440	1.128265	3.890071	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		Nursing Administration (Direct Nurs. Hrs.)	Central Services & Supply (Costed Requi s.)	Pharmacy (Costed Requi s.)	Medical Records & Library (Gross Revenue)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt						1.00
1.01	Perry Plaza B&F						1.01
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.01	OTHER ADMINISTRATIVE AND GENERAL						5.01
5.02	A&G Hospital Only						5.02
5.03	A&G Shared						5.03
7.00	Operation of Plant						7.00
7.01	Perry Plaza Plant Op						7.01
8.00	Laundry & Linen Service						8.00
9.00	Housekeeping						9.00
10.00	Dietary						10.00
11.00	Cafeteria						11.00
13.00	Nursing Administration	17,198					13.00
14.00	Central Services & Supply	364	1,241,922				14.00
15.00	Pharmacy	0	11,034	1,348,745			15.00
16.00	Medical Records & Library	0	0	0	69,624,783		16.00
17.00	SOCIAL SERVICE	0	0	0	0	4,968	17.00
18.00	Patient Registration	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	7,707	91,507	410	4,386,196	4,608	30.00
31.00	Intensive Care Unit	1,433	13,368	2	777,594	360	31.00
43.00	Nursery	116	18,550	0	237,070	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	4,689	972,483	53	14,682,197	0	50.00
52.00	Labor Room & Delivery Room	49	2,338	0	288,829	0	52.00
53.00	Anesthesiology	0	27,277	0	894,925	0	53.00
54.00	Radiology - Diagnostic	0	0	1,250	4,479,160	0	54.00
55.00	Radiology - Therapeutic	0	0	0	2,181,284	0	55.00
56.00	Radiosotope	0	103	113,795	990,894	0	56.00
57.00	CT SCAN	0	0	0	6,248,134	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	2,807,539	0	58.00
60.00	Laboratory	0	0	0	10,648,704	0	60.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	473,178	0	63.00
65.00	Respiratory Therapy	0	12,953	6,642	1,960,771	0	65.00
66.00	Physical Therapy	0	20,296	3,938	2,465,586	0	66.00
69.00	Electrocardiology	0	2,222	0	754,635	0	69.00
70.00	Electroencephalography	0	119	0	23,105	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	1,463,464	0	72.00
73.00	Drugs Charged to Patients	0	0	1,164,539	4,765,119	0	73.00
76.00	Cardiology	0	0	0	0	0	76.00
76.97	Cardiac Rehabilitation	0	803	0	234,523	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0	0	0	90.00
90.01	Sleep Lab	0	3,443	0	303,583	0	90.01
91.00	Emergency	2,840	62,399	366	5,222,369	0	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	0	0	0	616,959	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	Heart Acquisition	0	0	0	0	0	106.00
113.00	Interest Expense						113.00
118.00	SUBTOTALS (sum of lines 1-117)	17,198	1,238,895	1,290,995	66,905,818	4,968	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	0	0	0	0	192.03
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	Hospital Leased Space	0	0	0	0	0	194.01
194.02	ORTHO CLINIC	0	3,027	57,750	2,718,965	0	194.02
194.03	MOB LEASED SPACE	0	0	0	0	0	194.03
194.04	Walnut Clinic	0	0	0	0	0	194.04
194.05	Perry Plaza Leased	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,336,826	241,372	906,653	1,004,305	567,919	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	77.731480	0.194354	0.672220	0.014425	114.315419	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	44,140	34,041	33,774	59,022	21,653	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.566578	0.027410	0.025041	0.000848	4.358494	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		OTHER GENERAL SERVICE	
		Patient Registration (Gross Revenue)	
		18.00	
GENERAL SERVICE COST CENTERS			
1.00	Cap Rel Costs-Bldg & Fixt		1.00
1.01	Perry Plaza B&F		1.01
2.00	Cap Rel Costs-Mvble Equip		2.00
4.00	Employee Benefits		4.00
5.01	OTHER ADMINISTRATIVE AND GENERAL		5.01
5.02	A&G Hospital Only		5.02
5.03	A&G Shared		5.03
7.00	Operation of Plant		7.00
7.01	Perry Plaza Plant Op		7.01
8.00	Laundry & Linen Service		8.00
9.00	Housekeeping		9.00
10.00	Dietary		10.00
11.00	Cafeteria		11.00
13.00	Nursing Administration		13.00
14.00	Central Services & Supply		14.00
15.00	Pharmacy		15.00
16.00	Medical Records & Library		16.00
17.00	SOCIAL SERVICE		17.00
18.00	Patient Registration	69,624,783	18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	Adults & Pediatrics	4,386,196	30.00
31.00	Intensive Care Unit	777,594	31.00
43.00	Nursery	237,070	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	Operating Room	14,682,197	50.00
52.00	Labor Room & Delivery Room	288,829	52.00
53.00	Anesthesiology	894,925	53.00
54.00	Radiology - Diagnostic	4,479,160	54.00
55.00	Radiology - Therapeutic	2,181,284	55.00
56.00	Radioisotope	990,894	56.00
57.00	CT SCAN	6,248,134	57.00
58.00	Magnetic Resonance Imaging (MRI)	2,807,539	58.00
60.00	Laboratory	10,648,704	60.00
63.00	Blood Storing, Processing, & Trans.	473,178	63.00
65.00	Respiratory Therapy	1,960,771	65.00
66.00	Physical Therapy	2,465,586	66.00
69.00	Electrocardiology	754,635	69.00
70.00	Electroencephalography	23,105	70.00
71.00	Medical Supplies Charged to Patients	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	1,463,464	72.00
73.00	Drugs Charged to Patients	4,765,119	73.00
76.00	Cardiology	0	76.00
76.97	Cardiac Rehabilitation	234,523	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	Clinic	0	90.00
90.01	Sleep Lab	303,583	90.01
91.00	Emergency	5,222,369	91.00
92.00	Observation Beds (Non-Distinct Part)		92.00
OTHER REIMBURSABLE COST CENTERS			
97.00	Durable Medical Equip. - Sold	616,959	97.00
SPECIAL PURPOSE COST CENTERS			
106.00	Heart Acquisition	0	106.00
113.00	Interest Expense		113.00
118.00	SUBTOTALS (sum of lines 1-117)	66,905,818	118.00
NONREIMBURSABLE COST CENTERS			
190.00	Gift, Flower, Coffee Shop, & Canteen	0	190.00
192.00	Physicians' Private Offices	0	192.00
192.03	OUTSIDE CONTRACT LAUNDRY	0	192.03
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	Hospital Leased Space	0	194.01
194.02	ORTHO CLINIC	2,718,965	194.02
194.03	MOB LEASED SPACE	0	194.03
194.04	Walnut Clinic	0	194.04
194.05	Perry Plaza Leased	0	194.05
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	430,733	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.006186	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	16,731	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141337

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	OTHER GENERAL SERVICE		
	Patient Registration (Gross Revenue)		
	18.00		
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000240		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet C Part I Date/Time Prepared: 7/27/2012 1:24 pm
		Title XVIII	Hospital	Cost

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics		5,483,143	0	0	30.00
31.00	Intensive Care Unit		1,162,971	0	0	31.00
43.00	Nursery		132,828	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room		5,946,744	0	0	50.00
52.00	Labor Room & Delivery Room		70,157	0	0	52.00
53.00	Anesthesiology		136,452	0	0	53.00
54.00	Radiology - Diagnostic		1,862,589	0	0	54.00
55.00	Radiology - Therapeutic		448,950	0	0	55.00
56.00	Radiosotope		492,303	0	0	56.00
57.00	CT SCAN		874,622	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)		724,569	0	0	58.00
60.00	Laboratory		2,604,535	0	0	60.00
63.00	Blood Storing, Processing, & Trans.		204,267	0	0	63.00
65.00	Respiratory Therapy	0	752,024	0	0	65.00
66.00	Physical Therapy	0	1,061,015	0	0	66.00
69.00	Electrocardiology		105,388	0	0	69.00
70.00	Electroencephalography		15,880	0	0	70.00
71.00	Medical Supplies Charged to Patients		0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS		813,200	0	0	72.00
73.00	Drugs Charged to Patients		2,151,706	0	0	73.00
76.00	Cardiology		0	0	0	76.00
76.97	Cardiac Rehabilitation		103,860	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	Clinic		0	0	0	90.00
90.01	Sleep Lab		102,749	0	0	90.01
91.00	Emergency		2,916,033	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)		510,086	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	Durable Medical Equip. - Sold		527,271	0	0	97.00
SPECIAL PURPOSE COST CENTERS						
106.00	Heart Acquisition		0	0	0	106.00
113.00	Interest Expense					113.00
200.00	Subtotal (see instructions)	0	29,203,342	0	0	200.00
201.00	Less Observation Beds		510,086			201.00
202.00	Total (see instructions)	0	28,693,256	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet C Part I Date/Time Prepared: 7/27/2012 1:24 pm
		Title XVII	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			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	3,886,427		3,886,427			30.00
31.00 Intensive Care Unit	777,594		777,594			31.00
43.00 Nursery	237,070		237,070			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	3,462,345	10,782,715	14,245,060	0.417460	0.000000	50.00
52.00 Labor Room & Delivery Room	288,829	0	288,829	0.242902	0.000000	52.00
53.00 Anesthesiology	264,211	630,714	894,925	0.152473	0.000000	53.00
54.00 Radiology - Diagnostic	295,299	4,183,861	4,479,160	0.415834	0.000000	54.00
55.00 Radiology - Therapeutic	306,727	1,874,557	2,181,284	0.205819	0.000000	55.00
56.00 Radioisotope	60,847	930,047	990,894	0.496827	0.000000	56.00
57.00 CT SCAN	549,946	5,698,188	6,248,134	0.139981	0.000000	57.00
58.00 Magnetic Resonance Imaging (MRI)	135,986	2,671,553	2,807,539	0.258080	0.000000	58.00
60.00 Laboratory	1,425,846	7,964,259	9,390,105	0.277370	0.000000	60.00
63.00 Blood Storing, Processing, & Trans.	157,696	315,483	473,179	0.431691	0.000000	63.00
65.00 Respiratory Therapy	1,657,052	303,719	1,960,771	0.383535	0.000000	65.00
66.00 Physical Therapy	331,097	2,134,489	2,465,586	0.430330	0.000000	66.00
69.00 Electrocardiology	75,702	678,933	754,635	0.139654	0.000000	69.00
70.00 Electroencephalography	2,981	20,124	23,105	0.687297	0.000000	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0.000000	0.000000	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	903,403	560,061	1,463,464	0.555668	0.000000	72.00
73.00 Drugs Charged to Patients	1,751,494	3,013,624	4,765,118	0.451554	0.000000	73.00
76.00 Cardiology	0	0	0	0.000000	0.000000	76.00
76.97 Cardiac Rehabilitation	0	234,523	234,523	0.442856	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 Clinic	0	0	0	0.000000	0.000000	90.00
90.01 Sleep Lab	0	303,583	303,583	0.338454	0.000000	90.01
91.00 Emergency	262,315	4,960,054	5,222,369	0.558374	0.000000	91.00
92.00 Observation Beds (Non-Distinct Part)	8,307	434,579	442,886	1.151732	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 Durable Medical Equip. - Sold	0	616,959	616,959	0.854629	0.000000	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 Heart Acquisition	0	0	0			106.00
113.00 Interest Expense						113.00
200.00 Subtotal (see instructions)	16,841,174	48,312,025	65,153,199			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	16,841,174	48,312,025	65,153,199			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet C Part I Date/Time Prepared: 7/27/2012 1:24 pm
		Title VIII	Hospital	Cost

Cost Center Description	PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 Adults & Pediatrics			30.00
31.00 Intensive Care Unit			31.00
43.00 Nursery			43.00
ANCILLARY SERVICE COST CENTERS			
50.00 Operating Room	0.000000		50.00
52.00 Labor Room & Delivery Room	0.000000		52.00
53.00 Anesthesiology	0.000000		53.00
54.00 Radiology - Diagnostic	0.000000		54.00
55.00 Radiology - Therapeutic	0.000000		55.00
56.00 Radiosotope	0.000000		56.00
57.00 CT SCAN	0.000000		57.00
58.00 Magnetic Resonance Imaging (MRI)	0.000000		58.00
60.00 Laboratory	0.000000		60.00
63.00 Blood Storing, Processing, & Trans.	0.000000		63.00
65.00 Respiratory Therapy	0.000000		65.00
66.00 Physical Therapy	0.000000		66.00
69.00 Electrocardiology	0.000000		69.00
70.00 Electroencephalography	0.000000		70.00
71.00 Medical Supplies Charged to Patients	0.000000		71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000		72.00
73.00 Drugs Charged to Patients	0.000000		73.00
76.00 Cardiology	0.000000		76.00
76.97 Cardiac Rehabilitation	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 Clinic	0.000000		90.00
90.01 Sleep Lab	0.000000		90.01
91.00 Emergency	0.000000		91.00
92.00 Observation Beds (Non-Distinct Part)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS			
97.00 Durable Medical Equip. - Sold	0.000000		97.00
SPECIAL PURPOSE COST CENTERS			
106.00 Heart Acquisition			106.00
113.00 Interest Expense			113.00
200.00 Subtotal (see instructions)			200.00
201.00 Less Observation Beds			201.00
202.00 Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet C Part I Date/Time Prepared: 7/27/2012 1:24 pm
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Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
			3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	5,483,143		5,483,143	0	0	30.00
31.00	Intensive Care Unit	1,162,971		1,162,971	0	0	31.00
43.00	Nursery	132,828		132,828	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	5,946,744		5,946,744	0	0	50.00
52.00	Labor Room & Delivery Room	70,157		70,157	0	0	52.00
53.00	Anesthesiology	136,452		136,452	0	0	53.00
54.00	Radiology - Diagnostic	1,862,589		1,862,589	0	0	54.00
55.00	Radiology - Therapeutic	448,950		448,950	0	0	55.00
56.00	Radiosotope	492,303		492,303	0	0	56.00
57.00	CT SCAN	874,622		874,622	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	724,569		724,569	0	0	58.00
60.00	Laboratory	2,604,535		2,604,535	0	0	60.00
63.00	Blood Storing, Processing, & Trans.	204,267		204,267	0	0	63.00
65.00	Respiratory Therapy	752,024	0	752,024	0	0	65.00
66.00	Physical Therapy	1,061,015	0	1,061,015	0	0	66.00
69.00	Electrocardiology	105,388		105,388	0	0	69.00
70.00	Electroencephalography	15,880		15,880	0	0	70.00
71.00	Medical Supplies Charged to Patients	0		0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	813,200		813,200	0	0	72.00
73.00	Drugs Charged to Patients	2,151,706		2,151,706	0	0	73.00
76.00	Cardiology	0		0	0	0	76.00
76.97	Cardiac Rehabilitation	103,860		103,860	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0		0	0	0	90.00
90.01	Sleep Lab	102,749		102,749	0	0	90.01
91.00	Emergency	2,916,033		2,916,033	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	510,086		510,086	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	527,271		527,271	0	0	97.00
SPECIAL PURPOSE COST CENTERS							
106.00	Heart Acquisition	0		0		0	106.00
113.00	Interest Expense						113.00
200.00	Subtotal (see instructions)	29,203,342	0	29,203,342	0	0	200.00
201.00	Less Observation Beds	510,086		510,086			201.00
202.00	Total (see instructions)	28,693,256	0	28,693,256	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet C Part I Date/Time Prepared: 7/27/2012 1:24 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			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	3,886,427		3,886,427			30.00
31.00 Intensive Care Unit	777,594		777,594			31.00
43.00 Nursery	237,070		237,070			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	3,462,345	10,782,715	14,245,060	0.417460	0.000000	50.00
52.00 Labor Room & Delivery Room	288,829	0	288,829	0.242902	0.000000	52.00
53.00 Anesthesiology	264,211	630,714	894,925	0.152473	0.000000	53.00
54.00 Radiology - Diagnostic	295,299	4,183,861	4,479,160	0.415834	0.000000	54.00
55.00 Radiology - Therapeutic	306,727	1,874,557	2,181,284	0.205819	0.000000	55.00
56.00 Radioisotope	60,847	930,047	990,894	0.496827	0.000000	56.00
57.00 CT SCAN	549,946	5,698,188	6,248,134	0.139981	0.000000	57.00
58.00 Magnetic Resonance Imaging (MRI)	135,986	2,671,553	2,807,539	0.258080	0.000000	58.00
60.00 Laboratory	1,425,846	7,964,259	9,390,105	0.277370	0.000000	60.00
63.00 Blood Storing, Processing, & Trans.	157,696	315,483	473,179	0.431691	0.000000	63.00
65.00 Respiratory Therapy	1,657,052	303,719	1,960,771	0.383535	0.000000	65.00
66.00 Physical Therapy	331,097	2,134,489	2,465,586	0.430330	0.000000	66.00
69.00 Electrocardiology	75,702	678,933	754,635	0.139654	0.000000	69.00
70.00 Electroencephalography	2,981	20,124	23,105	0.687297	0.000000	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0.000000	0.000000	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	903,403	560,061	1,463,464	0.555668	0.000000	72.00
73.00 Drugs Charged to Patients	1,751,494	3,013,624	4,765,118	0.451554	0.000000	73.00
76.00 Cardiology	0	0	0	0.000000	0.000000	76.00
76.97 Cardiac Rehabilitation	0	234,523	234,523	0.442856	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 Clinic	0	0	0	0.000000	0.000000	90.00
90.01 Sleep Lab	0	303,583	303,583	0.338454	0.000000	90.01
91.00 Emergency	262,315	4,960,054	5,222,369	0.558374	0.000000	91.00
92.00 Observation Beds (Non-Distinct Part)	8,307	434,579	442,886	1.151732	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00 Durable Medical Equip. - Sold	0	616,959	616,959	0.854629	0.000000	97.00
SPECIAL PURPOSE COST CENTERS						
106.00 Heart Acquisition	0	0	0			106.00
113.00 Interest Expense						113.00
200.00 Subtotal (see instructions)	16,841,174	48,312,025	65,153,199			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	16,841,174	48,312,025	65,153,199			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet C Part I Date/Time Prepared: 7/27/2012 1:24 pm
		Title XIX	Hospital	Cost

Cost Center Description	PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 Adults & Pediatrics			30.00
31.00 Intensive Care Unit			31.00
43.00 Nursery			43.00
ANCILLARY SERVICE COST CENTERS			
50.00 Operating Room	0.000000		50.00
52.00 Labor Room & Delivery Room	0.000000		52.00
53.00 Anesthesiology	0.000000		53.00
54.00 Radiology - Diagnostic	0.000000		54.00
55.00 Radiology - Therapeutic	0.000000		55.00
56.00 Radiosotope	0.000000		56.00
57.00 CT SCAN	0.000000		57.00
58.00 Magnetic Resonance Imaging (MRI)	0.000000		58.00
60.00 Laboratory	0.000000		60.00
63.00 Blood Storing, Processing, & Trans.	0.000000		63.00
65.00 Respiratory Therapy	0.000000		65.00
66.00 Physical Therapy	0.000000		66.00
69.00 Electrocardiology	0.000000		69.00
70.00 Electroencephalography	0.000000		70.00
71.00 Medical Supplies Charged to Patients	0.000000		71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.000000		72.00
73.00 Drugs Charged to Patients	0.000000		73.00
76.00 Cardiology	0.000000		76.00
76.97 Cardiac Rehabilitation	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS			
90.00 Clinic	0.000000		90.00
90.01 Sleep Lab	0.000000		90.01
91.00 Emergency	0.000000		91.00
92.00 Observation Beds (Non-Distinct Part)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS			
97.00 Durable Medical Equip. - Sold	0.000000		97.00
SPECIAL PURPOSE COST CENTERS			
106.00 Heart Acquisition			106.00
113.00 Interest Expense			113.00
200.00 Subtotal (see instructions)			200.00
201.00 Less Observation Beds			201.00
202.00 Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part II Date/Time Prepared: 7/27/2012 1:24 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	Cost
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	566,521	14,245,060	0.039770	2,092,797	83,231	50.00
52.00	Labor Room & Delivery Room	9,979	288,829	0.034550	0	0	52.00
53.00	Anesthesiology	31,513	894,925	0.035213	123,644	4,354	53.00
54.00	Radiology - Diagnostic	310,819	4,479,160	0.069392	190,363	13,210	54.00
55.00	Radiology - Therapeutic	54,252	2,181,284	0.024872	202,873	5,046	55.00
56.00	Radioisotope	14,288	990,894	0.014419	34,957	504	56.00
57.00	CT SCAN	192,394	6,248,134	0.030792	333,346	10,264	57.00
58.00	Magnetic Resonance Imaging (MRI)	219,427	2,807,539	0.078156	83,569	6,531	58.00
60.00	Laboratory	147,563	9,390,105	0.015715	874,899	13,749	60.00
63.00	Blood Storing, Processing, & Trans.	3,072	473,179	0.006492	115,811	752	63.00
65.00	Respiratory Therapy	41,133	1,960,771	0.020978	1,142,816	23,974	65.00
66.00	Physical Therapy	72,475	2,465,586	0.029395	176,089	5,176	66.00
69.00	Electrocardiology	7,968	754,635	0.010559	53,906	569	69.00
70.00	Electroencephalography	6,135	23,105	0.265527	745	198	70.00
71.00	Medical Supplies Charged to Patients	0	0	0.000000	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	11,692	1,463,464	0.007989	621,740	4,967	72.00
73.00	Drugs Charged to Patients	51,793	4,765,118	0.010869	1,039,798	11,302	73.00
76.00	Cardiology	0	0	0.000000	0	0	76.00
76.97	Cardiac Rehabilitation	12,319	234,523	0.052528	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0.000000	0	0	90.00
90.01	Sleep Lab	11,230	303,583	0.036992	0	0	90.01
91.00	Emergency	143,321	5,222,369	0.027444	1,109	30	91.00
92.00	Observation Beds (Non-Distinct Part)	0	442,886	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	29,970	616,959	0.048577	0	0	97.00
200.00	Total (Lines 50-199)	1,937,864	60,252,108		7,088,462	183,857	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141337

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

Worksheet D
Part IV
Date/Time Prepared:
7/27/2012 1:24 pm

Cost Center Description		Title XVIII				Hospital		Cost	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	Operating Room	0	0	0	0	0	0	50.00	
52.00	Labor Room & Delivery Room	0	0	0	0	0	0	52.00	
53.00	Anesthesiology	0	0	0	0	0	0	53.00	
54.00	Radiology - Diagnostic	0	0	0	0	0	0	54.00	
55.00	Radiology - Therapeutic	0	0	0	0	0	0	55.00	
56.00	Radiosotope	0	0	0	0	0	0	56.00	
57.00	CT SCAN	0	0	0	0	0	0	57.00	
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	58.00	
60.00	Laboratory	0	0	0	0	0	0	60.00	
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	0	63.00	
65.00	Respiratory Therapy	0	0	0	0	0	0	65.00	
66.00	Physical Therapy	0	0	0	0	0	0	66.00	
69.00	Electrocardiology	0	0	0	0	0	0	69.00	
70.00	Electroencephalography	0	0	0	0	0	0	70.00	
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	71.00	
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00	Drugs Charged to Patients	0	0	0	0	0	0	73.00	
76.00	Cardiology	0	0	0	0	0	0	76.00	
76.97	Cardiac Rehabilitation	0	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS									
90.00	Clinic	0	0	0	0	0	0	90.00	
90.01	Sleep Lab	0	0	0	0	0	0	90.01	
91.00	Emergency	0	0	0	0	0	0	91.00	
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	0	97.00	
200.00	Total (lines 50-199)	0	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141337

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

Worksheet D
Part IV
Date/Time Prepared:
7/27/2012 1:24 pm

Cost Center Description		Title XVIII			Hospital		Cost
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	0	14,245,060	0.000000	0.000000	2,092,797	50.00
52.00	Labor Room & Delivery Room	0	288,829	0.000000	0.000000	0	52.00
53.00	Anesthesiology	0	894,925	0.000000	0.000000	123,644	53.00
54.00	Radiology - Diagnostic	0	4,479,160	0.000000	0.000000	190,363	54.00
55.00	Radiology - Therapeutic	0	2,181,284	0.000000	0.000000	202,873	55.00
56.00	Radioisotope	0	990,894	0.000000	0.000000	34,957	56.00
57.00	CT SCAN	0	6,248,134	0.000000	0.000000	333,346	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	2,807,539	0.000000	0.000000	83,569	58.00
60.00	Laboratory	0	9,390,105	0.000000	0.000000	874,899	60.00
63.00	Blood Storing, Processing, & Trans.	0	473,179	0.000000	0.000000	115,811	63.00
65.00	Respiratory Therapy	0	1,960,771	0.000000	0.000000	1,142,816	65.00
66.00	Physical Therapy	0	2,465,586	0.000000	0.000000	176,089	66.00
69.00	Electrocardiology	0	754,635	0.000000	0.000000	53,906	69.00
70.00	Electroencephalography	0	23,105	0.000000	0.000000	745	70.00
71.00	Medical Supplies Charged to Patients	0	0	0.000000	0.000000	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	1,463,464	0.000000	0.000000	621,740	72.00
73.00	Drugs Charged to Patients	0	4,765,118	0.000000	0.000000	1,039,798	73.00
76.00	Cardiology	0	0	0.000000	0.000000	0	76.00
76.97	Cardiac Rehabilitation	0	234,523	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0.000000	0.000000	0	90.00
90.01	Sleep Lab	0	303,583	0.000000	0.000000	0	90.01
91.00	Emergency	0	5,222,369	0.000000	0.000000	1,109	91.00
92.00	Observation Beds (Non-Distinct Part)	0	442,886	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	0	616,959	0.000000	0.000000	0	97.00
200.00	Total (Lines 50-199)	0	60,252,108			7,088,462	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141337

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

Worksheet D
Part IV
Date/Time Prepared:
7/27/2012 1:24 pm

Cost Center Description		Title XVIII			Hospital	Cost	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	0	0	0	0	0	50.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00	Anesthesiology	0	0	0	0	0	53.00
54.00	Radiology - Diagnostic	0	0	0	0	0	54.00
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radiotope	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
60.00	Laboratory	0	0	0	0	0	60.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
65.00	Respiratory Therapy	0	0	0	0	0	65.00
66.00	Physical Therapy	0	0	0	0	0	66.00
69.00	Electrocardiology	0	0	0	0	0	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	0	73.00
76.00	Cardiology	0	0	0	0	0	76.00
76.97	Cardiac Rehabilitation	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	Clinic	0	0	0	0	0	90.00
90.01	Sleep Lab	0	0	0	0	0	90.01
91.00	Emergency	0	0	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
200.00	Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141337

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

Worksheet D
Part IV
Date/Time Prepared:
7/27/2012 1:24 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		Cost
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	Operating Room	0	0		50.00
52.00	Labor Room & Delivery Room	0	0		52.00
53.00	Anesthesiology	0	0		53.00
54.00	Radiology - Diagnostic	0	0		54.00
55.00	Radiology - Therapeutic	0	0		55.00
56.00	Radiosotope	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0		58.00
60.00	Laboratory	0	0		60.00
63.00	Blood Storing, Processing, & Trans.	0	0		63.00
65.00	Respiratory Therapy	0	0		65.00
66.00	Physical Therapy	0	0		66.00
69.00	Electrocardiology	0	0		69.00
70.00	Electroencephalography	0	0		70.00
71.00	Medical Supplies Charged to Patients	0	0		71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0		72.00
73.00	Drugs Charged to Patients	0	0		73.00
76.00	Cardiology	0	0		76.00
76.97	Cardiac Rehabilitation	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	Clinic	0	0		90.00
90.01	Sleep Lab	0	0		90.01
91.00	Emergency	0	0		91.00
92.00	Observation Beds (Non-Distinct Part)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	Durable Medical Equip. - Sold	0	0		97.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part V Date/Time Prepared: 7/27/2012 1:24 pm
		Title XVIII	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges			
			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	Operating Room	0.417460	0	4,775,666	0	50.00
52.00	Labor Room & Delivery Room	0.242902	0	0	0	52.00
53.00	Anesthesiology	0.152473	0	208,558	0	53.00
54.00	Radiology - Diagnostic	0.415834	0	1,729,362	0	54.00
55.00	Radiology - Therapeutic	0.205819	0	860,782	0	55.00
56.00	Radiosotope	0.496827	0	454,402	0	56.00
57.00	CT SCAN	0.139981	0	2,460,774	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0.258080	0	986,068	0	58.00
60.00	Laboratory	0.277370	0	4,088,849	0	60.00
63.00	Blood Storing, Processing, & Trans.	0.431691	0	244,531	0	63.00
65.00	Respiratory Therapy	0.383535	0	159,676	0	65.00
66.00	Physical Therapy	0.430330	0	889,286	0	66.00
69.00	Electrocardiology	0.139654	0	341,149	0	69.00
70.00	Electroencephalography	0.687297	0	8,199	0	70.00
71.00	Medical Supplies Charged to Patients	0.000000	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.555668	0	246,179	0	72.00
73.00	Drugs Charged to Patients	0.451554	0	1,540,588	2,932	73.00
76.00	Cardiology	0.000000	0	0	0	76.00
76.97	Cardiac Rehabilitation	0.442856	0	122,578	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	Clinic	0.000000	0	0	0	90.00
90.01	Sleep Lab	0.338454	0	107,220	0	90.01
91.00	Emergency	0.558374	0	1,715,118	0	91.00
92.00	Observation Beds (Non-Distinct Part)	1.151732	0	236,207	0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	Durable Medical Equip. - Sold	0.854629	0	0	0	97.00
200.00	Subtotal (see instructions)		0	21,175,192	2,932	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	21,175,192	2,932	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part V Date/Time Prepared: 7/27/2012 1:24 pm
Title XVIII		Hospital	Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 Operating Room	0	1,993,650	0		50.00
52.00 Labor Room & Delivery Room	0	0	0		52.00
53.00 Anesthesiology	0	31,799	0		53.00
54.00 Radiology - Diagnostic	0	719,128	0		54.00
55.00 Radiology - Therapeutic	0	177,165	0		55.00
56.00 Radioisotope	0	225,759	0		56.00
57.00 CT SCAN	0	344,462	0		57.00
58.00 Magnetic Resonance Imaging (MRI)	0	254,484	0		58.00
60.00 Laboratory	0	1,134,124	0		60.00
63.00 Blood Storing, Processing, & Trans.	0	105,562	0		63.00
65.00 Respiratory Therapy	0	61,241	0		65.00
66.00 Physical Therapy	0	382,686	0		66.00
69.00 Electrocardiology	0	47,643	0		69.00
70.00 Electroencephalography	0	5,635	0		70.00
71.00 Medical Supplies Charged to Patients	0	0	0		71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	136,794	0		72.00
73.00 Drugs Charged to Patients	0	695,659	1,324		73.00
76.00 Cardiology	0	0	0		76.00
76.97 Cardiac Rehabilitation	0	54,284	0		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 Clinic	0	0	0		90.00
90.01 Sleep Lab	0	36,289	0		90.01
91.00 Emergency	0	957,677	0		91.00
92.00 Observation Beds (Non-Distinct Part)	0	272,047	0		92.00
OTHER REIMBURSABLE COST CENTERS					
97.00 Durable Medical Equip. - Sold	0	0	0		97.00
200.00 Subtotal (see instructions)	0	7,636,088	1,324		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	7,636,088	1,324		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part V Date/Time Prepared: 7/27/2012 1:24 pm
		Component CCN: 14Z337	Title XVIII	Swing Beds - SNF Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0.417460	0	0	0	50.00
52.00	Labor Room & Delivery Room	0.242902	0	0	0	52.00
53.00	Anesthesiology	0.152473	0	0	0	53.00
54.00	Radiology - Diagnostic	0.415834	0	0	0	54.00
55.00	Radiology - Therapeutic	0.205819	0	0	0	55.00
56.00	Radiosotope	0.496827	0	0	0	56.00
57.00	CT SCAN	0.139981	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0.258080	0	0	0	58.00
60.00	Laboratory	0.277370	0	0	0	60.00
63.00	Blood Storing, Processing, & Trans.	0.431691	0	0	0	63.00
65.00	Respiratory Therapy	0.383535	0	0	0	65.00
66.00	Physical Therapy	0.430330	0	0	0	66.00
69.00	Electrocardiology	0.139654	0	0	0	69.00
70.00	Electroencephalography	0.687297	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0.000000	0	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.555668	0	0	0	72.00
73.00	Drugs Charged to Patients	0.451554	0	0	0	73.00
76.00	Cardiology	0.000000	0	0	0	76.00
76.97	Cardiac Rehabilitation	0.442856	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	Clinic	0.000000	0	0	0	90.00
90.01	Sleep Lab	0.338454	0	0	0	90.01
91.00	Emergency	0.558374	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	1.151732	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
97.00	Durable Medical Equip. - Sold	0.854629	0	0	0	97.00
200.00	Subtotal (see instructions)		0	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141337	Period: From 05/01/2011	Worksheet D
		Component CCN: 14Z337	To 04/30/2012	Part V
		Title XVIII	Swing Beds - SNF	Date/Time Prepared: 7/27/2012 1:24 pm
		Cost		

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00 Operating Room	0	0	0	50.00
52.00 Labor Room & Delivery Room	0	0	0	52.00
53.00 Anesthesiology	0	0	0	53.00
54.00 Radiology - Diagnostic	0	0	0	54.00
55.00 Radiology - Therapeutic	0	0	0	55.00
56.00 Radioisotope	0	0	0	56.00
57.00 CT SCAN	0	0	0	57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	58.00
60.00 Laboratory	0	0	0	60.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	63.00
65.00 Respiratory Therapy	0	0	0	65.00
66.00 Physical Therapy	0	0	0	66.00
69.00 Electrocardiology	0	0	0	69.00
70.00 Electroencephalography	0	0	0	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	71.00
72.00 IMPLANTABLE DEVICES CHARGED TO PATIENTS	0	0	0	72.00
73.00 Drugs Charged to Patients	0	0	0	73.00
76.00 Cardiology	0	0	0	76.00
76.97 Cardiac Rehabilitation	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 Clinic	0	0	0	90.00
90.01 Sleep Lab	0	0	0	90.01
91.00 Emergency	0	0	0	91.00
92.00 Observation Beds (Non-Distinct Part)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
97.00 Durable Medical Equip. - Sold	0	0	0	97.00
200.00 Subtotal (see instructions)	0	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet D-1 Date/Time Prepared: 7/27/2012 1:24 pm
Cost Center Description		Title XVIII	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,528	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,092	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)		3,673	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		409	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		27	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)		2,339	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)		346	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)		19	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			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		136.63	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		136.63	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,483,143	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		3,689	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)		501,602	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,981,541	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,394,340	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,394,340	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.133627	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,196.39	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)		4,981,541	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)		1,217.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,847,475	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,847,475	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141337		Period: From 05/01/2011 To 04/30/2012		Worksheet D-1	
Title XVIII		Hospital		Cost		Date/Time Prepared: 7/27/2012 1:24 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	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	1,162,971	358	3,248.52	239	776,396		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)					2,729,439		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,353,310		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					421,217		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					23,130		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					444,347		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)						419	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,217.39	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						510,086	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141337		Period: From 05/01/2011 To 04/30/2012		Worksheet D-1 Date/Time Prepared: 7/27/2012 1:24 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet D-3 Date/Time Prepared: 7/27/2012 1:24 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	Adults & Pediatrics		2,093,550		30.00
31.00	Intensive Care Unit		518,562		31.00
43.00	Nursery				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	Operating Room	0.417460	2,092,797	873,659	50.00
52.00	Labor Room & Delivery Room	0.242902	0	0	52.00
53.00	Anesthesiology	0.152473	123,644	18,852	53.00
54.00	Radiology - Diagnostic	0.415834	190,363	79,159	54.00
55.00	Radiology - Therapeutic	0.205819	202,873	41,755	55.00
56.00	Radiisotope	0.496827	34,957	17,368	56.00
57.00	CT SCAN	0.139981	333,346	46,662	57.00
58.00	Magnetic Resonance Imaging (MRI)	0.258080	83,569	21,567	58.00
60.00	Laboratory	0.277370	874,899	242,671	60.00
63.00	Blood Storing, Processing, & Trans.	0.431691	115,811	49,995	63.00
65.00	Respiratory Therapy	0.383535	1,142,816	438,310	65.00
66.00	Physical Therapy	0.430330	176,089	75,776	66.00
69.00	Electrocardiology	0.139654	53,906	7,528	69.00
70.00	Electroencephalography	0.687297	745	512	70.00
71.00	Medical Supplies Charged to Patients	0.000000	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.555668	621,740	345,481	72.00
73.00	Drugs Charged to Patients	0.451554	1,039,798	469,525	73.00
76.00	Cardiology	0.000000	0	0	76.00
76.97	Cardiac Rehabilitation	0.442856	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	Clinic	0.000000	0	0	90.00
90.01	Sleep Lab	0.338454	0	0	90.01
91.00	Emergency	0.558374	1,109	619	91.00
92.00	Observation Beds (Non-Distinct Part)	1.151732	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	Durable Medical Equip. - Sold	0.854629	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		7,088,462	2,729,439	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)		7,088,462		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet D-3	
		Component CCN: 14Z337		Date/Time Prepared: 7/27/2012 1:24 pm	
		Title XVIII	Swing Beds - SNF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	Adults & Pediatrics		270,589		30.00
31.00	Intensive Care Unit		0		31.00
43.00	Nursery				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	Operating Room	0.417460	154	64	50.00
52.00	Labor Room & Delivery Room	0.242902	0	0	52.00
53.00	Anesthesiology	0.152473	0	0	53.00
54.00	Radiology - Diagnostic	0.415834	17,691	7,357	54.00
55.00	Radiology - Therapeutic	0.205819	1,570	323	55.00
56.00	Radiotope	0.496827	0	0	56.00
57.00	CT SCAN	0.139981	4,680	655	57.00
58.00	Magnetic Resonance Imaging (MRI)	0.258080	0	0	58.00
60.00	Laboratory	0.277370	29,203	8,100	60.00
63.00	Blood Storing, Processing, & Trans.	0.431691	774	334	63.00
65.00	Respiratory Therapy	0.383535	119,515	45,838	65.00
66.00	Physical Therapy	0.430330	98,275	42,291	66.00
69.00	Electrocardiology	0.139654	229	32	69.00
70.00	Electroencephalography	0.687297	0	0	70.00
71.00	Medical Supplies Charged to Patients	0.000000	0	0	71.00
72.00	IMPLANTABLE DEVICES CHARGED TO PATIENTS	0.555668	0	0	72.00
73.00	Drugs Charged to Patients	0.451554	62,846	28,378	73.00
76.00	Cardiology	0.000000	0	0	76.00
76.97	Cardiac Rehabilitation	0.442856	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	Clinic	0.000000	0	0	90.00
90.01	Sleep Lab	0.338454	0	0	90.01
91.00	Emergency	0.558374	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	1.151732	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
97.00	Durable Medical Equip. - Sold	0.854629	0	0	97.00
200.00	Total (sum of lines 50-94 and 96-98)		334,937	133,372	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)		334,937		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet E Part B Date/Time Prepared: 7/27/2012 1:24 pm
		Title XVIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			7,637,412 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			7,637,412 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			7,713,786 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			44,908 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			3,220,454 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			4,448,424 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			4,448,424 30.00
31.00	Primary payer payments			17 31.00
32.00	Subtotal (line 30 minus line 31)			4,448,407 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)			475,013 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			475,013 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			454,570 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			4,923,420 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			4,923,420 40.00
41.00	Interim payments			4,338,887 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)			584,533 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet E Part B Date/Time Prepared: 7/27/2012 1:24 pm
		Title XVIII	Hospital	Cost
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141337

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

Worksheet E-1
Part I
Date/Time Prepared:
7/27/2012 1:24 pm

		Title XVIII		Hospital		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		5,167,204		4,867,345	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	02/03/2012	46,479		0	3.01	
3.02		04/27/2012	299,353	11/04/2011	118,775	3.02	
3.03		11/04/2011	97,079	02/03/2012	28,302	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	04/27/2012	675,535	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)		442,911		-528,458	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,610,115		4,338,887	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		245,616		584,533	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		5,855,731		4,923,420	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141337

Period: From 05/01/2011

Worksheet E-1

Component CCN: 14Z337

To 04/30/2012

Part I
Date/Time Prepared:
7/27/2012 1:24 pm

Title XVIII

Swing Beds - SNF

Cost

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		502,757		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	04/27/2012	37,526		0	3.01
3.02		11/04/2011	6,604		0	3.02
3.03		02/03/2012	4,381		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
3.49			0		0	3.49
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)		48,511		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)		551,268		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		23,864		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		575,132		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet E-2
		Component CCN: 14Z337	Date/Time Prepared: 7/27/2012 1:24 pm	
		Title XVIII	Swing Beds - SNF	Cost
		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	448,790	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)	134,706	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	365	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)	583,496	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	583,496	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)	583,496	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	8,364	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)	575,132	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)	575,132	0	19.00
20.00	Interim payments	551,268	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)	23,864	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141337	Period: From 05/01/2011 To 04/30/2012	Worksheet E-3 Part V Date/Time Prepared: 7/27/2012 1:24 pm
		Title XVIII	Hospital	Cost
		1.00		
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)				
1.00	Inpatient services		6,353,310	1.00
2.00	Nursing and Allied Health Managed Care payment (see instruction)		0	2.00
3.00	Organ acquisition		0	3.00
4.00	Subtotal (sum of lines 1 thru 3)		6,353,310	4.00
5.00	Primary payer payments		0	5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)		6,416,843	6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges		0	7.00
8.00	Ancillary service charges		0	8.00
9.00	Organ acquisition charges, net of revenue		0	9.00
10.00	Total reasonable charges		0	10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)		0.000000	13.00
14.00	Total customary charges (see instructions)		0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)		0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)		0	16.00
17.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)		6,416,843	19.00
20.00	Deductibles (exclude professional component)		620,655	20.00
21.00	Excess reasonable cost (from line 16)		0	21.00
22.00	Subtotal (line 19 minus line 20)		5,796,188	22.00
23.00	Coinsurance		5,491	23.00
24.00	Subtotal (line 22 minus line 23)		5,790,697	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		65,034	25.00
26.00	Adjusted reimbursable bad debts (see instructions)		65,034	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		59,534	27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)		5,855,731	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	29.00
29.99	Recovery of Accelerated Depreciation		0	29.99
30.00	Subtotal (line 28, plus or minus lines 29)		5,855,731	30.00
31.00	Interim payments		5,610,115	31.00
32.00	Tentative settlement (for contractor use only)		0	32.00
33.00	Balance due provider/program (line 30 minus the sum of lines 31, and 32)		245,616	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	34.00

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

Provider CCN: 141337

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

Worksheet G
Date/Time Prepared:
7/27/2012 1:24 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	4,424,352	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	5,388,566	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	422,588	0	0	0	7.00
8.00	Prepaid expenses	338,932	0	0	0	8.00
9.00	Other current assets	0	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)	10,574,438	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,326,231	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	19,955,395	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	21,281,626	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	6,234,052	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	768,154	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,002,206	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	38,858,270	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	894,718	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,492,536	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	643,737	0	0	0	40.00
41.00	Deferred income	975,230	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	261,472	0	0	0	43.00
44.00	Other current liabilities	629,559	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	4,897,252	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	2,963,054	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	448,629	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,411,683	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	8,308,935	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	30,549,335	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	30,549,335	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	38,858,270	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141337

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

Worksheet G-1

Date/Time Prepared:
7/27/2012 1:24 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		29,258,472	
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,290,863			2.00
3.00	Total (sum of line 1 and line 2)		30,549,335		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)		30,549,335		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		30,549,335		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141337

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

Worksheet G-1

Date/Time Prepared:
7/27/2012 1:24 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: 141337

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

Worksheet G-2 Parts

Date/Time Prepared:
7/27/2012 1:24 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	4,394,340		4,394,340	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	4,394,340		4,394,340	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	Intensive Care Unit	782,892		782,892	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)	782,892		782,892	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	5,177,232		5,177,232	17.00
18.00	Ancillary services	1	1	2	18.00
19.00	Outpatient services	0	1	1	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	Ambulance Services				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	237,070	0	237,070	27.00
27.01	OPERATING ROOM	4,555,901	11,611,624	16,167,525	27.01
27.02	LABOR & DELIVERY	292,171	0	292,171	27.02
27.03	ANESTHESIOLOGY	271,391	1,539,602	1,810,993	27.03
27.04	RADIOLOGY DIAGNOSTIC	299,531	4,273,030	4,572,561	27.04
27.05	RADIOLOGY - THER	311,149	1,909,586	2,220,735	27.05
27.06	RADIOISOTOPE	60,847	940,645	1,001,492	27.06
27.07	CT SCAN	562,618	5,813,447	6,376,065	27.07
27.08	MRI	135,986	2,748,391	2,884,377	27.08
27.09	LABORATORY	1,600,785	8,334,601	9,935,386	27.09
27.10	RESPIRATORY THERAPY	1,668,044	304,102	1,972,146	27.10
27.11	PHYSICAL THERAPY	335,848	2,134,489	2,470,337	27.11
27.12	EKG	76,848	689,623	766,471	27.12
27.13	EEG	2,981	20,869	23,850	27.13
27.14	MEDICAL SUPPLIES	0	0	0	27.14
27.15	IMPL. DEV. CHARGED TO PATIENT	0	0	0	27.15
27.16	DRUGS	1,776,010	2,838,241	4,614,251	27.16
27.17		0	0	0	27.17
27.18	CARDIAC REHAB	0	234,523	234,523	27.18
27.19	SLEEP LAB	0	315,572	315,572	27.19
27.20	EMERGENCY ROOM	271,777	7,846,927	8,118,704	27.20
27.21		0	0	0	27.21
27.22	DME	0	616,959	616,959	27.22
27.23	DIETARY	0	1,751	1,751	27.23
27.24	ORTHO CLINIC	0	2,718,965	2,718,965	27.24
27.25		0	0	0	27.25
27.26		0	0	0	27.26
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	17,636,190	54,892,949	72,529,139	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		35,531,809		29.00
30.00	ROUNDING	2			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		2		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	Total deductions (sum of lines 37-41)		0		42.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 141337

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

Worksheet G-2 Parts

Date/Time Prepared:
7/27/2012 1:24 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42) (transfer to Wkst. G-3, line 4)		35,531,811		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 141337

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

Worksheet G-3

Date/Time Prepared:
7/27/2012 1:24 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	72,529,139	1.00
2.00	Less contractual allowances and discounts on patients' accounts	37,641,552	2.00
3.00	Net patient revenues (line 1 minus line 2)	34,887,587	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	35,531,811	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-644,224	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	321,315	6.00
7.00	Income from investments	67,396	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	1,555,050	24.00
25.00	Total other income (sum of lines 6-24)	1,943,761	25.00
26.00	Total (line 5 plus line 25)	1,299,537	26.00
27.00	OTHER NET	8,674	27.00
27.01		0	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	8,674	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,290,863	29.00