

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet S Parts I-III Date/Time Prepared: 9/26/2012 9:32 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 9/26/2012 Time: 9:32 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 VALLEY WEST COMMUNITY HOSPITAL for the cost reporting period beginning 05/01/2011 and ending 04/30/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-294,186	-100,488	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-294,186	-100,488	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: 141340		Period: From 05/01/2011 To 04/30/2012		Worksheet S-2 Part I Date/Time Prepared: 9/26/2012 9:30 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 11 EAST PLEASANT AVENUE		PO Box:						1.00		
2.00	City: SANDWICH		State: IL		Zip Code: 60548-		County: DEKALB		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		VALLEY WEST COMMUNITY HOSPITAL	141340	16974	1	08/02/2004	N	O	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF						N	N	N		7.00
8.00	Swing Beds - NF						N		N		8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA						N	N	N		12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N		15.00
16.00	Hospital-Based Health Clinic - FQHC						N	N	N		16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1						N	N	N		17.10
17.20	Hospital-Based (OPT) 1						N	N	N		17.20
17.30	Hospital-Based (OOT) 1						N	N	N		17.30
17.40	Hospital-Based (OSP) 1						N	N	N		17.40
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					05/01/2011	04/30/2012		20.00		
21.00	Type of Control (see instructions)					2			21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					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.					1		N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPFS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		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		25.00		
						Urban/Rural S	Date of Geogr				
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.					1		26.00			
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00			
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet S-2 Part I Date/Time Prepared: 9/26/2012 9:30 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 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 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 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 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 141340

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

Worksheet S-2
Part I
Date/Time Prepared:
9/26/2012 9:30 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet S-2 Part I Date/Time Prepared: 9/26/2012 9:30 am	
			1.00	2.00	3.00
Inpatient Psychiatric Facility PPS					
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	71.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	Y			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
					Respiratory
					4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	Y	N	N	N
			1.00	2.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet S-2 Part I Date/Time Prepared: 9/26/2012 9:30 am	
		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.	0	92,367	129,857	118.01
		1.00	2.00		
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	14H134	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: KISHHEALTH SYSTEM	Contractor's Name: NGS		Contractor's Number: 131	
142.00	Street: ONE KISH HOSPITAL DRIVE	PO Box:			
143.00	City: DEKALB	State: IL		Zip Code: 60115	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00
		1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 141340		Period: From 05/01/2011 To 04/30/2012		Worksheet S-2 Part I Date/Time Prepared: 9/26/2012 9:30 am	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
160.00	HOME HEALTH AGENCY	N	N	N	N		160.00
161.00	CMHC		N	N	N		161.00
161.10	CORF		N	N	N		161.10
161.20	OPT		N	N	N		161.20
161.30	OOT		N	N	N		161.30
161.40	OSP		N	N	N		161.40
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						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: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet S-2 Part II Date/Time Prepared: 9/26/2012 9:30 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/18/2012		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet S-2 Part II Date/Time Prepared: 9/26/2012 9:30 am
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		Part A		
Description		Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions	N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	Y		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	Y		33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y		35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	Y		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00
				1.00
				2.00
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.			41.00
42.00	Enter the employer/company name of the cost report preparer.	KISHHEALTH SYSTEM		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-756-1521 EXT 153322		43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	09/18/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT SPECIALIST		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141340

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

Worksheet S-3
Part I
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours		
	Line Number		Avai lable			
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	22	8,052	82,064.61		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	82,064.61		7.00
8.00 INTENSIVE CARE UNIT	31.00	3	1,098	3,084.72		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	85,149.33		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
25.20 CMHC - OPT	99.20					25.20
25.30 CMHC - OOT	99.30					25.30
25.40 CMHC - OSP	99.40					25.40
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		25				27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141340

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

Worksheet S-3
Part I
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	1,433	463	2,737		1.00
2.00 HMO		72	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	1,433	463	2,737		7.00
8.00 INTENSIVE CARE UNIT	0	172	37	330		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		128	363		13.00
14.00 Total (see instructions)	0	1,605	628	3,430		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
25.20 CMHC - OPT	0	0	0	0		25.20
25.30 CMHC - OOT	0	0	0	0		25.30
25.40 CMHC - OSP	0	0	0	0		25.40
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	537		28.00
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	64		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141340

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

Worksheet S-3
Part I
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	545	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	184.60	0.00	0	545	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
25.20 CMHC - OPT	0.00	0.00	0.00			25.20
25.30 CMHC - OOT	0.00	0.00	0.00			25.30
25.40 CMHC - OSP	0.00	0.00	0.00			25.40
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	184.60	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 141340

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

Worksheet S-3
Part I
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	225	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)	225	1,199		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
25.20 CMHC - OPT				25.20
25.30 CMHC - OOT				25.30
25.40 CMHC - OSP				25.40
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet S-10 Date/Time Prepared: 9/26/2012 9:30 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.352514	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,164,743	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		19,234,133	6.00	
7.00	Medicaid cost (line 1 times line 6)		6,780,301	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)		4,615,558	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,615,558	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,599,670	271,508	1,871,178	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	563,906	95,710	659,616	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)	563,906	95,710	659,616	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		4,923,169	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		339,335	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		4,583,834	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,615,866	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		2,275,482	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,891,040	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141340

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

Worksheet A
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		2,749,259	2,749,259	-1,377,335	1,371,924	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	1,466,032	1,466,032	2.00
4.00	00400	EMPLOYEE BENEFITS	480	3,733,961	3,734,441	37,088	3,771,529	4.00
5.01	00510	NONPATIENT PHONES	0	326,308	326,308	0	326,308	5.01
5.02	00511	DATA PROCESSING	0	283,878	283,878	0	283,878	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	102,391	9,934	112,325	0	112,325	5.03
5.04	00513	ADMINISTRATIVE	413,984	5,423	419,407	0	419,407	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	75,363	273,156	348,519	0	348,519	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	843,441	7,121,156	7,964,597	-9,589	7,955,008	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	264,589	1,143,202	1,407,791	-2,780	1,405,011	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	104,625	104,625	0	104,625	8.00
9.00	00900	HOUSEKEEPING	236,721	163,671	400,392	0	400,392	9.00
10.00	01000	DIETARY	360,037	257,639	617,676	-419,383	198,293	10.00
11.00	01100	CAFETERIA	0	0	0	419,383	419,383	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	121,831	700,851	822,682	17,315	839,997	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	46,995	219,319	266,314	-83,925	182,389	14.00
15.00	01500	PHARMACY	489,318	683,992	1,173,310	-645,591	527,719	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	388,410	158,213	546,623	0	546,623	16.00
17.00	01700	SOCIAL SERVICE	109,548	45	109,593	89,143	198,736	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,187,183	172,500	2,359,683	-419,581	1,940,102	30.00
31.00	03100	INTENSIVE CARE UNIT	352,783	17,250	370,033	-3,333	366,700	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	349,095	349,095	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,166,926	1,787,995	2,954,921	-1,163,523	1,791,398	50.00
51.00	05100	RECOVERY ROOM	140,590	11,182	151,772	0	151,772	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	102,298	102,298	52.00
53.00	05300	ANESTHESIOLOGY	0	1,041,941	1,041,941	0	1,041,941	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	834,313	1,771,089	2,605,402	0	2,605,402	54.00
55.00	03480	ONCOLOGY	94,968	1,320,402	1,415,370	-25,098	1,390,272	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	712,951	1,163,251	1,876,202	-361	1,875,841	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	17,873	17,873	64.00
65.00	06500	RESPIRATORY THERAPY	369,206	58,093	427,299	-258	427,041	65.00
66.00	06600	PHYSICAL THERAPY	0	183,600	183,600	-108	183,492	66.00
66.01	06601	O/P PHYSICAL THERAPY	63,096	982,160	1,045,256	-27	1,045,229	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,193	6,298	8,491	0	8,491	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	837,713	837,713	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	371,198	371,198	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	587,547	587,547	73.00
76.00	03020	CLINICAL NUTRITION	87,890	883	88,773	-9,423	79,350	76.00
76.01	03950	SLEEP LAB	0	61,683	61,683	0	61,683	76.01
76.97	07697	CARDIAC REHABILITATION	123,055	3,299	126,354	104,283	230,637	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	36,823	3,720	40,543	24,289	64,832	90.00
91.00	09100	EMERGENCY	1,154,214	2,332,380	3,486,594	57,835	3,544,429	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141340

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

Worksheet A
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
113.00	11300	INTEREST EXPENSE		117,347	117,347	-117,347	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,779,299	28,969,705	39,749,004	203,430	39,952,434	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	562,868	562,868	-203,430	359,438	192.00
194.00	07950	COMMUNITY WELLNESS	204,068	56,478	260,546	0	260,546	194.00
200.00		TOTAL (SUM OF LINES 118-199)	10,983,367	29,589,051	40,572,418	0	40,572,418	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 141340

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

Worksheet A
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	109,489	1,481,413	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-66,411	1,399,621	2.00
4.00	00400	EMPLOYEE BENEFITS	0	3,771,529	4.00
5.01	00510	NONPATIENT PHONES	0	326,308	5.01
5.02	00511	DATA PROCESSING	0	283,878	5.02
5.03	00512	PURCHASING RECEIVING AND STORES	-22,129	90,196	5.03
5.04	00513	ADMINISTRATIVE	0	419,407	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	-19,465	329,054	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-2,739,644	5,215,364	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-6,462	1,398,549	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	104,625	8.00
9.00	00900	HOUSEKEEPING	-2,052	398,340	9.00
10.00	01000	DIETARY	0	198,293	10.00
11.00	01100	CAFETERIA	-76,362	343,021	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-695,785	144,212	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-12,692	169,697	14.00
15.00	01500	PHARMACY	0	527,719	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-26,120	520,503	16.00
17.00	01700	SOCIAL SERVICE	0	198,736	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,350	1,937,752	30.00
31.00	03100	INTENSIVE CARE UNIT	0	366,700	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	349,095	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,791,398	50.00
51.00	05100	RECOVERY ROOM	0	151,772	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	102,298	52.00
53.00	05300	ANESTHESIOLOGY	-982,004	59,937	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-206,536	2,398,866	54.00
55.00	03480	ONCOLOGY	-373,406	1,016,866	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-43,057	1,832,784	60.00
64.00	06400	INTRAVENOUS THERAPY	0	17,873	64.00
65.00	06500	RESPIRATORY THERAPY	0	427,041	65.00
66.00	06600	PHYSICAL THERAPY	0	183,492	66.00
66.01	06601	O/P PHYSICAL THERAPY	-243,945	801,284	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,491	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-2,165	835,548	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	371,198	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-3,294	584,253	73.00
76.00	03020	CLINICAL NUTRITION	4,303	83,653	76.00
76.01	03950	SLEEP LAB	0	61,683	76.01
76.97	07697	CARDIAC REHABILITATION	0	230,637	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	64,832	90.00
91.00	09100	EMERGENCY	-1,897,034	1,647,395	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OPT	0	0	99.20
99.30	09930	OOT	0	0	99.30
99.40	09940	OSP	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-7,307,121	32,645,313	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet A Date/Time Prepared: 9/26/2012 9:30 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	359,438	192.00
194.00	07950	COMMUNITY WELLNESS	0	260,546	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-7,307,121	33,265,297	200.00

RECLASSIFICATIONS

Provider CCN: 141340

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

Worksheet A-6
Date/Time Prepared:
9/26/2012 9:30 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - NURSING ADMINISTRATION						
1.00	NURSING ADMINISTRATION	13.00	17,315	0	1.00	
	TOTALS		17,315	0		
B - DRUGS SOLD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	587,547	1.00	
	TOTALS		0	587,547		
C - NURSERY AND DELIVERY AND LABOR ROOM						
1.00	NURSERY	43.00	324,544	24,551	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	95,104	7,194	2.00	
	TOTALS		419,648	31,745		
D - MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,208,911	1.00	
2.00	INTRAVENOUS THERAPY	64.00	0	17,873	2.00	
	TOTALS		0	1,226,784		
E - EQUIPMENT LEASE						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	88,697	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
	TOTALS		0	88,697		
F - CAFETERIA						
1.00	CAFETERIA	11.00	244,454	174,929	1.00	
	TOTALS		244,454	174,929		
G - INTEREST						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	117,347	1.00	
	TOTALS		0	117,347		
H - EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,377,335	1.00	
	TOTALS		0	1,377,335		
I - EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS	4.00	0	10,244	1.00	
	TOTALS		0	10,244		
J - EMPLOYEE BENEFIT ALLOCATION						
1.00	EMPLOYEE BENEFITS	4.00	0	23,455	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,643	2.00	
	TOTALS		0	25,098		
K - CONTINUITY OF CARE						
1.00	SOCIAL SERVICE	17.00	106,376	44,274	1.00	
	TOTALS		106,376	44,274		
L - ROUTINE DIABETES						
1.00	ADULTS & PEDIATRICS	30.00	23,970	5,787	1.00	
	TOTALS		23,970	5,787		
M - ICU OBSERVATION						
1.00	ADULTS & PEDIATRICS	30.00	3,178	155	1.00	
	TOTALS		3,178	155		
N - MOB RECLASS						
1.00	CLINIC	90.00	0	24,289	1.00	
2.00	CARDIAC REHABILITATION	76.97	0	80,565	2.00	
3.00	CARDIAC REHABILITATION	76.97	0	23,718	3.00	
4.00	EMPLOYEE BENEFITS	4.00	0	3,389	4.00	
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	51,135	5.00	
6.00	CLINICAL NUTRITION	76.00	0	20,334	6.00	
	TOTALS		0	203,430		
O - ON CALL SOCIAL SERVICE						
1.00	EMERGENCY	91.00	61,482	25	1.00	
	TOTALS		61,482	25		
P - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	371,198	1.00	
	TOTALS		0	371,198		
500.00	Grand Total: Increases		876,423	4,264,595	500.00	

RECLASSIFICATIONS

Provider CCN: 141340

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

Worksheet A-6
Date/Time Prepared:
9/26/2012 9:30 am

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - NURSING ADMINISTRATION							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	17,315	0	0		1.00
	TOTALS		17,315	0			
B - DRUGS SOLD							
1.00	PHARMACY	15.00	0	587,547	0		1.00
	TOTALS		0	587,547			
C - NURSERY AND DELIVERY AND LABOR ROOM							
1.00	ADULTS & PEDIATRICS	30.00	419,648	31,745	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		419,648	31,745			
D - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	64,974	0		1.00
2.00	OPERATING ROOM	50.00	0	1,161,810	0		2.00
	TOTALS		0	1,226,784			
E - EQUIPMENT LEASE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,505	10		1.00
2.00	OPERATION OF PLANT	7.00	0	2,780	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	18,951	0		3.00
4.00	PHARMACY	15.00	0	58,044	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	1,278	0		5.00
6.00	OPERATING ROOM	50.00	0	1,713	0		6.00
7.00	LABORATORY	60.00	0	361	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	258	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	108	0		9.00
10.00	O/P PHYSICAL THERAPY	66.01	0	27	0		10.00
11.00	EMERGENCY	91.00	0	3,672	0		11.00
	TOTALS		0	88,697			
F - CAFETERIA							
1.00	DIETARY	10.00	244,454	174,929	0		1.00
	TOTALS		244,454	174,929			
G - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	117,347	0		1.00
	TOTALS		0	117,347			
H - EQUIPMENT DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,377,335	9		1.00
	TOTALS		0	1,377,335			
I - EMPLOYEE BENEFITS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	10,244	0		1.00
	TOTALS		0	10,244			
J - EMPLOYEE BENEFIT ALLOCATION							
1.00	ONCOLOGY	55.00	0	25,098	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	25,098			
K - CONTINUITY OF CARE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	106,376	44,274	0		1.00
	TOTALS		106,376	44,274			
L - ROUTINE DIABETES							
1.00	CLINICAL NUTRITION	76.00	23,970	5,787	0		1.00
	TOTALS		23,970	5,787			
M - ICU OBSERVATION							
1.00	INTENSIVE CARE UNIT	31.00	3,178	155	0		1.00
	TOTALS		3,178	155			
N - MOB RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	203,430	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		0	203,430			
O - ON CALL SOCIAL SERVICE							
1.00	SOCIAL SERVICE	17.00	61,482	25	0		1.00
	TOTALS		61,482	25			
P - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	371,198	0		1.00
	TOTALS		0	371,198			
500.00	Grand Total: Decreases		876,423	4,264,595			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141340

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
9/26/2012 9:30 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,279,463	0	0	0	0	1.00
2.00	Land Improvements	1,541,067	0	0	0	0	2.00
3.00	Buildings and Fixtures	13,618,375	0	0	0	0	3.00
4.00	Building Improvements	394,840	25,409	0	25,409	0	4.00
5.00	Fixed Equipment	8,756,312	58,481	0	58,481	87,165	5.00
6.00	Movable Equipment	9,466,503	1,593,476	0	1,593,476	447,726	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	35,056,560	1,677,366	0	1,677,366	534,891	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	35,056,560	1,677,366	0	1,677,366	534,891	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,749,259	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	2,749,259	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	22,766,252	0	22,766,252	0.682063	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	10,612,253	0	10,612,253	0.317937	0	2.00
3.00	Total (sum of lines 1-2)	33,378,505	0	33,378,505	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141340

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
9/26/2012 9:30 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,279,463	0		1.00		
2.00	Land Improvements	1,541,067	0		2.00		
3.00	Buildings and Fixtures	13,618,375	0		3.00		
4.00	Building Improvements	420,249	0		4.00		
5.00	Fixed Equipment	8,727,628	0		5.00		
6.00	Movable Equipment	10,612,253	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	36,199,035	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	36,199,035	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	2,749,259		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	2,749,259		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,481,413	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,310,924	88,697	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,792,337	88,697	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 141340

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,481,413	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,399,621	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	2,881,034	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 141340

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

Worksheet A-8

Date/Time Prepared:
9/26/2012 9:30 am

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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-22,129	PURCHASING RECEIVING AND STORES	5.03 4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-12,692	CENTRAL SERVICES & SUPPLY	14.00 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)	A	-6,410	OPERATION OF PLANT	7.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-4,530,375		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-1,031	RADIOLOGY-DIAGNOSTIC	54.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-392,433		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-76,362	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients	B	-3,294	DRUGS CHARGED TO PATIENTS	73.00 17.00
18.00 Sale of medical records and abstracts	B	-26,120	MEDICAL RECORDS & LIBRARY	16.00 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		0RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			0NONPHYSICIAN ANESTHETISTS	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 OTHER REVENUE	B	-1,646	LABORATORY	60.00 33.00
34.00 PROVIDER TAX	A	-456,200	OTHER ADMINISTRATIVE AND GENERAL	5.06 34.00
35.00 OTHER REVENUE	B	-16,306	O/P PHYSICAL THERAPY	66.01 35.00
36.00 MEDICAL STAFF CREDENTIALING	B	-2,100	OTHER ADMINISTRATIVE AND GENERAL	5.06 36.00
37.00 PHYSICIAN RECRUITMENT	A	-796,580	OTHER ADMINISTRATIVE AND GENERAL	5.06 37.00
38.00 LOBBYIST PORTION OF DUES	A	-1,115	OTHER ADMINISTRATIVE AND GENERAL	5.06 38.00
39.00 LOBBYIST PORTION OF DUES	A	-10,991	OTHER ADMINISTRATIVE AND GENERAL	5.06 39.00
40.00 PROPERTY TAX	A	-3,597	OTHER ADMINISTRATIVE AND GENERAL	5.06 40.00
41.00		0		0.00 41.00
41.01 DEPRECIATION TO STRAIGHT LINE	A	-175,592	NEW CAP REL COSTS-MVBLE EQUIP	2.00 41.01
42.00 CONTRIBUTIONS	A	-87,853	OTHER ADMINISTRATIVE AND GENERAL	5.06 42.00
43.00 CONTRIBUTIONS	A	-2,721	EMERGENCY	91.00 43.00

Provider CCN: 141340
 Period: From 05/01/2011 To 04/30/2012
 Worksheet A-8
 Date/Time Prepared: 9/26/2012 9:30 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center			Line #
			1.00	2.00		3.00
44.00 MARKETING	A	-345,741	OTHER ADMINISTRATIVE AND GENERAL	5.06	44.00	
44.01 THERAPY ARROWHEAD IN EXCESS OF COST	A	-227,639	O/P PHYSICAL THERAPY	66.01	44.01	
44.02 OTHER REVENUE	B	-2,052	HOUSEKEEPING	9.00	44.02	
44.03 OTHER MISC INCOME	B	-8,932	OTHER ADMINISTRATIVE AND GENERAL	5.06	44.03	
44.04 PHYSICIAN MALPRACTICE	A	-27,621	OTHER ADMINISTRATIVE AND GENERAL	5.06	44.04	
44.05 PHYSICIAN MALPRACTICE	A	-64,746	OTHER ADMINISTRATIVE AND GENERAL	5.06	44.05	
44.06 MATERNITY GIFTS - DINNERS	A	-2,350	ADULTS & PEDIATRICS	30.00	44.06	
44.07 MISC INCOME	B	-52	OPERATION OF PLANT	7.00	44.07	
44.08 MISC INCOME	B	-2,165	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	44.08	
44.09		0		0.00	44.09	
45.00 PHYSICIAN BILLING	A	-19,465	CASHIERING/ACCOUNTS RECEIVABLE	5.05	45.00	
45.01 COST OF EMS REDUCED BY GRANT REV	A	14,886	EMERGENCY	91.00	45.01	
45.02 COST OF DIABETES REDUCED BY GRANT RE	A	4,303	CLINICAL NUTRITION	76.00	45.02	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,307,121			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 141340

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

Worksheet A-8

Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OTHER REVENUE	0	33.00
34.00	PROVIDER TAX	0	34.00
35.00	OTHER REVENUE	0	35.00
36.00	MEDICAL STAFF CREDENTIALING	0	36.00
37.00	PHYSICIAN RECRUITMENT	0	37.00
38.00	LOBBYIST PORTION OF DUES	0	38.00
39.00	LOBBYIST PORTION OF DUES	0	39.00
40.00	PROPERTY TAX	0	40.00
41.00		0	41.00
41.01	DEPRECIATION TO STRAIGHT LINE	9	41.01
42.00	CONTRIBUTIONS	0	42.00
43.00	CONTRIBUTIONS	0	43.00
44.00	MARKETING	0	44.00
44.01	THERAPY ARROWHEAD IN EXCESS OF COST	0	44.01
44.02	OTHER REVENUE	0	44.02
44.03	OTHER MISC INCOME	0	44.03
44.04	PHYSICIAN MALPRACTICE	0	44.04
44.05	PHYSICIAN MALPRACTICE	0	44.05
44.06	MATERNITY GIFTS - DINNERS	0	44.06
44.07	MISC INCOME	0	44.07
44.08	MISC INCOME	0	44.08
44.09		0	44.09
45.00	PHYSICIAN BILLING	0	45.00
45.01	COST OF EMS REDUCED BY GRANT REV	0	45.01
45.02	COST OF DIABETES REDUCED BY GRANT RE	0	45.02
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 141340

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

Worksheet A-8-1

Date/Time Prepared:
9/26/2012 9:30 am

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

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

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

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

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

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

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

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

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

Provider CCN: 141340

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

Worksheet A-8-1

Date/Time Prepared:
9/26/2012 9:30 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	3,313,761	3,924,864	-611,103	0	1.00
2.00	109,489	0	109,489	9	2.00
3.00	109,181	0	109,181	9	3.00
4.00	0	0	0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	3,924,864	-392,433		5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141340

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

Worksheet A-8-2

Date/Time Prepared:
9/26/2012 9:30 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	323,065	323,065	1.00
2.00	13.00	NURSING ADMINISTRATION	695,785	695,785	2.00
3.00	31.00	INTENSIVE CARE UNIT	2,400	0	3.00
4.00	53.00	ANESTHESIOLOGY	996,331	982,004	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	115,650	115,650	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	89,855	89,855	6.00
7.00	55.00	ONCOLOGY	5,513	0	7.00
8.00	55.00	ONCOLOGY	373,406	373,406	8.00
9.00	60.00	LABORATORY	70,800	41,411	9.00
10.00	65.00	RESPIRATORY THERAPY	2,400	0	10.00
11.00	91.00	EMERGENCY	2,246,645	1,909,199	11.00
200.00			4,921,850	4,530,375	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141340

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

Worksheet A-8-2

Date/Time Prepared:
9/26/2012 9:30 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	2,400	0	0	0	0	3.00
4.00	14,327	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	5,513	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	29,389	0	0	0	0	9.00
10.00	2,400	0	0	0	0	10.00
11.00	337,446	0	0	0	0	11.00
200.00	391,475		0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141340

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

Worksheet A-8-2

Date/Time Prepared:
9/26/2012 9:30 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 141340

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

Worksheet A-8-2

Date/Time Prepared:
9/26/2012 9:30 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	323,065	1.00
2.00	0	695,785	2.00
3.00	0	0	3.00
4.00	0	982,004	4.00
5.00	0	115,650	5.00
6.00	0	89,855	6.00
7.00	0	0	7.00
8.00	0	373,406	8.00
9.00	0	41,411	9.00
10.00	0	0	10.00
11.00	0	1,909,199	11.00
200.00	0	4,530,375	200.00

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS		Provider CCN: 141340		Period: From 05/01/2011 To 04/30/2012		Worksheet A-8-3 Part Date/Time Prepared: 9/26/2012 9:30 am	
		Physical Therapy		Cost			
						1.00	
PART I - GENERAL INFORMATION							
1.00	Total number of weeks worked (excluding aides) (see instructions)					52	1.00
2.00	Line 1 multiplied by 15 hours per week					780	2.00
3.00	Number of unduplicated days in which supervisor or therapist was on provider site (see instructions)					365	3.00
4.00	Number of unduplicated days in which therapy assistant was on provider site but neither supervisor nor therapist was on provider site (see instructions)					0	4.00
5.00	Number of unduplicated offsite visits - supervisors or therapists (see instructions)					0	5.00
6.00	Number of unduplicated offsite visits - therapy assistants (include only visits made by therapy assistant and on which supervisor and/or therapist was not present during the visit(s)) (see instructions)					0	6.00
7.00	Standard travel expense rate					5.50	7.00
8.00	Optional travel expense rate per mile					0.00	8.00
		Supervisors	Therapists	Assistants	Aides	Trainees	
		1.00	2.00	3.00	4.00	5.00	
9.00	Total hours worked	196.50	828.45	1,825.85	2,186.25	0.00	9.00
10.00	AHSEA (see instructions)	90.42	72.34	54.25	27.13	0.00	10.00
11.00	Standard travel allowance (columns 1 and 2, one-half of column 2, line 10; column 3, one-half of column 3, line 10)	36.17	36.17	27.13			11.00
12.00	Number of travel hours (provider site)	0	0	0			12.00
12.01	Number of travel hours (offsite)	0	0	0			12.01
13.00	Number of miles driven (provider site)	0	0	0			13.00
13.01	Number of miles driven (offsite)	0	0	0			13.01
						1.00	
Part II - SALARY EQUIVALENCY COMPUTATION							
14.00	Supervisors (column 1, line 9 times column 1, line 10)					17,768	14.00
15.00	Therapists (column 2, line 9 times column 2, line 10)					59,930	15.00
16.00	Assistants (column 3, line 9 times column 3, line 10)					99,052	16.00
17.00	Subtotal allowance amount (sum of lines 14 and 15 for respiratory therapy or lines 14-16 for all others)					176,750	17.00
18.00	Aides (column 4, line 9 times column 4, line 10)					59,313	18.00
19.00	Trainees (column 5, line 9 times column 5, line 10)					0	19.00
20.00	Total allowance amount (sum of lines 17-19 for respiratory therapy or lines 17 and 18 for all others)					236,063	20.00
If the sum of columns 1 and 2 for respiratory therapy or columns 1-3 for physical therapy, speech pathology or occupational therapy, line 9, is greater than line 2, make no entries on lines 21 and 22 and enter on line 23 the amount from line 20. Otherwise complete lines 21-23.							
21.00	Weighted average rate excluding aides and trainees (line 17 divided by sum of columns 1 and 2, line 9 for respiratory therapy or columns 1 thru 3, line 9 for all others)					0.00	21.00
22.00	Weighted allowance excluding aides and trainees (line 2 times line 21)					0	22.00
23.00	Total salary equivalency (see instructions)					236,063	23.00
PART III - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE							
Standard Travel Allowance							
24.00	Therapists (line 3 times column 2, line 11)					13,202	24.00
25.00	Assistants (line 4 times column 3, line 11)					0	25.00
26.00	Subtotal (line 24 for respiratory therapy or sum of lines 24 and 25 for all others)					13,202	26.00
27.00	Standard travel expense (line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others)					2,008	27.00
28.00	Total standard travel allowance and standard travel expense at the provider site (sum of lines 26 and 27)					15,210	28.00
Optional Travel Allowance and Optional Travel Expense							
29.00	Therapists (column 2, line 10 times the sum of columns 1 and 2, line 12)					0	29.00
30.00	Assistants (column 3, line 10 times column 3, line 12)					0	30.00
31.00	Subtotal (line 29 for respiratory therapy or sum of lines 29 and 30 for all others)					0	31.00
32.00	Optional travel expense (line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others)					0	32.00
33.00	Standard travel allowance and standard travel expense (line 28)					15,203	33.00
34.00	Optional travel allowance and standard travel expense (sum of lines 27 and 31)					0	34.00
35.00	Optional travel allowance and optional travel expense (sum of lines 31 and 32)					0	35.00
Part IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE							
Standard Travel Expense							
36.00	Therapists (line 5 times column 2, line 11)					0	36.00
37.00	Assistants (line 6 times column 3, line 11)					0	37.00
38.00	Subtotal (sum of lines 36 and 37)					0	38.00
39.00	Standard travel expense (line 7 times the sum of lines 5 and 6)					0	39.00
Optional Travel Allowance and Optional Travel Expense							
40.00	Therapists (sum of columns 1 and 2, line 12.01 times column 2, line 10)					0	40.00
41.00	Assistants (column 3, line 12.01 times column 3, line 10)					0	41.00
42.00	Subtotal (sum of lines 40 and 41)					0	42.00
43.00	Optional travel expense (line 8 times the sum of columns 1-3, line 13.01)					0	43.00
Total Travel Allowance and Travel Expense - Offsite Services; Complete one of the following three lines 44, 45, or 46, as appropriate.							
44.00	Standard travel allowance and standard travel expense (sum of lines 38 and 39 - see instructions)					0	44.00
45.00	Optional travel allowance and standard travel expense (sum of lines 39 and 42 - see instructions)					0	45.00

REASONABLE COST DETERMINATION FOR THERAPY SERVICES FURNISHED BY OUTSIDE SUPPLIERS		Provider CCN: 141340				Period: From 05/01/2011 To 04/30/2012	Worksheet A-8-3 Part Date/Time Prepared: 9/26/2012 9:30 am
		Physical Therapy				Cost	
						1.00	
46.00	Optional travel allowance and optional travel expense (sum of lines 42 and 43 - see instructions)					0	46.00
		Therapists	Assistants	Aides	Trainees	Total	
		1.00	2.00	3.00	4.00	5.00	
PART V - OVERTIME COMPUTATION							
47.00	Overtime hours worked during reporting period (if column 5, line 47, is zero or equal to or greater than 2,080, do not complete lines 48-55 and enter zero in each column of line 56)	0.00	0.00	0.00	0.00	0.00	47.00
48.00	Overtime rate (see instructions)	0.00	0.00	0.00	0.00	0.00	48.00
49.00	Total overtime (including base and overtime allowance) (multiply line 47 times line 48)	0.00	0.00	0.00	0.00	0.00	49.00
CALCULATION OF LIMIT							
50.00	Percentage of overtime hours by category (divide the hours in each column on line 47 by the total overtime worked - column 5, line 47)	0.00	0.00	0.00	0.00	0.00	50.00
51.00	Allocation of provider's standard work year for one full-time employee times the percentages on line 50 (see instructions)	0.00	0.00	0.00	0.00	0.00	51.00
DETERMINATION OF OVERTIME ALLOWANCE							
52.00	Adjusted hourly salary equivalency amount (see instructions)	72.34	54.25	27.13	0.00		52.00
53.00	Overtime cost limitation (line 51 times line 52)	0	0	0	0		53.00
54.00	Maximum overtime cost (enter the lesser of line 49 or line 53)	0	0	0	0		54.00
55.00	Portion of overtime already included in hourly computation at the AHSEA (multiply line 47 times line 52)	0	0	0	0		55.00
56.00	Overtime allowance (line 54 minus line 55 - if negative enter zero) (Enter in column 5 the sum of columns 1, 3, and 4 for respiratory therapy and columns 1 through 3 for all others.)	0	0	0	0	0	56.00
						1.00	
Part VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT							
57.00	Salary equivalency amount (from line 23)					236,063	57.00
58.00	Travel allowance and expense - provider site (from lines 33, 34, or 35)					15,203	58.00
59.00	Travel allowance and expense - Offsite services (from lines 44, 45, or 46)					0	59.00
60.00	Overtime allowance (from column 5, line 56)					0	60.00
61.00	Equipment cost (see instructions)					0	61.00
62.00	Supplies (see instructions)					0	62.00
63.00	Total allowance (sum of lines 57-62)					251,266	63.00
64.00	Total cost of outside supplier services (from your records)					153,952	64.00
65.00	Excess over limitation (line 64 minus line 63 - if negative, enter zero)					0	65.00
LINE 33 CALCULATION							
100.00	Line 26 = line 24 for respiratory therapy or sum of lines 24 and 25 for all others					13,202	100.00
100.01	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others					2,008	100.01
100.02	Line 33 = line 28 = sum of lines 26 and 27					15,210	100.02
LINE 34 CALCULATION							
101.00	Line 27 = line 7 times line 3 for respiratory therapy or sum of lines 3 and 4 for all others					2,008	101.00
101.01	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others					0	101.01
101.02	Line 34 = sum of lines 27 and 31					2,008	101.02
LINE 35 CALCULATION							
102.00	Line 31 = line 29 for respiratory therapy or sum of lines 29 and 30 for all others					0	102.00
102.01	Line 32 = line 8 times columns 1 and 2, line 13 for respiratory therapy or sum of columns 1-3, line 13 for all others					0	102.01
102.02	Line 35 = sum of lines 31 and 32					0	102.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT PHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	1,481,413	1,481,413				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	1,399,621		1,399,621			2.00
4.00 00400 EMPLOYEE BENEFITS	3,771,529	7,610	7,190	3,786,329		4.00
5.01 00510 NONPATIENT PHONES	326,308	6,520	6,160	0	338,988	5.01
5.02 00511 DATA PROCESSING	283,878	9,599	9,069	0	1,926	5.02
5.03 00512 PURCHASING RECEIVING AND STORES	90,196	0	0	35,299	11,556	5.03
5.04 00513 ADMINISTRATION	419,407	32,601	30,801	142,720	7,704	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	329,054	1,721	1,626	25,981	1,926	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	5,215,364	175,473	165,785	248,132	44,300	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	1,398,549	192,146	181,537	91,217	7,704	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	104,625	26,310	24,858	0	0	8.00
9.00 00900 HOUSEKEEPING	398,340	14,360	13,567	81,609	1,926	9.00
10.00 01000 DIETARY	198,293	29,771	28,128	39,847	7,704	10.00
11.00 01100 CAFETERIA	343,021	36,368	34,360	84,275	1,926	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	144,212	16,597	15,681	47,970	1,926	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	169,697	79,447	75,061	16,201	0	14.00
15.00 01500 PHARMACY	527,719	17,802	16,819	168,691	7,704	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	520,503	12,562	11,869	133,904	21,187	16.00
17.00 01700 SOCIAL SERVICE	198,736	0	0	53,244	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,937,752	213,811	202,006	618,715	34,669	30.00
31.00 03100 INTENSIVE CARE UNIT	366,700	22,716	21,461	120,526	3,852	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	349,095	8,031	7,587	111,886	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,791,398	190,062	179,568	402,295	55,859	50.00
51.00 05100 RECOVERY ROOM	151,772	17,171	16,223	48,468	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	102,298	10,975	10,369	32,787	0	52.00
53.00 05300 ANESTHESIOLOGY	59,937	5,889	5,564	9,037	3,852	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,398,866	116,217	109,800	287,628	40,447	54.00
55.00 03480 ONCOLOGY	1,016,866	0	0	32,740	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	1,832,784	43,538	41,135	245,788	21,187	60.00
64.00 06400 INTRAVENOUS THERAPY	17,873	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	427,041	12,620	11,923	127,283	3,852	65.00
66.00 06600 PHYSICAL THERAPY	183,492	31,186	29,464	0	5,778	66.00
66.01 06601 O/P PHYSICAL THERAPY	801,284	0	0	21,752	0	66.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	8,491	1,568	1,481	756	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	835,548	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	371,198	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	584,253	0	0	0	0	73.00
76.00 03020 CLINICAL NUTRITION	83,653	0	0	22,036	5,778	76.00
76.01 03950 SLEEP LAB	61,683	11,167	10,550	0	1,926	76.01
76.97 07697 CARDIAC REHABILITATION	230,637	14,379	13,585	42,423	5,778	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	64,832	0	0	12,695	0	90.00
91.00 09100 EMERGENCY	1,647,395	84,725	80,047	419,109	21,187	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT PHONES			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		0	1.00				2.00	4.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,645,313	1,442,942	1,363,274	3,715,977	321,654	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,344	9,773	0	5,778	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	359,438	22,352	21,118	0	3,852	192.00
194.00	07950	COMMUNITY WELLNESS	260,546	5,775	5,456	70,352	7,704	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	33,265,297	1,481,413	1,399,621	3,786,329	338,988	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT PHONES						5.01
5.02	00511	DATA PROCESSING	304,472					5.02
5.03	00512	PURCHASING RECEIVING AND STORES	6,478	143,529				5.03
5.04	00513	ADMINITTING	12,956	11	646,200			5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	4,859	0	0	365,167		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	43,727	27	0	0	5,892,808	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	4,859	2	0	0	1,876,014	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	155,793	8.00
9.00	00900	HOUSEKEEPING	1,620	217	0	0	511,639	9.00
10.00	01000	DIETARY	6,478	473	0	0	310,694	10.00
11.00	01100	CAFETERIA	1,620	1,001	0	0	502,571	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,620	0	0	0	228,006	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,506	0	0	346,912	14.00
15.00	01500	PHARMACY	8,098	210	0	0	747,043	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,815	0	0	0	717,840	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	251,980	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	55,060	4,525	113,819	20,499	3,200,856	30.00
31.00	03100	INTENSIVE CARE UNIT	4,859	546	23,158	3,551	567,369	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,478	724	9,567	1,467	494,835	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	29,152	6,401	39,860	29,215	2,723,810	50.00
51.00	05100	RECOVERY ROOM	0	208	11,844	5,392	251,078	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,859	212	9,651	1,480	172,631	52.00
53.00	05300	ANESTHESIOLOGY	6,478	2,533	9,501	4,334	98,088	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,434	10,946	69,351	95,077	3,147,766	54.00
55.00	03480	ONCOLOGY	0	747	0	16,358	1,066,711	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	21,054	35,016	84,199	61,176	2,385,877	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,023	38,766	14,601	72,263	64.00
65.00	06500	RESPIRATORY THERAPY	4,859	865	27,917	6,127	622,487	65.00
66.00	06600	PHYSICAL THERAPY	4,859	146	4,975	1,125	261,025	66.00
66.01	06601	O/P PHYSICAL THERAPY	8,098	326	22	5,453	836,935	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	9	121	58	12,484	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	47,971	58,942	23,326	965,787	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,249	15,994	6,557	414,998	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	196	115,217	32,966	732,632	73.00
76.00	03020	CLINICAL NUTRITION	0	3	18	320	111,808	76.00
76.01	03950	SLEEP LAB	0	0	0	1,096	86,422	76.01
76.97	07697	CARDIAC REHABILITATION	3,239	97	259	795	311,192	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,620	64	0	810	80,021	90.00
91.00	09100	EMERGENCY	21,054	1,270	13,019	33,384	2,321,190	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
118.00	SUBTOTALS (SUM OF LINES 1-117)	301,233	143,524	646,200	365,167	32,479,565	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	25,895	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,239	0	0	0	409,999	192.00
194.00	07950 COMMUNITY WELLNESS	0	5	0	0	349,838	194.00
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	304,472	143,529	646,200	365,167	33,265,297	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT PHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINISTRATIVE					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,892,808				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	403,872	0	2,279,886		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	33,539	0	56,818	246,150	8.00
9.00	00900	HOUSEKEEPING	110,147	0	31,010	0	652,796
10.00	01000	DIETARY	66,887	0	64,291	0	18,470
11.00	01100	CAFETERIA	108,194	0	78,537	0	22,562
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	49,086	0	35,841	0	10,297
14.00	01400	CENTRAL SERVICES & SUPPLY	74,684	0	171,567	0	49,288
15.00	01500	PHARMACY	160,825	0	38,443	0	11,044
16.00	01600	MEDICAL RECORDS & LIBRARY	154,538	0	27,129	0	7,794
17.00	01700	SOCIAL SERVICE	54,247	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	689,091	0	461,725	90,796	132,644
31.00	03100	INTENSIVE CARE UNIT	122,144	0	49,055	8,326	14,092
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	106,529	0	17,343	6,204	4,982
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	586,387	0	410,441	24,521	117,912
51.00	05100	RECOVERY ROOM	54,053	0	37,080	0	10,652
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,164	0	23,701	6,258	6,809
53.00	05300	ANESTHESIOLOGY	21,117	0	12,718	1,174	3,654
54.00	05400	RADIOLOGY-DIAGNOSTIC	677,657	0	250,972	37,652	72,099
55.00	03480	ONCOLOGY	229,644	0	0	0	23,060
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	513,636	0	94,021	0	27,011
64.00	06400	INTRAVENOUS THERAPY	15,557	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	134,010	0	27,253	13,286	7,829
66.00	06600	PHYSICAL THERAPY	56,194	0	67,347	1,087	19,347
66.01	06601	O/P PHYSICAL THERAPY	180,177	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	2,688	0	3,386	0	973
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	207,917	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	89,342	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	157,722	0	0	0	0
76.00	03020	CLINICAL NUTRITION	24,070	0	0	0	0
76.01	03950	SLEEP LAB	18,605	0	24,114	0	6,928
76.97	07697	CARDIAC REHABILITATION	66,994	0	31,051	1,318	8,920
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	17,227	0	0	370	0
91.00	09100	EMERGENCY	499,710	0	182,964	55,158	52,562
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0
99.40	09940	OSP	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,723,654	0	2,196,807	246,150	628,929	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,575	0	22,339	0	6,418	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	88,265	0	48,270	0	13,867	192.00
194.00	07950 COMMUNITY WELLNESS	75,314	0	12,470	0	3,582	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,892,808	0	2,279,886	246,150	652,796	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	460,342					10.00
11.00	01100	0	711,864				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	10,155	0	333,385		13.00
14.00	01400	0	5,321	0	0	647,772	14.00
15.00	01500	0	31,053	0	0	1,004	15.00
16.00	01600	0	40,498	0	0	0	16.00
17.00	01700	0	6,733	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	410,811	148,906	0	129,393	21,666	30.00
31.00	03100	49,531	21,535	0	18,713	2,612	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	23,145	0	20,113	3,467	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	91,676	0	79,663	30,647	50.00
51.00	05100	0	7,292	0	6,337	997	51.00
52.00	05200	0	6,806	0	5,914	1,015	52.00
53.00	05300	0	0	0	0	12,128	53.00
54.00	05400	0	71,877	0	0	52,407	54.00
55.00	03480	0	8,366	0	0	3,575	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	78,003	0	0	167,655	60.00
64.00	06400	0	0	0	0	4,899	64.00
65.00	06500	0	29,548	0	0	4,140	65.00
66.00	06600	0	0	0	0	701	66.00
66.01	06601	0	7,384	0	0	1,560	66.01
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	240	0	0	42	70.00
71.00	07100	0	0	0	0	229,685	71.00
72.00	07200	0	0	0	0	101,738	72.00
73.00	07300	0	0	0	0	939	73.00
76.00	03020	0	4,980	0	0	15	76.00
76.01	03950	0	0	0	0	1	76.01
76.97	07697	0	8,989	0	0	464	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	3,285	0	0	309	90.00
91.00	09100	0	84,297	0	73,252	6,082	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300	0	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	460,342	690,089	0	333,385	647,748	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 COMMUNITY WELLNESS	0	21,775	0	0	24	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	460,342	711,864	0	333,385	647,772	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet B Part I Date/Time Prepared: 9/26/2012 9:30 am		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT PHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	989,412				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	947,799			16.00
17.00	01700	SOCIAL SERVICE	0	0	312,960		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	53,200	279,286	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,215	33,674	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	3,807	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	75,820	0	0	50.00
51.00	05100	RECOVERY ROOM	0	13,994	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,840	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,249	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	246,846	0	0	54.00
55.00	03480	ONCOLOGY	568,479	42,453	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	158,768	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	37,893	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,901	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,919	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	14,152	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	150	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	60,538	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	17,018	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	420,933	85,556	0	0	73.00
76.00	03020	CLINICAL NUTRITION	0	830	0	0	76.00
76.01	03950	SLEEP LAB	0	2,843	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	2,064	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	2,102	0	0	90.00
91.00	09100	EMERGENCY	0	86,641	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	989,412	947,799	312,960	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 COMMUNITY WELLNESS	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	989,412	947,799	312,960	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS							4.00
5.01 00510 NONPATIENT PHONES							5.01
5.02 00511 DATA PROCESSING							5.02
5.03 00512 PURCHASING RECEIVING AND STORES							5.03
5.04 00513 ADMINITTING							5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE							5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
12.00 01200 MAINTENANCE OF PERSONNEL							12.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
17.00 01700 SOCIAL SERVICE							17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000 NURSING SCHOOL							20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	0	0	0	5,618,374	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	896,266	0	0	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	680,425	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	4,140,877	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	381,483	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	264,138	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	160,128	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	4,557,276	0	0	54.00
55.00 03480 ONCOLOGY	0	0	0	1,942,288	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	3,424,971	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	130,612	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	854,454	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	408,620	0	0	66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0	0	1,040,208	0	0	66.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	19,963	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,463,927	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	623,096	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1,397,782	0	0	73.00
76.00 03020 CLINICAL NUTRITION	0	0	0	141,703	0	0	76.00
76.01 03950 SLEEP LAB	0	0	0	138,913	0	0	76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	430,992	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	103,314	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	3,361,856	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910 CORF	0	0	0	0	0	0	99.10
99.20 09920 OPT	0	0	0	0	0	0	99.20
99.30 09930 OOT	0	0	0	0	0	0	99.30
99.40 09940 OSP	0	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS						
	21.00	22.00	23.00					
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	32,181,666	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	60,227	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	560,401	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0	463,003	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	33,265,297	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.01	00510 NONPATIENT PHONES		5.01
5.02	00511 DATA PROCESSING		5.02
5.03	00512 PURCHASING RECEIVING AND STORES		5.03
5.04	00513 ADMITTING		5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	5,618,374	30.00
31.00	03100 INTENSIVE CARE UNIT	896,266	31.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	680,425	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	4,140,877	50.00
51.00	05100 RECOVERY ROOM	381,483	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	264,138	52.00
53.00	05300 ANESTHESIOLOGY	160,128	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,557,276	54.00
55.00	03480 ONCOLOGY	1,942,288	55.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	3,424,971	60.00
64.00	06400 INTRAVENOUS THERAPY	130,612	64.00
65.00	06500 RESPIRATORY THERAPY	854,454	65.00
66.00	06600 PHYSICAL THERAPY	408,620	66.00
66.01	06601 O/P PHYSICAL THERAPY	1,040,208	66.01
69.00	06900 ELECTROCARDIOLOGY	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	19,963	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,463,927	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	623,096	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,397,782	73.00
76.00	03020 CLINICAL NUTRITION	141,703	76.00
76.01	03950 SLEEP LAB	138,913	76.01
76.97	07697 CARDIAC REHABILITATION	430,992	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	103,314	90.00
91.00	09100 EMERGENCY	3,361,856	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
99.20	09920 OPT	0	99.20
99.30	09930 OOT	0	99.30
99.40	09940 OSP	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	32,181,666	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 141340

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

Worksheet B
Part I
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	60,227	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	560,401	192.00
194.00	07950 COMMUNITY WELLNESS	463,003	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	33,265,297	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	7,610	7,190	14,800	14,800 4.00
5.01 00510	NONPATIENT PHONES	0	6,520	6,160	12,680	0 5.01
5.02 00511	DATA PROCESSING	0	9,599	9,069	18,668	0 5.02
5.03 00512	PURCHASING RECEIVING AND STORES	0	0	0	0	138 5.03
5.04 00513	ADMITTING	0	32,601	30,801	63,402	558 5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	0	1,721	1,626	3,347	102 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	175,473	165,785	341,258	970 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	192,146	181,537	373,683	357 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	26,310	24,858	51,168	0 8.00
9.00 00900	HOUSEKEEPING	0	14,360	13,567	27,927	319 9.00
10.00 01000	DIETARY	0	29,771	28,128	57,899	156 10.00
11.00 01100	CAFETERIA	0	36,368	34,360	70,728	330 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	16,597	15,681	32,278	188 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	79,447	75,061	154,508	63 14.00
15.00 01500	PHARMACY	0	17,802	16,819	34,621	660 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	12,562	11,869	24,431	524 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	208 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	213,811	202,006	415,817	2,412 30.00
31.00 03100	INTENSIVE CARE UNIT	0	22,716	21,461	44,177	471 31.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	8,031	7,587	15,618	437 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	190,062	179,568	369,630	1,573 50.00
51.00 05100	RECOVERY ROOM	0	17,171	16,223	33,394	190 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	10,975	10,369	21,344	128 52.00
53.00 05300	ANESTHESIOLOGY	0	5,889	5,564	11,453	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	116,217	109,800	226,017	1,125 54.00
55.00 03480	ONCOLOGY	0	0	0	0	128 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	43,538	41,135	84,673	961 60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	12,620	11,923	24,543	498 65.00
66.00 06600	PHYSICAL THERAPY	0	31,186	29,464	60,650	0 66.00
66.01 06601	O/P PHYSICAL THERAPY	0	0	0	0	85 66.01
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	1,568	1,481	3,049	3 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03020	CLINICAL NUTRITION	0	0	0	0	86 76.00
76.01 03950	SLEEP LAB	0	11,167	10,550	21,717	0 76.01
76.97 07697	CARDIAC REHABILITATION	0	14,379	13,585	27,964	166 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	50 90.00
91.00 09100	EMERGENCY	0	84,725	80,047	164,772	1,639 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
99.20 09920	OPT	0	0	0	0	0 99.20
99.30 09930	OOT	0	0	0	0	0 99.30
99.40 09940	OSP	0	0	0	0	0 99.40
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
110.00 11000	0	1.00	2.00	2A	4.00	
110.00	0	0	0	0	0	110.00
111.00 11100	0	0	0	0	0	111.00
113.00 11300	0	0	0	0	0	113.00
118.00	0	1,442,942	1,363,274	2,806,216	14,525	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	0	10,344	9,773	20,117	0	190.00
192.00 19200	0	22,352	21,118	43,470	0	192.00
194.00 07950	0	5,775	5,456	11,231	275	194.00
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	0	1,481,413	1,399,621	2,881,034	14,800	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141340		Period: From 05/01/2011 To 04/30/2012		Worksheet B Part II Date/Time Prepared: 9/26/2012 9:30 am	
Cost Center Description			NONPATIENT PHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT PHONES	12,680					5.01
5.02	00511	DATA PROCESSING	72	18,740				5.02
5.03	00512	PURCHASING RECEIVING AND STORES	432	399	969			5.03
5.04	00513	ADMINISTRATIVE	288	797	0	65,045		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	72	299	0	0	3,820	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,657	2,691	0	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	288	299	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	72	100	1	0	0	9.00
10.00	01000	DIETARY	288	399	3	0	0	10.00
11.00	01100	CAFETERIA	72	100	7	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	72	100	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	44	0	0	14.00
15.00	01500	PHARMACY	288	498	1	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	793	1,096	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,297	3,390	31	11,457	216	30.00
31.00	03100	INTENSIVE CARE UNIT	144	299	4	2,331	37	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	399	5	963	15	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,090	1,794	43	4,012	308	50.00
51.00	05100	RECOVERY ROOM	0	0	1	1,192	57	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	299	1	971	16	52.00
53.00	05300	ANESTHESIOLOGY	144	399	17	956	46	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,513	1,196	74	6,981	972	54.00
55.00	03480	ONCOLOGY	0	0	5	0	172	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	793	1,296	236	8,475	645	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	7	3,902	154	64.00
65.00	06500	RESPIRATORY THERAPY	144	299	6	2,810	65	65.00
66.00	06600	PHYSICAL THERAPY	216	299	1	501	12	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	498	2	2	57	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	12	1	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	326	5,933	246	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	143	1,610	69	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1	11,599	348	73.00
76.00	03020	CLINICAL NUTRITION	216	0	0	2	3	76.00
76.01	03950	SLEEP LAB	72	0	0	0	12	76.01
76.97	07697	CARDIAC REHABILITATION	216	199	1	26	8	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	100	0	0	9	90.00
91.00	09100	EMERGENCY	793	1,296	9	1,310	352	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		NONPATIENT PHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
118.00	SUBTOTALS (SUM OF LINES 1-117)	12,032	18,541	969	65,045	3,820	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	216	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	144	199	0	0	0	192.00
194.00	07950 COMMUNITY WELLNESS	288	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	12,680	18,740	969	65,045	3,820	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141340		Period: From 05/01/2011 To 04/30/2012		Worksheet B Part II Date/Time Prepared: 9/26/2012 9:30 am	
Cost Center Description			OTHER ADMINI STRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT PHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	346,576					5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700	OPERATION OF PLANT	23,752	0	398,379			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,972	0	9,928	63,068		8.00
9.00	00900	HOUSEKEEPING	6,478	0	5,419	0	40,316	9.00
10.00	01000	DIETARY	3,934	0	11,234	0	1,141	10.00
11.00	01100	CAFETERIA	6,363	0	13,723	0	1,393	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,887	0	6,263	0	636	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,392	0	29,979	0	3,044	14.00
15.00	01500	PHARMACY	9,458	0	6,717	0	682	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,089	0	4,740	0	481	16.00
17.00	01700	SOCIAL SERVICE	3,190	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,539	0	80,680	23,264	8,192	30.00
31.00	03100	INTENSIVE CARE UNIT	7,183	0	8,572	2,133	870	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	6,265	0	3,030	1,590	308	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,486	0	71,719	6,283	7,282	50.00
51.00	05100	RECOVERY ROOM	3,179	0	6,479	0	658	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,186	0	4,142	1,603	421	52.00
53.00	05300	ANESTHESIOLOGY	1,242	0	2,222	301	226	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,854	0	43,854	9,647	4,453	54.00
55.00	03480	ONCOLOGY	13,506	0	0	0	1,424	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	30,208	0	16,429	0	1,668	60.00
64.00	06400	INTRAVENOUS THERAPY	915	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,881	0	4,762	3,404	484	65.00
66.00	06600	PHYSICAL THERAPY	3,305	0	11,768	278	1,195	66.00
66.01	06601	O/P PHYSICAL THERAPY	10,596	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	158	0	592	0	60	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,228	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,254	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,276	0	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	1,416	0	0	0	0	76.00
76.01	03950	SLEEP LAB	1,094	0	4,214	0	428	76.01
76.97	07697	CARDIAC REHABILITATION	3,940	0	5,426	338	551	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,013	0	0	95	0	90.00
91.00	09100	EMERGENCY	29,389	0	31,970	14,132	3,246	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet B Part II Date/Time Prepared: 9/26/2012 9:30 am			
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	336,628	0	383,862	63,068	38,843	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	328	0	3,903	0	396	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	5,191	0	8,435	0	856	192.00
194.00	07950 COMMUNITY WELLNESS	4,429	0	2,179	0	221	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	346,576	0	398,379	63,068	40,316	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141340		Period: From 05/01/2011 To 04/30/2012		Worksheet B Part II Date/Time Prepared: 9/26/2012 9:30 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT PHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	75,054					10.00
11.00	01100	CAFETERIA	0	92,716				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	1,323	0	43,747		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	693	0	0	192,723	14.00
15.00	01500	PHARMACY	0	4,044	0	0	299	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,275	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	877	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	66,978	19,393	0	16,979	6,446	30.00
31.00	03100	INTENSIVE CARE UNIT	8,076	2,805	0	2,456	777	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	3,015	0	2,639	1,032	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	11,940	0	10,454	9,118	50.00
51.00	05100	RECOVERY ROOM	0	950	0	831	297	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	886	0	776	302	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	3,608	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,362	0	0	15,592	54.00
55.00	03480	ONCOLOGY	0	1,090	0	0	1,064	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	10,159	0	0	49,880	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	1,457	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,848	0	0	1,232	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	209	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	962	0	0	464	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	31	0	0	13	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	68,335	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	30,269	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	279	73.00
76.00	03020	CLINICAL NUTRITION	0	649	0	0	4	76.00
76.01	03950	SLEEP LAB	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,171	0	0	138	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	428	0	0	92	90.00
91.00	09100	EMERGENCY	0	10,979	0	9,612	1,809	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141340			Period: From 05/01/2011 To 04/30/2012		Worksheet B Part II Date/Time Prepared: 9/26/2012 9:30 am	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		10.00	11.00	12.00	13.00	14.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)	75,054	89,880	0	43,747	192,716		118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
194.00	07950 COMMUNITY WELLNESS	0	2,836	0	0	7		194.00
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	75,054	92,716	0	43,747	192,723		202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet B Part II Date/Time Prepared: 9/26/2012 9:30 am		
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
			15.00	16.00	17.00	19.00	20.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT PHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	57,268				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	46,429			16.00
17.00	01700	SOCIAL SERVICE	0	0	4,275		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,604	3,815		30.00
31.00	03100	INTENSIVE CARE UNIT	0	451	460		31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	0	186	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	3,711	0		50.00
51.00	05100	RECOVERY ROOM	0	685	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	188	0		52.00
53.00	05300	ANESTHESIOLOGY	0	551	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,119	0		54.00
55.00	03480	ONCOLOGY	32,904	2,078	0		55.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	7,771	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,855	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	778	0		65.00
66.00	06600	PHYSICAL THERAPY	0	143	0		66.00
66.01	06601	O/P PHYSICAL THERAPY	0	693	0		66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,963	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	833	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,364	4,188	0		73.00
76.00	03020	CLINICAL NUTRITION	0	41	0		76.00
76.01	03950	SLEEP LAB	0	139	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	101	0		76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	103	0		90.00
91.00	09100	EMERGENCY	0	4,241	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
99.20	09920	OPT	0	0	0		99.20
99.30	09930	OOT	0	0	0		99.30
99.40	09940	OSP	0	0	0		99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	57,268	46,429	4,275	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
194.00	07950 COMMUNITY WELLNESS	0	0	0			194.00
200.00	Cross Foot Adjustments				0		0200.00
201.00	Negative Cost Centers	0	0	0	0		0201.00
202.00	TOTAL (sum lines 118-201)	57,268	46,429	4,275	0		0202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet B Part II Date/Time Prepared: 9/26/2012 9:30 am
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS						4.00
5.01 00510	NONPATIENT PHONES						5.01
5.02 00511	DATA PROCESSING						5.02
5.03 00512	PURCHASING RECEIVING AND STORES						5.03
5.04 00513	ADMINISTRATIVE						5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
12.00 01200	MAINTENANCE OF PERSONNEL						12.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE						17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000	NURSING SCHOOL						20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS				703,510	0	30.00
31.00 03100	INTENSIVE CARE UNIT				81,246	0	31.00
41.00 04100	SUBPROVIDER - I&R				0	0	41.00
42.00 04200	SUBPROVIDER				0	0	42.00
43.00 04300	NURSERY				35,502	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM				534,443	0	50.00
51.00 05100	RECOVERY ROOM				47,913	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				33,263	0	52.00
53.00 05300	ANESTHESIOLOGY				21,165	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				372,759	0	54.00
55.00 03480	ONCOLOGY				52,371	0	55.00
57.00 05700	CT SCAN				0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)				0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION				0	0	59.00
60.00 06000	LABORATORY				213,194	0	60.00
64.00 06400	INTRAVENOUS THERAPY				8,290	0	64.00
65.00 06500	RESPIRATORY THERAPY				50,754	0	65.00
66.00 06600	PHYSICAL THERAPY				78,577	0	66.00
66.01 06601	O/P PHYSICAL THERAPY				13,359	0	66.01
69.00 06900	ELECTROCARDIOLOGY				0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				3,926	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				90,031	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				38,178	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				50,055	0	73.00
76.00 03020	CLINICAL NUTRITION				2,417	0	76.00
76.01 03950	SLEEP LAB				27,676	0	76.01
76.97 07697	CARDIAC REHABILITATION				40,245	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC				0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00 09000	CLINIC				1,890	0	90.00
91.00 09100	EMERGENCY				275,549	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF				0	0	99.10
99.20 09920	OPT				0	0	99.20
99.30 09930	OOT				0	0	99.30
99.40 09940	OSP				0	0	99.40
101.00 10100	HOME HEALTH AGENCY				0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 141340

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

Worksheet B
Part II
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00	23.00			
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION			0	0
110.00	11000	INTESTINAL ACQUISITION			0	0
111.00	11100	ISLET ACQUISITION			0	0
113.00	11300	INTEREST EXPENSE				
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	2,776,313
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			24,960	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES			58,295	0
194.00	07950	COMMUNITY WELLNESS			21,466	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	0	0	2,881,034

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet B Part II Date/Time Prepared: 9/26/2012 9:30 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.01	00510 NONPATIENT PHONES		5.01
5.02	00511 DATA PROCESSING		5.02
5.03	00512 PURCHASING RECEIVING AND STORES		5.03
5.04	00513 ADMITTING		5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	703,510	30.00
31.00	03100 INTENSIVE CARE UNIT	81,246	31.00
41.00	04100 SUBPROVIDER - I RF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	35,502	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	534,443	50.00
51.00	05100 RECOVERY ROOM	47,913	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	33,263	52.00
53.00	05300 ANESTHESIOLOGY	21,165	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	372,759	54.00
55.00	03480 ONCOLOGY	52,371	55.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	213,194	60.00
64.00	06400 INTRAVENOUS THERAPY	8,290	64.00
65.00	06500 RESPIRATORY THERAPY	50,754	65.00
66.00	06600 PHYSICAL THERAPY	78,577	66.00
66.01	06601 O/P PHYSICAL THERAPY	13,359	66.01
69.00	06900 ELECTROCARDIOLOGY	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,926	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	90,031	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	38,178	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	50,055	73.00
76.00	03020 CLINICAL NUTRITION	2,417	76.00
76.01	03950 SLEEP LAB	27,676	76.01
76.97	07697 CARDIAC REHABILITATION	40,245	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	1,890	90.00
91.00	09100 EMERGENCY	275,549	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
99.20	09920 OPT	0	99.20
99.30	09930 OOT	0	99.30
99.40	09940 OSP	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,776,313	118.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet B Part II Date/Time Prepared: 9/26/2012 9:30 am
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Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,960	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	58,295	192.00
194.00	07950 COMMUNITY WELLNESS	21,466	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	2,881,034	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description	CAPITAL RELATED COSTS				
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT PHONES (NO. OF PHONES)	DATA PROCESSING (NO OF PC'S)
	1.00	2.00	4.00	5.01	5.02
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	77,476				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		77,476			2.00
4.00 00400 EMPLOYEE BENEFITS	398	398	10,982,887		4.00
5.01 00510 NONPATIENT PHONES	341	341	0	176	5.01
5.02 00511 DATA PROCESSING	502	502	0	1	188 5.02
5.03 00512 PURCHASING RECEIVING AND STORES	0	0	102,391	6	4 5.03
5.04 00513 ADMITTING	1,705	1,705	413,984	4	8 5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	90	90	75,363	1	3 5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	9,177	9,177	719,750	23	27 5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700 OPERATION OF PLANT	10,049	10,049	264,589	4	3 7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,376	1,376	0	0	0 8.00
9.00 00900 HOUSEKEEPING	751	751	236,721	1	1 9.00
10.00 01000 DIETARY	1,557	1,557	115,583	4	4 10.00
11.00 01100 CAFETERIA	1,902	1,902	244,454	1	1 11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300 NURSING ADMINISTRATION	868	868	139,146	1	1 13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	4,155	4,155	46,995	0	0 14.00
15.00 01500 PHARMACY	931	931	489,318	4	5 15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	657	657	388,410	11	11 16.00
17.00 01700 SOCIAL SERVICE	0	0	154,442	0	0 17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	11,182	11,182	1,794,683	18	34 30.00
31.00 03100 INTENSIVE CARE UNIT	1,188	1,188	349,605	2	3 31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300 NURSERY	420	420	324,544	0	4 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	9,940	9,940	1,166,926	29	18 50.00
51.00 05100 RECOVERY ROOM	898	898	140,590	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	574	574	95,104	0	3 52.00
53.00 05300 ANESTHESIOLOGY	308	308	0	2	4 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	6,078	6,078	834,313	21	12 54.00
55.00 03480 ONCOLOGY	0	0	94,968	0	0 55.00
57.00 05700 CT SCAN	0	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000 LABORATORY	2,277	2,277	712,951	11	13 60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	660	660	369,206	2	3 65.00
66.00 06600 PHYSICAL THERAPY	1,631	1,631	0	3	3 66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0	63,096	0	5 66.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	82	82	2,193	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03020 CLINICAL NUTRITION	0	0	63,920	3	0 76.00
76.01 03950 SLEEP LAB	584	584	0	1	0 76.01
76.97 07697 CARDIAC REHABILITATION	752	752	123,055	3	2 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000 CLINIC	0	0	36,823	0	1 90.00
91.00 09100 EMERGENCY	4,431	4,431	1,215,696	11	13 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0	0	0 99.10
99.20 09920 OPT	0	0	0	0	0 99.20
99.30 09930 OOT	0	0	0	0	0 99.30
99.40 09940 OSP	0	0	0	0	0 99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0 109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT PHONES (NO. OF PHONES)	DATA PROCESSING (NO OF PC'S)		
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	75,464	75,464	10,778,819	167	186	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	541	541	0	3	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,169	1,169	0	2	2	192.00
194.00	07950	COMMUNITY WELLNESS	302	302	204,068	4	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,481,413	1,399,621	3,786,329	338,988	304,472	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.120928	18.065220	0.344748	1,926.068182	1,619.531915	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			14,800	12,680	18,740	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001348	72.045455	99.680851	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT PHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES	2,507,328				5.03
5.04	00513	ADMITTING	193	25,477,900			5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	93,905,946		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	473	0	0	-5,892,808	27,372,489
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	27	0	0	0	1,876,014
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	155,793
9.00	00900	HOUSEKEEPING	3,792	0	0	0	511,639
10.00	01000	DIETARY	8,266	0	0	0	310,694
11.00	01100	CAFETERIA	17,484	0	0	0	502,571
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	228,006
14.00	01400	CENTRAL SERVICES & SUPPLY	113,660	0	0	0	346,912
15.00	01500	PHARMACY	3,662	0	0	0	747,043
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	717,840
17.00	01700	SOCIAL SERVICE	0	0	0	0	251,980
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	79,051	4,487,619	5,270,979	0	3,200,856
31.00	03100	INTENSIVE CARE UNIT	9,530	913,045	913,045	0	567,369
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	12,650	377,202	377,202	0	494,835
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	111,819	1,571,562	7,512,136	0	2,723,810
51.00	05100	RECOVERY ROOM	3,637	466,964	1,386,518	0	251,078
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,705	380,511	380,511	0	172,631
53.00	05300	ANESTHESIOLOGY	44,250	374,600	1,114,530	0	98,088
54.00	05400	RADIOLOGY-DIAGNOSTIC	191,209	2,734,332	24,456,350	0	3,147,766
55.00	03480	ONCOLOGY	13,043	0	4,206,199	0	1,066,711
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	611,699	3,319,742	15,730,486	0	2,385,877
64.00	06400	INTRAVENOUS THERAPY	17,873	1,528,444	3,754,410	0	72,263
65.00	06500	RESPIRATORY THERAPY	15,104	1,100,696	1,575,442	0	622,487
66.00	06600	PHYSICAL THERAPY	2,558	196,133	289,259	0	261,025
66.01	06601	O/P PHYSICAL THERAPY	5,693	871	1,402,181	0	836,935
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	154	4,770	14,840	0	12,484
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	838,021	2,323,924	5,998,016	0	965,787
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	371,198	630,584	1,686,104	0	414,998
73.00	07300	DRUGS CHARGED TO PATIENTS	3,426	4,542,697	8,476,797	0	732,632
76.00	03020	CLINICAL NUTRITION	53	714	82,251	0	111,808
76.01	03950	SLEEP LAB	2	0	281,706	0	86,422
76.97	07697	CARDIAC REHABILITATION	1,694	10,200	204,470	0	311,192
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	1,126	0	208,293	0	80,021
91.00	09100	EMERGENCY	22,190	513,290	8,584,221	0	2,321,190
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OPT	0	0	0	0	0
99.30	09930	OOT	0	0	0	0	0
99.40	09940	OSP	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (INPATIENT CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,507,242	25,477,900	93,905,946	-5,892,808	26,586,757
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	25,895	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	409,999	192.00
194.00	07950	COMMUNITY WELLNESS	86	0	0	349,838	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	143,529	646,200	365,167	5,892,808	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.057244	0.025363	0.003889	0.215282	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	969	65,045	3,820	346,576	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000386	0.002553	0.000041	0.012661	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT PHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMINISTRATIVE					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	0				6.00
7.00	00700	OPERATION OF PLANT	0	55,214			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,376	204,341		8.00
9.00	00900	HOUSEKEEPING	0	751	0	55,031	9.00
10.00	01000	DIETARY	0	1,557	0	1,557	10.00
11.00	01100	CAFETERIA	0	1,902	0	1,902	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	868	0	868	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,155	0	4,155	14.00
15.00	01500	PHARMACY	0	931	0	931	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	657	0	657	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	11,182	75,375	11,182	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,188	6,912	1,188	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	420	5,150	420	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	9,940	20,356	9,940	50.00
51.00	05100	RECOVERY ROOM	0	898	0	898	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	574	5,195	574	52.00
53.00	05300	ANESTHESIOLOGY	0	308	975	308	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,078	31,257	6,078	54.00
55.00	03480	ONCOLOGY	0	0	0	1,944	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	2,277	0	2,277	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	660	11,029	660	65.00
66.00	06600	PHYSICAL THERAPY	0	1,631	902	1,631	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	82	0	82	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	0	0	0	0	76.00
76.01	03950	SLEEP LAB	0	584	0	584	76.01
76.97	07697	CARDIAC REHABILITATION	0	752	1,094	752	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	307	0	90.00
91.00	09100	EMERGENCY	0	4,431	45,789	4,431	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
			6.00	7.00	8.00	9.00	10.00	
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	53,202	204,341	53,019	3,067	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	541	0	541	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,169	0	1,169	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	302	0	302	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	2,279,886	246,150	652,796	460,342	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	41.291810	1.204604	11.862332	150.095207	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	398,379	63,068	40,316	75,054	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	7.215181	0.308641	0.732605	24.471470	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	254,599					11.00
12.00	01200	0	0				12.00
13.00	01300	3,632	0	137,215			13.00
14.00	01400	1,903	0	0	2,363,433		14.00
15.00	01500	11,106	0	0	3,662	1,410,364	15.00
16.00	01600	14,484	0	0	0	0	16.00
17.00	01700	2,408	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	53,256	0	53,256	79,051	0	30.00
31.00	03100	7,702	0	7,702	9,530	0	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	8,278	0	8,278	12,650	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	32,788	0	32,788	111,819	0	50.00
51.00	05100	2,608	0	2,608	3,637	0	51.00
52.00	05200	2,434	0	2,434	3,705	0	52.00
53.00	05300	0	0	0	44,250	0	53.00
54.00	05400	25,707	0	0	191,209	0	54.00
55.00	03480	2,992	0	0	13,043	810,343	55.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	27,898	0	0	611,699	0	60.00
64.00	06400	0	0	0	17,873	0	64.00
65.00	06500	10,568	0	0	15,104	0	65.00
66.00	06600	0	0	0	2,558	0	66.00
66.01	06601	2,641	0	0	5,693	0	66.01
69.00	06900	0	0	0	0	0	69.00
70.00	07000	86	0	0	154	0	70.00
71.00	07100	0	0	0	838,021	0	71.00
72.00	07200	0	0	0	371,198	0	72.00
73.00	07300	0	0	0	3,426	600,021	73.00
76.00	03020	1,781	0	0	53	0	76.00
76.01	03950	0	0	0	2	0	76.01
76.97	07697	3,215	0	0	1,694	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	1,175	0	0	1,126	0	90.00
91.00	09100	30,149	0	30,149	22,190	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		CAFETERIA (MEALS SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	246,811	0	137,215	2,363,347	1,410,364
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	COMMUNITY WELLNESS	7,788	0	0	86	194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	711,864	0	333,385	647,772	989,412
203.00		Unit cost multiplier (Wkst. B, Part I)	2.796020	0.000000	2.429654	0.274081	0.701530
204.00		Cost to be allocated (per Wkst. B, Part II)	92,716	0	43,747	192,723	57,268
205.00		Unit cost multiplier (Wkst. B, Part II)	0.364165	0.000000	0.318821	0.081544	0.040605

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
		16.00	17.00	19.00	20.00		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT PHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	93,905,946				16.00
17.00	01700	SOCIAL SERVICE	0	3,067			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,270,979	2,737		0	30.00
31.00	03100	INTENSIVE CARE UNIT	913,045	330		0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0		0	41.00
42.00	04200	SUBPROVIDER	0	0		0	42.00
43.00	04300	NURSERY	377,202	0		0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,512,136	0	0	0	50.00
51.00	05100	RECOVERY ROOM	1,386,518	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	380,511	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,114,530	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,456,350	0	0	0	54.00
55.00	03480	ONCOLOGY	4,206,199	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	15,730,486	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	3,754,410	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,575,442	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	289,259	0	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	1,402,181	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	14,840	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,998,016	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,686,104	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,476,797	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	82,251	0	0	0	76.00
76.01	03950	SLEEP LAB	281,706	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	204,470	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	208,293	0	0	0	90.00
91.00	09100	EMERGENCY	8,584,221	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OPT	0	0	0	0	99.20
99.30	09930	OOT	0	0	0	0	99.30
99.40	09940	OSP	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
		16.00	17.00	19.00	20.00		
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	93,905,946	3,067	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0		194.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	947,799	312,960	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.010093	102.041082	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	46,429	4,275	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000494	1.393870	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS					4.00
5.01 00510 NONPATIENT PHONES					5.01
5.02 00511 DATA PROCESSING					5.02
5.03 00512 PURCHASING RECEIVING AND STORES					5.03
5.04 00513 ADMITTING					5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0		31.00
41.00 04100 SUBPROVIDER - IRF	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
43.00 04300 NURSERY	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 03480 ONCOLOGY	0	0	0		55.00
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
66.01 06601 O/P PHYSICAL THERAPY	0	0	0		66.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00 03020 CLINICAL NUTRITION	0	0	0		76.00
76.01 03950 SLEEP LAB	0	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
91.00 09100 EMERGENCY	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0		99.10
99.20 09920 OPT	0	0	0		99.20
99.30 09930 OOT	0	0	0		99.30
99.40 09940 OSP	0	0	0		99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0		109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 141340

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

Worksheet B-1

Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		21.00	22.00	23.00		
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950	COMMUNITY WELLNESS	0	0	0	194.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet C Part I Date/Time Prepared: 9/26/2012 9:30 am	
			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	03000 ADULTS & PEDIATRICS		5,618,374	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT		896,266	0	0	31.00
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		680,425	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		4,140,877	0	0	50.00
51.00	05100 RECOVERY ROOM		381,483	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		264,138	0	0	52.00
53.00	05300 ANESTHESIOLOGY		160,128	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,557,276	0	0	54.00
55.00	03480 ONCOLOGY		1,942,288	0	0	55.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		3,424,971	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY		130,612	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	854,454	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	408,620	0	0	66.00
66.01	06601 O/P PHYSICAL THERAPY	0	1,040,208	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY		0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		19,963	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,463,927	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		623,096	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		1,397,782	0	0	73.00
76.00	03020 CLINICAL NUTRITION		141,703	0	0	76.00
76.01	03950 SLEEP LAB		138,913	0	0	76.01
76.97	07697 CARDIAC REHABILITATION		430,992	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		103,314	0	0	90.00
91.00	09100 EMERGENCY		3,361,856	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		921,524	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
99.20	09920 OPT		0	0	0	99.20
99.30	09930 OOT		0	0	0	99.30
99.40	09940 OSP		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE					113.00
200.00	Subtotal (see instructions)		33,103,190	0	0	200.00
201.00	Less Observation Beds		921,524			201.00
202.00	Total (see instructions)		32,181,666	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 141340		Period: From 05/01/2011 To 04/30/2012		Worksheet C Part I Date/Time Prepared: 9/26/2012 9:30 am	
			Title XVIII		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,483,394		4,483,394			30.00
31.00	03100	INTENSIVE CARE UNIT	913,045		913,045			31.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	377,202		377,202			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,571,562	5,940,574	7,512,136	0.551225	0.000000	50.00
51.00	05100	RECOVERY ROOM	466,964	919,554	1,386,518	0.275137	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	380,511	0	380,511	0.694167	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	374,600	739,930	1,114,530	0.143673	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,734,332	21,722,018	24,456,350	0.186343	0.000000	54.00
55.00	03480	ONCOLOGY	0	4,206,199	4,206,199	0.461768	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	3,319,742	12,410,744	15,730,486	0.217728	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	1,528,444	2,225,966	3,754,410	0.034789	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,100,696	474,746	1,575,442	0.542358	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	196,133	93,126	289,259	1.412644	0.000000	66.00
66.01	06601	O/P PHYSICAL THERAPY	871	1,401,310	1,402,181	0.741850	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,770	10,070	14,840	1.345216	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,323,924	3,674,092	5,998,016	0.244069	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	630,584	1,055,520	1,686,104	0.369548	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,542,697	3,934,100	8,476,797	0.164895	0.000000	73.00
76.00	03020	CLINICAL NUTRITION	714	81,537	82,251	1.722812	0.000000	76.00
76.01	03950	SLEEP LAB	0	281,706	281,706	0.493113	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	10,200	194,270	204,470	2.107850	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	208,293	208,293	0.496003	0.000000	90.00
91.00	09100	EMERGENCY	513,290	8,070,931	8,584,221	0.391632	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,225	783,360	787,585	1.170063	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OPT	0	0	0			99.20
99.30	09930	OOT	0	0	0			99.30
99.40	09940	OSP	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	25,477,900	68,428,046	93,905,946			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	25,477,900	68,428,046	93,905,946			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet C Part I Date/Time Prepared: 9/26/2012 9:30 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital Cost
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	03480 ONCOLOGY	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 O/P PHYSICAL THERAPY	0.000000		66.01
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020 CLINICAL NUTRITION	0.000000		76.00
76.01	03950 SLEEP LAB	0.000000		76.01
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF			99.10
99.20	09920 OPT			99.20
99.30	09930 OOT			99.30
99.40	09940 OSP			99.40
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet C Part I Date/Time Prepared: 9/26/2012 9:30 am	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		5,618,374	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT		896,266	0	0	31.00
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		680,425	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		4,140,877	0	0	50.00
51.00	05100 RECOVERY ROOM		381,483	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		264,138	0	0	52.00
53.00	05300 ANESTHESIOLOGY		160,128	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		4,557,276	0	0	54.00
55.00	03480 ONCOLOGY		1,942,288	0	0	55.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		3,424,971	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY		130,612	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	854,454	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	408,620	0	0	66.00
66.01	06601 O/P PHYSICAL THERAPY	0	1,040,208	0	0	66.01
69.00	06900 ELECTROCARDIOLOGY		0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		19,963	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,463,927	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		623,096	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		1,397,782	0	0	73.00
76.00	03020 CLINICAL NUTRITION		141,703	0	0	76.00
76.01	03950 SLEEP LAB		138,913	0	0	76.01
76.97	07697 CARDIAC REHABILITATION		430,992	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		103,314	0	0	90.00
91.00	09100 EMERGENCY		3,361,856	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		921,524	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
99.20	09920 OPT		0	0	0	99.20
99.30	09930 OOT		0	0	0	99.30
99.40	09940 OSP		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00
200.00	Subtotal (see instructions)		33,103,190	0	0	200.00
201.00	Less Observation Beds		921,524	0	0	201.00
202.00	Total (see instructions)		32,181,666	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 141340		Period: From 05/01/2011 To 04/30/2012		Worksheet C Part I Date/Time Prepared: 9/26/2012 9:30 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,483,394		4,483,394			30.00
31.00	03100	INTENSIVE CARE UNIT	913,045		913,045			31.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	377,202		377,202			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,571,562	5,940,574	7,512,136	0.551225	0.000000	50.00
51.00	05100	RECOVERY ROOM	466,964	919,554	1,386,518	0.275137	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	380,511	0	380,511	0.694167	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	374,600	739,930	1,114,530	0.143673	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,734,332	21,722,018	24,456,350	0.186343	0.000000	54.00
55.00	03480	ONCOLOGY	0	4,206,199	4,206,199	0.461768	0.000000	55.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	3,319,742	12,410,744	15,730,486	0.217728	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	1,528,444	2,225,966	3,754,410	0.034789	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,100,696	474,746	1,575,442	0.542358	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	196,133	93,126	289,259	1.412644	0.000000	66.00
66.01	06601	O/P PHYSICAL THERAPY	871	1,401,310	1,402,181	0.741850	0.000000	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,770	10,070	14,840	1.345216	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,323,924	3,674,092	5,998,016	0.244069	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	630,584	1,055,520	1,686,104	0.369548	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,542,697	3,934,100	8,476,797	0.164895	0.000000	73.00
76.00	03020	CLINICAL NUTRITION	714	81,537	82,251	1.722812	0.000000	76.00
76.01	03950	SLEEP LAB	0	281,706	281,706	0.493113	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	10,200	194,270	204,470	2.107850	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	208,293	208,293	0.496003	0.000000	90.00
91.00	09100	EMERGENCY	513,290	8,070,931	8,584,221	0.391632	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,225	783,360	787,585	1.170063	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OPT	0	0	0			99.20
99.30	09930	OOT	0	0	0			99.30
99.40	09940	OSP	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	25,477,900	68,428,046	93,905,946			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	25,477,900	68,428,046	93,905,946			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet C Part I Date/Time Prepared: 9/26/2012 9:30 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	03480 ONCOLOGY	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
66.01	06601 O/P PHYSICAL THERAPY	0.000000		66.01
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	03020 CLINICAL NUTRITION	0.000000		76.00
76.01	03950 SLEEP LAB	0.000000		76.01
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF			99.10
99.20	09920 OPT			99.20
99.30	09930 OOT			99.30
99.40	09940 OSP			99.40
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part II Date/Time Prepared: 9/26/2012 9:30 am
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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)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	534,443	7,512,136	0.071144	458,882	32,647	50.00
51.00	05100 RECOVERY ROOM	47,913	1,386,518	0.034556	148,705	5,139	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	33,263	380,511	0.087417	0	0	52.00
53.00	05300 ANESTHESIOLOGY	21,165	1,114,530	0.018990	82,778	1,572	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	372,759	24,456,350	0.015242	1,221,269	18,615	54.00
55.00	03480 ONCOLOGY	52,371	4,206,199	0.012451	0	0	55.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	213,194	15,730,486	0.013553	1,473,620	19,972	60.00
64.00	06400 INTRAVENOUS THERAPY	8,290	3,754,410	0.002208	477,062	1,053	64.00
65.00	06500 RESPIRATORY THERAPY	50,754	1,575,442	0.032216	686,884	22,129	65.00
66.00	06600 PHYSICAL THERAPY	78,577	289,259	0.271649	158,210	42,978	66.00
66.01	06601 O/P PHYSICAL THERAPY	13,359	1,402,181	0.009527	871	8	66.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	3,926	14,840	0.264555	4,770	1,262	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	90,031	5,998,016	0.015010	744,152	11,170	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	38,178	1,686,104	0.022643	247,659	5,608	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	50,055	8,476,797	0.005905	2,251,375	13,294	73.00
76.00	03020 CLINICAL NUTRITION	2,417	82,251	0.029386	714	21	76.00
76.01	03950 SLEEP LAB	27,676	281,706	0.098244	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	40,245	204,470	0.196826	7,191	1,415	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	1,890	208,293	0.009074	0	0	90.00
91.00	09100 EMERGENCY	275,549	8,584,221	0.032099	42,218	1,355	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	787,585	0.000000	4,225	0	92.00
200.00	Total (lines 50-199)	1,956,055	88,132,305		8,010,585	178,238	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141340

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

Worksheet D
Part IV
Date/Time Prepared:
9/26/2012 9:30 am

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	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	03480	ONCOLOGY	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	0	0	0	0	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	03020	CLINICAL NUTRITION	0	0	0	0	0	0	76.00
76.01	03950	SLEEP LAB	0	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 141340

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

Worksheet D
Part IV
Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	7,512,136	0.000000	0.000000	458,882	50.00
51.00	05100	RECOVERY ROOM	0	1,386,518	0.000000	0.000000	148,705	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	380,511	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,114,530	0.000000	0.000000	82,778	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	24,456,350	0.000000	0.000000	1,221,269	54.00
55.00	03480	ONCOLOGY	0	4,206,199	0.000000	0.000000	0	55.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	15,730,486	0.000000	0.000000	1,473,620	60.00
64.00	06400	INTRAVENOUS THERAPY	0	3,754,410	0.000000	0.000000	477,062	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,575,442	0.000000	0.000000	686,884	65.00
66.00	06600	PHYSICAL THERAPY	0	289,259	0.000000	0.000000	158,210	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	1,402,181	0.000000	0.000000	871	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,840	0.000000	0.000000	4,770	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,998,016	0.000000	0.000000	744,152	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,686,104	0.000000	0.000000	247,659	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,476,797	0.000000	0.000000	2,251,375	73.00
76.00	03020	CLINICAL NUTRITION	0	82,251	0.000000	0.000000	714	76.00
76.01	03950	SLEEP LAB	0	281,706	0.000000	0.000000	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	204,470	0.000000	0.000000	7,191	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	208,293	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	8,584,221	0.000000	0.000000	42,218	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	787,585	0.000000	0.000000	4,225	92.00
200.00		Total (lines 50-199)	0	88,132,305			8,010,585	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part IV Date/Time Prepared: 9/26/2012 9:30 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	03480 ONCOLOGY	0	0	0		55.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
66.01	06601 O/P PHYSICAL THERAPY	0	0	0		66.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00	03020 CLINICAL NUTRITION	0	0	0		76.00
76.01	03950 SLEEP LAB	0	0	0		76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part V Date/Time Prepared: 9/26/2012 9:30 am
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Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Cost		
			PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)		Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
		1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.551225	0	1,671,150	0	50.00
51.00	05100	RECOVERY ROOM	0.275137	0	196,152	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.694167	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.143673	0	152,838	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.186343	0	6,626,109	0	54.00
55.00	03480	ONCOLOGY	0.461768	0	1,558,553	0	55.00
57.00	05700	CT SCAN	0.000000	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	06000	LABORATORY	0.217728	0	4,514,136	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.034789	0	567,106	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.542358	0	197,582	0	65.00
66.00	06600	PHYSICAL THERAPY	1.412644	0	27,635	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0.741850	0	517,135	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1.345216	0	3,710	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.244069	0	952,214	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.369548	0	269,382	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164895	0	1,852,113	0	73.00
76.00	03020	CLINICAL NUTRITION	1.722812	0	17,126	0	76.00
76.01	03950	SLEEP LAB	0.493113	0	122,470	0	76.01
76.97	07697	CARDIAC REHABILITATION	2.107850	0	75,696	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000	CLINIC	0.496003	0	135,003	0	90.00
91.00	09100	EMERGENCY	0.391632	0	1,816,207	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.170063	0	153,870	0	92.00
200.00		Subtotal (see instructions)		0	21,426,187	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	21,426,187	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet D Part V Date/Time Prepared: 9/26/2012 9:30 am
		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	05000	OPERATING ROOM	0	921,180	0	50.00
51.00	05100	RECOVERY ROOM	0	53,969	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	21,959	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,234,729	0	54.00
55.00	03480	ONCOLOGY	0	719,690	0	55.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	982,854	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	19,729	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	107,160	0	65.00
66.00	06600	PHYSICAL THERAPY	0	39,038	0	66.00
66.01	06601	O/P PHYSICAL THERAPY	0	383,637	0	66.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,991	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	232,406	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	99,550	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	305,404	0	73.00
76.00	03020	CLINICAL NUTRITION	0	29,505	0	76.00
76.01	03950	SLEEP LAB	0	60,392	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	159,556	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	66,962	0	90.00
91.00	09100	EMERGENCY	0	711,285	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	180,038	0	92.00
200.00		Subtotal (see instructions)	0	6,334,034	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	6,334,034	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet D-1 Date/Time Prepared: 9/26/2012 9:30 am
Cost Center Description		Title XVIII	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,274	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,274	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)		2,737	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,433	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			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		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,618,374	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,618,374	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,487,619	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,487,619	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.251972	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)		1,639.61	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,618,374	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)		1,716.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,459,114	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)		2,459,114	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141340		Period: From 05/01/2011 To 04/30/2012		Worksheet D-1	
Title XVIII		Hospital		Cost		Date/Time Prepared: 9/26/2012 9:30 am	
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	896,266	330	2,715.96	172	467,145		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)					2,156,120		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,082,379		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						537	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,716.06	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						921,524	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 141340		Period: From 05/01/2011 To 04/30/2012		Worksheet D-1 Date/Time Prepared: 9/26/2012 9:30 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		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: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet D-3 Date/Time Prepared: 9/26/2012 9:30 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		2,018,432	30.00
31.00	03100	INTENSIVE CARE UNIT		476,096	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.551225	458,882	50.00
51.00	05100	RECOVERY ROOM	0.275137	148,705	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.694167	0	52.00
53.00	05300	ANESTHESIOLOGY	0.143673	82,778	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.186343	1,221,269	54.00
55.00	03480	ONCOLOGY	0.461768	0	55.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.217728	1,473,620	60.00
64.00	06400	INTRAVENOUS THERAPY	0.034789	477,062	64.00
65.00	06500	RESPIRATORY THERAPY	0.542358	686,884	65.00
66.00	06600	PHYSICAL THERAPY	1.412644	158,210	66.00
66.01	06601	O/P PHYSICAL THERAPY	0.741850	871	66.01
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1.345216	4,770	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.244069	744,152	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.369548	247,659	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.164895	2,251,375	73.00
76.00	03020	CLINICAL NUTRITION	1.722812	714	76.00
76.01	03950	SLEEP LAB	0.493113	0	76.01
76.97	07697	CARDIAC REHABILITATION	2.107850	7,191	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.496003	0	90.00
91.00	09100	EMERGENCY	0.391632	42,218	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.170063	4,225	92.00
200.00		Total (sum of lines 50-94 and 96-98)		8,010,585	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)		8,010,585	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet E Part B Date/Time Prepared: 9/26/2012 9:30 am
		Title VIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			6,334,034 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)			6,334,034 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)			6,397,374 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)			32,550 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			3,376,415 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			2,988,409 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)			2,988,409 30.00
31.00	Primary payer payments			543 31.00
32.00	Subtotal (line 30 minus line 31)			2,987,866 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)			311,259 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			311,259 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			299,316 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			3,299,125 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			3,299,125 40.00
41.00	Interim payments			3,399,613 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)			-100,488 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			87,729 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 141340

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

Worksheet E-1
Part I
Date/Time Prepared:
9/26/2012 9:30 am

		Title XVIII		Hospital		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		4,775,164		3,672,669	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	12,112	02/03/2012	134,002	3.01	
3.02		04/13/2012	194,088		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	04/13/2012	407,058	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)		206,200		-273,056	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,981,364		3,399,613	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		294,186		100,488	6.02	
7.00	Total Medicare program liability (see instructions)		4,687,178		3,299,125	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 141340	Period: From 05/01/2011 To 04/30/2012	Worksheet E-3 Part V Date/Time Prepared: 9/26/2012 9:30 am
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)				
1.00	Inpatient services			5,082,379 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)			5,082,379 4.00
5.00	Primary payer payments			4,540 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			5,128,663 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)			5,128,663 19.00
20.00	Deductibles (exclude professional component)			465,816 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20)			4,662,847 22.00
23.00	Coinsurance			3,745 23.00
24.00	Subtotal (line 22 minus line 23)			4,659,102 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			28,076 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			28,076 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			25,876 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			4,687,178 28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 29.00
29.99	Recovery of Accelerated Depreciation			0 29.99
30.00	Subtotal (line 28, plus or minus lines 29)			4,687,178 30.00
31.00	Interim payments			4,981,364 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)			-294,186 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			70,450 34.00

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

Provider CCN: 141340

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

Worksheet G

Date/Time Prepared:
9/26/2012 9:30 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,616,018	0	0	0	1.00
2.00	Temporary investments	19,054,964	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	14,434,823	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-8,130,999	0	0	0	6.00
7.00	Inventory	1,428,631	0	0	0	7.00
8.00	Prepaid expenses	587,113	0	0	0	8.00
9.00	Other current assets	619,197	0	0	0	9.00
10.00	Due from other funds	183,409	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	31,793,156	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,279,463	0	0	0	12.00
13.00	Land improvements	1,541,067	0	0	0	13.00
14.00	Accumulated depreciation	-862,202	0	0	0	14.00
15.00	Buildings	13,618,375	0	0	0	15.00
16.00	Accumulated depreciation	-4,784,261	0	0	0	16.00
17.00	Leasehold improvements	420,249	0	0	0	17.00
18.00	Accumulated depreciation	-110,072	0	0	0	18.00
19.00	Fixed equipment	8,727,628	0	0	0	19.00
20.00	Accumulated depreciation	-5,054,815	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	10,447,844	0	0	0	23.00
24.00	Accumulated depreciation	-7,503,373	0	0	0	24.00
25.00	Minor equipment depreciable	164,409	0	0	0	25.00
26.00	Accumulated depreciation	-156,591	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)	17,727,721	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	11,647,768	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	11,647,768	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	61,168,645	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,683,436	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,499,837	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	271,541	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	910,735	0	0	0	43.00
44.00	Other current liabilities	34,365	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	7,399,914	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	2,608,221	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,608,221	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	10,008,135	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	51,160,510				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	51,160,510	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	61,168,645	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141340

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

Worksheet G-1

Date/Time Prepared:
9/26/2012 9:30 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		48,441,486		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,358,452			2.00
3.00	Total (sum of line 1 and line 2)		52,799,938		0	3.00
4.00	OTHER	15,548		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)		15,548		0	10.00
11.00	Subtotal (line 3 plus line 10)		52,815,486		0	11.00
12.00	TRANSFERS OF FUNDS	1,654,976		0		12.00
13.00	OTHER	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)		1,654,976		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		51,160,510		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 141340

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

Worksheet G-1

Date/Time Prepared:
9/26/2012 9:30 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 141340

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

Worksheet G-2 Parts

Date/Time Prepared:
9/26/2012 9:30 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	4,487,619		4,487,619	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	4,487,619		4,487,619	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	913,045		913,045	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)	913,045		913,045	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	5,400,664		5,400,664	17.00
18.00	Ancillary services	19,186,744	59,365,462	78,552,206	18.00
19.00	Outpatient services	513,290	14,636,815	15,150,105	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OPT	0	0	0	24.20
24.30	OOT	0	0	0	24.30
24.40	OSP	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NURSERY	377,202	0	377,202	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	25,477,900	74,002,277	99,480,177	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		40,572,418		29.00
30.00	BAD DEBTS	5,214,395			30.00
31.00	ROUNDING	1			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)		5,214,396		36.00
37.00	ROUNDING	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		45,786,814		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 141340

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

Worksheet G-3

Date/Time Prepared:
9/26/2012 9:30 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	99,480,177	1.00
2.00	Less contractual allowances and discounts on patients' accounts	50,794,282	2.00
3.00	Net patient revenues (line 1 minus line 2)	48,685,895	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	45,786,814	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,899,081	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	683,470	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	438	10.00
11.00	Rebates and refunds of expenses	12,254	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	75,490	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	3,294	17.00
18.00	Revenue from sale of medical records and abstracts	19,856	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	ANESTHESIA PRO FEES	580,365	24.00
24.01	MISCELLANEOUS	84,204	24.01
25.00	Total other income (sum of lines 6-24)	1,459,371	25.00
26.00	Total (line 5 plus line 25)	4,358,452	26.00
27.00	ROUNDING	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,358,452	29.00