

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: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet S Parts I-III Date/Time Prepared: 11/17/2011 1:01 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input type="checkbox"/> Electronically filed cost report	Date: 11/17/2011 Time: 1:01 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 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 GALESBURG COTTAGE HOSPITAL for the cost reporting period beginning 05/01/2010 and ending 04/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	309,866	34,451	0	0 1.00
2.00	Subprovider - IPF	0	7,718	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	6,322	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	323,906	34,451	0	0 200.00

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

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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended

6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN

10. NPR Date:
 11. Contractor's Vendor Code:
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 11/17/2011 Time: 1:01 pm

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Encryption Information
 ECR: Date: 11/17/2011 Time: 1:01 pm
 JRL1bv59JRYLsN9: L00R1Aa0EPGYdO
 sQz6NOWzENrvJptdpMUG2oXNHp4XeI
 p2m51uyw5c0oeCTS
 PI: Date: 11/17/2011 Time: 1:01 pm
 mGzsi mGJt2F8JFj C5mrj lGldqKz4t1
 lgh7: OCSGI 1EXxWE0Gh67Xs4qQ5rLy
 XQb8f5BGMu0KJCXC

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	309,866	34,451	0	0
2.00	Subprovider - IPF	0	7,718	0	0	0
3.00	Subprovider - IRF	0	0	0	0	0
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8.00	Nursing Facility	0	0	0	0	0
9.00	HOME HEALTH AGENCY I	0	0	0	0	0
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00	CMHC I	0	0	0	0	0
200.00	Total	0	323,906	34,451	0	0

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 140040		Period: From 05/01/2010 To 04/30/2011		Worksheet S-2 Part I Date/Time Prepared: 11/17/2011 12:44 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 695 NORTH KELLOGG STREET			PO Box:						1.00	
2.00	City: GALESBURG			State: IL		Zip Code: 61401		County: KNOX		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		GALESBURG COTTAGE HOSPITAL	140040	14	1	07/06/1966	N	P	N	3.00
4.00	Subprovider - IPF		GALESBURG COTTAGE PSYCH	14S040	14	4	05/01/2006	N	P	N	4.00
5.00	Subprovider - IRF					0		N	N	N	5.00
6.00	Subprovider - (Other)					0		N	N	N	6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N	N	N	8.00
9.00	Hospital-Based SNF		GALESBURG COTTAGE SKILLED UNIT	145690	14		01/11/1991	N	P	N	9.00
10.00	Hospital-Based NF							N		N	10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA							N	N	N	12.00
13.00	Separately Certified ASC							N	N	N	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							N	N	N	17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					05/01/2010		04/30/2011		20.00	
21.00	Type of Control (see instructions)							4		21.00	
Inpatient PPS Information											
22.00	Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR Section §412.106, or low income payment in accordance with 42 CFR Section §412.624(e)(2)? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			2,900	0	0	0	1	0	24.00	
25.00	If line 22 is "yes", and this provider is an IRF then enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0	0	25.00	
									1.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.									2	26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.									2	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.									0	35.00
							Beginni ng:	Endi ng:			
							1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.										36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.									1	37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.							05/01/2010		04/30/2011	38.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part I Date/Time Prepared: 11/17/2011 12:44 pm		
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00	
				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.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.					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	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

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			V	XIX	
			1.00	2.00	
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
			1.00	2.00	
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.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.			0	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		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	449008	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: COMMUNITY HEALTH SYSTEMS	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 52280	
142.00	Street: 4000 MERIDIAN BOULEVARD	PO Box:			
143.00	City: FRANKLIN	State: 49		Zip Code: 37067	
			1.00		
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140040			Period: From 05/01/2010 To 04/30/2011		Worksheet S-2 Part I Date/Time Prepared: 11/17/2011 12:44 pm	
		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 the change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N						149.00
		Part A		Part B				
		1.00		2.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N		N				155.00
156.00	Subprovider - IPF	N		N				156.00
157.00	Subprovider - IRF	N		N				157.00
158.00	Subprovider - Other	N		N				158.00
159.00	SNF	N		N				159.00
160.00	HHA	N		N				160.00
161.00	CMHC			N				161.00
						1.00		
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N				165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			N				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					1.00		169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140040		Period: From 05/01/2010 To 04/30/2011		Worksheet S-2 Part II Date/Time Prepared: 11/17/2011 12:44 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			Y			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N			5.00
				Y/N	Legal Oper.		
				1.00	2.00		
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?			N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.			N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.			N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.			N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.			N			11.00
					Y/N		
					1.00		
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
				Part A			
				Description	Y/N	Date	
				0	1.00	2.00	
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			Y		08/03/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet S-2 Part II Date/Time Prepared: 11/17/2011 12:44 pm
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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.	0	1.00 N	2.00	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				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
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.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet S-2
Part II
Date/Time Prepared:
11/17/2011 12:44 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/03/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part I Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	73	26,645	0.00		1.00
2.00 HMO						2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		73	26,645	0.00		7.00
8.00 Intensive Care Unit	31.00	12	4,380	0.00		8.00
9.00 Coronary Care Unit	32.00	0	0	0.00		9.00
10.00 Burn Intensive Care Unit	33.00	0	0	0.00		10.00
11.00 Surgical Intensive Care Unit	34.00	0	0	0.00		11.00
12.00 Other Special Care (specify)						12.00
13.00 Nursery	43.00					13.00
14.00 Total (see instructions)		85	31,025	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	12	4,380			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	44.00	34	12,410			19.00
20.00 NURSING FACILITY	45.00	0	0			20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00					25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		131				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part I Date/Time Prepared: 11/17/2011 12:44 pm
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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	8,051	2,090	12,852		1.00
2.00 HMO		1,524	1			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	8,051	2,090	12,852		7.00
8.00 Intensive Care Unit	0	1,685	153	2,353		8.00
9.00 Coronary Care Unit	0	0	0	0		9.00
10.00 Burn Intensive Care Unit	0	0	0	0		10.00
11.00 Surgical Intensive Care Unit	0	0	0	0		11.00
12.00 Other Special Care (specify)						12.00
13.00 Nursery	0		657	871		13.00
14.00 Total (see instructions)	0	9,736	2,900	16,076		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	2,562	56	3,003		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	0	7,584	0	8,319		19.00
20.00 NURSING FACILITY	0		0	0		20.00
21.00 OTHER LONG TERM CARE				0		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		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	485		28.00
28.01 SUBPROVIDER - IPF	0	0	0	0		28.01
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
28.03 SUBPROVIDER	0	0	0	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	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part I Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	2,052	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	346.50	0.00	0	2,052	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	14.56	0.00	0	219	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	618	18.00
19.00 SKILLED NURSING FACILITY	0.00	32.08	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	393.14	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	630	3,645		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)	630	3,645		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	7	259		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	1	685		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part II Date/Time Prepared: 11/17/2011 12:44 pm
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		Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col .2 ± col . 3)	
		1.00	2.00	2.50	3.00	4.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	19,766,609	0	0	19,766,609	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0	3.00
4.00	Physician-Part A		0	0	0	0	4.00
5.00	Physician-Part B		0	0	0	0	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0	7.00
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	1,397,822	0	0	1,397,822	9.00
10.00	Excluded area salaries (see instructions)		846,996	0	-47,370	799,626	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		697,467	0	0	697,467	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		31,196	0	0	31,196	13.00
14.00	Home office salaries & wage-related costs		1,322,482	0	0	1,322,482	14.00
15.00	Home office: physician Part A		0	0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		4,820,131	0	0	4,820,131	17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		50,306	0	0	50,306	18.00
19.00	Excluded areas		541,445	0	0	541,445	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	0	21.00
22.00	Physician Part A		0	0	0	0	22.00
23.00	Physician Part B		0	0	0	0	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	136,227	0	0	136,227	26.00
27.00	Administrative & General	5.00	2,014,074	0	-144,308	1,869,766	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0	29.00
30.00	Operation of Plant	7.00	410,621	0	0	410,621	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0	31.00
32.00	Housekeeping	9.00	548,763	0	0	548,763	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	0	0	0	0	34.00
35.00	Dietary under contract (see instructions)		928,160	0	0	928,160	35.00
36.00	Cafeteria	11.00	0	0	0	0	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	1,215,802	0	64,908	1,280,710	38.00
39.00	Central Services and Supply	14.00	100,221	0	0	100,221	39.00
40.00	Pharmacy	15.00	632,808	0	0	632,808	40.00
41.00	Medical Records & Medical Records Library	16.00	323,221	0	0	323,221	41.00
42.00	Social Service	17.00	0	0	0	0	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part II Date/Time Prepared: 11/17/2011 12:44 pm
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART II - WAGE DATA				
SALARIES				
1.00	Total salaries (see instructions)	817,739.00	24.17	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	0.00	0.00	4.00
5.00	Physician-Part B	0.00	0.00	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	0.00	7.00
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	66,716.00	20.95	9.00
10.00	Excluded area salaries (see instructions)	34,462.00	23.20	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	21,527.00	32.40	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	636.00	49.05	13.00
14.00	Home office salaries & wage-related costs	18,687.00	70.77	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
WAGE-RELATED COSTS				
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FOHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	5,413.00	25.17	26.00
27.00	Administrative & General	100,076.00	18.68	27.00
28.00	Administrative & General under contract (see inst.)	0.00	0.00	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	20,751.00	19.79	30.00
31.00	Laundry & Linen Service	0.00	0.00	31.00
32.00	Housekeeping	50,075.00	10.96	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)	51,903.00	17.88	35.00
36.00	Cafeteria	0.00	0.00	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	43,182.00	29.66	38.00
39.00	Central Services and Supply	8,045.00	12.46	39.00
40.00	Pharmacy	19,977.00	31.68	40.00
41.00	Medical Records & Medical Records Library	21,286.00	15.18	41.00
42.00	Social Service	0.00	0.00	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140040		Period: From 05/01/2010 To 04/30/2011		Worksheet S-3 Part III Date/Time Prepared: 11/17/2011 12:44 pm	
	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)		
	1.00	2.00	2.50	3.00	4.00		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	20,694,769	0	0	20,694,769	1.00	
2.00	Excluded area salaries (see instructions)	2,244,818	0	-47,370	2,197,448	2.00	
3.00	Subtotal salaries (line 1 minus line 2)	18,449,951	0	47,370	18,497,321	3.00	
4.00	Subtotal other wages & related costs (see inst.)	2,051,145	0	0	2,051,145	4.00	
5.00	Subtotal wage-related costs (see inst.)	4,870,437	0	0	4,870,437	5.00	
6.00	Total (sum of lines 3 thru 5)	25,371,533	0	47,370	25,418,903	6.00	
7.00	Total overhead cost (see instructions)	6,309,897	0	-79,400	6,230,497	7.00	

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part III Date/Time Prepared: 11/17/2011 12:44 pm
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	869,642.00	23.80	1.00
2.00	Excluded area salaries (see instructions)	101,178.00	21.72	2.00
3.00	Subtotal salaries (line 1 minus line 2)	768,464.00	24.07	3.00
4.00	Subtotal other wages & related costs (see inst.)	40,850.00	50.21	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	26.33	5.00
6.00	Total (sum of lines 3 thru 5)	809,314.00	31.41	6.00
7.00	Total overhead cost (see instructions)	320,708.00	19.43	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 11/17/2011 12:44 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	503,138	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	2,530,726	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	43,281	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	27,269	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	19,358	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	188,852	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	1,126,907	17.00
18.00	Medicare Taxes - Employers Portion Only	263,551	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	117,049	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	4,820,131	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	50,306	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet S-3 Part V Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	697,467	0	1.00
2.00	Hospital	697,467	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	OTHER (SPECIFY)	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet S-5

Date/Time Prepared:
11/17/2011 12:44 pm

		Outpatient		Training			
		Regular	High Flux	Hemodialysis	CAPD / CCPD		
		1.00	2.00	3.00	4.00		
1.00	Number of patients in program at end of cost reporting period	0	0	0	0		1.00
2.00	Number of times per week patient receives dialysis	0.00	0.00	0.00	0.00		2.00
3.00	Average patient dialysis time including setup	0.00	0.00	0.00	0.00		3.00
4.00	CAPD exchanges per day				0.00		4.00
5.00	Number of days in year dialysis furnished	0	0				5.00
6.00	Number of stations	0	0	0	0		6.00
7.00	Treatment capacity per day per station	0	0				7.00
8.00	Utilization (see instructions)	0.00	0.00				8.00
9.00	Average times dialyzers re-used	0.00	0.00				9.00
10.00	Percentage of patients re-using dialyzers	0.00	0.00				10.00
TRANSPLANT INFORMATION							
11.00	Number of patients on transplant list	0					11.00
12.00	Number of patients transplanted during the cost reporting period	0					12.00
EPOETIN							
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.	0					13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program	0					14.00
15.00	Number of EPO units furnished relating to the renal dialysis department	0					15.00
16.00	Number of EPO units furnished relating to the home dialysis department	0					16.00
ARANESP							
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.	0					17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program	0					18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department	0					19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department	0					20.00
						MCP	INITIAL METHOD
						1.00	2.00
PHYSICIAN PAYMENT METHOD							
21.00	enter "X" if method(s) is applicable				X		21.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet S-5
Date/Time Prepared:
11/17/2011 12:44 pm

		Home		
		Hemodialysis	CAPD / CCPD	
		5.00	6.00	
1.00	Number of patients in program at end of cost reporting period	0	0	1.00
2.00	Number of times per week patient receives dialysis	0.00	0.00	2.00
3.00	Average patient dialysis time including setup			3.00
4.00	CAPD exchanges per day		0.00	4.00
5.00	Number of days in year dialysis furnished			5.00
6.00	Number of stations			6.00
7.00	Treatment capacity per day per station			7.00
8.00	Utilization (see instructions)			8.00
9.00	Average times dialyzers re-used			9.00
10.00	Percentage of patients re-using dialyzers			10.00
TRANSPLANT INFORMATION				
11.00	Number of patients on transplant list			11.00
12.00	Number of patients transplanted during the cost reporting period			12.00
EPOETIN				
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.			13.00
14.00	Epoetin amount from Worksheet A for Home Dialysis program			14.00
15.00	Number of EPO units furnished relating to the renal dialysis department			15.00
16.00	Number of EPO units furnished relating to the home dialysis department			16.00
ARANESP				
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.			17.00
18.00	ARANESP amount from Worksheet A for Home Dialysis program			18.00
19.00	Number of ARANESP units furnished relating to the renal dialysis department			19.00
20.00	Number of ARANESP units furnished relating to the home dialysis department			20.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet S-7 Date/Time Prepared: 11/17/2011 12:44 pm
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		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.			2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	30	0	30	5.00
6.00	RVL	105	0	105	6.00
7.00	RHX	56	0	56	7.00
8.00	RHL	157	0	157	8.00
9.00	RMX	392	0	392	9.00
10.00	RML	1,537	0	1,537	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	13	0	13	12.00
13.00	RUB	7	0	7	13.00
14.00	RUA	7	0	7	14.00
15.00	RVC	194	0	194	15.00
16.00	RVB	228	0	228	16.00
17.00	RVA	250	0	250	17.00
18.00	RHC	635	0	635	18.00
19.00	RHB	513	0	513	19.00
20.00	RHA	992	0	992	20.00
21.00	RMC	140	0	140	21.00
22.00	RMB	277	0	277	22.00
23.00	RMA	811	0	811	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	22	0	22	27.00
28.00	ES1	89	0	89	28.00
29.00	HE2	6	0	6	29.00
30.00	HE1	16	0	16	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	66	0	66	32.00
33.00	HC2	10	0	10	33.00
34.00	HC1	42	0	42	34.00
35.00	HB2	7	0	7	35.00
36.00	HB1	34	0	34	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	11	0	11	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	84	0	84	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	27	0	27	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	5	0	5	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	14	0	14	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	38	0	38	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	122	0	122	50.00
51.00	CB2	14	0	14	51.00
52.00	CB1	174	0	174	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	117	0	117	54.00
55.00	SE3	95	0	95	55.00
56.00	SE2	111	0	111	56.00
57.00	SE1	2	0	2	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	75	0	75	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	14	0	14	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	4	0	4	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet S-7

Date/Time Prepared:
11/17/2011 12:44 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)		
		1.00	2.00	3.00	4.00		
69.00		PE2	0	0	0	0	69.00
70.00		PE1	0	0	0	0	70.00
71.00		PD2	0	0	0	0	71.00
72.00		PD1	11	0	11	0	72.00
73.00		PC2	0	0	0	0	73.00
74.00		PC1	0	0	0	0	74.00
75.00		PB2	0	0	0	0	75.00
76.00		PB1	14	0	14	0	76.00
77.00		PA2	0	0	0	0	77.00
78.00		PA1	16	0	16	0	78.00
199.00		AAA	0	0	0	0	199.00
200.00	TOTAL		7,584	0	7,584	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)		
				1.00	2.00		
SNF SERVICES							
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			14	14		201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?		
			1.00	2.00	3.00		
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)							
202.00	Staffing		0	0.00			202.00
203.00	Recruitment		0	0.00			203.00
204.00	Retention of employees		0	0.00			204.00
205.00	Training		0	0.00			205.00
206.00	OTHER (SPECIFY)		0	0.00			206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		4,286,324				207.00
					1.00		
1.00	Wage Index Factor				0.0000		1.00
		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1	
		1.00	2.00	3.00	4.00	5.00	
3.00		RUX	195.01	195.01	0	269.98	3.00
4.00		RUL	174.43	174.43	0	263.50	4.00
5.00		RVX	146.09	146.09	0	241.45	5.00
6.00		RVL	137.14	137.14	0	215.54	6.00
7.00		RHX	122.05	122.05	0	219.66	7.00
8.00		RHL	119.37	119.37	0	194.67	8.00
9.00		RMX	136.16	136.16	0	201.49	9.00
10.00		RML	125.88	125.88	0	184.83	10.00
11.00		RLX	96.39	96.39	0	117.63	11.00
12.00		RUC	169.51	169.51	0	201.03	12.00
13.00		RUB	156.99	156.99	0	201.03	13.00
14.00		RUA	150.72	150.72	0	165.39	14.00
15.00		RVC	132.66	132.66	0	172.50	15.00
16.00		RVB	126.85	126.85	0	147.98	16.00
17.00		RVA	116.12	116.12	0	147.51	17.00
18.00		RHC	113.11	113.11	0	150.71	18.00
19.00		RHB	108.63	108.63	0	134.98	19.00
20.00		RHA	101.92	101.92	0	117.85	20.00
21.00		RMC	103.51	103.51	0	133.00	21.00
22.00		RMB	100.82	100.82	0	123.74	22.00
23.00		RMA	99.04	99.04	0	100.60	23.00
24.00		RLB	89.24	89.24	0	129.97	24.00
25.00		RLA	77.16	77.16	0	80.92	25.00
26.00		ES3	195.98	195.98	0	195.98	26.00
27.00		ES2	153.87	153.87	0	153.87	27.00
28.00		ES1	137.67	137.67	0	137.67	28.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet S-7

Date/Time Prepared:
11/17/2011 12:44 pm

	Group	Base Rate	Actual Rate	Days for	Base Rate	
		Prior to 10/1	for Services Prior to 10/1	Services Prior to 10/1	On/After 10/1	
	1.00	2.00	3.00	4.00	5.00	
29.00	HE2	133.04	133.04	0	133.04	29.00
30.00	HE1	110.83	110.83	0	110.83	30.00
31.00	HD2	124.71	124.71	0	124.71	31.00
32.00	HD1	104.35	104.35	0	104.35	32.00
33.00	HC2	117.77	117.77	0	117.77	33.00
34.00	HC1	98.80	98.80	0	98.80	34.00
35.00	HB2	116.38	116.38	0	116.38	35.00
36.00	HB1	97.87	97.87	0	97.87	36.00
37.00	LE2	121.01	121.01	0	121.01	37.00
38.00	LE1	101.57	101.57	0	101.57	38.00
39.00	LD2	116.38	116.38	0	116.38	39.00
40.00	LD1	97.87	97.87	0	97.87	40.00
41.00	LC2	102.50	102.50	0	102.50	41.00
42.00	LC1	86.76	86.76	0	86.76	42.00
43.00	LB2	97.41	97.41	0	97.41	43.00
44.00	LB1	83.06	83.06	0	83.06	44.00
45.00	CE2	108.05	108.05	0	108.05	45.00
46.00	CE1	99.72	99.72	0	99.72	46.00
47.00	CD2	102.50	102.50	0	102.50	47.00
48.00	CD1	94.17	94.17	0	94.17	48.00
49.00	CC2	79.84	79.84	0	90.00	49.00
50.00	CC1	73.58	73.58	0	83.53	50.00
51.00	CB2	70.00	70.00	0	83.53	51.00
52.00	CB1	66.87	66.87	0	77.51	52.00
53.00	CA2	66.42	66.42	0	71.03	53.00
54.00	CA1	62.84	62.84	0	66.40	54.00
55.00	SE3	106.23	106.23	0	0.00	55.00
56.00	SE2	91.03	91.03	0	0.00	56.00
57.00	SE1	81.63	81.63	0	0.00	57.00
58.00	SSC	80.29	80.29	0	0.00	58.00
59.00	SSB	76.27	76.27	0	0.00	59.00
60.00	SSA	74.92	74.92	0	0.00	60.00
61.00	IB2	60.16	60.16	0	0.00	61.00
62.00	IB1	59.27	59.27	0	0.00	62.00
63.00	IA2	54.79	54.79	0	0.00	63.00
64.00	IA1	53.00	53.00	0	0.00	64.00
65.00	BB2	59.71	59.71	0	75.20	65.00
66.00	BB1	58.37	58.37	0	71.96	66.00
67.00	BA2	54.35	54.35	0	62.70	67.00
68.00	BA1	50.77	50.77	0	59.93	68.00
69.00	PE2	64.63	64.63	0	99.72	69.00
70.00	PE1	63.74	63.74	0	95.10	70.00
71.00	PD2	61.50	61.50	0	94.17	71.00
72.00	PD1	60.61	60.61	0	89.54	72.00
73.00	PC2	58.82	58.82	0	81.21	73.00
74.00	PC1	58.37	58.37	0	77.51	74.00
75.00	PB2	52.56	52.56	0	69.18	75.00
76.00	PB1	51.66	51.66	0	66.40	76.00
77.00	PA2	51.21	51.21	0	57.61	77.00
78.00	PA1	49.87	49.87	0	55.30	78.00
199.00	AAA	49.87	49.87	0	0.00	199.00
200.00	TOTAL			0		200.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet S-7
Date/Time Prepared:
11/17/2011 12:44 pm

	Actual Rate for Services	Days for Services	Total	
	On/After 10/1	On/After 10/1		
	6.00	7.00	8.00	
3.00	269.98	0	0	3.00
4.00	263.50	0	0	4.00
5.00	241.45	0	0	5.00
6.00	215.54	0	0	6.00
7.00	219.66	0	0	7.00
8.00	194.67	0	0	8.00
9.00	201.49	0	0	9.00
10.00	184.83	0	0	10.00
11.00	117.63	0	0	11.00
12.00	201.03	0	0	12.00
13.00	201.03	0	0	13.00
14.00	165.39	0	0	14.00
15.00	172.50	0	0	15.00
16.00	147.98	0	0	16.00
17.00	147.51	0	0	17.00
18.00	150.71	0	0	18.00
19.00	134.98	0	0	19.00
20.00	117.85	0	0	20.00
21.00	133.00	0	0	21.00
22.00	123.74	0	0	22.00
23.00	100.60	0	0	23.00
24.00	129.97	0	0	24.00
25.00	80.92	0	0	25.00
26.00	195.98	0	0	26.00
27.00	153.87	0	0	27.00
28.00	137.67	0	0	28.00
29.00	133.04	0	0	29.00
30.00	110.83	0	0	30.00
31.00	124.71	0	0	31.00
32.00	104.35	0	0	32.00
33.00	117.77	0	0	33.00
34.00	98.80	0	0	34.00
35.00	116.38	0	0	35.00
36.00	97.87	0	0	36.00
37.00	121.01	0	0	37.00
38.00	101.57	0	0	38.00
39.00	116.38	0	0	39.00
40.00	97.87	0	0	40.00
41.00	102.50	0	0	41.00
42.00	86.76	0	0	42.00
43.00	97.41	0	0	43.00
44.00	83.06	0	0	44.00
45.00	108.05	0	0	45.00
46.00	99.72	0	0	46.00
47.00	102.50	0	0	47.00
48.00	94.17	0	0	48.00
49.00	90.00	0	0	49.00
50.00	83.53	0	0	50.00
51.00	83.53	0	0	51.00
52.00	77.51	0	0	52.00
53.00	71.03	0	0	53.00
54.00	66.40	0	0	54.00
55.00	0.00	0	0	55.00
56.00	0.00	0	0	56.00
57.00	0.00	0	0	57.00
58.00	0.00	0	0	58.00
59.00	0.00	0	0	59.00
60.00	0.00	0	0	60.00
61.00	0.00	0	0	61.00
62.00	0.00	0	0	62.00
63.00	0.00	0	0	63.00
64.00	0.00	0	0	64.00
65.00	75.20	0	0	65.00
66.00	71.96	0	0	66.00
67.00	62.70	0	0	67.00
68.00	59.93	0	0	68.00
69.00	99.72	0	0	69.00
70.00	95.10	0	0	70.00
71.00	94.17	0	0	71.00
72.00	89.54	0	0	72.00
73.00	81.21	0	0	73.00
74.00	77.51	0	0	74.00
75.00	69.18	0	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet S-7
Date/Time Prepared:
11/17/2011 12:44 pm

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
76.00	66.40	0	0	76.00
77.00	57.61	0	0	77.00
78.00	55.30	0	0	78.00
199.00	0.00	0	0	199.00
200.00 TOTAL		0	0	200.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet S-10 Date/Time Prepared: 11/17/2011 12:44 pm
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			1.00	
Uncompensated and indigent care cost computation				
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.159321	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		5,007,088	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		4,833,995	5.00
6.00	Medicaid charges		44,044,372	6.00
7.00	Medicaid cost (line 1 times line 6)		7,017,193	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 2 plus line 5 minus line 7)		2,823,890	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 9 minus line 11)		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)		7,709	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		24,002	14.00
15.00	State or local indigent care program cost (line 1 times line 14)		3,824	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 13 minus line 15)		3,885	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)		2,827,775	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		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	1,046,422	27,936	1,074,358
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	166,717	4,451	171,168
22.00	Partial payment by patients approved for charity care	0	16,871	16,871
23.00	Cost of charity care (line 21 minus line 22)	166,717	-12,420	154,297
				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)		3,026,088	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		550,105	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		2,475,983	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		394,476	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		548,773	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,376,548	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet A Date/Time Prepared: 11/17/2011 12:44 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt		359,438	359,438	822,290	1,181,728	1.00
2.00 Cap Rel Costs-Mvble Equip		1,623,639	1,623,639	730,594	2,354,233	2.00
3.00 Other Cap Related Cost		0	0	0	0	3.00
4.00 Employee Benefits	136,227	91,831	228,058	3,315,058	3,543,116	4.00
5.00 Administrative & General	2,014,074	17,158,090	19,172,164	-4,487,424	14,684,740	5.00
6.00 Maintenance & Repairs	0	0	0	0	0	6.00
7.00 Operation of Plant	410,621	1,278,058	1,688,679	0	1,688,679	7.00
8.00 Laundry & Linen Service	0	271,607	271,607	0	271,607	8.00
9.00 Housekeeping	548,763	225,235	773,998	0	773,998	9.00
10.00 Dietary	0	1,463,078	1,463,078	-752,710	710,368	10.00
11.00 Cafeteria	0	0	0	751,615	751,615	11.00
13.00 Nursing Administration	1,215,802	139,776	1,355,578	68,990	1,424,568	13.00
14.00 Central Services & Supply	100,221	3,311,402	3,411,623	-2,980,200	431,423	14.00
15.00 Pharmacy	632,808	2,764,891	3,397,699	-2,693,378	704,321	15.00
16.00 Medical Records & Library	323,221	509,081	832,302	-4,445	827,857	16.00
17.00 Social Service	0	0	0	0	0	17.00
18.00 Other General Service (specify)	0	0	0	0	0	18.00
19.00 Nonphysician Anesthetists	0	0	0	0	0	19.00
20.00 Nursing School	0	0	0	0	0	20.00
21.00 I&R Services-Salary & Fringes Apprvd	0	0	0	0	0	21.00
22.00 I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	22.00
23.00 Paramed. Ed. Prgm. -(specify)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	2,741,394	529,385	3,270,779	501,193	3,771,972	30.00
31.00 Intensive Care Unit	1,272,583	285,564	1,558,147	-6,483	1,551,664	31.00
32.00 Coronary Care Unit	0	0	0	0	0	32.00
33.00 Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00 Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	685,185	372,753	1,057,938	-15,171	1,042,767	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 Nursery	0	877	877	268,116	268,993	43.00
44.00 SKILLED NURSING FACILITY	1,397,822	239,556	1,637,378	-5,443	1,631,935	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	1,232,985	1,359,830	2,592,815	535,009	3,127,824	50.00
51.00 Recovery Room	495,655	52,130	547,785	-547,785	0	51.00
52.00 Labor Room & Delivery Room	853,082	183,763	1,036,845	-785,070	251,775	52.00
53.00 Anesthesiology	1,422,608	273,350	1,695,958	0	1,695,958	53.00
54.00 Radiology - Diagnostic	665,747	901,569	1,567,316	842,198	2,409,514	54.00
54.01 ULTRASOUND	104,819	20,487	125,306	-125,306	0	54.01
55.00 Radiology - Therapeutic	0	0	0	0	0	55.00
56.00 Radiosotope	116,967	244,740	361,707	-361,707	0	56.00
57.00 CT Scan	133,559	185,331	318,890	-318,890	0	57.00
58.00 Magnetic Resonance Imaging (MRI)	106,194	302,145	408,339	-408,339	0	58.00
59.00 Cardiac Catheterization	0	0	0	0	0	59.00
60.00 Laboratory	965,032	1,836,450	2,801,482	-3,860	2,797,622	60.00
60.01 Blood Laboratory	0	0	0	0	0	60.01
61.00 PBP Clinical Lab. Service-Prgm. Only	0	0	0	0	0	61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00 Intravenous Therapy	0	0	0	0	0	64.00
65.00 Respiratory Therapy	362,760	133,215	495,975	60,798	556,773	65.00
66.00 Physical Therapy	0	540,699	540,699	341,181	881,880	66.00
67.00 Occupational Therapy	0	233,391	233,391	-233,391	0	67.00
68.00 Speech Pathology	0	107,790	107,790	-107,790	0	68.00
69.00 Electrocardiology	462,671	374,523	837,194	-10,771	826,423	69.00
70.00 Electroencephalography	0	0	0	0	0	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	1,326,450	1,326,450	71.00
72.00 Implantable Devices Chrgd to Patient	0	0	0	1,659,595	1,659,595	72.00
73.00 Drugs Charged to Patients	0	0	0	2,500,028	2,500,028	73.00
74.00 RENAL DIALYSIS	-57	131,881	131,824	0	131,824	74.00
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01 SLEEP LAB	67,950	11,225	79,175	-79,175	0	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03 WOUND CARE	117,874	433,541	551,415	-1,332	550,083	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140040		Period: From 05/01/2010 To 04/30/2011		Worksheet A Date/Time Prepared: 11/17/2011 12:44 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
90.00	Clinic	0	0	0	0	0		90.00
91.00	Emergency	1,018,231	-194,712	823,519	2,698,196	3,521,715		91.00
92.00	Observation Beds (Non-Distinct Part)							92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	Home Program Dialysis	0	0	0	0	0		94.00
95.00	Ambulance Services	126,770	2,575,516	2,702,286	-2,702,286	0		95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0		96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0		97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0		98.00
99.00	CMHC	0	0	0	0	0		99.00
99.10	CORF	0	0	0	0	0		99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
105.00	Kidney Acquisition	0	0	0	0	0		105.00
106.00	Heart Acquisition	0	0	0	0	0		106.00
107.00	Liver Acquisition	0	0	0	0	0		107.00
108.00	Lung Acquisition	0	0	0	0	0		108.00
109.00	Pancreas Acquisition	0	0	0	0	0		109.00
110.00	Intestinal Acquisition	0	0	0	0	0		110.00
111.00	Islet Acquisition	0	0	0	0	0		111.00
113.00	Interest Expense	0	0	0	0	0		113.00
114.00	Utilization Review-SNF	0	0	0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0		115.00
116.00	HOSPICE	0	0	0	0	0		116.00
118.00	SUBTOTALS (sum of lines 1-117)	19,731,568	40,331,125	60,062,693	-209,645	59,853,048		118.00
NONREIMBURSABLE COST CENTERS								
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0		190.00
191.00	Research	0	0	0	0	0		191.00
192.00	Physicians' Private Offices	0	0	0	0	0		192.00
193.00	Nonpaid Workers	0	0	0	0	0		193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.00
194.01	MARKETING	0	0	0	209,645	209,645		194.01
194.02	SENIOR CIRCLE	35,041	29,262	64,303	0	64,303		194.02
200.00	TOTAL (sum of lines 118-199)	19,766,609	40,360,387	60,126,996	0	60,126,996		200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet A Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	Cap Rel Costs-Bldg & Fixt	2,524,941	3,706,669	1.00
2.00	Cap Rel Costs-MVble Equip	544,266	2,898,499	2.00
3.00	Other Cap Related Cost	0	0	3.00
4.00	Employee Benefits	-7,984	3,535,132	4.00
5.00	Administrative & General	-9,193,286	5,491,454	5.00
6.00	Maintenance & Repairs	0	0	6.00
7.00	Operation of Plant	0	1,688,679	7.00
8.00	Laundry & Linen Service	0	271,607	8.00
9.00	Housekeeping	0	773,998	9.00
10.00	Dietary	0	710,368	10.00
11.00	Cafeteria	-243,785	507,830	11.00
13.00	Nursing Administration	-3,925	1,420,643	13.00
14.00	Central Services & Supply	0	431,423	14.00
15.00	Pharmacy	0	704,321	15.00
16.00	Medical Records & Library	-1,605	826,252	16.00
17.00	Social Service	0	0	17.00
18.00	Other General Service (specify)	0	0	18.00
19.00	Nonphysician Anesthetists	0	0	19.00
20.00	Nursing School	0	0	20.00
21.00	I&R Services-Salary & Fringes Apprvd	0	0	21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	0	0	22.00
23.00	Paramed. Ed. Prgm. -(specify)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	Adults & Pediatrics	0	3,771,972	30.00
31.00	Intensive Care Unit	0	1,551,664	31.00
32.00	Coronary Care Unit	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	34.00
40.00	SUBPROVIDER - IPF	-187,785	854,982	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	Nursery	0	268,993	43.00
44.00	SKILLED NURSING FACILITY	0	1,631,935	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	Operating Room	0	3,127,824	50.00
51.00	Recovery Room	0	0	51.00
52.00	Labor Room & Delivery Room	0	251,775	52.00
53.00	Anesthesiology	-216	1,695,742	53.00
54.00	Radiology - Diagnostic	0	2,409,514	54.00
54.01	ULTRASOUND	0	0	54.01
55.00	Radiology - Therapeutic	0	0	55.00
56.00	Radiosotope	0	0	56.00
57.00	CT Scan	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	Cardiac Catheterization	0	0	59.00
60.00	Laboratory	-67,800	2,729,822	60.00
60.01	Blood Laboratory	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	63.00
64.00	Intravenous Therapy	0	0	64.00
65.00	Respiratory Therapy	0	556,773	65.00
66.00	Physical Therapy	0	881,880	66.00
67.00	Occupational Therapy	0	0	67.00
68.00	Speech Pathology	0	0	68.00
69.00	Electrocardiology	-23,350	803,073	69.00
70.00	Electroencephalography	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	1,326,450	71.00
72.00	Implantable Devices Chrgd to Patient	0	1,659,595	72.00
73.00	Drugs Charged to Patients	0	2,500,028	73.00
74.00	RENAL DIALYSIS	0	131,824	74.00
75.00	ASC (Non-Distinct Part)	0	0	75.00
76.00		0	0	76.00
76.01	SLEEP LAB	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03	WOUND CARE	0	550,083	76.03
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	Clinic	0	0	90.00
91.00	Emergency	-1,876,686	1,645,029	91.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet A Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
92.00	Observation Beds (Non-Distinct Part)	6.00	7.00	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	Home Program Dialysis	0	0	94.00
95.00	Ambulance Services	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	Kidney Acquisition	0	0	105.00
106.00	Heart Acquisition	0	0	106.00
107.00	Liver Acquisition	0	0	107.00
108.00	Lung Acquisition	0	0	108.00
109.00	Pancreas Acquisition	0	0	109.00
110.00	Intestinal Acquisition	0	0	110.00
111.00	Islet Acquisition	0	0	111.00
113.00	Interest Expense	0	0	113.00
114.00	Utilization Review-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	-8,537,215	51,315,833	118.00
NONREIMBURSABLE COST CENTERS				
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	190.00
191.00	Research	0	0	191.00
192.00	Physicians' Private Offices	0	0	192.00
193.00	Nonpaid Workers	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	MARKETING	0	209,645	194.01
194.02	SENIOR CIRCLE	0	64,303	194.02
200.00	TOTAL (sum of lines 118-199)	-8,537,215	51,589,781	200.00

RECLASSIFICATIONS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet A-6
Date/Time Prepared:
11/17/2011 12:44 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	Employee Benefits	4.00	0	3,317,025	1.00
	TOTALS		0	3,317,025	
B - OXYGEN COSTS					
1.00	Medical Supplies Charged to Patients	71.00	0	118,404	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	118,404	
C - RENTAL AND LEASE EXPENSE					
1.00	Cap Rel Costs-Mvble Equip	2.00	0	725,871	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
	TOTALS		0	725,871	
D - OTHER CAPITAL COSTS					
1.00	Cap Rel Costs-Bldg & Fixt	1.00	0	822,290	1.00
2.00	Cap Rel Costs-Mvble Equip	2.00	0	4,723	2.00
	TOTALS		0	827,013	
E - MARKETING DEPARTMENT					
1.00	MARKETING	194.01	79,400	130,245	1.00
	TOTALS		79,400	130,245	
F - MEDICAL SUPPLIES					
1.00	Medical Supplies Charged to Patients	71.00	0	1,208,046	1.00
2.00	Implantable Devices Chrgd to Patient	72.00	0	1,659,595	2.00
	TOTALS		0	2,867,641	
G - COST OF DRUGS/IV SOLUTIONS					
1.00	Drugs Charged to Patients	73.00	0	2,500,028	1.00
	TOTALS		0	2,500,028	
H - LABOR AND DELIVERY COSTS					
1.00	Adults & Pediatrics	30.00	424,245	90,955	1.00
2.00	Nursery	43.00	220,764	47,352	2.00
	TOTALS		645,009	138,307	
I - PT, OT, AND SP COSTS					
1.00	Physical Therapy	66.00	0	341,181	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	341,181	
J - MISCELLANEOUS DEPARTMENTS					
1.00	Nursing Administration	13.00	64,908	6,569	1.00
2.00	Operating Room	50.00	495,655	52,130	2.00
3.00	Respiratory Therapy	65.00	67,950	11,225	3.00
4.00	Emergency	91.00	126,770	2,575,516	4.00
	TOTALS		755,283	2,645,440	
K - OTHER RADIOLOGY COSTS					
1.00	Radiology - Diagnostic	54.00	461,539	579,903	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		461,539	579,903	
L - PORTION OF COSTS TO CAFETERIA					
1.00	Cafeteria	11.00	0	751,615	1.00
	TOTALS		0	751,615	
500.00	Grand Total: Increases		1,941,231	14,942,673	500.00

RECLASSIFICATIONS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet A-6
Date/Time Prepared:
11/17/2011 12:44 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - EMPLOYEE BENEFITS							
1.00	Administrative & General	5.00	0	3,317,025	0		1.00
	TOTALS		0	3,317,025			
B - OXYGEN COSTS							
1.00	Central Services & Supply	14.00	0	110,239	0		1.00
2.00	Operating Room	50.00	0	8,147	0		2.00
3.00	WOUND CARE	76.03	0	18	0		3.00
	TOTALS		0	118,404			
C - RENTAL AND LEASE EXPENSE							
1.00	Employee Benefits	4.00	0	1,967	10		1.00
2.00	Administrative & General	5.00	0	62,264	0		2.00
3.00	Dietary	10.00	0	1,095	0		3.00
4.00	Nursing Administration	13.00	0	2,487	0		4.00
5.00	Central Services & Supply	14.00	0	4,531	0		5.00
6.00	Pharmacy	15.00	0	193,350	0		6.00
7.00	Medical Records & Library	16.00	0	4,445	0		7.00
8.00	Adults & Pediatrics	30.00	0	14,007	0		8.00
9.00	Intensive Care Unit	31.00	0	6,483	0		9.00
10.00	SUBPROVIDER - IPF	40.00	0	15,171	0		10.00
11.00	SKILLED NURSING FACILITY	44.00	0	5,443	0		11.00
12.00	Operating Room	50.00	0	2,418	0		12.00
13.00	Labor Room & Delivery Room	52.00	0	1,754	0		13.00
14.00	Radiology - Diagnostic	54.00	0	199,244	0		14.00
15.00	Magnetic Resonance Imaging (MRI)	58.00	0	172,800	0		15.00
16.00	Laboratory	60.00	0	3,860	0		16.00
17.00	Respiratory Therapy	65.00	0	18,377	0		17.00
18.00	Electrocardiology	69.00	0	10,771	0		18.00
19.00	WOUND CARE	76.03	0	1,314	0		19.00
20.00	Emergency	91.00	0	4,090	0		20.00
	TOTALS		0	725,871			
D - OTHER CAPITAL COSTS							
1.00	Administrative & General	5.00	0	827,013	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	827,013			
E - MARKETING DEPARTMENT							
1.00	Administrative & General	5.00	79,400	130,245	0		1.00
	TOTALS		79,400	130,245			
F - MEDICAL SUPPLIES							
1.00	Central Services & Supply	14.00	0	2,865,430	0		1.00
2.00	Operating Room	50.00	0	2,211	0		2.00
	TOTALS		0	2,867,641			
G - COST OF DRUGS/IV SOLUTIONS							
1.00	Pharmacy	15.00	0	2,500,028	0		1.00
	TOTALS		0	2,500,028			
H - LABOR AND DELIVERY COSTS							
1.00	Labor Room & Delivery Room	52.00	645,009	138,307	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		645,009	138,307			
I - PT, OT, AND SP COSTS							
1.00	Occupational Therapy	67.00	0	233,391	0		1.00
2.00	Speech Pathology	68.00	0	107,790	0		2.00
	TOTALS		0	341,181			
J - MISCELLANEOUS DEPARTMENTS							
1.00	Administrative & General	5.00	64,908	6,569	0		1.00
2.00	Recovery Room	51.00	495,655	52,130	0		2.00
3.00	SLEEP LAB	76.01	67,950	11,225	0		3.00
4.00	Ambulance Services	95.00	126,770	2,575,516	0		4.00
	TOTALS		755,283	2,645,440			
K - OTHER RADIOLOGY COSTS							
1.00	ULTRASOUND	54.01	104,819	20,487	0		1.00
2.00	Radiotope	56.00	116,967	244,740	0		2.00
3.00	CT Scan	57.00	133,559	185,331	0		3.00
4.00	Magnetic Resonance Imaging (MRI)	58.00	106,194	129,345	0		4.00
	TOTALS		461,539	579,903			
L - PORTION OF COSTS TO CAFETERIA							
1.00	Dietary	10.00	0	751,615	0		1.00
	TOTALS		0	751,615			
500.00	Grand Total: Decreases		1,941,231	14,942,673			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/17/2011 12:44 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,943,661	0	0	0	0	1.00
2.00	Land Improvements	893,124	0	0	0	0	2.00
3.00	Buildings and Fixtures	52,881,258	8,222	0	8,222	17,200	3.00
4.00	Building Improvements	4,431,637	851,435	0	851,435	0	4.00
5.00	Fixed Equipment	2,898,495	202,381	0	202,381	0	5.00
6.00	Movable Equipment	39,866,837	1,847,311	0	1,847,311	508,526	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	102,915,012	2,909,349	0	2,909,349	525,726	8.00
9.00	Reconciling Items	-330,770	0	0	0	-102,641	9.00
10.00	Total (line 8 minus line 9)	103,245,782	2,909,349	0	2,909,349	628,367	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	Cap Rel Costs-Bldg & Fixt	359,438	0	0	0	0	1.00
2.00	Cap Rel Costs-Mvble Equip	1,623,639	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,983,077	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	56,674,054	0	56,674,054	0.553123	0	1.00
2.00	Cap Rel Costs-Mvble Equip	45,787,796	0	45,787,796	0.446877	0	2.00
3.00	Total (sum of lines 1-2)	102,461,850	0	102,461,850	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet A-7 Parts I-III Date/Time Prepared: 11/17/2011 12:44 pm
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,943,661	0		1.00		
2.00	Land Improvements	893,124	0		2.00		
3.00	Buildings and Fixtures	52,872,280	0		3.00		
4.00	Building Improvements	5,283,072	0		4.00		
5.00	Fixed Equipment	3,100,876	0		5.00		
6.00	Movable Equipment	41,205,622	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	105,298,635	0		8.00		
9.00	Reconciling Items	-228,129	0		9.00		
10.00	Total (line 8 minus line 9)	105,526,764	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	Cap Rel Costs-Bldg & Fixt	0	359,438		1.00		
2.00	Cap Rel Costs-Mvble Equip	0	1,623,639		2.00		
3.00	Total (sum of lines 1-2)	0	1,983,077		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	0	0	0	1,189,008	0	1.00
2.00	Cap Rel Costs-Mvble Equip	0	0	0	2,042,391	725,871	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,231,399	725,871	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt	1,080,319	822,290	0	615,052	3,706,669	1.00
2.00	Cap Rel Costs-Mvble Equip	0	4,723	0	125,514	2,898,499	2.00
3.00	Total (sum of lines 1-2)	1,080,319	827,013	0	740,566	6,605,168	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet A-8

Date/Time Prepared:
11/17/2011 12:44 pm

	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	
			Cost Center			
			3.00	4.00		
1.00	Investment income - buildings and fixtures (chapter 2)		0	Cap Rel Costs-Bldg & Fixt	1.00	1.00
2.00	Investment income - movable equipment (chapter 2)		0	Cap Rel Costs-Mvble Equip	2.00	2.00
3.00	Investment income - other (chapter 2)		0		0.00	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-2,838	Administrative & General	5.00	7.00
8.00	Television and radio service (chapter 21)	A	-29,507	Cap Rel Costs-Mvble Equip	2.00	8.00
9.00	Parking lot (chapter 21)		0		0.00	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,359,181			10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-107,937			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Cafeteria-employees and guests	B	-243,785	Cafeteria	11.00	14.00
15.00	Rental of quarters to employee and others	B	-8,521	Cap Rel Costs-Bldg & Fixt	1.00	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients		0		0.00	17.00
18.00	Sale of medical records and abstracts	B	-1,605	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	0	Respiratory Therapy	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	Physical Therapy	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	Utilization Review-SNF	114.00	25.00
26.00	Depreciation - buildings and fixtures	A	829,570	Cap Rel Costs-Bldg & Fixt	1.00	26.00
27.00	Depreciation - movable equipment	A	448,855	Cap Rel Costs-Mvble Equip	2.00	27.00
28.00	Non-physician Anesthetist		0	Nonphysician 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	Occupational Therapy	67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	Speech Pathology	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00	TELEPHONE COMMISSION	B	-500	Administrative & General	5.00	33.00
34.00	NON-RESTRICTED DONATIONS	B	-25	Administrative & General	5.00	34.00
35.00	HEALTHY WOMAN SPONSORSHIP	B	-7,000	Administrative & General	5.00	35.00
36.00	OTHER MISCELLANEOUS REVENUE	B	-2,245	Administrative & General	5.00	36.00
37.00	DEPRECIATION - ADMIN AND GENERAL	A	-298,105	Administrative & General	5.00	37.00
38.00	HOSPITAL BAD DEBT	B	-5,212,726	Administrative & General	5.00	38.00
39.00	PATIENT PHONES WAGE COST	A	-32,402	Administrative & General	5.00	39.00
40.00	PATIENT PHONES BENEFITS COST	A	-7,984	Employee Benefits	4.00	40.00
41.00	PATIENT PHONES DEPRECIATION COST	A	-596	Cap Rel Costs-Mvble Equip	2.00	41.00
42.00	PATIENT TV CABLE EXPENSE	A	-10,650	Administrative & General	5.00	42.00
43.00	MARKETING EXP - EXCL MARKETING DEPT	A	-265,943	Administrative & General	5.00	43.00
44.00	ILLINOIS PROVIDER TAX	A	-1,394,136	Administrative & General	5.00	44.00
45.00	PHYSICIAN RECRUITING	A	-172,172	Administrative & General	5.00	45.00
46.00	LOBBYING EXPENSE IN ASSOCIATION DUES	A	-11,797	Administrative & General	5.00	46.00
47.00	CHARITABLE CONTRIBUTIONS	A	-199,767	Administrative & General	5.00	47.00
48.00	PENALTIES	A	-26	Administrative & General	5.00	48.00
49.00	CLUB DUES	A	-560	Administrative & General	5.00	49.00
49.01	MINORITY INTEREST	A	584,629	Cap Rel Costs-Bldg & Fixt	1.00	49.01
49.02	NONALLOWABLE LEGAL FEES	A	-16,893	Administrative & General	5.00	49.02
49.03	COMPLEMENTARY LOCAL TRANSPORTATION	A	-320	Emergency	91.00	49.03
49.04	NONALLOWABLE MARKETING	A	-11,725	Administrative & General	5.00	49.04
49.05	PROMO/SPECIAL EVENTS	A	-1,113	Administrative & General	5.00	49.05

ADJUSTMENTS TO EXPENSES		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet A-8 Date/Time Prepared: 11/17/2011 12:44 pm		
		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
		Basis/Code (2)	Amount	Cost Center	Line #	
		1.00	2.00	3.00	4.00	
49.06	MEDICAL STAFF RELATIONS	A	-210	Administrative & General	5.00	49.06
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,537,215			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet A-8

Date/Time Prepared:
11/17/2011 12:44 pm

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	0	1.00
2.00	Investment income - movable equipment (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)	9	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	14	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - buildings and fixtures	9	26.00
27.00	Depreciation - movable equipment	9	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	TELEPHONE COMMISSION	0	33.00
34.00	NON-RESTRICTED DONATIONS	0	34.00
35.00	HEALTHY WOMAN SPONSORSHIP	0	35.00
36.00	OTHER MISCELLANEOUS REVENUE	0	36.00
37.00	DEPRECIATION - ADMIN AND GENERAL	0	37.00
38.00	HOSPITAL BAD DEBT	0	38.00
39.00	PATIENT PHONES WAGE COST	0	39.00
40.00	PATIENT PHONES BENEFITS COST	0	40.00
41.00	PATIENT PHONES DEPRECIATION COST	9	41.00
42.00	PATIENT TV CABLE EXPENSE	0	42.00
43.00	MARKETING EXP - EXCL MARKETING DEPT	0	43.00
44.00	ILLINOIS PROVIDER TAX	0	44.00
45.00	PHYSICIAN RECRUITING	0	45.00
46.00	LOBBYING EXPENSE IN ASSOCIATION DUES	0	46.00
47.00	CHARITABLE CONTRIBUTIONS	0	47.00
48.00	PENALTIES	0	48.00
49.00	CLUB DUES	0	49.00
49.01	MINORITY INTEREST	14	49.01
49.02	NONALLOWABLE LEGAL FEES	0	49.02
49.03	COMPLEMENTARY LOCAL TRANSPORTATION	0	49.03
49.04	NONALLOWABLE MARKETING	0	49.04
49.05	PROMO/SPECIAL EVENTS	0	49.05
49.06	MEDICAL STAFF RELATIONS	0	49.06
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: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet A-8-1

Date/Time Prepared:
11/17/2011 12:44 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	1.00	Cap Rel Costs-Bldg & Fixt	CAPITAL RELATED INTEREST	1.00
2.00	5.00	Administrative & General	OPERATING INTEREST	2.00
3.00	5.00	Administrative & General	PASI OPERATING COSTS	3.00
4.00	1.00	Cap Rel Costs-Bldg & Fixt	PASI CAPITAL COSTS	4.00
4.01	1.00	Cap Rel Costs-Bldg & Fixt	NEW CAPITAL - BLDG AND FIXTURES	4.01
4.02	2.00	Cap Rel Costs-Mvable Equip	NEW CAPITAL - MVABLE EQUIPMENT	4.02
4.03	5.00	Administrative & General	NON CAPITAL HO COSTS	4.03
4.04	5.00	Administrative & General	INTEREST EXPENSE	4.04
4.05	5.00	Administrative & General	MANAGEMENT FEES	4.05
4.06	5.00	Administrative & General	PASI FEES	4.06
4.07	5.00	Administrative & General	MISCELLANEOUS HO COSTS	4.07
4.08	5.00	Administrative & General	MALPRACTICE	4.08
4.09	5.00	Administrative & General	CIG LEASED EQUIPMENT	4.09
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	B		0.00	6.00
7.00	B		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: 140040

Period: From 05/01/2010 To 04/30/2011

Worksheet A-8-1

Date/Time Prepared: 11/17/2011 12:44 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1,080,319	0	1,080,319	11	1.00
2.00	35,116	0	35,116	0	2.00
3.00	181,446	0	181,446	0	3.00
4.00	16,555	0	16,555	14	4.00
4.01	22,389	0	22,389	14	4.01
4.02	125,514	0	125,514	14	4.02
4.03	1,118,332	0	1,118,332	0	4.03
4.04	0	72,008	-72,008	0	4.04
4.05	0	1,557,198	-1,557,198	0	4.05
4.06	0	292,440	-292,440	0	4.06
4.07	0	547,602	-547,602	0	4.07
4.08	313,908	548,029	-234,121	0	4.08
4.09	173,784	158,023	15,761	0	4.09
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	3,067,363	3,175,300	-107,937	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 request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	COMMUNITY HEALT	100.00	HOSPITAL COMPAN	6.00
7.00	PASI	100.00	COLLECTION AGEN	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: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet A-8-2

Date/Time Prepared:
11/17/2011 12:44 pm

		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		5.00	ADMINISTRATION AND GENERAL	199,739	199,739	1.00
2.00		13.00	NURSING ADMINISTRATION	10,913	0	2.00
3.00		40.00	PSYCH	198,618	187,785	3.00
4.00		44.00	SKILLED NURSING FACILITY	2,550	0	4.00
5.00		53.00	ANESTHESIA	6,900	0	5.00
6.00		60.00	LABORATORY	67,800	67,800	6.00
7.00		69.00	ELECTROCARDIOLOGY	23,350	23,350	7.00
8.00		91.00	EMERGENCY ROOM	1,876,366	1,876,366	8.00
9.00		0.00		0	0	9.00
10.00		0.00		0	0	10.00
200.00			TOTAL (Lines 1.00 through 199.00)	2,386,236	2,355,040	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet A-8-2

Date/Time Prepared:
11/17/2011 12:44 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	10,913	142,500	102	6,988	349	2.00
3.00	10,833	142,500	403	27,609	1,380	3.00
4.00	2,550	138,700	47	3,134	157	4.00
5.00	6,900	167,500	83	6,684	334	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	31,196		635	44,415	2,220	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet A-8-2

Date/Time Prepared:
11/17/2011 12:44 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	6,988	2.00
3.00	0	0	0	0	27,609	3.00
4.00	0	0	0	0	3,134	4.00
5.00	0	0	0	0	6,684	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	44,415	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet A-8-2
Date/Time Prepared:
11/17/2011 12:44 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	199,739	1.00
2.00	3,925	3,925	2.00
3.00	0	187,785	3.00
4.00	0	0	4.00
5.00	216	216	5.00
6.00	0	67,800	6.00
7.00	0	23,350	7.00
8.00	0	1,876,366	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	4,141	2,359,181	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B
Part I
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		Employee Benefits	Subtotal	
		Bldg & Fixt	Mvble Equip			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt	3,706,669	3,706,669				1.00
2.00 Cap Rel Costs-Mvble Equip	2,898,499		2,898,499			2.00
4.00 Employee Benefits	3,535,132	12,501	9,776	3,557,409		4.00
5.00 Administrative & General	5,491,454	466,871	365,078	338,837	6,662,240	5.00
6.00 Maintenance & Repairs	0	0	0	0	0	6.00
7.00 Operation of Plant	1,688,679	1,149,937	899,213	74,412	3,812,241	7.00
8.00 Laundry & Linen Service	271,607	26,464	20,694	0	318,765	8.00
9.00 Housekeeping	773,998	38,021	29,731	99,446	941,196	9.00
10.00 Dietary	710,368	96,704	75,620	0	882,692	10.00
11.00 Cafeteria	507,830	47,115	36,843	0	591,788	11.00
13.00 Nursing Administration	1,420,643	52,534	41,080	232,089	1,746,346	13.00
14.00 Central Services & Supply	431,423	107,609	84,147	18,162	641,341	14.00
15.00 Pharmacy	704,321	38,144	29,828	114,677	886,970	15.00
16.00 Medical Records & Library	826,252	105,922	82,828	58,574	1,073,576	16.00
17.00 Social Service	0	0	0	0	0	17.00
18.00 Other General Service (specify)	0	0	0	0	0	18.00
19.00 Nonphysician Anesthetists	0	0	0	0	0	19.00
20.00 Nursing School	0	0	0	0	0	20.00
21.00 I&R Services-Salary & Fringes Apprvd	0	0	0	0	0	21.00
22.00 I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	22.00
23.00 Paramed. Ed. Prgm.-(specify)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	3,771,972	394,652	308,605	573,674	5,048,903	30.00
31.00 Intensive Care Unit	1,551,664	60,291	47,146	230,616	1,889,717	31.00
32.00 Coronary Care Unit	0	0	0	0	0	32.00
33.00 Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00 Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	854,982	82,382	64,420	124,169	1,125,953	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 Nursery	268,993	15,716	12,290	40,007	337,006	43.00
44.00 SKILLED NURSING FACILITY	1,631,935	163,448	127,811	253,312	2,176,506	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANGI L LARY SERVICE COST CENTERS						
50.00 Operating Room	3,127,824	214,329	167,599	313,262	3,823,014	50.00
51.00 Recovery Room	0	0	0	0	0	51.00
52.00 Labor Room & Delivery Room	251,775	0	0	37,707	289,482	52.00
53.00 Anesthesiology	1,695,742	4,812	3,763	257,804	1,962,121	53.00
54.00 Radiology - Diagnostic	2,409,514	150,756	117,886	204,285	2,882,441	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
55.00 Radiology - Therapeutic	0	0	0	0	0	55.00
56.00 Radiol isotope	0	0	0	0	0	56.00
57.00 CT Scan	0	0	0	0	0	57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00 Cardiac Catheterization	0	0	0	0	0	59.00
60.00 Laboratory	2,729,822	100,560	78,635	174,882	3,083,899	60.00
60.01 Blood Laboratory	0	0	0	0	0	60.01
61.00 PBP Clinical Lab. Service-Prgm. Only	0	0	0	0	0	61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00 Intravenous Therapy	0	0	0	0	0	64.00
65.00 Respiratory Therapy	556,773	117,749	92,076	65,739	832,337	65.00
66.00 Physical Therapy	881,880	16,796	13,134	0	911,810	66.00
67.00 Occupational Therapy	0	0	0	0	0	67.00
68.00 Speech Pathology	0	0	0	0	0	68.00
69.00 Electrocardiology	803,073	10,320	8,070	83,845	905,308	69.00
70.00 Electroencephalography	0	0	0	0	0	70.00
71.00 Medical Supplies Charged to Patients	1,326,450	0	0	0	1,326,450	71.00
72.00 Implantable Devices Chrgd to Patient	1,659,595	0	0	0	1,659,595	72.00
73.00 Drugs Charged to Patients	2,500,028	0	0	0	2,500,028	73.00
74.00 RENAL DIALYSIS	131,824	14,986	11,718	0	158,528	74.00
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	12,314	12,314	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03 WOUND CARE	550,083	63,225	49,440	21,361	684,109	76.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B
Part I
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		Employee Benefits	Subtotal	
		Bldg & Fixt	Mvble Equip			
	0	1.00	2.00	4.00	4A	
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 Clinic	0	0	0	0	0	90.00
91.00 Emergency	1,645,029	79,942	62,512	207,496	1,994,979	91.00
92.00 Observation Beds (Non-Distinct Part)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 Home Program Dialysis	0	0	0	0	0	94.00
95.00 Ambulance Services	0	0	0	0	0	95.00
96.00 Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00 Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00 Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 Kidney Acquisition	0	0	0	0	0	105.00
106.00 Heart Acquisition	0	0	0	0	0	106.00
107.00 Liver Acquisition	0	0	0	0	0	107.00
108.00 Lung Acquisition	0	0	0	0	0	108.00
109.00 Pancreas Acquisition	0	0	0	0	0	109.00
110.00 Intestinal Acquisition	0	0	0	0	0	110.00
111.00 Islet Acquisition	0	0	0	0	0	111.00
113.00 Interest Expense	0	0	0	0	0	113.00
114.00 Utilization Review-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (sum of lines 1-117)	51,315,833	3,631,786	2,839,943	3,536,670	51,161,655	118.00
NONREIMBURSABLE COST CENTERS						
190.00 Gift, Flower, Coffee Shop, & Canteen	0	32,883	25,713	0	58,596	190.00
191.00 Research	0	0	0	0	0	191.00
192.00 Physicians' Private Offices	0	10,444	8,167	0	18,611	192.00
193.00 Nonpaid Workers	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 MARKETING	209,645	0	0	14,389	224,034	194.01
194.02 SENIOR CIRCLE	64,303	31,556	24,676	6,350	126,885	194.02
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	51,589,781	3,706,669	2,898,499	3,557,409	51,589,781	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B
Part I
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description		Administrative & General	Maintenance & Repairs	Operation of Plant	Laundry & Linen Service	Housekeeping	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt						1.00
2.00	Cap Rel Costs-MVble Equip						2.00
4.00	Employee Benefits						4.00
5.00	Administrative & General	6,662,240					5.00
6.00	Maintenance & Repairs	0	0				6.00
7.00	Operation of Plant	565,313	0	4,377,554			7.00
8.00	Laundry & Linen Service	47,269	0	55,766	421,800		8.00
9.00	Housekeeping	139,569	0	80,120	0	1,160,885	9.00
10.00	Dietary	130,894	0	203,781	0	55,772	10.00
11.00	Cafeteria	87,756	0	99,285	0	27,173	11.00
13.00	Nursing Administration	258,964	0	110,703	0	30,292	13.00
14.00	Central Services & Supply	95,104	0	226,761	0	62,062	14.00
15.00	Pharmacy	131,528	0	80,380	0	21,999	15.00
16.00	Medical Records & Library	159,200	0	223,207	0	61,089	16.00
17.00	Social Service	0	0	0	0	0	17.00
18.00	Other General Service (specify)	0	0	0	0	0	18.00
19.00	Nonphysician Anesthetists	0	0	0	0	0	19.00
20.00	Nursing School	0	0	0	0	0	20.00
21.00	I&R Services-Salary & Fringes Apprvd	0	0	0	0	0	21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	22.00
23.00	Paramed. Ed. Prgm.-(specify)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	748,677	0	831,637	167,115	227,607	30.00
31.00	Intensive Care Unit	280,224	0	127,049	33,224	34,772	31.00
32.00	Coronary Care Unit	0	0	0	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	166,966	0	173,600	21,909	47,512	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	Nursery	49,974	0	33,119	0	9,064	43.00
44.00	SKILLED NURSING FACILITY	322,752	0	344,429	48,244	94,266	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	566,911	0	451,650	60,418	123,611	50.00
51.00	Recovery Room	0	0	0	0	0	51.00
52.00	Labor Room & Delivery Room	42,927	0	0	0	0	52.00
53.00	Anesthesiology	290,961	0	10,139	102	2,775	53.00
54.00	Radiology - Diagnostic	427,434	0	317,683	21,863	86,946	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radiology - Isotope	0	0	0	0	0	56.00
57.00	CT Scan	0	0	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	Cardiac Catheterization	0	0	0	0	0	59.00
60.00	Laboratory	457,308	0	211,907	2,310	57,996	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	0	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	123,426	0	248,129	615	67,910	65.00
66.00	Physical Therapy	135,211	0	35,393	0	9,687	66.00
67.00	Occupational Therapy	0	0	0	0	0	67.00
68.00	Speech Pathology	0	0	0	0	0	68.00
69.00	Electrocardiology	134,247	0	21,747	5,812	5,952	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	196,698	0	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	246,100	0	0	0	0	72.00
73.00	Drugs Charged to Patients	370,727	0	0	0	0	73.00
74.00	RENAL DIALYSIS	23,508	0	31,579	24,592	8,643	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
76.00		0	0	0	0	0	76.00
76.01	SLEEP LAB	1,826	0	0	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	WOUND CARE	101,446	0	133,232	4,593	36,464	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
91.00	Emergency	295,833	0	168,459	29,173	46,105	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description		Administrative & General	Maintenance & Repairs	Operation of Plant	Laundry & Linen Service	Housekeeping	
		5.00	6.00	7.00	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	Kidney Acquisition	0	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	6,598,753	0	4,219,755	419,970	1,117,697	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	8,689	0	69,293	0	18,965	190.00
191.00	Research	0	0	0	0	0	191.00
192.00	Physicians' Private Offices	2,760	0	22,008	712	6,023	192.00
193.00	Nonpaid Workers	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	MARKETING	33,222	0	0	0	0	194.01
194.02	SENIOR CIRCLE	18,816	0	66,498	1,118	18,200	194.02
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)	6,662,240	0	4,377,554	421,800	1,160,885	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140040		Period: From 05/01/2010 To 04/30/2011		Worksheet B Part I Date/Time Prepared: 11/17/2011 12:44 pm	
Cost Center Description		Dietary	Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt						1.00
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.00	Administrative & General						5.00
6.00	Maintenance & Repairs						6.00
7.00	Operation of Plant						7.00
8.00	Laundry & Linen Service						8.00
9.00	Housekeeping						9.00
10.00	Dietary	1,273,139					10.00
11.00	Cafeteria	654,039	1,460,041				11.00
13.00	Nursing Administration	0	98,289	2,244,594			13.00
14.00	Central Services & Supply	0	18,323	0	1,043,591		14.00
15.00	Pharmacy	0	45,452	0	3,809	1,170,138	15.00
16.00	Medical Records & Library	0	48,434	0	2,645	0	16.00
17.00	Social Service	0	0	0	0	0	17.00
18.00	Other General Service (specify)	0	0	0	0	0	18.00
19.00	Nonphysician Anesthetists	0	0	0	0	0	19.00
20.00	Nursing School	0	0	0	0	0	20.00
21.00	I&R Services-Salary & Fringes Apprvd	0	0	0	0	0	21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	22.00
23.00	Paramed. Ed. Prgm. -(specify)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	215,026	290,938	579,689	44,841	0	30.00
31.00	Intensive Care Unit	22,400	107,427	233,034	25,363	0	31.00
32.00	Coronary Care Unit	0	0	0	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	49,275	68,935	125,470	5,760	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	Nursery	0	16,571	40,426	178	0	43.00
44.00	SKILLED NURSING FACILITY	129,911	151,884	255,968	22,003	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	0	149,280	316,547	182,386	0	50.00
51.00	Recovery Room	0	0	0	0	0	51.00
52.00	Labor Room & Delivery Room	0	15,387	38,102	17,784	0	52.00
53.00	Anesthesiology	0	39,107	260,507	18,767	0	53.00
54.00	Radiology - Diagnostic	0	101,367	0	25,316	0	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radiosotope	0	0	0	0	0	56.00
57.00	CT Scan	0	0	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	Cardiac Catheterization	0	0	0	0	0	59.00
60.00	Laboratory	0	124,329	0	72,640	0	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	0	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	0	43,132	66,428	14,126	0	65.00
66.00	Physical Therapy	0	0	0	1,249	0	66.00
67.00	Occupational Therapy	0	0	0	0	0	67.00
68.00	Speech Pathology	0	0	0	0	0	68.00
69.00	Electrocardiology	0	37,498	84,724	2,808	0	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	231,314	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	351,488	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	1,170,138	73.00
74.00	RENAL DIALYSIS	0	95	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
76.00		0	0	0	0	0	76.00
76.01	SLEEP LAB	0	5,303	12,443	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	WOUND CARE	0	9,280	21,585	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
91.00	Emergency	31,361	79,540	209,671	20,935	0	91.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description	Dietary	Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy	
	10.00	11.00	13.00	14.00	15.00	
92.00 Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 Home Program Dialysis	0	0	0	0	0	94.00
95.00 Ambulance Services	0	0	0	0	0	95.00
96.00 Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00 Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00 Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 Kidney Acquisition	0	0	0	0	0	105.00
106.00 Heart Acquisition	0	0	0	0	0	106.00
107.00 Liver Acquisition	0	0	0	0	0	107.00
108.00 Lung Acquisition	0	0	0	0	0	108.00
109.00 Pancreas Acquisition	0	0	0	0	0	109.00
110.00 Intestinal Acquisition	0	0	0	0	0	110.00
111.00 Islet Acquisition	0	0	0	0	0	111.00
113.00 Interest Expense	0	0	0	0	0	113.00
114.00 Utilization Review-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (sum of lines 1-117)	1,102,012	1,450,571	2,244,594	1,043,412	1,170,138	118.00
NONREIMBURSABLE COST CENTERS						
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
191.00 Research	0	0	0	0	0	191.00
192.00 Physicians' Private Offices	171,127	0	0	0	0	192.00
193.00 Nonpaid Workers	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 MARKETING	0	4,735	0	0	0	194.01
194.02 SENIOR CIRCLE	0	4,735	0	179	0	194.02
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)	1,273,139	1,460,041	2,244,594	1,043,591	1,170,138	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B
Part I
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	Medical Records & Library	Social Service	OTHER GENERAL SERVICE	Nonphysician Anesthetists	Nursing School	
			(specify)			
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt						1.00
2.00 Cap Rel Costs-Mvble Equip						2.00
4.00 Employee Benefits						4.00
5.00 Administrative & General						5.00
6.00 Maintenance & Repairs						6.00
7.00 Operation of Plant						7.00
8.00 Laundry & Linen Service						8.00
9.00 Housekeeping						9.00
10.00 Dietary						10.00
11.00 Cafeteria						11.00
13.00 Nursing Administration						13.00
14.00 Central Services & Supply						14.00
15.00 Pharmacy						15.00
16.00 Medical Records & Library	1,568,151					16.00
17.00 Social Service	0	0				17.00
18.00 Other General Service (specify)	0	0	0			18.00
19.00 Nonphysician Anesthetists	0	0	0	0		19.00
20.00 Nursing School	0	0	0	0	0	20.00
21.00 I&R Services-Salary & Fringes Apprvd	0	0	0	0	0	21.00
22.00 I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	22.00
23.00 Paramed. Ed. Prgm.-(specify)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	112,548	0	0	0	0	30.00
31.00 Intensive Care Unit	45,521	0	0	0	0	31.00
32.00 Coronary Care Unit	0	0	0	0	0	32.00
33.00 Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00 Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	32,311	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 Nursery	6,126	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	20,990	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	325,734	0	0	0	0	50.00
51.00 Recovery Room	0	0	0	0	0	51.00
52.00 Labor Room & Delivery Room	5,774	0	0	0	0	52.00
53.00 Anesthesiology	123,007	0	0	0	0	53.00
54.00 Radiology - Diagnostic	227,872	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
55.00 Radiology - Therapeutic	0	0	0	0	0	55.00
56.00 Radiosotope	0	0	0	0	0	56.00
57.00 CT Scan	0	0	0	0	0	57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00 Cardiac Catheterization	0	0	0	0	0	59.00
60.00 Laboratory	244,913	0	0	0	0	60.00
60.01 Blood Laboratory	0	0	0	0	0	60.01
61.00 PBP Clinical Lab. Service-Prgm. Only						61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00 Intravenous Therapy	0	0	0	0	0	64.00
65.00 Respiratory Therapy	29,780	0	0	0	0	65.00
66.00 Physical Therapy	21,680	0	0	0	0	66.00
67.00 Occupational Therapy	0	0	0	0	0	67.00
68.00 Speech Pathology	0	0	0	0	0	68.00
69.00 Electrocardiology	40,960	0	0	0	0	69.00
70.00 Electroencephalography	0	0	0	0	0	70.00
71.00 Medical Supplies Charged to Patients	45,641	0	0	0	0	71.00
72.00 Implantable Devices Chrgd to Patient	60,956	0	0	0	0	72.00
73.00 Drugs Charged to Patients	120,202	0	0	0	0	73.00
74.00 RENAL DIALYSIS	1,835	0	0	0	0	74.00
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B
Part I
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	Medical Records & Library	Social Service	OTHER GENERAL SERVICE	Nonphysician Anesthetists	Nursing School	
			(specify)			
	16.00	17.00	18.00	19.00	20.00	
90.00 Clinic	0	0	0	0	0	90.00
91.00 Emergency	102,301	0	0	0	0	91.00
92.00 Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 Home Program Dialysis	0	0	0	0	0	94.00
95.00 Ambulance Services	0	0	0	0	0	95.00
96.00 Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00 Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00 Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 Kidney Acquisition	0	0	0	0	0	105.00
106.00 Heart Acquisition	0	0	0	0	0	106.00
107.00 Liver Acquisition	0	0	0	0	0	107.00
108.00 Lung Acquisition	0	0	0	0	0	108.00
109.00 Pancreas Acquisition	0	0	0	0	0	109.00
110.00 Intestinal Acquisition	0	0	0	0	0	110.00
111.00 Islet Acquisition	0	0	0	0	0	111.00
113.00 Interest Expense	0	0	0	0	0	113.00
114.00 Utilization Review-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (sum of lines 1-117)	1,568,151	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
191.00 Research	0	0	0	0	0	191.00
192.00 Physicians' Private Offices	0	0	0	0	0	192.00
193.00 Nonpaid Workers	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 MARKETING	0	0	0	0	0	194.01
194.02 SENIOR CIRCLE	0	0	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,568,151	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B
Part I
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	INTERNS & RESIDENTS		Paramed. Ed. Prgm.	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	Services-Salary & Fringes	Services-Other Prgm Costs				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt						1.00
2.00 Cap Rel Costs-MVble Equip						2.00
4.00 Employee Benefits						4.00
5.00 Administrative & General						5.00
6.00 Maintenance & Repairs						6.00
7.00 Operation of Plant						7.00
8.00 Laundry & Linen Service						8.00
9.00 Housekeeping						9.00
10.00 Dietary						10.00
11.00 Cafeteria						11.00
13.00 Nursing Administration						13.00
14.00 Central Services & Supply						14.00
15.00 Pharmacy						15.00
16.00 Medical Records & Library						16.00
17.00 Social Service						17.00
18.00 Other General Service (specify)						18.00
19.00 Nonphysician Anesthetists						19.00
20.00 Nursing School						20.00
21.00 I&R Services-Salary & Fringes Apprvd	0					21.00
22.00 I&R Services-Other Prgm Costs Apprvd	0	0				22.00
23.00 Paramed. Ed. Prgm.-(specify)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	0	0	0	8,266,981	0	30.00
31.00 Intensive Care Unit	0	0	0	2,798,731	0	31.00
32.00 Coronary Care Unit	0	0	0	0	0	32.00
33.00 Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00 Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	1,817,691	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 Nursery	0	0	0	492,464	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	3,566,953	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANGI L LARY SERVICE COST CENTERS						
50.00 Operating Room	0	0	0	5,999,551	0	50.00
51.00 Recovery Room	0	0	0	0	0	51.00
52.00 Labor Room & Delivery Room	0	0	0	409,456	0	52.00
53.00 Anesthesiology	0	0	0	2,707,486	0	53.00
54.00 Radiology - Diagnostic	0	0	0	4,090,922	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
55.00 Radiology - Therapeutic	0	0	0	0	0	55.00
56.00 Radiol isotope	0	0	0	0	0	56.00
57.00 CT Scan	0	0	0	0	0	57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00 Cardiac Catheterization	0	0	0	0	0	59.00
60.00 Laboratory	0	0	0	4,255,302	0	60.00
60.01 Blood Laboratory	0	0	0	0	0	60.01
61.00 PBP Clinical Lab. Service-Prgm. Only	0	0	0	0	0	61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00 Intravenous Therapy	0	0	0	0	0	64.00
65.00 Respiratory Therapy	0	0	0	1,425,883	0	65.00
66.00 Physical Therapy	0	0	0	1,115,030	0	66.00
67.00 Occupational Therapy	0	0	0	0	0	67.00
68.00 Speech Pathology	0	0	0	0	0	68.00
69.00 Electrocardiology	0	0	0	1,239,056	0	69.00
70.00 Electroencephalography	0	0	0	0	0	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	1,800,103	0	71.00
72.00 Implantable Devices Chrgd to Patient	0	0	0	2,318,139	0	72.00
73.00 Drugs Charged to Patients	0	0	0	4,161,095	0	73.00
74.00 RENAL DIALYSIS	0	0	0	248,780	0	74.00
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	31,886	0	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	990,709	0	76.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B
Part I
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	INTERNS & RESIDENTS		Paramed. Ed. Prgm.	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	Services-Salary & Fringes	Services-Other Prgm Costs				
	21.00	22.00				
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 Clinic	0	0	0	0	0	90.00
91.00 Emergency	0	0	0	2,978,357	0	91.00
92.00 Observation Beds (Non-Distinct Part)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 Home Program Dialysis	0	0	0	0	0	94.00
95.00 Ambulance Services	0	0	0	0	0	95.00
96.00 Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00 Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00 Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 Kidney Acquisition	0	0	0	0	0	105.00
106.00 Heart Acquisition	0	0	0	0	0	106.00
107.00 Liver Acquisition	0	0	0	0	0	107.00
108.00 Lung Acquisition	0	0	0	0	0	108.00
109.00 Pancreas Acquisition	0	0	0	0	0	109.00
110.00 Intestinal Acquisition	0	0	0	0	0	110.00
111.00 Islet Acquisition	0	0	0	0	0	111.00
113.00 Interest Expense	0	0	0	0	0	113.00
114.00 Utilization Review-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (sum of lines 1-117)	0	0	0	50,714,575	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	155,543	0	190.00
191.00 Research	0	0	0	0	0	191.00
192.00 Physicians' Private Offices	0	0	0	221,241	0	192.00
193.00 Nonpaid Workers	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 MARKETING	0	0	0	261,991	0	194.01
194.02 SENIOR CIRCLE	0	0	0	236,431	0	194.02
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	51,589,781	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description	Total		
GENERAL SERVICE COST CENTERS			
	26.00		
1.00 Cap Rel Costs-Bldg & Fixt			1.00
2.00 Cap Rel Costs-Mvble Equip			2.00
4.00 Employee Benefits			4.00
5.00 Administrative & General			5.00
6.00 Maintenance & Repairs			6.00
7.00 Operation of Plant			7.00
8.00 Laundry & Linen Service			8.00
9.00 Housekeeping			9.00
10.00 Dietary			10.00
11.00 Cafeteria			11.00
13.00 Nursing Administration			13.00
14.00 Central Services & Supply			14.00
15.00 Pharmacy			15.00
16.00 Medical Records & Library			16.00
17.00 Social Service			17.00
18.00 Other General Service (specify)			18.00
19.00 Nonphysician Anesthetists			19.00
20.00 Nursing School			20.00
21.00 I&R Services-Salary & Fringes Apprvd			21.00
22.00 I&R Services-Other Prgrm Costs Apprvd			22.00
23.00 Paramed. Ed. Prgm. -(specify)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 Adults & Pediatrics	8,266,981		30.00
31.00 Intensive Care Unit	2,798,731		31.00
32.00 Coronary Care Unit	0		32.00
33.00 Burn Intensive Care Unit	0		33.00
34.00 Surgical Intensive Care Unit	0		34.00
40.00 SUBPROVIDER - IPF	1,817,691		40.00
41.00 SUBPROVIDER - IRF	0		41.00
42.00 SUBPROVIDER	0		42.00
43.00 Nursery	492,464		43.00
44.00 SKILLED NURSING FACILITY	3,566,953		44.00
45.00 NURSING FACILITY	0		45.00
46.00 OTHER LONG TERM CARE	0		46.00
ANCILLARY SERVICE COST CENTERS			
50.00 Operating Room	5,999,551		50.00
51.00 Recovery Room	0		51.00
52.00 Labor Room & Delivery Room	409,456		52.00
53.00 Anesthesiology	2,707,486		53.00
54.00 Radiology - Diagnostic	4,090,922		54.00
54.01 ULTRASOUND	0		54.01
55.00 Radiology - Therapeutic	0		55.00
56.00 Radiosotope	0		56.00
57.00 CT Scan	0		57.00
58.00 Magnetic Resonance Imaging (MRI)	0		58.00
59.00 Cardiac Catheterization	0		59.00
60.00 Laboratory	4,255,302		60.00
60.01 Blood Laboratory	0		60.01
61.00 PBP Clinical Lab. Service-Prgm. Only	0		61.00
62.00 Whole Blood & Packed Red Blood Cells	0		62.00
63.00 Blood Storing, Processing, & Trans.	0		63.00
64.00 Intravenous Therapy	0		64.00
65.00 Respiratory Therapy	1,425,883		65.00
66.00 Physical Therapy	1,115,030		66.00
67.00 Occupational Therapy	0		67.00
68.00 Speech Pathology	0		68.00
69.00 Electrocardiology	1,239,056		69.00
70.00 Electroencephalography	0		70.00
71.00 Medical Supplies Charged to Patients	1,800,103		71.00
72.00 Implantable Devices Chrgd to Patient	2,318,139		72.00
73.00 Drugs Charged to Patients	4,161,095		73.00
74.00 RENAL DIALYSIS	248,780		74.00
75.00 ASC (Non-Distinct Part)	0		75.00
76.00	0		76.00
76.01 SLEEP LAB	31,886		76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		76.02
76.03 WOUND CARE	990,709		76.03
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00 Clinic	0		90.00
91.00 Emergency	2,978,357		91.00
92.00 Observation Beds (Non-Distinct Part)	0		92.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part I Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description		Total	
		26.00	
OTHER REIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis	0	94.00
95.00	Ambulance Services	0	95.00
96.00	Durable Medical Equip. - Rented	0	96.00
97.00	Durable Medical Equip. - Sold	0	97.00
98.00	Other Reimbursable (specify)	0	98.00
99.00	CMHC	0	99.00
99.10	CORF	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	100.00
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	Kidney Acquisition	0	105.00
106.00	Heart Acquisition	0	106.00
107.00	Liver Acquisition	0	107.00
108.00	Lung Acquisition	0	108.00
109.00	Pancreas Acquisition	0	109.00
110.00	Intestinal Acquisition	0	110.00
111.00	Islet Acquisition	0	111.00
113.00	Interest Expense	0	113.00
114.00	Utilization Review-SNF	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	HOSPICE	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	50,714,575	118.00
NONREIMBURSABLE COST CENTERS			
190.00	Gift, Flower, Coffee Shop, & Canteen	155,543	190.00
191.00	Research	0	191.00
192.00	Physicians' Private Offices	221,241	192.00
193.00	Nonpaid Workers	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	MARKETING	261,991	194.01
194.02	SENIOR CIRCLE	236,431	194.02
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	51,589,781	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B
Part II
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	Employee Benefits	
		Bldg & Fixt	Mvble Equip			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Cap Rel Costs-Bldg & Fixt					1.00
2.00	Cap Rel Costs-Mvble Equip					2.00
4.00	Employee Benefits	0	12,501	9,776	22,277	22,277
5.00	Administrative & General	0	466,871	365,078	831,949	2,122
6.00	Maintenance & Repairs	0	0	0	0	0
7.00	Operation of Plant	0	1,149,937	899,213	2,049,150	466
8.00	Laundry & Linen Service	0	26,464	20,694	47,158	0
9.00	Housekeeping	0	38,021	29,731	67,752	623
10.00	Dietary	0	96,704	75,620	172,324	0
11.00	Cafeteria	0	47,115	36,843	83,958	0
13.00	Nursing Administration	0	52,534	41,080	93,614	1,454
14.00	Central Services & Supply	0	107,609	84,147	191,756	114
15.00	Pharmacy	0	38,144	29,828	67,972	718
16.00	Medical Records & Library	0	105,922	82,828	188,750	367
17.00	Social Service	0	0	0	0	0
18.00	Other General Service (specify)	0	0	0	0	0
19.00	Nonphysician Anesthetists	0	0	0	0	0
20.00	Nursing School	0	0	0	0	0
21.00	I&R Services-Salary & Fringes Apprvd	0	0	0	0	0
22.00	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0
23.00	Paramed. Ed. Prgm. -(specify)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	0	394,652	308,605	703,257	3,588
31.00	Intensive Care Unit	0	60,291	47,146	107,437	1,444
32.00	Coronary Care Unit	0	0	0	0	0
33.00	Burn Intensive Care Unit	0	0	0	0	0
34.00	Surgical Intensive Care Unit	0	0	0	0	0
40.00	SUBPROVIDER - IPF	0	82,382	64,420	146,802	778
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	Nursery	0	15,716	12,290	28,006	251
44.00	SKILLED NURSING FACILITY	0	163,448	127,811	291,259	1,587
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0	214,329	167,599	381,928	1,962
51.00	Recovery Room	0	0	0	0	0
52.00	Labor Room & Delivery Room	0	0	0	0	236
53.00	Anesthesiology	0	4,812	3,763	8,575	1,615
54.00	Radiology - Diagnostic	0	150,756	117,886	268,642	1,279
54.01	ULTRASOUND	0	0	0	0	0
55.00	Radiology - Therapeutic	0	0	0	0	0
56.00	Radiosotope	0	0	0	0	0
57.00	CT Scan	0	0	0	0	0
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0
59.00	Cardiac Catheterization	0	0	0	0	0
60.00	Laboratory	0	100,560	78,635	179,195	1,095
60.01	Blood Laboratory	0	0	0	0	0
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	0	0	0
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0
64.00	Intravenous Therapy	0	0	0	0	0
65.00	Respiratory Therapy	0	117,749	92,076	209,825	412
66.00	Physical Therapy	0	16,796	13,134	29,930	0
67.00	Occupational Therapy	0	0	0	0	0
68.00	Speech Pathology	0	0	0	0	0
69.00	Electrocardiology	0	10,320	8,070	18,390	525
70.00	Electroencephalography	0	0	0	0	0
71.00	Medical Supplies Charged to Patients	0	0	0	0	0
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0
73.00	Drugs Charged to Patients	0	0	0	0	0
74.00	RENAL DIALYSIS	0	14,986	11,718	26,704	0
75.00	ASC (Non-Distinct Part)	0	0	0	0	0
76.00		0	0	0	0	0
76.01	SLEEP LAB	0	0	0	0	77
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0
76.03	WOUND CARE	0	63,225	49,440	112,665	134
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B
Part II
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	Employee Benefits	
		Bldg & Fixt	Mvble Equip			
		1.00	2.00			
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	90.00
91.00	Emergency	0	79,942	62,512	142,454	91.00
92.00	Observation Beds (Non-Distinct Part)	0			0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	99.00
99.10	CORF	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	0	3,631,786	2,839,943	6,471,729	118.00
NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	0	32,883	25,713	58,596	190.00
191.00	Research	0	0	0	0	191.00
192.00	Physicians' Private Offices	0	10,444	8,167	18,611	192.00
193.00	Nonpaid Workers	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	MARKETING	0	0	0	0	90 194.01
194.02	SENIOR CIRCLE	0	31,556	24,676	56,232	40 194.02
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	3,706,669	2,898,499	6,605,168	22,277 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140040		Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/17/2011 12:44 pm	
Cost Center Description		Administrative & General	Maintenance & Repairs	Operation of Plant	Laundry & Linen Service	Housekeeping	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt						1.00
2.00	Cap Rel Costs-MVble Equip						2.00
4.00	Employee Benefits						4.00
5.00	Administrative & General	834,071					5.00
6.00	Maintenance & Repairs	0	0				6.00
7.00	Operation of Plant	70,774	0	2,120,390			7.00
8.00	Laundry & Linen Service	5,918	0	27,012	80,088		8.00
9.00	Housekeeping	17,473	0	38,808	0	124,656	9.00
10.00	Dietary	16,387	0	98,707	0	5,989	10.00
11.00	Cafeteria	10,987	0	48,091	0	2,918	11.00
13.00	Nursing Administration	32,421	0	53,622	0	3,253	13.00
14.00	Central Services & Supply	11,906	0	109,838	0	6,664	14.00
15.00	Pharmacy	16,467	0	38,934	0	2,362	15.00
16.00	Medical Records & Library	19,931	0	108,117	0	6,560	16.00
17.00	Social Service	0	0	0	0	0	17.00
18.00	Other General Service (specify)	0	0	0	0	0	18.00
19.00	Nonphysician Anesthetists	0	0	0	0	0	19.00
20.00	Nursing School	0	0	0	0	0	20.00
21.00	I&R Services-Salary & Fringes Apprvd	0	0	0	0	0	21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	22.00
23.00	Paramed. Ed. Prgm.-(specify)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	93,722	0	402,827	31,732	24,441	30.00
31.00	Intensive Care Unit	35,083	0	61,540	6,308	3,734	31.00
32.00	Coronary Care Unit	0	0	0	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	20,903	0	84,088	4,160	5,102	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	Nursery	6,257	0	16,042	0	973	43.00
44.00	SKILLED NURSING FACILITY	40,407	0	166,834	9,160	10,122	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	70,974	0	218,769	11,472	13,273	50.00
51.00	Recovery Room	0	0	0	0	0	51.00
52.00	Labor Room & Delivery Room	5,374	0	0	0	0	52.00
53.00	Anesthesiology	36,427	0	4,911	19	298	53.00
54.00	Radiology - Diagnostic	53,513	0	153,878	4,151	9,336	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radiology - Isotope	0	0	0	0	0	56.00
57.00	CT Scan	0	0	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	Cardiac Catheterization	0	0	0	0	0	59.00
60.00	Laboratory	57,253	0	102,643	439	6,228	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	0	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	15,452	0	120,188	117	7,292	65.00
66.00	Physical Therapy	16,928	0	17,144	0	1,040	66.00
67.00	Occupational Therapy	0	0	0	0	0	67.00
68.00	Speech Pathology	0	0	0	0	0	68.00
69.00	Electrocardiology	16,807	0	10,534	1,103	639	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	24,626	0	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	30,810	0	0	0	0	72.00
73.00	Drugs Charged to Patients	46,413	0	0	0	0	73.00
74.00	RENAL DIALYSIS	2,943	0	15,296	4,669	928	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
76.00		0	0	0	0	0	76.00
76.01	SLEEP LAB	229	0	0	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	WOUND CARE	12,700	0	64,535	872	3,916	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
91.00	Emergency	37,037	0	81,598	5,539	4,951	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description		Administrative & General	Maintenance & Repairs	Operation of Plant	Laundry & Linen Service	Housekeeping	
		5.00	6.00	7.00	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	Kidney Acquisition	0	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	826,122	0	2,043,956	79,741	120,019	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	1,088	0	33,564	0	2,036	190.00
191.00	Research	0	0	0	0	0	191.00
192.00	Physicians' Private Offices	346	0	10,660	135	647	192.00
193.00	Nonpaid Workers	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	MARKETING	4,159	0	0	0	0	194.01
194.02	SENIOR CIRCLE	2,356	0	32,210	212	1,954	194.02
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)	834,071	0	2,120,390	80,088	124,656	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140040		Period: From 05/01/2010 To 04/30/2011		Worksheet B Part II Date/Time Prepared: 11/17/2011 12:44 pm	
Cost Center Description	Dietary	Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy		
	10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS							
1.00	Cap Rel Costs-Bldg & Fixt						1.00
2.00	Cap Rel Costs-Mvble Equip						2.00
4.00	Employee Benefits						4.00
5.00	Administrative & General						5.00
6.00	Maintenance & Repairs						6.00
7.00	Operation of Plant						7.00
8.00	Laundry & Linen Service						8.00
9.00	Housekeeping						9.00
10.00	Dietary	293,407					10.00
11.00	Cafeteria	150,730	296,684				11.00
13.00	Nursing Administration	0	19,973	204,337			13.00
14.00	Central Services & Supply	0	3,723	0	324,001		14.00
15.00	Pharmacy	0	9,236	0	1,183	136,872	15.00
16.00	Medical Records & Library	0	9,842	0	821	0	16.00
17.00	Social Service	0	0	0	0	0	17.00
18.00	Other General Service (specify)	0	0	0	0	0	18.00
19.00	Nonphysician Anesthetists	0	0	0	0	0	19.00
20.00	Nursing School	0	0	0	0	0	20.00
21.00	I&R Services-Salary & Fringes Apprvd	0	0	0	0	0	21.00
22.00	I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	22.00
23.00	Paramed. Ed. Prgm. -(specify)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	49,555	59,119	52,774	13,921	0	30.00
31.00	Intensive Care Unit	5,162	21,829	21,214	7,874	0	31.00
32.00	Coronary Care Unit	0	0	0	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	11,356	14,008	11,422	1,788	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	Nursery	0	3,367	3,680	55	0	43.00
44.00	SKILLED NURSING FACILITY	29,939	30,863	23,302	6,831	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	0	30,334	28,816	56,625	0	50.00
51.00	Recovery Room	0	0	0	0	0	51.00
52.00	Labor Room & Delivery Room	0	3,127	3,469	5,521	0	52.00
53.00	Anesthesiology	0	7,947	23,715	5,826	0	53.00
54.00	Radiology - Diagnostic	0	20,598	0	7,860	0	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
55.00	Radiology - Therapeutic	0	0	0	0	0	55.00
56.00	Radiosotope	0	0	0	0	0	56.00
57.00	CT Scan	0	0	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00	Cardiac Catheterization	0	0	0	0	0	59.00
60.00	Laboratory	0	25,264	0	22,552	0	60.00
60.01	Blood Laboratory	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	0	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	64.00
65.00	Respiratory Therapy	0	8,764	6,047	4,386	0	65.00
66.00	Physical Therapy	0	0	0	388	0	66.00
67.00	Occupational Therapy	0	0	0	0	0	67.00
68.00	Speech Pathology	0	0	0	0	0	68.00
69.00	Electrocardiology	0	7,620	7,713	872	0	69.00
70.00	Electroencephalography	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	71,815	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	109,128	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	136,872	73.00
74.00	RENAL DIALYSIS	0	19	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	75.00
76.00		0	0	0	0	0	76.00
76.01	SLEEP LAB	0	1,078	1,133	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03	WOUND CARE	0	1,886	1,965	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
91.00	Emergency	7,227	16,163	19,087	6,500	0	91.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description	Dietary	Cafeteria	Nursing Administration	Central Services & Supply	Pharmacy	
	10.00	11.00	13.00	14.00	15.00	
92.00 Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 Home Program Dialysis	0	0	0	0	0	94.00
95.00 Ambulance Services	0	0	0	0	0	95.00
96.00 Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00 Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00 Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 Kidney Acquisition	0	0	0	0	0	105.00
106.00 Heart Acquisition	0	0	0	0	0	106.00
107.00 Liver Acquisition	0	0	0	0	0	107.00
108.00 Lung Acquisition	0	0	0	0	0	108.00
109.00 Pancreas Acquisition	0	0	0	0	0	109.00
110.00 Intestinal Acquisition	0	0	0	0	0	110.00
111.00 Islet Acquisition	0	0	0	0	0	111.00
113.00 Interest Expense	0	0	0	0	0	113.00
114.00 Utilization Review-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (sum of lines 1-117)	253,969	294,760	204,337	323,946	136,872	118.00
NONREIMBURSABLE COST CENTERS						
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
191.00 Research	0	0	0	0	0	191.00
192.00 Physicians' Private Offices	39,438	0	0	0	0	192.00
193.00 Nonpaid Workers	0	0	0	0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 MARKETING	0	962	0	0	0	194.01
194.02 SENIOR CIRCLE	0	962	0	55	0	194.02
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)	293,407	296,684	204,337	324,001	136,872	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B
Part II
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	Medical Records & Library	Social Service	OTHER GENERAL SERVICE	Nonphysician Anesthetists	Nursing School	
			(specify)			
	16.00	17.00	18.00	19.00	20.00	
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt						1.00
2.00 Cap Rel Costs-Mvble Equip						2.00
4.00 Employee Benefits						4.00
5.00 Administrative & General						5.00
6.00 Maintenance & Repairs						6.00
7.00 Operation of Plant						7.00
8.00 Laundry & Linen Service						8.00
9.00 Housekeeping						9.00
10.00 Dietary						10.00
11.00 Cafeteria						11.00
13.00 Nursing Administration						13.00
14.00 Central Services & Supply						14.00
15.00 Pharmacy						15.00
16.00 Medical Records & Library	334,388					16.00
17.00 Social Service	0	0				17.00
18.00 Other General Service (specify)	0	0	0			18.00
19.00 Nonphysician Anesthetists	0	0	0	0		19.00
20.00 Nursing School	0	0	0	0	0	20.00
21.00 I&R Services-Salary & Fringes Apprvd	0	0	0			21.00
22.00 I&R Services-Other Prgrm Costs Apprvd	0	0	0			22.00
23.00 Paramed. Ed. Prgm.-(specify)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	23,994	0	0			30.00
31.00 Intensive Care Unit	9,705	0	0			31.00
32.00 Coronary Care Unit	0	0	0			32.00
33.00 Burn Intensive Care Unit	0	0	0			33.00
34.00 Surgical Intensive Care Unit	0	0	0			34.00
40.00 SUBPROVIDER - IPF	6,888	0	0			40.00
41.00 SUBPROVIDER - IRF	0	0	0			41.00
42.00 SUBPROVIDER	0	0	0			42.00
43.00 Nursery	1,306	0	0			43.00
44.00 SKILLED NURSING FACILITY	4,475	0	0			44.00
45.00 NURSING FACILITY	0	0	0			45.00
46.00 OTHER LONG TERM CARE	0	0	0			46.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	69,516	0	0			50.00
51.00 Recovery Room	0	0	0			51.00
52.00 Labor Room & Delivery Room	1,231	0	0			52.00
53.00 Anesthesiology	26,224	0	0			53.00
54.00 Radiology - Diagnostic	48,581	0	0			54.00
54.01 ULTRASOUND	0	0	0			54.01
55.00 Radiology - Therapeutic	0	0	0			55.00
56.00 Radiosotope	0	0	0			56.00
57.00 CT Scan	0	0	0			57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0			58.00
59.00 Cardiac Catheterization	0	0	0			59.00
60.00 Laboratory	52,213	0	0			60.00
60.01 Blood Laboratory	0	0	0			60.01
61.00 PBP Clinical Lab. Service-Prgm. Only						61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	0			62.00
63.00 Blood Storing, Processing, & Trans.	0	0	0			63.00
64.00 Intravenous Therapy	0	0	0			64.00
65.00 Respiratory Therapy	6,349	0	0			65.00
66.00 Physical Therapy	4,622	0	0			66.00
67.00 Occupational Therapy	0	0	0			67.00
68.00 Speech Pathology	0	0	0			68.00
69.00 Electrocardiology	8,732	0	0			69.00
70.00 Electroencephalography	0	0	0			70.00
71.00 Medical Supplies Charged to Patients	9,730	0	0			71.00
72.00 Implantable Devices Chrgd to Patient	12,995	0	0			72.00
73.00 Drugs Charged to Patients	25,626	0	0			73.00
74.00 RENAL DIALYSIS	391	0	0			74.00
75.00 ASC (Non-Distinct Part)	0	0	0			75.00
76.00	0	0	0			76.00
76.01 SLEEP LAB	0	0	0			76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0			76.02
76.03 WOUND CARE	0	0	0			76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0			88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description	Medical Records & Library	Social Service	OTHER GENERAL SERVICE	Nonphysician Anesthetists	Nursing School	
			(specify)			
	16.00	17.00	18.00	19.00	20.00	
90.00 Clinic	0	0	0			90.00
91.00 Emergency	21,810	0	0			91.00
92.00 Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 Home Program Dialysis	0	0	0			94.00
95.00 Ambulance Services	0	0	0			95.00
96.00 Durable Medical Equip. - Rented	0	0	0			96.00
97.00 Durable Medical Equip. - Sold	0	0	0			97.00
98.00 Other Reimbursable (specify)	0	0	0			98.00
99.00 CMHC	0	0	0			99.00
99.10 CORF	0	0	0			99.10
100.00 I&R Services - Not Apprvd. Prgm.	0	0	0			100.00
101.00 HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS						
105.00 Kidney Acquisition	0	0	0			105.00
106.00 Heart Acquisition	0	0	0			106.00
107.00 Liver Acquisition	0	0	0			107.00
108.00 Lung Acquisition	0	0	0			108.00
109.00 Pancreas Acquisition	0	0	0			109.00
110.00 Intestinal Acquisition	0	0	0			110.00
111.00 Islet Acquisition	0	0	0			111.00
113.00 Interest Expense	0	0	0			113.00
114.00 Utilization Review-SNF	0	0	0			114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	0	0			116.00
118.00 SUBTOTALS (sum of lines 1-117)	334,388	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 Gift, Flower, Coffee Shop, & Canteen	0	0	0			190.00
191.00 Research	0	0	0			191.00
192.00 Physicians' Private Offices	0	0	0			192.00
193.00 Nonpaid Workers	0	0	0			193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0			194.00
194.01 MARKETING	0	0	0			194.01
194.02 SENIOR CIRCLE	0	0	0			194.02
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)	334,388	0	0	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B
Part II
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	INTERNS & RESIDENTS		Paramed. Ed. Prgm.	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	Servi ces-Sal ar y & Fri nges	Servi ces-Other Prgm Costs				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt						1.00
2.00 Cap Rel Costs-MVble Equip						2.00
4.00 Employee Benefits						4.00
5.00 Administrative & General						5.00
6.00 Maintenance & Repairs						6.00
7.00 Operation of Plant						7.00
8.00 Laundry & Linen Service						8.00
9.00 Housekeeping						9.00
10.00 Dietary						10.00
11.00 Cafeteria						11.00
13.00 Nursing Administration						13.00
14.00 Central Services & Supply						14.00
15.00 Pharmacy						15.00
16.00 Medical Records & Library						16.00
17.00 Social Service						17.00
18.00 Other General Service (speci fy)						18.00
19.00 Nonphysician Anesthetists						19.00
20.00 Nursing School						20.00
21.00 I&R Services-Salary & Fringes Apprvd	0					21.00
22.00 I&R Services-Other Prgm Costs Apprvd		0				22.00
23.00 Paramed. Ed. Prgm.-(speci fy)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics				1,458,930	0	30.00
31.00 Intensive Care Unit				281,330	0	31.00
32.00 Coronary Care Unit				0	0	32.00
33.00 Burn Intensive Care Unit				0	0	33.00
34.00 Surgical Intensive Care Unit				0	0	34.00
40.00 SUBPROVIDER - IPF				307,295	0	40.00
41.00 SUBPROVIDER - IRF				0	0	41.00
42.00 SUBPROVIDER				0	0	42.00
43.00 Nursery				59,937	0	43.00
44.00 SKILLED NURSING FACILITY				614,779	0	44.00
45.00 NURSING FACILITY				0	0	45.00
46.00 OTHER LONG TERM CARE				0	0	46.00
ANGI LLARY SERVICE COST CENTERS						
50.00 Operating Room				883,669	0	50.00
51.00 Recovery Room				0	0	51.00
52.00 Labor Room & Delivery Room				18,958	0	52.00
53.00 Anesthesiology				115,557	0	53.00
54.00 Radiology - Diagnostic				567,838	0	54.00
54.01 ULTRASOUND				0	0	54.01
55.00 Radiology - Therapeutic				0	0	55.00
56.00 Radiol sotope				0	0	56.00
57.00 CT Scan				0	0	57.00
58.00 Magnetic Resonance Imaging (MRI)				0	0	58.00
59.00 Cardiac Catheterization				0	0	59.00
60.00 Laboratory				446,882	0	60.00
60.01 Blood Laboratory				0	0	60.01
61.00 PBP Clinical Lab. Service-Prgm. Only				0	0	61.00
62.00 Whole Blood & Packed Red Blood Cells				0	0	62.00
63.00 Blood Storing, Processing, & Trans.				0	0	63.00
64.00 Intravenous Therapy				0	0	64.00
65.00 Respiratory Therapy				378,832	0	65.00
66.00 Physical Therapy				70,052	0	66.00
67.00 Occupational Therapy				0	0	67.00
68.00 Speech Pathology				0	0	68.00
69.00 Electrocardiology				72,935	0	69.00
70.00 Electroencephalography				0	0	70.00
71.00 Medical Supplies Charged to Patients				106,171	0	71.00
72.00 Implantable Devices Chrgd to Patient				152,933	0	72.00
73.00 Drugs Charged to Patients				208,911	0	73.00
74.00 RENAL DIALYSIS				50,950	0	74.00
75.00 ASC (Non-Distinct Part)				0	0	75.00
76.00				0	0	76.00
76.01 SLEEP LAB				2,517	0	76.01
76.02 PSYCHI ATRIC/PSYCHOLOGICAL SERVICES				0	0	76.02
76.03 WOUND CARE				198,673	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B
Part II
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	INTERNS & RESIDENTS			Paramed. Ed. Prgm.	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	Services-Salary & Fringes	Services-Other Prgm Costs					
	21.00	22.00	23.00				
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC					0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER					0	0	89.00
90.00 Clinic					0	0	90.00
91.00 Emergency					343,666	0	91.00
92.00 Observation Beds (Non-Distinct Part)						0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 Home Program Dialysis					0	0	94.00
95.00 Ambulance Services					0	0	95.00
96.00 Durable Medical Equip. - Rented					0	0	96.00
97.00 Durable Medical Equip. - Sold					0	0	97.00
98.00 Other Reimbursable (specify)					0	0	98.00
99.00 CMHC					0	0	99.00
99.10 CORF					0	0	99.10
100.00 I&R Services - Not Apprvd. Prgm.					0	0	100.00
101.00 HOME HEALTH AGENCY					0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 Kidney Acquisition					0	0	105.00
106.00 Heart Acquisition					0	0	106.00
107.00 Liver Acquisition					0	0	107.00
108.00 Lung Acquisition					0	0	108.00
109.00 Pancreas Acquisition					0	0	109.00
110.00 Intestinal Acquisition					0	0	110.00
111.00 Islet Acquisition					0	0	111.00
113.00 Interest Expense					0	0	113.00
114.00 Utilization Review-SNF					0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)					0	0	115.00
116.00 HOSPICE					0	0	116.00
118.00 SUBTOTALS (sum of lines 1-117)	0	0	0		6,340,815	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 Gift, Flower, Coffee Shop, & Canteen					95,284	0	190.00
191.00 Research					0	0	191.00
192.00 Physicians' Private Offices					69,837	0	192.00
193.00 Nonpaid Workers					0	0	193.00
194.00 OTHER NONREIMBURSABLE COST CENTERS					0	0	194.00
194.01 MARKETING					5,211	0	194.01
194.02 SENIOR CIRCLE					94,021	0	194.02
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		6,605,168	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description	Total		
	26.00		
GENERAL SERVICE COST CENTERS			
1.00 Cap Rel Costs-Bldg & Fixt			1.00
2.00 Cap Rel Costs-Mvble Equip			2.00
4.00 Employee Benefits			4.00
5.00 Administrative & General			5.00
6.00 Maintenance & Repairs			6.00
7.00 Operation of Plant			7.00
8.00 Laundry & Linen Service			8.00
9.00 Housekeeping			9.00
10.00 Dietary			10.00
11.00 Cafeteria			11.00
13.00 Nursing Administration			13.00
14.00 Central Services & Supply			14.00
15.00 Pharmacy			15.00
16.00 Medical Records & Library			16.00
17.00 Social Service			17.00
18.00 Other General Service (specify)			18.00
19.00 Nonphysician Anesthetists			19.00
20.00 Nursing School			20.00
21.00 I&R Services-Salary & Fringes Apprvd			21.00
22.00 I&R Services-Other Prgrm Costs Apprvd			22.00
23.00 Paramed. Ed. Prgm. -(specify)			23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 Adults & Pediatrics	1,458,930		30.00
31.00 Intensive Care Unit	281,330		31.00
32.00 Coronary Care Unit	0		32.00
33.00 Burn Intensive Care Unit	0		33.00
34.00 Surgical Intensive Care Unit	0		34.00
40.00 SUBPROVIDER - IPF	307,295		40.00
41.00 SUBPROVIDER - IRF	0		41.00
42.00 SUBPROVIDER	0		42.00
43.00 Nursery	59,937		43.00
44.00 SKILLED NURSING FACILITY	614,779		44.00
45.00 NURSING FACILITY	0		45.00
46.00 OTHER LONG TERM CARE	0		46.00
ANCILLARY SERVICE COST CENTERS			
50.00 Operating Room	883,669		50.00
51.00 Recovery Room	0		51.00
52.00 Labor Room & Delivery Room	18,958		52.00
53.00 Anesthesiology	115,557		53.00
54.00 Radiology - Diagnostic	567,838		54.00
54.01 ULTRASOUND	0		54.01
55.00 Radiology - Therapeutic	0		55.00
56.00 Radiosotope	0		56.00
57.00 CT Scan	0		57.00
58.00 Magnetic Resonance Imaging (MRI)	0		58.00
59.00 Cardiac Catheterization	0		59.00
60.00 Laboratory	446,882		60.00
60.01 Blood Laboratory	0		60.01
61.00 PBP Clinical Lab. Service-Prgm. Only	0		61.00
62.00 Whole Blood & Packed Red Blood Cells	0		62.00
63.00 Blood Storing, Processing, & Trans.	0		63.00
64.00 Intravenous Therapy	0		64.00
65.00 Respiratory Therapy	378,832		65.00
66.00 Physical Therapy	70,052		66.00
67.00 Occupational Therapy	0		67.00
68.00 Speech Pathology	0		68.00
69.00 Electrocardiology	72,935		69.00
70.00 Electroencephalography	0		70.00
71.00 Medical Supplies Charged to Patients	106,171		71.00
72.00 Implantable Devices Chrgd to Patient	152,933		72.00
73.00 Drugs Charged to Patients	208,911		73.00
74.00 RENAL DIALYSIS	50,950		74.00
75.00 ASC (Non-Distinct Part)	0		75.00
76.00	0		76.00
76.01 SLEEP LAB	2,517		76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0		76.02
76.03 WOUND CARE	198,673		76.03
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00 Clinic	0		90.00
91.00 Emergency	343,666		91.00
92.00 Observation Beds (Non-Distinct Part)	0		92.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet B Part II Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description		Total	
		26.00	
OTHER REIMBURSABLE COST CENTERS			
94.00	Home Program Dialysis	0	94.00
95.00	Ambulance Services	0	95.00
96.00	Durable Medical Equip. - Rented	0	96.00
97.00	Durable Medical Equip. - Sold	0	97.00
98.00	Other Reimbursable (specify)	0	98.00
99.00	CMHC	0	99.00
99.10	CORF	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	100.00
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	Kidney Acquisition	0	105.00
106.00	Heart Acquisition	0	106.00
107.00	Liver Acquisition	0	107.00
108.00	Lung Acquisition	0	108.00
109.00	Pancreas Acquisition	0	109.00
110.00	Intestinal Acquisition	0	110.00
111.00	Islet Acquisition	0	111.00
113.00	Interest Expense	0	113.00
114.00	Utilization Review-SNF	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	HOSPICE	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	6,340,815	118.00
NONREIMBURSABLE COST CENTERS			
190.00	Gift, Flower, Coffee Shop, & Canteen	95,284	190.00
191.00	Research	0	191.00
192.00	Physicians' Private Offices	69,837	192.00
193.00	Nonpaid Workers	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	MARKETING	5,211	194.01
194.02	SENIOR CIRCLE	94,021	194.02
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	6,605,168	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B-1

Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	CAPITAL RELATED COSTS		Employee Benefits (Gross Salaries)	Reconciliation	Administrative & General (Accum. Cost)	
	Bldg & Fixt (Square Feet)	Mvble Equip (Dollor Value)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt	329,715					1.00
2.00 Cap Rel Costs-Mvble Equip		329,715				2.00
4.00 Employee Benefits	1,112	1,112	19,630,438			4.00
5.00 Administrative & General	41,529	41,529	1,869,766	-6,662,240	44,927,541	5.00
6.00 Maintenance & Repairs	0	0	0	0	0	6.00
7.00 Operation of Plant	102,289	102,289	410,621	0	3,812,241	7.00
8.00 Laundry & Linen Service	2,354	2,354	0	0	318,765	8.00
9.00 Housekeeping	3,382	3,382	548,763	0	941,196	9.00
10.00 Dietary	8,602	8,602	0	0	882,692	10.00
11.00 Cafeteria	4,191	4,191	0	0	591,788	11.00
13.00 Nursing Administration	4,673	4,673	1,280,710	0	1,746,346	13.00
14.00 Central Services & Supply	9,572	9,572	100,221	0	641,341	14.00
15.00 Pharmacy	3,393	3,393	632,808	0	886,970	15.00
16.00 Medical Records & Library	9,422	9,422	323,221	0	1,073,576	16.00
17.00 Social Service	0	0	0	0	0	17.00
18.00 Other General Service (specify)	0	0	0	0	0	18.00
19.00 Nonphysician Anesthetists	0	0	0	0	0	19.00
20.00 Nursing School	0	0	0	0	0	20.00
21.00 I&R Services-Salary & Fringes Apprvd	0	0	0	0	0	21.00
22.00 I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	22.00
23.00 Paramed. Ed. Prgm. -(specify)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	35,105	35,105	3,165,639	0	5,048,903	30.00
31.00 Intensive Care Unit	5,363	5,363	1,272,583	0	1,889,717	31.00
32.00 Coronary Care Unit	0	0	0	0	0	32.00
33.00 Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00 Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	7,328	7,328	685,185	0	1,125,953	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 Nursery	1,398	1,398	220,764	0	337,006	43.00
44.00 SKILLED NURSING FACILITY	14,539	14,539	1,397,822	0	2,176,506	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	19,065	19,065	1,728,640	0	3,823,014	50.00
51.00 Recovery Room	0	0	0	0	0	51.00
52.00 Labor Room & Delivery Room	0	0	208,073	0	289,482	52.00
53.00 Anesthesiology	428	428	1,422,608	0	1,962,121	53.00
54.00 Radiology - Diagnostic	13,410	13,410	1,127,285	0	2,882,441	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
55.00 Radiology - Therapeutic	0	0	0	0	0	55.00
56.00 Radiosotope	0	0	0	0	0	56.00
57.00 CT Scan	0	0	0	0	0	57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00 Cardiac Catheterization	0	0	0	0	0	59.00
60.00 Laboratory	8,945	8,945	965,032	0	3,083,899	60.00
60.01 Blood Laboratory	0	0	0	0	0	60.01
61.00 PBP Clinical Lab. Service-Prgm. Only	0	0	0	0	0	61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00 Intravenous Therapy	0	0	0	0	0	64.00
65.00 Respiratory Therapy	10,474	10,474	362,760	0	832,337	65.00
66.00 Physical Therapy	1,494	1,494	0	0	911,810	66.00
67.00 Occupational Therapy	0	0	0	0	0	67.00
68.00 Speech Pathology	0	0	0	0	0	68.00
69.00 Electrocardiology	918	918	462,671	0	905,308	69.00
70.00 Electroencephalography	0	0	0	0	0	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	1,326,450	71.00
72.00 Implantable Devices Chrgd to Patient	0	0	0	0	1,659,595	72.00
73.00 Drugs Charged to Patients	0	0	0	0	2,500,028	73.00
74.00 RENAL DIALYSIS	1,333	1,333	0	0	158,528	74.00
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	67,950	0	12,314	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03 WOUND CARE	5,624	5,624	117,874	0	684,109	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B-1
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	CAPITAL RELATED COSTS		Employee Benefits (Gross Salaries)	Reconciliation	Administrative & General (Accum. Cost)		
	Bldg & Fixt (Square Feet)	Mvble Equip (Dollar Value)					
	1.00	2.00					4.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	90.00
91.00	Emergency	7,111	7,111	1,145,001	0	1,994,979	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	Kidney Acquisition	0	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	323,054	323,054	19,515,997	-6,662,240	44,499,415	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	2,925	2,925	0	0	58,596	190.00
191.00	Research	0	0	0	0	0	191.00
192.00	Physicians' Private Offices	929	929	0	0	18,611	192.00
193.00	Nonpaid Workers	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	MARKETING	0	0	79,400	0	224,034	194.01
194.02	SENIOR CIRCLE	2,807	2,807	35,041	0	126,885	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,706,669	2,898,499	3,557,409		6,662,240	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.242039	8.790922	0.181219		0.148289	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			22,277		834,071	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001135		0.018565	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140040		Period: From 05/01/2010 To 04/30/2011		Worksheet B-1	
Date/Time Prepared: 11/17/2011 12:44 pm							
Cost Center Description	Maintenance & Repairs (Square Feet)	Operation of Plant (Square Feet)	Laundry & Linen Service (Pounds of Laundry)	Housekeeping (SQUARE FEET)	Dietary (Meals Served)		
	6.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS							
1.00 Cap Rel Costs-Bldg & Fixt							1.00
2.00 Cap Rel Costs-Mvble Equip							2.00
4.00 Employee Benefits							4.00
5.00 Administrative & General							5.00
6.00 Maintenance & Repairs	287,074						6.00
7.00 Operation of Plant	102,289	184,785					7.00
8.00 Laundry & Linen Service	2,354	2,354	585,702				8.00
9.00 Housekeeping	3,382	3,382	0	179,048			9.00
10.00 Dietary	8,602	8,602	0	8,602	208,870		10.00
11.00 Cafeteria	4,191	4,191	0	4,191	107,301		11.00
13.00 Nursing Administration	4,673	4,673	0	4,672	0		13.00
14.00 Central Services & Supply	9,572	9,572	0	9,572	0		14.00
15.00 Pharmacy	3,393	3,393	0	3,393	0		15.00
16.00 Medical Records & Library	9,422	9,422	0	9,422	0		16.00
17.00 Social Service	0	0	0	0	0		17.00
18.00 Other General Service (specify)	0	0	0	0	0		18.00
19.00 Nonphysician Anesthetists	0	0	0	0	0		19.00
20.00 Nursing School	0	0	0	0	0		20.00
21.00 I&R Services-Salary & Fringes Apprvd	0	0	0	0	0		21.00
22.00 I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0		22.00
23.00 Paramed. Ed. Prgm. -(specify)	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 Adults & Pediatrics	35,105	35,105	232,053	35,105	35,277		30.00
31.00 Intensive Care Unit	5,363	5,363	46,134	5,363	3,675		31.00
32.00 Coronary Care Unit	0	0	0	0	0		32.00
33.00 Burn Intensive Care Unit	0	0	0	0	0		33.00
34.00 Surgical Intensive Care Unit	0	0	0	0	0		34.00
40.00 SUBPROVIDER - IPF	7,328	7,328	30,422	7,328	8,084		40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 Nursery	1,398	1,398	0	1,398	0		43.00
44.00 SKILLED NURSING FACILITY	14,539	14,539	66,990	14,539	21,313		44.00
45.00 NURSING FACILITY	0	0	0	0	0		45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00 Operating Room	19,065	19,065	83,895	19,065	0		50.00
51.00 Recovery Room	0	0	0	0	0		51.00
52.00 Labor Room & Delivery Room	0	0	0	0	0		52.00
53.00 Anesthesiology	428	428	142	428	0		53.00
54.00 Radiology - Diagnostic	13,410	13,410	30,359	13,410	0		54.00
54.01 ULTRASOUND	0	0	0	0	0		54.01
55.00 Radiology - Therapeutic	0	0	0	0	0		55.00
56.00 Radioisotope	0	0	0	0	0		56.00
57.00 CT Scan	0	0	0	0	0		57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0		58.00
59.00 Cardiac Catheterization	0	0	0	0	0		59.00
60.00 Laboratory	8,945	8,945	3,207	8,945	0		60.00
60.01 Blood Laboratory	0	0	0	0	0		60.01
61.00 PBP Clinical Lab. Service-Prgm. Only	0	0	0	0	0		61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0		62.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0		63.00
64.00 Intravenous Therapy	0	0	0	0	0		64.00
65.00 Respiratory Therapy	10,474	10,474	854	10,474	0		65.00
66.00 Physical Therapy	1,494	1,494	0	1,494	0		66.00
67.00 Occupational Therapy	0	0	0	0	0		67.00
68.00 Speech Pathology	0	0	0	0	0		68.00
69.00 Electrocardiology	918	918	8,070	918	0		69.00
70.00 Electroencephalography	0	0	0	0	0		70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	0		71.00
72.00 Implantable Devices Chrgd to Patient	0	0	0	0	0		72.00
73.00 Drugs Charged to Patients	0	0	0	0	0		73.00
74.00 RENAL DIALYSIS	1,333	1,333	34,148	1,333	0		74.00
75.00 ASC (Non-Distinct Part)	0	0	0	0	0		75.00
76.00	0	0	0	0	0		76.00
76.01 SLEEP LAB	0	0	0	0	0		76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0		76.02
76.03 WOUND CARE	5,624	5,624	6,378	5,624	0		76.03
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
90.00 Clinic	0	0	0	0	0		90.00

COST ALLOCATION - STATISTICAL BASIS			Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet B-1 Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description		Maintenance & Repairs (Square Feet)	Operation of Plant (Square Feet)	Laundry & Linen Service (Pounds of Laundry)	Housekeeping (SQUARE FEET)	Dietary (Meals Served)	
		6.00	7.00	8.00	9.00	10.00	
91.00	Emergency	7,111	7,111	40,509	7,111	5,145	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	Kidney Acquisition	0	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	280,413	178,124	583,161	172,387	180,795	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	2,925	2,925	0	2,925	0	190.00
191.00	Research	0	0	0	0	0	191.00
192.00	Physicians' Private Offices	929	929	989	929	28,075	192.00
193.00	Nonpaid Workers	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	MARKETING	0	0	0	0	0	194.01
194.02	SENIOR CIRCLE	2,807	2,807	1,552	2,807	0	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	4,377,554	421,800	1,160,885	1,273,139	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	23.689986	0.720161	6.483652	6.095366	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	2,120,390	80,088	124,656	293,407	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	11.474903	0.136738	0.696216	1.404735	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B-1

Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	Cafeteria (FTE'S)	Nursing Administration (NURSING WAGES)	Central Services & Supply (Costed Requi s.)	Pharmacy (Costed Requi s.)	Medical Records & Library (GROSS CHARGES)	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt						1.00
2.00 Cap Rel Costs-Mvble Equip						2.00
4.00 Employee Benefits						4.00
5.00 Administrative & General						5.00
6.00 Maintenance & Repairs						6.00
7.00 Operation of Plant						7.00
8.00 Laundry & Linen Service						8.00
9.00 Housekeeping						9.00
10.00 Dietary						10.00
11.00 Cafeteria	30,838					11.00
13.00 Nursing Administration	2,076	12,257,570				13.00
14.00 Central Services & Supply	387	0	5,134,940			14.00
15.00 Pharmacy	960	0	18,742	2,581,788		15.00
16.00 Medical Records & Library	1,023	0	13,017	0	320,204,494	16.00
17.00 Social Service	0	0	0	0	0	17.00
18.00 Other General Service (specify)	0	0	0	0	0	18.00
19.00 Nonphysician Anesthetists	0	0	0	0	0	19.00
20.00 Nursing School	0	0	0	0	0	20.00
21.00 I&R Services-Salary & Fringes Apprvd	0	0	0	0	0	21.00
22.00 I&R Services-Other Prgrm Costs Apprvd	0	0	0	0	0	22.00
23.00 Paramed. Ed. Prgm.-(specify)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	6,145	3,165,639	220,636	0	22,983,088	30.00
31.00 Intensive Care Unit	2,269	1,272,583	124,796	0	9,295,636	31.00
32.00 Coronary Care Unit	0	0	0	0	0	32.00
33.00 Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00 Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	1,456	685,185	28,343	0	6,598,068	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 Nursery	350	220,764	877	0	1,251,002	43.00
44.00 SKILLED NURSING FACILITY	3,208	1,397,822	108,267	0	4,286,324	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	3,153	1,728,640	897,422	0	66,494,727	50.00
51.00 Recovery Room	0	0	0	0	0	51.00
52.00 Labor Room & Delivery Room	325	208,073	87,505	0	1,179,093	52.00
53.00 Anesthesiology	826	1,422,608	92,341	0	25,118,899	53.00
54.00 Radiology - Diagnostic	2,141	0	124,567	0	46,533,066	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
55.00 Radiology - Therapeutic	0	0	0	0	0	55.00
56.00 Radiosotope	0	0	0	0	0	56.00
57.00 CT Scan	0	0	0	0	0	57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00 Cardiac Catheterization	0	0	0	0	0	59.00
60.00 Laboratory	2,626	0	357,424	0	50,012,811	60.00
60.01 Blood Laboratory	0	0	0	0	0	60.01
61.00 PBP Clinical Lab. Service-Prgm. Only	0	0	0	0	0	61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00 Intravenous Therapy	0	0	0	0	0	64.00
65.00 Respiratory Therapy	911	362,760	69,506	0	6,081,282	65.00
66.00 Physical Therapy	0	0	6,148	0	4,427,188	66.00
67.00 Occupational Therapy	0	0	0	0	0	67.00
68.00 Speech Pathology	0	0	0	0	0	68.00
69.00 Electrocardiology	792	462,671	13,818	0	8,364,266	69.00
70.00 Electroencephalography	0	0	0	0	0	70.00
71.00 Medical Supplies Charged to Patients	0	0	1,138,169	0	9,320,150	71.00
72.00 Implantable Devices Chrgd to Patient	0	0	1,729,472	0	12,447,657	72.00
73.00 Drugs Charged to Patients	0	0	0	2,581,788	24,546,031	73.00
74.00 RENAL DIALYSIS	2	0	0	0	374,658	74.00
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01 SLEEP LAB	112	67,950	0	0	0	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03 WOUND CARE	196	117,874	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B-1

Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description		Cafeteria (FTE'S)	Nursing Administration (NURSING WAGES)	Central Services & Supply (Costed Requi s.)	Pharmacy (Costed Requi s.)	Medical Records & Library (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
90.00	Clinic	0	0	0	0	0	90.00
91.00	Emergency	1,680	1,145,001	103,011	0	20,890,548	91.00
92.00	Observation Beds (Non-Distinct Part)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	Home Program Dialysis	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	Kidney Acquisition	0	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	30,638	12,257,570	5,134,061	2,581,788	320,204,494	118.00
NONREIMBURSABLE COST CENTERS							
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	0	190.00
191.00	Research	0	0	0	0	0	191.00
192.00	Physicians' Private Offices	0	0	0	0	0	192.00
193.00	Nonpaid Workers	0	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	MARKETING	100	0	0	0	0	194.01
194.02	SENIOR CIRCLE	100	0	879	0	0	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,460,041	2,244,594	1,043,591	1,170,138	1,568,151	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	47.345515	0.183119	0.203233	0.453228	0.004897	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	296,684	204,337	324,001	136,872	334,388	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	9.620728	0.016670	0.063097	0.053014	0.001044	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B-1

Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	Social Service	OTHER GENERAL SERVICE (specify)	Nonphysician Anesthetists (Assigned Time)	Nursing School (Assigned Time)		
	(PATIENT DAYS)					
	17.00	18.00	19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 Cap Rel Costs-Bldg & Fixt						1.00
2.00 Cap Rel Costs-Mvble Equip						2.00
4.00 Employee Benefits						4.00
5.00 Administrative & General						5.00
6.00 Maintenance & Repairs						6.00
7.00 Operation of Plant						7.00
8.00 Laundry & Linen Service						8.00
9.00 Housekeeping						9.00
10.00 Dietary						10.00
11.00 Cafeteria						11.00
13.00 Nursing Administration						13.00
14.00 Central Services & Supply						14.00
15.00 Pharmacy						15.00
16.00 Medical Records & Library						16.00
17.00 Social Service	27,398					17.00
18.00 Other General Service (specify)	0	0				18.00
19.00 Nonphysician Anesthetists	0	0	0			19.00
20.00 Nursing School	0	0		0		20.00
21.00 I&R Services-Salary & Fringes Apprvd	0	0				21.00
22.00 I&R Services-Other Prgm Costs Apprvd	0	0				22.00
23.00 Paramed. Ed. Prgm. -(specify)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	12,852	0		0		30.00
31.00 Intensive Care Unit	2,353	0		0		31.00
32.00 Coronary Care Unit	0	0		0		32.00
33.00 Burn Intensive Care Unit	0	0		0		33.00
34.00 Surgical Intensive Care Unit	0	0		0		34.00
40.00 SUBPROVIDER - IPF	3,003	0		0		40.00
41.00 SUBPROVIDER - IRF	0	0		0		41.00
42.00 SUBPROVIDER	0	0		0		42.00
43.00 Nursery	871	0		0		43.00
44.00 SKILLED NURSING FACILITY	8,319	0		0		44.00
45.00 NURSING FACILITY	0	0		0		45.00
46.00 OTHER LONG TERM CARE	0	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	0	0	0	0		50.00
51.00 Recovery Room	0	0	0	0		51.00
52.00 Labor Room & Delivery Room	0	0	0	0		52.00
53.00 Anesthesiology	0	0	0	0		53.00
54.00 Radiology - Diagnostic	0	0	0	0		54.00
54.01 ULTRASOUND	0	0	0	0		54.01
55.00 Radiology - Therapeutic	0	0	0	0		55.00
56.00 Radiosotope	0	0	0	0		56.00
57.00 CT Scan	0	0	0	0		57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0		58.00
59.00 Cardiac Catheterization	0	0	0	0		59.00
60.00 Laboratory	0	0	0	0		60.00
60.01 Blood Laboratory	0	0	0	0		60.01
61.00 PBP Clinical Lab. Service-Prgm. Only	0	0	0	0		61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0		62.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0		63.00
64.00 Intravenous Therapy	0	0	0	0		64.00
65.00 Respiratory Therapy	0	0	0	0		65.00
66.00 Physical Therapy	0	0	0	0		66.00
67.00 Occupational Therapy	0	0	0	0		67.00
68.00 Speech Pathology	0	0	0	0		68.00
69.00 Electrocardiology	0	0	0	0		69.00
70.00 Electroencephalography	0	0	0	0		70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0		71.00
72.00 Implantable Devices Chrgd to Patient	0	0	0	0		72.00
73.00 Drugs Charged to Patients	0	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0	0		74.00
75.00 ASC (Non-Distinct Part)	0	0	0	0		75.00
76.00	0	0	0	0		76.00
76.01 SLEEP LAB	0	0	0	0		76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		76.02
76.03 WOUND CARE	0	0	0	0		76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0		88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B-1

Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	Social Service	OTHER GENERAL SERVICE (specify)	Nonphysician Anesthetists (Assigned Time)	Nursing School (Assigned Time)		
	(PATIENT DAYS)					
	17.00	18.00	19.00	20.00		
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	90.00
91.00	Emergency	0	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	99.00
99.10	CORF	0	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	0	111.00
113.00	Interest Expense	0	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	27,398	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0	0	190.00
191.00	Research	0	0	0	0	191.00
192.00	Physicians' Private Offices	0	0	0	0	192.00
193.00	Nonpaid Workers	0	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01	MARKETING	0	0	0	0	194.01
194.02	SENIOR CIRCLE	0	0	0	0	194.02
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B-1
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	INTERNS & RESIDENTS			Paramed. Ed. Prgm. (Assgned Time)	
	Services-Salary & Fringes (Assgned Time)	Services-Other Prgm Costs (Assgned Time)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 Cap Rel Costs-Bldg & Fixt					1.00
2.00 Cap Rel Costs-Mvble Equip					2.00
4.00 Employee Benefits					4.00
5.00 Administrative & General					5.00
6.00 Maintenance & Repairs					6.00
7.00 Operation of Plant					7.00
8.00 Laundry & Linen Service					8.00
9.00 Housekeeping					9.00
10.00 Dietary					10.00
11.00 Cafeteria					11.00
13.00 Nursing Administration					13.00
14.00 Central Services & Supply					14.00
15.00 Pharmacy					15.00
16.00 Medical Records & Library					16.00
17.00 Social Service					17.00
18.00 Other General Service (specify)					18.00
19.00 Nonphysician Anesthetists					19.00
20.00 Nursing School					20.00
21.00 I&R Services-Salary & Fringes Apprvd	0				21.00
22.00 I&R Services-Other Prgm Costs Apprvd		0			22.00
23.00 Paramed. Ed. Prgm. -(specify)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 Adults & Pediatrics	0	0	0	0	30.00
31.00 Intensive Care Unit	0	0	0	0	31.00
32.00 Coronary Care Unit	0	0	0	0	32.00
33.00 Burn Intensive Care Unit	0	0	0	0	33.00
34.00 Surgical Intensive Care Unit	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	42.00
43.00 Nursery	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 Operating Room	0	0	0	0	50.00
51.00 Recovery Room	0	0	0	0	51.00
52.00 Labor Room & Delivery Room	0	0	0	0	52.00
53.00 Anesthesiology	0	0	0	0	53.00
54.00 Radiology - Diagnostic	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	54.01
55.00 Radiology - Therapeutic	0	0	0	0	55.00
56.00 Radiosotope	0	0	0	0	56.00
57.00 CT Scan	0	0	0	0	57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	58.00
59.00 Cardiac Catheterization	0	0	0	0	59.00
60.00 Laboratory	0	0	0	0	60.00
60.01 Blood Laboratory	0	0	0	0	60.01
61.00 PBP Clinical Lab. Service-Prgm. Only	0	0	0	0	61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	62.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	63.00
64.00 Intravenous Therapy	0	0	0	0	64.00
65.00 Respiratory Therapy	0	0	0	0	65.00
66.00 Physical Therapy	0	0	0	0	66.00
67.00 Occupational Therapy	0	0	0	0	67.00
68.00 Speech Pathology	0	0	0	0	68.00
69.00 Electrocardiology	0	0	0	0	69.00
70.00 Electroencephalography	0	0	0	0	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	71.00
72.00 Implantable Devices Chrgd to Patient	0	0	0	0	72.00
73.00 Drugs Charged to Patients	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	74.00
75.00 ASC (Non-Distinct Part)	0	0	0	0	75.00
76.00	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet B-1
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	INTERNS & RESIDENTS			Paramed. Ed. Prgm. (Assigned Time)	
	Services-Salary & Fringes (Assigned Time)	Services-Other Prgm Costs (Assigned Time)			
	21.00	22.00	23.00		
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	Clinic	0	0	0	90.00
91.00	Emergency	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)				92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	Home Program Dialysis	0	0	0	94.00
95.00	Ambulance Services	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	98.00
99.00	CMHC	0	0	0	99.00
99.10	CORF	0	0	0	99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	Kidney Acquisition	0	0	0	105.00
106.00	Heart Acquisition	0	0	0	106.00
107.00	Liver Acquisition	0	0	0	107.00
108.00	Lung Acquisition	0	0	0	108.00
109.00	Pancreas Acquisition	0	0	0	109.00
110.00	Intestinal Acquisition	0	0	0	110.00
111.00	Islet Acquisition	0	0	0	111.00
113.00	Interest Expense	0	0	0	113.00
114.00	Utilization Review-SNF	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	HOSPICE	0	0	0	116.00
118.00	SUBTOTALS (sum of lines 1-117)	0	0	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	Gift, Flower, Coffee Shop, & Canteen	0	0	0	190.00
191.00	Research	0	0	0	191.00
192.00	Physicians' Private Offices	0	0	0	192.00
193.00	Nonpaid Workers	0	0	0	193.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.00
194.01	MARKETING	0	0	0	194.01
194.02	SENIOR CIRCLE	0	0	0	194.02
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	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: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/17/2011 12:44 pm
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		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics		8,266,981	0	8,266,981	30.00	
31.00	Intensive Care Unit		2,798,731	0	2,798,731	31.00	
32.00	Coronary Care Unit		0	0	0	32.00	
33.00	Burn Intensive Care Unit		0	0	0	33.00	
34.00	Surgical Intensive Care Unit		0	0	0	34.00	
40.00	SUBPROVIDER - IPF		1,817,691	0	1,817,691	40.00	
41.00	SUBPROVIDER - IRF		0	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	Nursery		492,464	0	492,464	43.00	
44.00	SKILLED NURSING FACILITY		3,566,953	0	3,566,953	44.00	
45.00	NURSING FACILITY		0	0	0	45.00	
46.00	OTHER LONG TERM CARE		0	0	0	46.00	
ANGI L LARY SERVICE COST CENTERS							
50.00	Operating Room		5,999,551	0	5,999,551	50.00	
51.00	Recovery Room		0	0	0	51.00	
52.00	Labor Room & Delivery Room		409,456	0	409,456	52.00	
53.00	Anesthesiology		2,707,486	216	2,707,702	53.00	
54.00	Radiology - Diagnostic		4,090,922	0	4,090,922	54.00	
54.01	ULTRASOUND		0	0	0	54.01	
55.00	Radiology - Therapeutic		0	0	0	55.00	
56.00	Radiology		0	0	0	56.00	
57.00	CT Scan		0	0	0	57.00	
58.00	Magnetic Resonance Imaging (MRI)		0	0	0	58.00	
59.00	Cardiac Catheterization		0	0	0	59.00	
60.00	Laboratory		4,255,302	0	4,255,302	60.00	
60.01	Blood Laboratory		0	0	0	60.01	
61.00	PBP Clinical Lab. Service-Prgm. Only		0	0	0	61.00	
62.00	Whole Blood & Packed Red Blood Cells		0	0	0	62.00	
63.00	Blood Storing, Processing, & Trans.		0	0	0	63.00	
64.00	Intravenous Therapy		0	0	0	64.00	
65.00	Respiratory Therapy	0	1,425,883	0	1,425,883	65.00	
66.00	Physical Therapy	0	1,115,030	0	1,115,030	66.00	
67.00	Occupational Therapy	0	0	0	0	67.00	
68.00	Speech Pathology	0	0	0	0	68.00	
69.00	Electrocardiology	0	1,239,056	0	1,239,056	69.00	
70.00	Electroencephalography		0	0	0	70.00	
71.00	Medical Supplies Charged to Patients		1,800,103	0	1,800,103	71.00	
72.00	Implantable Devices Chrgd to Patient		2,318,139	0	2,318,139	72.00	
73.00	Drugs Charged to Patients		4,161,095	0	4,161,095	73.00	
74.00	RENAL DIALYSIS		248,780	0	248,780	74.00	
75.00	ASC (Non-Distinct Part)		0	0	0	75.00	
76.00			0	0	0	76.00	
76.01	SLEEP LAB		31,886	0	31,886	76.01	
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		0	0	0	76.02	
76.03	WOUND CARE		990,709	0	990,709	76.03	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	Clinic		0	0	0	90.00	
91.00	Emergency		2,978,357	0	2,978,357	91.00	
92.00	Observation Beds (Non-Distinct Part)		300,627	0	300,627	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	Home Program Dialysis		0	0	0	94.00	
95.00	Ambulance Services		0	0	0	95.00	
96.00	Durable Medical Equip. - Rented		0	0	0	96.00	
97.00	Durable Medical Equip. - Sold		0	0	0	97.00	
98.00	Other Reimbursable (specify)		0	0	0	98.00	
99.00	CMHC		0	0	0	99.00	
99.10	CORF		0	0	0	99.10	
100.00	I&R Services - Not Apprvd. Prgm.		0	0	0	100.00	
101.00	HOME HEALTH AGENCY		0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00	Kidney Acquisition		0	0	0	105.00	
106.00	Heart Acquisition		0	0	0	106.00	
107.00	Liver Acquisition		0	0	0	107.00	
108.00	Lung Acquisition		0	0	0	108.00	
109.00	Pancreas Acquisition		0	0	0	109.00	
110.00	Intestinal Acquisition		0	0	0	110.00	
111.00	Islet Acquisition		0	0	0	111.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet C
Part I
Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE	Total Costs	
				Disallowance		
1.00	2.00	3.00	4.00	5.00		
113.00 Interest Expense	0		0		0	113.00
114.00 Utilization Review-SNF	0		0		0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00 HOSPICE	0		0		0	116.00
200.00 Subtotal (see instructions)	51,015,202	0	51,015,202	216	51,015,418	200.00
201.00 Less Observation Beds	300,627		300,627		300,627	201.00
202.00 Total (see instructions)	50,714,575	0	50,714,575	216	50,714,791	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/17/2011 12:44 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	Adults & Pediatrics	22,983,088		22,983,088		30.00
31.00	Intensive Care Unit	9,295,636		9,295,636		31.00
32.00	Coronary Care Unit	0		0		32.00
33.00	Burn Intensive Care Unit	0		0		33.00
34.00	Surgical Intensive Care Unit	0		0		34.00
40.00	SUBPROVIDER - IPF	6,598,068		6,598,068		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	Nursery	1,251,002		1,251,002		43.00
44.00	SKILLED NURSING FACILITY	4,286,324		4,286,324		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	25,114,091	41,380,636	66,494,727	0.090226	0.000000
51.00	Recovery Room	0	0	0	0.000000	0.000000
52.00	Labor Room & Delivery Room	1,101,486	77,607	1,179,093	0.347264	0.000000
53.00	Anesthesiology	10,183,106	14,935,793	25,118,899	0.107787	0.000000
54.00	Radiology - Diagnostic	11,458,429	33,918,192	45,376,621	0.090155	0.000000
54.01	ULTRASOUND	0	0	0	0.000000	0.000000
55.00	Radiology - Therapeutic	0	0	0	0.000000	0.000000
56.00	Radiosotope	0	0	0	0.000000	0.000000
57.00	CT Scan	0	0	0	0.000000	0.000000
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0.000000	0.000000
59.00	Cardiac Catheterization	0	0	0	0.000000	0.000000
60.00	Laboratory	17,647,638	32,365,173	50,012,811	0.085084	0.000000
60.01	Blood Laboratory	0	0	0	0.000000	0.000000
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	0	0.000000	0.000000
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0.000000	0.000000
63.00	Blood Storing, Processing, & Trans.	0	0	0	0.000000	0.000000
64.00	Intravenous Therapy	0	0	0	0.000000	0.000000
65.00	Respiratory Therapy	4,260,060	1,821,222	6,081,282	0.234471	0.000000
66.00	Physical Therapy	4,331,909	95,279	4,427,188	0.251860	0.000000
67.00	Occupational Therapy	0	0	0	0.000000	0.000000
68.00	Speech Pathology	0	0	0	0.000000	0.000000
69.00	Electrocardiology	3,065,734	5,298,532	8,364,266	0.148137	0.000000
70.00	Electroencephalography	0	0	0	0.000000	0.000000
71.00	Medical Supplies Charged to Patients	6,936,955	2,383,195	9,320,150	0.193141	0.000000
72.00	Implantable Devices Chrgd to Patient	7,949,997	4,497,660	12,447,657	0.186231	0.000000
73.00	Drugs Charged to Patients	20,068,596	4,083,210	24,151,806	0.172289	0.000000
74.00	RENAL DIALYSIS	366,408	8,250	374,658	0.664019	0.000000
75.00	ASC (Non-Distinct Part)	0	0	0	0.000000	0.000000
76.00		0	0	0	0.000000	0.000000
76.01	SLEEP LAB	5,081	1,151,365	1,156,446	0.027572	0.000000
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0.000000	0.000000
76.03	WOUND CARE	11,228	952,965	964,193	1.027501	0.000000
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	Clinic	0	0	0	0.000000	0.000000
91.00	Emergency	4,729,762	15,590,819	20,320,581	0.146568	0.000000
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0.000000	0.000000
OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0	0	0	0.000000	0.000000
95.00	Ambulance Services	0	0	0	0.000000	0.000000
96.00	Durable Medical Equip. - Rented	0	0	0	0.000000	0.000000
97.00	Durable Medical Equip. - Sold	0	0	0	0.000000	0.000000
98.00	Other Reimbursable (specify)	0	0	0	0.000000	0.000000
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
100.00	I&R Services - Not Apprvd. Prgm.	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	Kidney Acquisition	0	0	0		105.00
106.00	Heart Acquisition	0	0	0		106.00
107.00	Liver Acquisition	0	0	0		107.00
108.00	Lung Acquisition	0	0	0		108.00
109.00	Pancreas Acquisition	0	0	0		109.00
110.00	Intestinal Acquisition	0	0	0		110.00
111.00	Islet Acquisition	0	0	0		111.00
113.00	Interest Expense	0	0	0		113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140040		Period: From 05/01/2010 To 04/30/2011		Worksheet C Part I Date/Time Prepared: 11/17/2011 12:44 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00	9.00	10.00			
114.00 Utilization Review-SNF	0	0	0				114.00	
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00	
116.00 HOSPICE	0	0	0				116.00	
200.00 Subtotal (see instructions)	161,644,598	158,559,898	320,204,496				200.00	
201.00 Less Observation Beds							201.00	
202.00 Total (see instructions)	161,644,598	158,559,898	320,204,496				202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/17/2011 12:44 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	Adults & Pediatrics			30.00
31.00	Intensive Care Unit			31.00
32.00	Coronary Care Unit			32.00
33.00	Burn Intensive Care Unit			33.00
34.00	Surgical Intensive Care Unit			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	Nursery			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	Operating Room	0.090226		50.00
51.00	Recovery Room	0.000000		51.00
52.00	Labor Room & Delivery Room	0.347264		52.00
53.00	Anesthesiology	0.107795		53.00
54.00	Radiology - Diagnostic	0.090155		54.00
54.01	ULTRASOUND	0.000000		54.01
55.00	Radiology - Therapeutic	0.000000		55.00
56.00	Radioisotope	0.000000		56.00
57.00	CT Scan	0.000000		57.00
58.00	Magnetic Resonance Imaging (MRI)	0.000000		58.00
59.00	Cardiac Catheterization	0.000000		59.00
60.00	Laboratory	0.085084		60.00
60.01	Blood Laboratory	0.000000		60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0.000000		61.00
62.00	Whole Blood & Packed Red Blood Cells	0.000000		62.00
63.00	Blood Storing, Processing, & Trans.	0.000000		63.00
64.00	Intravenous Therapy	0.000000		64.00
65.00	Respiratory Therapy	0.234471		65.00
66.00	Physical Therapy	0.251860		66.00
67.00	Occupational Therapy	0.000000		67.00
68.00	Speech Pathology	0.000000		68.00
69.00	Electrocardiology	0.148137		69.00
70.00	Electroencephalography	0.000000		70.00
71.00	Medical Supplies Charged to Patients	0.193141		71.00
72.00	Implantable Devices Chrgd to Patient	0.186231		72.00
73.00	Drugs Charged to Patients	0.172289		73.00
74.00	RENAL DIALYSIS	0.664019		74.00
75.00	ASC (Non-Distinct Part)	0.000000		75.00
76.00		0.000000		76.00
76.01	SLEEP LAB	0.027572		76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.02
76.03	WOUND CARE	1.027501		76.03
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	Clinic	0.000000		90.00
91.00	Emergency	0.146568		91.00
92.00	Observation Beds (Non-Distinct Part)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	Home Program Dialysis	0.000000		94.00
95.00	Ambulance Services	0.000000		95.00
96.00	Durable Medical Equip. - Rented	0.000000		96.00
97.00	Durable Medical Equip. - Sold	0.000000		97.00
98.00	Other Reimbursable (specify)	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R Services - Not Apprvd. Prgm.			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	Kidney Acquisition			105.00
106.00	Heart Acquisition			106.00
107.00	Liver Acquisition			107.00
108.00	Lung Acquisition			108.00
109.00	Pancreas Acquisition			109.00
110.00	Intestinal Acquisition			110.00
111.00	Islet Acquisition			111.00
113.00	Interest Expense			113.00
114.00	Utilization Review-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet C Part I Date/Time Prepared: 11/17/2011 12:44 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part I Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	1,458,930	0	1,458,930	13,337	109.39	30.00
31.00 Intensive Care Unit	281,330		281,330	2,353	119.56	31.00
32.00 Coronary Care Unit	0		0	0	0.00	32.00
33.00 Burn Intensive Care Unit	0		0	0	0.00	33.00
34.00 Surgical Intensive Care Unit	0		0	0	0.00	34.00
40.00 SUBPROVIDER - IPF	307,295	0	307,295	3,003	102.33	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 Nursery	59,937		59,937	871	68.81	43.00
44.00 SKILLED NURSING FACILITY	614,779		614,779	8,319	73.90	44.00
45.00 NURSING FACILITY	0		0	0	0.00	45.00
200.00 Total (lines 30-199)	2,722,271		2,722,271	27,883		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part I Date/Time Prepared: 11/17/2011 12:44 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	Adults & Pediatrics	8,051	880,699	30.00
31.00	Intensive Care Unit	1,685	201,459	31.00
32.00	Coronary Care Unit	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	34.00
40.00	SUBPROVIDER - IPF	2,562	262,169	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	Nursery	0	0	43.00
44.00	SKILLED NURSING FACILITY	7,584	560,458	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	19,882	1,904,785	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part II Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	883,669	66,494,727	0.013289	15,474,942	205,647	50.00
51.00	Recovery Room	0	0	0.000000	0	0	51.00
52.00	Labor Room & Delivery Room	18,958	1,179,093	0.016078	2,362	38	52.00
53.00	Anesthesiology	115,557	25,118,899	0.004600	6,252,787	28,763	53.00
54.00	Radiology - Diagnostic	567,838	45,376,621	0.012514	7,433,805	93,027	54.00
54.01	ULTRASOUND	0	0	0.000000	0	0	54.01
55.00	Radiology - Therapeutic	0	0	0.000000	0	0	55.00
56.00	Radiosotope	0	0	0.000000	0	0	56.00
57.00	CT Scan	0	0	0.000000	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0.000000	0	0	58.00
59.00	Cardiac Catheterization	0	0	0.000000	0	0	59.00
60.00	Laboratory	446,882	50,012,811	0.008935	10,156,223	90,746	60.00
60.01	Blood Laboratory	0	0	0.000000	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	0.000000	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0	63.00
64.00	Intravenous Therapy	0	0	0.000000	0	0	64.00
65.00	Respiratory Therapy	378,832	6,081,282	0.062295	2,122,029	132,192	65.00
66.00	Physical Therapy	70,052	4,427,188	0.015823	1,085,309	17,173	66.00
67.00	Occupational Therapy	0	0	0.000000	0	0	67.00
68.00	Speech Pathology	0	0	0.000000	0	0	68.00
69.00	Electrocardiology	72,935	8,364,266	0.008720	2,153,529	18,779	69.00
70.00	Electroencephalography	0	0	0.000000	0	0	70.00
71.00	Medical Supplies Charged to Patients	106,171	9,320,150	0.011392	3,542,157	40,352	71.00
72.00	Implantable Devices Chrgd to Patient	152,933	12,447,657	0.012286	5,080,708	62,422	72.00
73.00	Drugs Charged to Patients	208,911	24,151,806	0.008650	9,774,423	84,549	73.00
74.00	RENAL DIALYSIS	50,950	374,658	0.135991	260,917	35,482	74.00
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0	75.00
76.00		0	0	0.000000	0	0	76.00
76.01	SLEEP LAB	2,517	1,156,446	0.002176	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	76.02
76.03	WOUND CARE	198,673	964,193	0.206051	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	Clinic	0	0	0.000000	0	0	90.00
91.00	Emergency	343,666	20,320,581	0.016912	3,125,840	52,864	91.00
92.00	Observation Beds (Non-Distinct Part)	53,054	0	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	Home Program Dialysis	0	0	0.000000	0	0	94.00
95.00	Ambulance Services	0	0	0.000000	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0.000000	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0.000000	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0.000000	0	0	98.00
200.00	Total (Lines 50-199)	3,671,598	275,790,378		66,465,031	862,034	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140040		Period: From 05/01/2010 To 04/30/2011		Worksheet D Part III Date/Time Prepared: 11/17/2011 12:44 pm	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	Adults & Pediatrics	0	0	0	0	0	30.00
31.00	Intensive Care Unit	0	0	0	0	0	31.00
32.00	Coronary Care Unit	0	0	0	0	0	32.00
33.00	Burn Intensive Care Unit	0	0	0	0	0	33.00
34.00	Surgical Intensive Care Unit	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	Nursery	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part III Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	Hospital	
					PSA Adj. Nursing School	PPS
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 Adults & Pediatrics	13,337	0.00	8,051	0	0	30.00
31.00 Intensive Care Unit	2,353	0.00	1,685	0	0	31.00
32.00 Coronary Care Unit	0	0.00	0	0	0	32.00
33.00 Burn Intensive Care Unit	0	0.00	0	0	0	33.00
34.00 Surgical Intensive Care Unit	0	0.00	0	0	0	34.00
40.00 SUBPROVIDER - IPF	3,003	0.00	2,562	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	42.00
43.00 Nursery	871	0.00	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	8,319	0.00	7,584	0	0	44.00
45.00 NURSING FACILITY	0	0.00	0	0	0	45.00
200.00 Total (lines 30-199)	27,883		19,882	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part III Date/Time Prepared: 11/17/2011 12:44 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 Adults & Pediatrics	0	0		30.00
31.00 Intensive Care Unit	0	0		31.00
32.00 Coronary Care Unit	0	0		32.00
33.00 Burn Intensive Care Unit	0	0		33.00
34.00 Surgical Intensive Care Unit	0	0		34.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 Nursery	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	Operating Room	0	0	0	0	0	0	50.00
51.00	Recovery Room	0	0	0	0	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	0	0	0	0	52.00
53.00	Anesthesiology	0	0	0	0	0	0	53.00
54.00	Radiology - Diagnostic	0	0	0	0	0	0	54.00
54.01	ULTRASOUND	0	0	0	0	0	0	54.01
55.00	Radiology - Therapeutic	0	0	0	0	0	0	55.00
56.00	Radiosotope	0	0	0	0	0	0	56.00
57.00	CT Scan	0	0	0	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0	0	0	0	58.00
59.00	Cardiac Catheterization	0	0	0	0	0	0	59.00
60.00	Laboratory	0	0	0	0	0	0	60.00
60.01	Blood Laboratory	0	0	0	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	0	0	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0	0	0	0	63.00
64.00	Intravenous Therapy	0	0	0	0	0	0	64.00
65.00	Respiratory Therapy	0	0	0	0	0	0	65.00
66.00	Physical Therapy	0	0	0	0	0	0	66.00
67.00	Occupational Therapy	0	0	0	0	0	0	67.00
68.00	Speech Pathology	0	0	0	0	0	0	68.00
69.00	Electrocardiology	0	0	0	0	0	0	69.00
70.00	Electroencephalography	0	0	0	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	0	0	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	0	0	0	0	72.00
73.00	Drugs Charged to Patients	0	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	0	0	0	0	75.00
76.00		0	0	0	0	0	0	76.00
76.01	SLEEP LAB	0	0	0	0	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.02
76.03	WOUND CARE	0	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	Clinic	0	0	0	0	0	0	90.00
91.00	Emergency	0	0	0	0	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	Home Program Dialysis	0	0	0	0	0	0	94.00
95.00	Ambulance Services	0	0	0	0	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0	0	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0	0	0	0	98.00
200.00	Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	0	66,494,727	0.000000	0.000000	15,474,942	50.00
51.00	Recovery Room	0	0	0.000000	0.000000	0	51.00
52.00	Labor Room & Delivery Room	0	1,179,093	0.000000	0.000000	2,362	52.00
53.00	Anesthesiology	0	25,118,899	0.000000	0.000000	6,252,787	53.00
54.00	Radiology - Diagnostic	0	45,376,621	0.000000	0.000000	7,433,805	54.00
54.01	ULTRASOUND	0	0	0.000000	0.000000	0	54.01
55.00	Radiology - Therapeutic	0	0	0.000000	0.000000	0	55.00
56.00	Radiosotope	0	0	0.000000	0.000000	0	56.00
57.00	CT Scan	0	0	0.000000	0.000000	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	Cardiac Catheterization	0	0	0.000000	0.000000	0	59.00
60.00	Laboratory	0	50,012,811	0.000000	0.000000	10,156,223	60.00
60.01	Blood Laboratory	0	0	0.000000	0.000000	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only						61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0.000000	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0.000000	0	63.00
64.00	Intravenous Therapy	0	0	0.000000	0.000000	0	64.00
65.00	Respiratory Therapy	0	6,081,282	0.000000	0.000000	2,122,029	65.00
66.00	Physical Therapy	0	4,427,188	0.000000	0.000000	1,085,309	66.00
67.00	Occupational Therapy	0	0	0.000000	0.000000	0	67.00
68.00	Speech Pathology	0	0	0.000000	0.000000	0	68.00
69.00	Electrocardiology	0	8,364,266	0.000000	0.000000	2,153,529	69.00
70.00	Electroencephalography	0	0	0.000000	0.000000	0	70.00
71.00	Medical Supplies Charged to Patients	0	9,320,150	0.000000	0.000000	3,542,157	71.00
72.00	Implantable Devices Chrgd to Patient	0	12,447,657	0.000000	0.000000	5,080,708	72.00
73.00	Drugs Charged to Patients	0	24,151,806	0.000000	0.000000	9,774,423	73.00
74.00	RENAL DIALYSIS	0	374,658	0.000000	0.000000	260,917	74.00
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0.000000	0	75.00
76.00		0	0	0.000000	0.000000	0	76.00
76.01	SLEEP LAB	0	1,156,446	0.000000	0.000000	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	76.02
76.03	WOUND CARE	0	964,193	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	Clinic	0	0	0.000000	0.000000	0	90.00
91.00	Emergency	0	20,320,581	0.000000	0.000000	3,125,840	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	Home Program Dialysis	0	0	0.000000	0.000000	0	94.00
95.00	Ambulance Services						95.00
96.00	Durable Medical Equip. - Rented	0	0	0.000000	0.000000	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0.000000	0.000000	0	97.00
98.00	Other Reimbursable (specify)	0	0	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	0	275,790,378			66,465,031	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	0	13,388,619	0	0	0	50.00
51.00 Recovery Room	0	0	0	0	0	51.00
52.00 Labor Room & Delivery Room	0	677	0	0	0	52.00
53.00 Anesthesiology	0	4,290,609	0	0	0	53.00
54.00 Radiology - Diagnostic	0	12,629,677	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
55.00 Radiology - Therapeutic	0	0	0	0	0	55.00
56.00 Radiosotope	0	0	0	0	0	56.00
57.00 CT Scan	0	0	0	0	0	57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00 Cardiac Catheterization	0	0	0	0	0	59.00
60.00 Laboratory	0	897,908	0	0	0	60.00
60.01 Blood Laboratory	0	0	0	0	0	60.01
61.00 PBP Clinical Lab. Service-Prgm. Only						61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00 Intravenous Therapy	0	0	0	0	0	64.00
65.00 Respiratory Therapy	0	765,165	0	0	0	65.00
66.00 Physical Therapy	0	0	0	0	0	66.00
67.00 Occupational Therapy	0	0	0	0	0	67.00
68.00 Speech Pathology	0	0	0	0	0	68.00
69.00 Electrocardiology	0	2,456,596	0	0	0	69.00
70.00 Electroencephalography	0	0	0	0	0	70.00
71.00 Medical Supplies Charged to Patients	0	700,258	0	0	0	71.00
72.00 Implantable Devices Chrgd to Patient	0	1,614,265	0	0	0	72.00
73.00 Drugs Charged to Patients	0	1,795,159	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 Clinic	0	0	0	0	0	90.00
91.00 Emergency	0	3,122,500	0	0	0	91.00
92.00 Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 Home Program Dialysis	0	0	0	0	0	94.00
95.00 Ambulance Services						95.00
96.00 Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00 Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00 Other Reimbursable (specify)	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	41,661,433	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Hospital	PPS
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00	Operating Room	0	0	50.00
51.00	Recovery Room	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	52.00
53.00	Anesthesiology	0	0	53.00
54.00	Radiology - Diagnostic	0	0	54.00
54.01	ULTRASOUND	0	0	54.01
55.00	Radiology - Therapeutic	0	0	55.00
56.00	Radiosotope	0	0	56.00
57.00	CT Scan	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	Cardiac Catheterization	0	0	59.00
60.00	Laboratory	0	0	60.00
60.01	Blood Laboratory	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	63.00
64.00	Intravenous Therapy	0	0	64.00
65.00	Respiratory Therapy	0	0	65.00
66.00	Physical Therapy	0	0	66.00
67.00	Occupational Therapy	0	0	67.00
68.00	Speech Pathology	0	0	68.00
69.00	Electrocardiology	0	0	69.00
70.00	Electroencephalography	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	72.00
73.00	Drugs Charged to Patients	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	75.00
76.00		0	0	76.00
76.01	SLEEP LAB	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03	WOUND CARE	0	0	76.03
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	Clinic	0	0	90.00
91.00	Emergency	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	Home Program Dialysis	0	0	94.00
95.00	Ambulance Services	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	98.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part V Date/Time Prepared: 11/17/2011 12:44 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	Operating Room	0.090226	13,388,619	0	0	50.00
51.00	Recovery Room	0.000000	0	0	0	51.00
52.00	Labor Room & Delivery Room	0.347264	677	0	0	52.00
53.00	Anesthesiology	0.107787	4,290,609	0	0	53.00
54.00	Radiology - Diagnostic	0.090155	12,629,677	0	0	54.00
54.01	ULTRASOUND	0.000000	0	0	0	54.01
55.00	Radiology - Therapeutic	0.000000	0	0	0	55.00
56.00	Radiosotope	0.000000	0	0	0	56.00
57.00	CT Scan	0.000000	0	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0.000000	0	0	0	58.00
59.00	Cardiac Catheterization	0.000000	0	0	0	59.00
60.00	Laboratory	0.085084	897,908	0	0	60.00
60.01	Blood Laboratory	0.000000	0	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0.000000	0	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0.000000	0	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0.000000	0	0	0	63.00
64.00	Intravenous Therapy	0.000000	0	0	0	64.00
65.00	Respiratory Therapy	0.234471	765,165	0	0	65.00
66.00	Physical Therapy	0.251860	0	0	0	66.00
67.00	Occupational Therapy	0.000000	0	0	0	67.00
68.00	Speech Pathology	0.000000	0	0	0	68.00
69.00	Electrocardiology	0.148137	2,456,596	0	0	69.00
70.00	Electroencephalography	0.000000	0	0	0	70.00
71.00	Medical Supplies Charged to Patients	0.193141	700,258	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0.186231	1,614,265	0	0	72.00
73.00	Drugs Charged to Patients	0.172289	1,795,159	0	0	73.00
74.00	RENAL DIALYSIS	0.664019	0	0	0	74.00
75.00	ASC (Non-Distinct Part)	0.000000	0	0	0	75.00
76.00		0.000000	0	0	0	76.00
76.01	SLEEP LAB	0.027572	0	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	0	76.02
76.03	WOUND CARE	1.027501	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	Clinic	0.000000	0	0	0	90.00
91.00	Emergency	0.146568	3,122,500	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0.000000	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	Home Program Dialysis	0.000000		0		94.00
95.00	Ambulance Services	0.000000		0		95.00
96.00	Durable Medical Equip. - Rented	0.000000	0	0	0	96.00
97.00	Durable Medical Equip. - Sold	0.000000	0	0	0	97.00
98.00	Other Reimbursable (specify)	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		41,661,433	0	0	200.00
201.00	Less PBP Clinical Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		41,661,433	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part V Date/Time Prepared: 11/17/2011 12:44 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 Operating Room	1,208,002	0	0		50.00
51.00 Recovery Room	0	0	0		51.00
52.00 Labor Room & Delivery Room	235	0	0		52.00
53.00 Anesthesiology	462,472	0	0		53.00
54.00 Radiology - Diagnostic	1,138,629	0	0		54.00
54.01 ULTRASOUND	0	0	0		54.01
55.00 Radiology - Therapeutic	0	0	0		55.00
56.00 Radioisotope	0	0	0		56.00
57.00 CT Scan	0	0	0		57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0		58.00
59.00 Cardiac Catheterization	0	0	0		59.00
60.00 Laboratory	76,398	0	0		60.00
60.01 Blood Laboratory	0	0	0		60.01
61.00 PBP Clinical Lab. Service-Prgm. Only	0	0	0		61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	0		62.00
63.00 Blood Storing, Processing, & Trans.	0	0	0		63.00
64.00 Intravenous Therapy	0	0	0		64.00
65.00 Respiratory Therapy	179,409	0	0		65.00
66.00 Physical Therapy	0	0	0		66.00
67.00 Occupational Therapy	0	0	0		67.00
68.00 Speech Pathology	0	0	0		68.00
69.00 Electrocardiology	363,913	0	0		69.00
70.00 Electroencephalography	0	0	0		70.00
71.00 Medical Supplies Charged to Patients	135,249	0	0		71.00
72.00 Implantable Devices Chrgd to Patient	300,626	0	0		72.00
73.00 Drugs Charged to Patients	309,286	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (Non-Distinct Part)	0	0	0		75.00
76.00	0	0	0		76.00
76.01 SLEEP LAB	0	0	0		76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.02
76.03 WOUND CARE	0	0	0		76.03
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 Clinic	0	0	0		90.00
91.00 Emergency	457,659	0	0		91.00
92.00 Observation Beds (Non-Distinct Part)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 Home Program Dialysis		0	0		94.00
95.00 Ambulance Services		0	0		95.00
96.00 Durable Medical Equip. - Rented	0	0	0		96.00
97.00 Durable Medical Equip. - Sold	0	0	0		97.00
98.00 Other Reimbursable (specify)	0	0	0		98.00
200.00 Subtotal (see instructions)	4,631,878	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	4,631,878	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140040 Component CCN: 14S040		Period: From 05/01/2010 To 04/30/2011		Worksheet D Part II Date/Time Prepared: 11/17/2011 12:44 pm	
		Title XVIIII		Subprovider - IPF		PPS	
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	Operating Room	883,669	66,494,727	0.013289	22,273	296	50.00
51.00	Recovery Room	0	0	0.000000	0	0	51.00
52.00	Labor Room & Delivery Room	18,958	1,179,093	0.016078	0	0	52.00
53.00	Anesthesiology	115,557	25,118,899	0.004600	10,215	47	53.00
54.00	Radiology - Diagnostic	567,838	45,376,621	0.012514	435,525	5,450	54.00
54.01	ULTRASOUND	0	0	0.000000	0	0	54.01
55.00	Radiology - Therapeutic	0	0	0.000000	0	0	55.00
56.00	Radiosotope	0	0	0.000000	0	0	56.00
57.00	CT Scan	0	0	0.000000	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0.000000	0	0	58.00
59.00	Cardiac Catheterization	0	0	0.000000	0	0	59.00
60.00	Laboratory	446,882	50,012,811	0.008935	804,040	7,184	60.00
60.01	Blood Laboratory	0	0	0.000000	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	0.000000	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0	0	63.00
64.00	Intravenous Therapy	0	0	0.000000	0	0	64.00
65.00	Respiratory Therapy	378,832	6,081,282	0.062295	62,341	3,884	65.00
66.00	Physical Therapy	70,052	4,427,188	0.015823	172,265	2,726	66.00
67.00	Occupational Therapy	0	0	0.000000	0	0	67.00
68.00	Speech Pathology	0	0	0.000000	0	0	68.00
69.00	Electrocardiology	72,935	8,364,266	0.008720	72,145	629	69.00
70.00	Electroencephalography	0	0	0.000000	0	0	70.00
71.00	Medical Supplies Charged to Patients	106,171	9,320,150	0.011392	583	7	71.00
72.00	Implantable Devices Chrgd to Patient	152,933	12,447,657	0.012286	0	0	72.00
73.00	Drugs Charged to Patients	208,911	24,151,806	0.008650	777,691	6,727	73.00
74.00	RENAL DIALYSIS	50,950	374,658	0.135991	12,437	1,691	74.00
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0	0	75.00
76.00		0	0	0.000000	0	0	76.00
76.01	SLEEP LAB	2,517	1,156,446	0.002176	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0	0	76.02
76.03	WOUND CARE	198,673	964,193	0.206051	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	Clinic	0	0	0.000000	0	0	90.00
91.00	Emergency	343,666	20,320,581	0.016912	163,479	2,765	91.00
92.00	Observation Beds (Non-Distinct Part)	53,054	0	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	Home Program Dialysis	0	0	0.000000	0	0	94.00
95.00	Ambulance Services	0	0	0.000000	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0.000000	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0.000000	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	3,671,598	275,790,378		2,532,994	31,406	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140040 Component CCN: 14S040	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/17/2011 12:44 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	0	0	0	0	0	50.00
51.00 Recovery Room	0	0	0	0	0	51.00
52.00 Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00 Anesthesiology	0	0	0	0	0	53.00
54.00 Radiology - Diagnostic	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
55.00 Radiology - Therapeutic	0	0	0	0	0	55.00
56.00 Radioisotope	0	0	0	0	0	56.00
57.00 CT Scan	0	0	0	0	0	57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00 Cardiac Catheterization	0	0	0	0	0	59.00
60.00 Laboratory	0	0	0	0	0	60.00
60.01 Blood Laboratory	0	0	0	0	0	60.01
61.00 PBP Clinical Lab. Service-Prgm. Only						61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00 Intravenous Therapy	0	0	0	0	0	64.00
65.00 Respiratory Therapy	0	0	0	0	0	65.00
66.00 Physical Therapy	0	0	0	0	0	66.00
67.00 Occupational Therapy	0	0	0	0	0	67.00
68.00 Speech Pathology	0	0	0	0	0	68.00
69.00 Electrocardiology	0	0	0	0	0	69.00
70.00 Electroencephalography	0	0	0	0	0	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00 Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00 Drugs Charged to Patients	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 Clinic	0	0	0	0	0	90.00
91.00 Emergency	0	0	0	0	0	91.00
92.00 Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 Home Program Dialysis	0	0	0	0	0	94.00
95.00 Ambulance Services						95.00
96.00 Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00 Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00 Other Reimbursable (specify)	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140040 Component CCN: 14S040		Period: From 05/01/2010 To 04/30/2011		Worksheet D Part IV Date/Time Prepared: 11/17/2011 12:44 pm	
		Title XVIII		Subprovider - IPF		PPS	
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			
ANCILLARY SERVICE COST CENTERS							
50.00	Operating Room	0	66,494,727	0.000000	0.000000	22,273	50.00
51.00	Recovery Room	0	0	0.000000	0.000000	0	51.00
52.00	Labor Room & Delivery Room	0	1,179,093	0.000000	0.000000	0	52.00
53.00	Anesthesiology	0	25,118,899	0.000000	0.000000	10,215	53.00
54.00	Radiology - Diagnostic	0	45,376,621	0.000000	0.000000	435,525	54.00
54.01	ULTRASOUND	0	0	0.000000	0.000000	0	54.01
55.00	Radiology - Therapeutic	0	0	0.000000	0.000000	0	55.00
56.00	Radiisotope	0	0	0.000000	0.000000	0	56.00
57.00	CT Scan	0	0	0.000000	0.000000	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	Cardiac Catheterization	0	0	0.000000	0.000000	0	59.00
60.00	Laboratory	0	50,012,811	0.000000	0.000000	804,040	60.00
60.01	Blood Laboratory	0	0	0.000000	0.000000	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	0.000000	0.000000	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	0.000000	0.000000	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	0.000000	0.000000	0	63.00
64.00	Intravenous Therapy	0	0	0.000000	0.000000	0	64.00
65.00	Respiratory Therapy	0	6,081,282	0.000000	0.000000	62,341	65.00
66.00	Physical Therapy	0	4,427,188	0.000000	0.000000	172,265	66.00
67.00	Occupational Therapy	0	0	0.000000	0.000000	0	67.00
68.00	Speech Pathology	0	0	0.000000	0.000000	0	68.00
69.00	Electrocardiology	0	8,364,266	0.000000	0.000000	72,145	69.00
70.00	Electroencephalography	0	0	0.000000	0.000000	0	70.00
71.00	Medical Supplies Charged to Patients	0	9,320,150	0.000000	0.000000	583	71.00
72.00	Implantable Devices Chrgd to Patient	0	12,447,657	0.000000	0.000000	0	72.00
73.00	Drugs Charged to Patients	0	24,151,806	0.000000	0.000000	777,691	73.00
74.00	RENAL DIALYSIS	0	374,658	0.000000	0.000000	12,437	74.00
75.00	ASC (Non-Distinct Part)	0	0	0.000000	0.000000	0	75.00
76.00		0	0	0.000000	0.000000	0	76.00
76.01	SLEEP LAB	0	1,156,446	0.000000	0.000000	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	76.02
76.03	WOUND CARE	0	964,193	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	Clinic	0	0	0.000000	0.000000	0	90.00
91.00	Emergency	0	20,320,581	0.000000	0.000000	163,479	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	Home Program Dialysis	0	0	0.000000	0.000000	0	94.00
95.00	Ambulance Services	0	0	0.000000	0.000000	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	0.000000	0.000000	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	0.000000	0.000000	0	97.00
98.00	Other Reimbursable (specify)	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	275,790,378			2,532,994	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140040 Component CCN: 14S040	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/17/2011 12:44 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	0	0	0	0	0	50.00
51.00 Recovery Room	0	0	0	0	0	51.00
52.00 Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00 Anesthesiology	0	0	0	0	0	53.00
54.00 Radiology - Diagnostic	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
55.00 Radiology - Therapeutic	0	0	0	0	0	55.00
56.00 Radiosotope	0	0	0	0	0	56.00
57.00 CT Scan	0	0	0	0	0	57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00 Cardiac Catheterization	0	0	0	0	0	59.00
60.00 Laboratory	0	0	0	0	0	60.00
60.01 Blood Laboratory	0	0	0	0	0	60.01
61.00 PBP Clinical Lab. Service-Prgm. Only						61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00 Intravenous Therapy	0	0	0	0	0	64.00
65.00 Respiratory Therapy	0	0	0	0	0	65.00
66.00 Physical Therapy	0	0	0	0	0	66.00
67.00 Occupational Therapy	0	0	0	0	0	67.00
68.00 Speech Pathology	0	0	0	0	0	68.00
69.00 Electrocardiology	0	0	0	0	0	69.00
70.00 Electroencephalography	0	0	0	0	0	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00 Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00 Drugs Charged to Patients	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 Clinic	0	0	0	0	0	90.00
91.00 Emergency	0	0	0	0	0	91.00
92.00 Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 Home Program Dialysis	0	0	0	0	0	94.00
95.00 Ambulance Services						95.00
96.00 Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00 Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00 Other Reimbursable (specify)	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provi der CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/17/2011 12:44 pm
	Component CCN: 14S040	Title XVIII	Subprovi der - IPF PPS

Cost Center Description	PSA Adj . Allied Heal th	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00	Operating Room	0	0	50.00
51.00	Recovery Room	0	0	51.00
52.00	Labor Room & Delivery Room	0	0	52.00
53.00	Anesthesiology	0	0	53.00
54.00	Radiology - Diagnostic	0	0	54.00
54.01	ULTRASOUND	0	0	54.01
55.00	Radiology - Therapeutic	0	0	55.00
56.00	Radioisotope	0	0	56.00
57.00	CT Scan	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00	Cardiac Catheterization	0	0	59.00
60.00	Laboratory	0	0	60.00
60.01	Blood Laboratory	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0	0	63.00
64.00	Intravenous Therapy	0	0	64.00
65.00	Respiratory Therapy	0	0	65.00
66.00	Physical Therapy	0	0	66.00
67.00	Occupational Therapy	0	0	67.00
68.00	Speech Pathology	0	0	68.00
69.00	Electrocardiology	0	0	69.00
70.00	Electroencephalography	0	0	70.00
71.00	Medical Supplies Charged to Patients	0	0	71.00
72.00	Implantable Devices Chrgd to Patient	0	0	72.00
73.00	Drugs Charged to Patients	0	0	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (Non-Distinct Part)	0	0	75.00
76.00		0	0	76.00
76.01	SLEEP LAB	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03	WOUND CARE	0	0	76.03
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	Clinic	0	0	90.00
91.00	Emergency	0	0	91.00
92.00	Observation Beds (Non-Distinct Part)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	Home Program Dialysis	0	0	94.00
95.00	Ambulance Services	0	0	95.00
96.00	Durable Medical Equip. - Rented	0	0	96.00
97.00	Durable Medical Equip. - Sold	0	0	97.00
98.00	Other Reimbursable (specify)	0	0	98.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140040 Component CCN: 145690	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/17/2011 12:44 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	0	0	0	0	0	50.00
51.00 Recovery Room	0	0	0	0	0	51.00
52.00 Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00 Anesthesiology	0	0	0	0	0	53.00
54.00 Radiology - Diagnostic	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
55.00 Radiology - Therapeutic	0	0	0	0	0	55.00
56.00 Radioisotope	0	0	0	0	0	56.00
57.00 CT Scan	0	0	0	0	0	57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00 Cardiac Catheterization	0	0	0	0	0	59.00
60.00 Laboratory	0	0	0	0	0	60.00
60.01 Blood Laboratory	0	0	0	0	0	60.01
61.00 PBP Clinical Lab. Service-Prgm. Only						61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00 Intravenous Therapy	0	0	0	0	0	64.00
65.00 Respiratory Therapy	0	0	0	0	0	65.00
66.00 Physical Therapy	0	0	0	0	0	66.00
67.00 Occupational Therapy	0	0	0	0	0	67.00
68.00 Speech Pathology	0	0	0	0	0	68.00
69.00 Electrocardiology	0	0	0	0	0	69.00
70.00 Electroencephalography	0	0	0	0	0	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00 Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00 Drugs Charged to Patients	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 Clinic	0	0	0	0	0	90.00
91.00 Emergency	0	0	0	0	0	91.00
92.00 Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 Home Program Dialysis	0	0	0	0	0	94.00
95.00 Ambulance Services						95.00
96.00 Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00 Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00 Other Reimbursable (specify)	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140040 Component CCN: 145690	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/17/2011 12:44 pm
	Title XVIII	Skilled Nursing Facility	PPS

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 Operating Room	0	66,494,727	0.000000	0.000000	0	50.00
51.00 Recovery Room	0	0	0.000000	0.000000	0	51.00
52.00 Labor Room & Delivery Room	0	1,179,093	0.000000	0.000000	0	52.00
53.00 Anesthesiology	0	25,118,899	0.000000	0.000000	0	53.00
54.00 Radiology - Diagnostic	0	45,376,621	0.000000	0.000000	534,966	54.00
54.01 ULTRASOUND	0	0	0.000000	0.000000	0	54.01
55.00 Radiology - Therapeutic	0	0	0.000000	0.000000	0	55.00
56.00 Radiotope	0	0	0.000000	0.000000	0	56.00
57.00 CT Scan	0	0	0.000000	0.000000	0	57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0.000000	0.000000	0	58.00
59.00 Cardiac Catheterization	0	0	0.000000	0.000000	0	59.00
60.00 Laboratory	0	50,012,811	0.000000	0.000000	1,790,526	60.00
60.01 Blood Laboratory	0	0	0.000000	0.000000	0	60.01
61.00 PBP Clinical Lab. Service-Prgm. Only	0	0	0.000000	0.000000	0	61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	0.000000	0.000000	0	62.00
63.00 Blood Storing, Processing, & Trans.	0	0	0.000000	0.000000	0	63.00
64.00 Intravenous Therapy	0	0	0.000000	0.000000	0	64.00
65.00 Respiratory Therapy	0	6,081,282	0.000000	0.000000	1,175,127	65.00
66.00 Physical Therapy	0	4,427,188	0.000000	0.000000	2,333,495	66.00
67.00 Occupational Therapy	0	0	0.000000	0.000000	0	67.00
68.00 Speech Pathology	0	0	0.000000	0.000000	0	68.00
69.00 Electrocardiology	0	8,364,266	0.000000	0.000000	103,019	69.00
70.00 Electroencephalography	0	0	0.000000	0.000000	0	70.00
71.00 Medical Supplies Charged to Patients	0	9,320,150	0.000000	0.000000	1,889,954	71.00
72.00 Implantable Devices Chrgd to Patient	0	12,447,657	0.000000	0.000000	0	72.00
73.00 Drugs Charged to Patients	0	24,151,806	0.000000	0.000000	4,608,638	73.00
74.00 RENAL DIALYSIS	0	374,658	0.000000	0.000000	1,036	74.00
75.00 ASC (Non-Distinct Part)	0	0	0.000000	0.000000	0	75.00
76.00	0	0	0.000000	0.000000	0	76.00
76.01 SLEEP LAB	0	1,156,446	0.000000	0.000000	0	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0.000000	0.000000	0	76.02
76.03 WOUND CARE	0	964,193	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 Clinic	0	0	0.000000	0.000000	0	90.00
91.00 Emergency	0	20,320,581	0.000000	0.000000	44	91.00
92.00 Observation Beds (Non-Distinct Part)	0	0	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 Home Program Dialysis	0	0	0.000000	0.000000	0	94.00
95.00 Ambulance Services	0	0	0.000000	0.000000	0	95.00
96.00 Durable Medical Equip. - Rented	0	0	0.000000	0.000000	0	96.00
97.00 Durable Medical Equip. - Sold	0	0	0.000000	0.000000	0	97.00
98.00 Other Reimbursable (specify)	0	0	0.000000	0.000000	0	98.00
200.00 Total (lines 50-199)	0	275,790,378			12,436,805	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140040 Component CCN: 145690	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/17/2011 12:44 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 Operating Room	0	0	0	0	0	50.00
51.00 Recovery Room	0	0	0	0	0	51.00
52.00 Labor Room & Delivery Room	0	0	0	0	0	52.00
53.00 Anesthesiology	0	0	0	0	0	53.00
54.00 Radiology - Diagnostic	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
55.00 Radiology - Therapeutic	0	0	0	0	0	55.00
56.00 Radiosotope	0	0	0	0	0	56.00
57.00 CT Scan	0	0	0	0	0	57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	0	0	0	58.00
59.00 Cardiac Catheterization	0	0	0	0	0	59.00
60.00 Laboratory	0	0	0	0	0	60.00
60.01 Blood Laboratory	0	0	0	0	0	60.01
61.00 PBP Clinical Lab. Service-Prgm. Only						61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	0	0	0	62.00
63.00 Blood Storing, Processing, & Trans.	0	0	0	0	0	63.00
64.00 Intravenous Therapy	0	0	0	0	0	64.00
65.00 Respiratory Therapy	0	0	0	0	0	65.00
66.00 Physical Therapy	0	0	0	0	0	66.00
67.00 Occupational Therapy	0	0	0	0	0	67.00
68.00 Speech Pathology	0	0	0	0	0	68.00
69.00 Electrocardiology	0	0	0	0	0	69.00
70.00 Electroencephalography	0	0	0	0	0	70.00
71.00 Medical Supplies Charged to Patients	0	0	0	0	0	71.00
72.00 Implantable Devices Chrgd to Patient	0	0	0	0	0	72.00
73.00 Drugs Charged to Patients	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (Non-Distinct Part)	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01 SLEEP LAB	0	0	0	0	0	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.02
76.03 WOUND CARE	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 Clinic	0	0	0	0	0	90.00
91.00 Emergency	0	0	0	0	0	91.00
92.00 Observation Beds (Non-Distinct Part)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 Home Program Dialysis	0	0	0	0	0	94.00
95.00 Ambulance Services						95.00
96.00 Durable Medical Equip. - Rented	0	0	0	0	0	96.00
97.00 Durable Medical Equip. - Sold	0	0	0	0	0	97.00
98.00 Other Reimbursable (specify)	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140040 Component CCN: 145690	Period: From 05/01/2010 To 04/30/2011	Worksheet D Part IV Date/Time Prepared: 11/17/2011 12:44 pm PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 Operating Room	0	0	50.00
51.00 Recovery Room	0	0	51.00
52.00 Labor Room & Delivery Room	0	0	52.00
53.00 Anesthesiology	0	0	53.00
54.00 Radiology - Diagnostic	0	0	54.00
54.01 ULTRASOUND	0	0	54.01
55.00 Radiology - Therapeutic	0	0	55.00
56.00 Radioisotope	0	0	56.00
57.00 CT Scan	0	0	57.00
58.00 Magnetic Resonance Imaging (MRI)	0	0	58.00
59.00 Cardiac Catheterization	0	0	59.00
60.00 Laboratory	0	0	60.00
60.01 Blood Laboratory	0	0	60.01
61.00 PBP Clinical Lab. Service-Prgm. Only	0	0	61.00
62.00 Whole Blood & Packed Red Blood Cells	0	0	62.00
63.00 Blood Storing, Processing, & Trans.	0	0	63.00
64.00 Intravenous Therapy	0	0	64.00
65.00 Respiratory Therapy	0	0	65.00
66.00 Physical Therapy	0	0	66.00
67.00 Occupational Therapy	0	0	67.00
68.00 Speech Pathology	0	0	68.00
69.00 Electrocardiology	0	0	69.00
70.00 Electroencephalography	0	0	70.00
71.00 Medical Supplies Charged to Patients	0	0	71.00
72.00 Implantable Devices Chrgd to Patient	0	0	72.00
73.00 Drugs Charged to Patients	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (Non-Distinct Part)	0	0	75.00
76.00	0	0	76.00
76.01 SLEEP LAB	0	0	76.01
76.02 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.02
76.03 WOUND CARE	0	0	76.03
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 Clinic	0	0	90.00
91.00 Emergency	0	0	91.00
92.00 Observation Beds (Non-Distinct Part)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 Home Program Dialysis	0	0	94.00
95.00 Ambulance Services	0	0	95.00
96.00 Durable Medical Equip. - Rented	0	0	96.00
97.00 Durable Medical Equip. - Sold	0	0	97.00
98.00 Other Reimbursable (specify)	0	0	98.00
200.00 Total (Lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D-1		
		Title XVIII	Hospital	Date/Time Prepared: 11/17/2011 12:44 pm		
Cost Center Description				PPS		
				1.00		
PART I - ALL PROVIDER COMPONENTS						
INPATIENT DAYS						
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			13,337	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			13,337	2.00	
3.00	Private room days (excluding swing-bed and observation bed days)			3,918	3.00	
4.00	Semi-private room days (excluding swing-bed and observation bed days)			9,419	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)			8,051	9.00	
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00	
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00	
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00	
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00	
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00	
15.00	Total nursery days (title V or XIX only)			0	15.00	
16.00	Nursery days (title V or XIX only)			0	16.00	
SWING BED ADJUSTMENT						
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00	
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00	
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00	
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00	
21.00	Total general inpatient routine service cost (see instructions)			8,266,981	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)			8,266,981	27.00	
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT						
28.00	General inpatient routine service charges (excluding swing-bed charges)			24,234,090	28.00	
29.00	Private room charges (excluding swing-bed charges)			7,325,369	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)			0	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.341130	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,869.67	32.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00	33.00	
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			1,869.67	34.00	
35.00	Average per diem private room cost differential (line 34 x line 31)			637.80	35.00	
36.00	Private room cost differential adjustment (line 3 x line 35)			2,498,900	36.00	
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			5,768,081	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)			619.85	38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)			4,990,412	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)			4,990,412	41.00	
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
Intensive Care Type Inpatient Hospital Units						
43.00	Intensive Care Unit	2,798,731	2,353	1,189.43	1,685	2,004,190
44.00	Coronary Care Unit	0	0	0.00	0	0
45.00	Burn Intensive Care Unit	0	0	0.00	0	0
46.00	Surgical Intensive Care Unit	0	0	0.00	0	0

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140040		Period: From 05/01/2010 To 04/30/2011		Worksheet D-1	
Title XVIII			Hospital		PPS			
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
			1.00	2.00	3.00	4.00	5.00	
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)						8,641,074	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						15,635,676	49.00
PASS THROUGH COST ADJUSTMENTS								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,082,158	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						862,034	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						1,944,192	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)						13,691,484	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)						485	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						619.85	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						300,627	89.00
Cost Center Description			Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
			1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
90.00	Capital-related cost		1,458,930	8,266,981	0.176477	300,627	53,054	90.00
91.00	Nursing School cost		0	8,266,981	0.000000	300,627	0	91.00
92.00	Allied health cost		0	8,266,981	0.000000	300,627	0	92.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140040		Period: From 05/01/2010 To 04/30/2011		Worksheet D-1 Date/Time Prepared: 11/17/2011 12:44 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
93.00	All other Medical Education	0	8,266,981	0.000000	300,627	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140040 Component CCN: 14S040	Period: From 05/01/2010 To 04/30/2011	Worksheet D-1 Date/Time Prepared: 11/17/2011 12:44 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description						1.00	
PART I - ALL PROVIDER COMPONENTS							
INPATIENT DAYS							
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)					3,003	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)					3,003	2.00
3.00	Private room days (excluding swing-bed and observation bed days)					0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)					3,003	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)					2,562	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)					0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)					0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period					0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)					0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)					0	14.00
15.00	Total nursery days (title V or XIX only)					0	15.00
16.00	Nursery days (title V or XIX only)					0	16.00
SWING BED ADJUSTMENT							
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period					0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period					0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period					0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period					0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)					1,817,691	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)					1,817,691	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28.00	General inpatient routine service charges (excluding swing-bed charges)					6,598,068	28.00
29.00	Private room charges (excluding swing-bed charges)					0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)					6,598,068	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)					0.275488	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)					0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)					2,197.16	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)					1,817,691	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)					605.29	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)					1,550,753	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)					1,550,753	41.00
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	0	0	0.00	0	0	43.00
44.00	Coronary Care Unit	0	0	0.00	0	0	44.00
45.00	Burn Intensive Care Unit	0	0	0.00	0	0	45.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D-1	
				Component CCN: 14S040		Date/Time Prepared: 11/17/2011 12:44 pm	
				Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
46.00	Surgical Intensive Care Unit	0	0	0.00	0	0	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)					345,798	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,896,551	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)					262,169	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					31,406	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					293,575	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,602,976	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00
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	307,295	1,817,691	0.169058	0	0	90.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140040 Component CCN: 14S040		Period: From 05/01/2010 To 04/30/2011		Worksheet D-1 Date/Time Prepared: 11/17/2011 12:44 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
		1.00	2.00	3.00	4.00	5.00		
91.00	Nursing School cost	0	1,817,691	0.000000	0	0	0	91.00
92.00	Allied health cost	0	1,817,691	0.000000	0	0	0	92.00
93.00	All other Medical Education	0	1,817,691	0.000000	0	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140040 Component CCN: 145690	Period: From 05/01/2010 To 04/30/2011	Worksheet D-1 Date/Time Prepared: 11/17/2011 12:44 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description						
		1.00				
PART I - ALL PROVIDER COMPONENTS						
INPATIENT DAYS						
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			8,319	1.00	
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			8,319	2.00	
3.00	Private room days (excluding swing-bed and observation bed days)			41	3.00	
4.00	Semi-private room days (excluding swing-bed and observation bed days)			8,278	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)			7,584	9.00	
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0	10.00	
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	11.00	
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0	12.00	
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0	13.00	
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0	14.00	
15.00	Total nursery days (title V or XIX only)			0	15.00	
16.00	Nursery days (title V or XIX only)			0	16.00	
SWING BED ADJUSTMENT						
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00	
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00	
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00	
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00	
21.00	Total general inpatient routine service cost (see instructions)			3,566,953	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)			3,566,953	27.00	
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT						
28.00	General inpatient routine service charges (excluding swing-bed charges)			4,286,324	28.00	
29.00	Private room charges (excluding swing-bed charges)			23,894	29.00	
30.00	Semi-private room charges (excluding swing-bed charges)			4,262,430	30.00	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.832171	31.00	
32.00	Average private room per diem charge (line 29 ÷ line 3)			582.78	32.00	
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			514.91	33.00	
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)			67.87	34.00	
35.00	Average per diem private room cost differential (line 34 x line 31)			56.48	35.00	
36.00	Private room cost differential adjustment (line 3 x line 35)			2,316	36.00	
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			3,564,637	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)				38.00	
39.00	Program general inpatient routine service cost (line 9 x line 38)				39.00	
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)				40.00	
41.00	Total Program general inpatient routine service cost (line 39 + line 40)				41.00	
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)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	Intensive Care Unit					43.00
44.00	Coronary Care Unit					44.00
45.00	Burn Intensive Care Unit					45.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D-1
			Component CCN: 145690		Date/Time Prepared: 11/17/2011 12:44 pm
			Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
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)					48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					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)					50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					54.00
55.00 Target amount per discharge					55.00
56.00 Target amount (line 54 x line 55)					56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00 Bonus payment (see instructions)					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					59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					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)					61.00
62.00 Relief payment (see instructions)					62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					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)					64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					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)					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)					68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					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)					3,564,637 70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					428.49 71.00
72.00 Program routine service cost (line 9 x line 71)					3,249,668 72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0 73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					3,249,668 74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0 75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0.00 76.00
77.00 Program capital-related costs (line 9 x line 76)					0 77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0 78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0 79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0 80.00
81.00 Inpatient routine service cost per diem limitation					0.00 81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0 82.00
83.00 Reasonable inpatient routine service costs (see instructions)					3,249,668 83.00
84.00 Program inpatient ancillary services (see instructions)					2,238,823 84.00
85.00 Utilization review - physician compensation (see instructions)					0 85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					5,488,491 86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0 87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00 88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0 89.00
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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140040 Component CCN: 145690		Period: From 05/01/2010 To 04/30/2011		Worksheet D-1 Date/Time Prepared: 11/17/2011 12:44 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
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: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D-3 Date/Time Prepared: 11/17/2011 12:44 pm
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	Adults & Pediatrics		14,433,818		30.00
31.00	Intensive Care Unit		6,529,781		31.00
32.00	Coronary Care Unit		0		32.00
33.00	Burn Intensive Care Unit		0		33.00
34.00	Surgical Intensive Care Unit		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	Nursery				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	Operating Room	0.090226	15,474,942	1,396,242	50.00
51.00	Recovery Room	0.000000	0	0	51.00
52.00	Labor Room & Delivery Room	0.347264	2,362	820	52.00
53.00	Anesthesiology	0.107795	6,252,787	674,019	53.00
54.00	Radiology - Diagnostic	0.090155	7,433,805	670,195	54.00
54.01	ULTRASOUND	0.000000	0	0	54.01
55.00	Radiology - Therapeutic	0.000000	0	0	55.00
56.00	Radiosotope	0.000000	0	0	56.00
57.00	CT Scan	0.000000	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0.000000	0	0	58.00
59.00	Cardiac Catheterization	0.000000	0	0	59.00
60.00	Laboratory	0.085084	10,156,223	864,132	60.00
60.01	Blood Laboratory	0.000000	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0.000000	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0.000000	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0.000000	0	0	63.00
64.00	Intravenous Therapy	0.000000	0	0	64.00
65.00	Respiratory Therapy	0.234471	2,122,029	497,554	65.00
66.00	Physical Therapy	0.251860	1,085,309	273,346	66.00
67.00	Occupational Therapy	0.000000	0	0	67.00
68.00	Speech Pathology	0.000000	0	0	68.00
69.00	Electrocardiology	0.148137	2,153,529	319,017	69.00
70.00	Electroencephalography	0.000000	0	0	70.00
71.00	Medical Supplies Charged to Patients	0.193141	3,542,157	684,136	71.00
72.00	Implantable Devices Chrgd to Patient	0.186231	5,080,708	946,185	72.00
73.00	Drugs Charged to Patients	0.172289	9,774,423	1,684,026	73.00
74.00	RENAL DIALYSIS	0.664019	260,917	173,254	74.00
75.00	ASC (Non-Distinct Part)	0.000000	0	0	75.00
76.00		0.000000	0	0	76.00
76.01	SLEEP LAB	0.027572	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	76.02
76.03	WOUND CARE	1.027501	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	Clinic	0.000000	0	0	90.00
91.00	Emergency	0.146568	3,125,840	458,148	91.00
92.00	Observation Beds (Non-Distinct Part)	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	Home Program Dialysis	0.000000	0	0	94.00
95.00	Ambulance Services				95.00
96.00	Durable Medical Equip. - Rented	0.000000	0	0	96.00
97.00	Durable Medical Equip. - Sold	0.000000	0	0	97.00
98.00	Other Reimbursable (specify)	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		66,465,031	8,641,074	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		66,465,031		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D-3	
		Component CCN: 14S040		Date/Time Prepared: 11/17/2011 12:44 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	Adults & Pediatrics		0		30.00
31.00	Intensive Care Unit		0		31.00
32.00	Coronary Care Unit		0		32.00
33.00	Burn Intensive Care Unit		0		33.00
34.00	Surgical Intensive Care Unit		0		34.00
40.00	SUBPROVIDER - IPF		5,548,409		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	Nursery		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	Operating Room	0.090226	22,273	2,010	50.00
51.00	Recovery Room	0.000000	0	0	51.00
52.00	Labor Room & Delivery Room	0.347264	0	0	52.00
53.00	Anesthesiology	0.107795	10,215	1,101	53.00
54.00	Radiology - Diagnostic	0.090155	435,525	39,265	54.00
54.01	ULTRASOUND	0.000000	0	0	54.01
55.00	Radiology - Therapeutic	0.000000	0	0	55.00
56.00	Radiosotope	0.000000	0	0	56.00
57.00	CT Scan	0.000000	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0.000000	0	0	58.00
59.00	Cardiac Catheterization	0.000000	0	0	59.00
60.00	Laboratory	0.085084	804,040	68,411	60.00
60.01	Blood Laboratory	0.000000	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0.000000	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0.000000	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0.000000	0	0	63.00
64.00	Intravenous Therapy	0.000000	0	0	64.00
65.00	Respiratory Therapy	0.234471	62,341	14,617	65.00
66.00	Physical Therapy	0.251860	172,265	43,387	66.00
67.00	Occupational Therapy	0.000000	0	0	67.00
68.00	Speech Pathology	0.000000	0	0	68.00
69.00	Electrocardiology	0.148137	72,145	10,687	69.00
70.00	Electroencephalography	0.000000	0	0	70.00
71.00	Medical Supplies Charged to Patients	0.193141	583	113	71.00
72.00	Implantable Devices Chrgd to Patient	0.186231	0	0	72.00
73.00	Drugs Charged to Patients	0.172289	777,691	133,988	73.00
74.00	RENAL DIALYSIS	0.664019	12,437	8,258	74.00
75.00	ASC (Non-Distinct Part)	0.000000	0	0	75.00
76.00		0.000000	0	0	76.00
76.01	SLEEP LAB	0.027572	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	76.02
76.03	WOUND CARE	1.027501	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	Clinic	0.000000	0	0	90.00
91.00	Emergency	0.146568	163,479	23,961	91.00
92.00	Observation Beds (Non-Distinct Part)	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	Home Program Dialysis	0.000000	0	0	94.00
95.00	Ambulance Services				95.00
96.00	Durable Medical Equip. - Rented	0.000000	0	0	96.00
97.00	Durable Medical Equip. - Sold	0.000000	0	0	97.00
98.00	Other Reimbursable (specify)	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		2,532,994	345,798	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)		2,532,994		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet D-3	
		Component CCN: 145690		Date/Time Prepared: 11/17/2011 12:44 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	Adults & Pediatrics		3,906,761		30.00
31.00	Intensive Care Unit		0		31.00
32.00	Coronary Care Unit		0		32.00
33.00	Burn Intensive Care Unit		0		33.00
34.00	Surgical Intensive Care Unit		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	Nursery		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	Operating Room	0.090226	0	0	50.00
51.00	Recovery Room	0.000000	0	0	51.00
52.00	Labor Room & Delivery Room	0.347264	0	0	52.00
53.00	Anesthesiology	0.107787	0	0	53.00
54.00	Radiology - Diagnostic	0.090155	534,966	48,230	54.00
54.01	ULTRASOUND	0.000000	0	0	54.01
55.00	Radiology - Therapeutic	0.000000	0	0	55.00
56.00	Radiosotope	0.000000	0	0	56.00
57.00	CT Scan	0.000000	0	0	57.00
58.00	Magnetic Resonance Imaging (MRI)	0.000000	0	0	58.00
59.00	Cardiac Catheterization	0.000000	0	0	59.00
60.00	Laboratory	0.085084	1,790,526	152,345	60.00
60.01	Blood Laboratory	0.000000	0	0	60.01
61.00	PBP Clinical Lab. Service-Prgm. Only	0.000000	0	0	61.00
62.00	Whole Blood & Packed Red Blood Cells	0.000000	0	0	62.00
63.00	Blood Storing, Processing, & Trans.	0.000000	0	0	63.00
64.00	Intravenous Therapy	0.000000	0	0	64.00
65.00	Respiratory Therapy	0.234471	1,175,127	275,533	65.00
66.00	Physical Therapy	0.251860	2,333,495	587,714	66.00
67.00	Occupational Therapy	0.000000	0	0	67.00
68.00	Speech Pathology	0.000000	0	0	68.00
69.00	Electrocardiology	0.148137	103,019	15,261	69.00
70.00	Electroencephalography	0.000000	0	0	70.00
71.00	Medical Supplies Charged to Patients	0.193141	1,889,954	365,028	71.00
72.00	Implantable Devices Chrgd to Patient	0.186231	0	0	72.00
73.00	Drugs Charged to Patients	0.172289	4,608,638	794,018	73.00
74.00	RENAL DIALYSIS	0.664019	1,036	688	74.00
75.00	ASC (Non-Distinct Part)	0.000000	0	0	75.00
76.00		0.000000	0	0	76.00
76.01	SLEEP LAB	0.027572	0	0	76.01
76.02	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	0	0	76.02
76.03	WOUND CARE	1.027501	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	Clinic	0.000000	0	0	90.00
91.00	Emergency	0.146568	44	6	91.00
92.00	Observation Beds (Non-Distinct Part)	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	Home Program Dialysis	0.000000	0	0	94.00
95.00	Ambulance Services				95.00
96.00	Durable Medical Equip. - Rented	0.000000	0	0	96.00
97.00	Durable Medical Equip. - Sold	0.000000	0	0	97.00
98.00	Other Reimbursable (specify)	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		12,436,805	2,238,823	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		12,436,805		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part A Date/Time Prepared: 11/17/2011 12:44 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		12,808,309	1.00
2.00	Outlier payments for discharges. (see instructions)		159,688	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		83.67	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.75	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		18.05	31.00
32.00	Sum of lines 30 and 31		21.80	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.20	33.00
34.00	Disproportionate share adjustment (see instructions)		922,198	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		13,890,195	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		14,915,203	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		14,658,951	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part A Date/Time Prepared: 11/17/2011 12:44 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
			1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,078,485		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		15,737,436		59.00
60.00	Primary payer payments		15,473		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		15,721,963		61.00
62.00	Deductibles billed to program beneficiaries		1,486,212		62.00
63.00	Coinsurance billed to program beneficiaries		121,501		63.00
64.00	Allowable bad debts (see instructions)		434,020		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		303,814		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		304,930		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		14,418,064		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1		0		70.96
70.97	Low Volume Payment-2		0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		14,418,064		71.00
72.00	Interim payments		14,108,198		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)		309,866		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		584,863		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part B Date/Time Prepared: 11/17/2011 12:44 pm
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		4,631,878	2.00
3.00	PPS payments		4,956,885	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		1.000	5.00
6.00	Line 2 times line 5		4,631,878	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		4,956,885	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (see instructions)		5,269	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (see instructions)		1,219,924	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)		3,731,692	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)		3,731,692	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,731,692	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)		302,501	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		211,751	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		227,211	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		3,943,443	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)		3,943,443	40.00
41.00	Interim payments		3,908,992	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)		34,451	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140040 Component CCN: 14S040	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part B Date/Time Prepared: 11/17/2011 12:44 pm
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			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)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (see instructions)			0 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)			0 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)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 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)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			0 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)			0 40.00
41.00	Interim payments			0 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)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140040 Component CCN: 145690	Period: From 05/01/2010 To 04/30/2011	Worksheet E Part B Date/Time Prepared: 11/17/2011 12:44 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (see instructions)			26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (see instructions)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R			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)		0	40.00
41.00	Interim payments		0	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)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140040		Period: From 05/01/2010 To 04/30/2011		Worksheet E-1 Part I Date/Time Prepared: 11/17/2011 12:44 pm	
		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		14,044,398		3,878,492	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	11/22/2010	63,800	11/22/2010	30,500	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		63,800		30,500	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)		14,108,198		3,908,992	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		309,866		34,451	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		14,418,064		3,943,443	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140040 Component CCN: 14S040		Period: From 05/01/2010 To 04/30/2011		Worksheet E-1 Part I Date/Time Prepared: 11/17/2011 12:44 pm	
		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider					0	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		2,039,317			0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0			0	3.01
3.02			0			0	3.02
3.03			0			0	3.03
3.04			0			0	3.04
3.05			0			0	3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0			0	3.50
3.51			0			0	3.51
3.52			0			0	3.52
3.53			0			0	3.53
3.54			0			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,039,317			0	4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0			0	5.01
5.02			0			0	5.02
5.03			0			0	5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0			0	5.50
5.51			0			0	5.51
5.52			0			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		7,718			0	6.01
6.02	SETTLEMENT TO PROGRAM		0			0	6.02
7.00	Total Medicare program liability (see instructions)		2,047,035			0	7.00
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140040 Component CCN: 145690		Period: From 05/01/2010 To 04/30/2011		Worksheet E-1 Part I Date/Time Prepared: 11/17/2011 12:44 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		2,477,529		0		1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,477,529		0		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		6,322		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		2,483,851		0		7.00
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet E-3 Part III Date/Time Prepared: 11/17/2011 12:44 pm
		Title XVIII	Hospital	PPS
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		0	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0000	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		0	3.00
4.00	Outlier Payments		0	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		35.210959	10.00
11.00	Medical Education Adjustment Factor $\{(1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1\}$.		0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).		0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)		0	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)		0	14.00
15.00	Organ acquisition		0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	16.00
17.00	Subtotal (see instructions)		0	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		0	19.00
20.00	Deductibles		0	20.00
21.00	Subtotal (line 19 minus line 20)		0	21.00
22.00	Coinurance		0	22.00
23.00	Subtotal (line 21 minus line 22)		0	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		0	32.00
33.00	Interim payments		14,108,198	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)		-14,108,198	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140040 Component CCN: 14S040	Period: From 05/01/2010 To 04/30/2011	Worksheet E-3 Part II Date/Time Prepared: 11/17/2011 12:44 pm
		Title XVII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			2,134,135 1.00
2.00	Net IPF PPS Outlier Payments			6,338 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			8.227397 9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			2,140,473 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			2,140,473 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			2,140,473 18.00
19.00	Deductibles			117,528 19.00
20.00	Subtotal (line 18 minus line 19)			2,022,945 20.00
21.00	Coinurance			4,128 21.00
22.00	Subtotal (line 20 minus line 21)			2,018,817 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			40,312 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			28,218 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			32,798 25.00
26.00	Subtotal (sum of lines 22 and 24)			2,047,035 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			2,047,035 31.00
32.00	Interim payments			2,039,317 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			7,718 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet E-3 Part VI Date/Time Prepared: 11/17/2011 12:44 pm
	Component CCN: 145690	Title XVIII	Skilled Nursing Facility PPS

			1.00
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PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES			
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)			
1.00	Resource Utilization Group Payment (RUGS)	2,707,058	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	2,707,058	4.00
COMPUTATION OF NET COST OF COVERED SERVICES			
5.00	Medical and other services	0	5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	229,529	7.00
8.00	Allowable bad debts (see instructions)	9,032	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Allowable reimbursable bad debts (see instructions)	6,322	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)	2,483,851	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)	2,483,851	15.00
16.00	Interim payments	2,477,529	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)	6,322	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2	0	19.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140040 Period: From 05/01/2010 To 04/30/2011 Worksheet G
 Date/Time Prepared: 11/17/2011 12:44 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-240,332	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	10,636,899	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-2,326,111	0	0	0	6.00
7.00	Inventory	1,756,892	0	0	0	7.00
8.00	Prepaid expenses	331,145	0	0	0	8.00
9.00	Other current assets	53,149	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	10,211,642	0	0	0	11.00
FIXED ASSETS						
12.00	Land	433,029	0	0	0	12.00
13.00	Land improvements	490,101	0	0	0	13.00
14.00	Accumulated depreciation	-205,273	0	0	0	14.00
15.00	Buildings	15,612,542	0	0	0	15.00
16.00	Accumulated depreciation	-3,458,568	0	0	0	16.00
17.00	Leasehold improvements	5,266,737	0	0	0	17.00
18.00	Accumulated depreciation	-1,120,521	0	0	0	18.00
19.00	Fixed equipment	1,436,783	0	0	0	19.00
20.00	Accumulated depreciation	-330,971	0	0	0	20.00
21.00	Automobiles and trucks	3,909	0	0	0	21.00
22.00	Accumulated depreciation	-3,909	0	0	0	22.00
23.00	Major movable equipment	9,269,847	0	0	0	23.00
24.00	Accumulated depreciation	-4,852,156	0	0	0	24.00
25.00	Minor equipment depreciable	2,778,190	0	0	0	25.00
26.00	Accumulated depreciation	-2,110,382	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)	23,209,358	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	3,751,245	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,751,245	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	37,172,245	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,423,456	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,766,050	0	0	0	38.00
39.00	Payroll taxes payable	561	0	0	0	39.00
40.00	Notes and loans payable (short term)	33,336	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	-50,915,074	0	0	0	43.00
44.00	Other current liabilities	1,268,381	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	-45,423,290	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	44,448	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)	44,448	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-45,378,842	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	82,551,087				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)	82,551,087	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	37,172,245	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet G-1

Date/Time Prepared:
11/17/2011 12:44 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		66,462,958		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		16,088,129			2.00
3.00	Total (sum of line 1 and line 2)		82,551,087		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		82,551,087		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		82,551,087		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet G-1

Date/Time Prepared:
11/17/2011 12:44 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00			0		0	1.00
2.00						2.00
3.00		0			0	3.00
4.00	0			0		4.00
5.00	0			0		5.00
6.00	0			0		6.00
7.00	0			0		7.00
8.00	0			0		8.00
9.00	0			0		9.00
10.00		0			0	10.00
11.00		0			0	11.00
12.00	0			0		12.00
13.00	0			0		13.00
14.00	0			0		14.00
15.00	0			0		15.00
16.00	0			0		16.00
17.00	0			0		17.00
18.00		0			0	18.00
19.00		0			0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140040

Period:
From 05/01/2010
To 04/30/2011

Worksheet G-2 Parts

Date/Time Prepared:
11/17/2011 12:44 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	24,234,090		24,234,090	1.00
2.00	SUBPROVIDER - IPF	6,598,068		6,598,068	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	4,286,324		4,286,324	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	35,118,482		35,118,482	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	Intensive Care Unit	9,295,636		9,295,636	11.00
12.00	Coronary Care Unit	0		0	12.00
13.00	Burn Intensive Care Unit	0		0	13.00
14.00	Surgical Intensive Care Unit	0		0	14.00
15.00	Other Special Care (specify)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	9,295,636		9,295,636	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	44,414,118		44,414,118	17.00
18.00	Ancillary services	117,230,478	140,864,749	258,095,227	18.00
19.00	Outpatient services	0	19,712,913	19,712,913	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	0	22.00
23.00	Ambulance Services	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	161,644,596	160,577,662	322,222,258	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		60,126,996		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	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)		60,126,996		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet G-3 Date/Time Prepared: 11/17/2011 12:44 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	322,222,258	1.00
2.00	Less contractual allowances and discounts on patients' accounts	246,360,419	2.00
3.00	Net patient revenues (line 1 minus line 2)	75,861,839	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	60,126,996	4.00
5.00	Net income from service to patients (line 3 minus line 4)	15,734,843	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	353,286	24.00
25.00	Total other income (sum of lines 6-24)	353,286	25.00
26.00	Total (line 5 plus line 25)	16,088,129	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	16,088,129	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140040	Period: From 05/01/2010 To 04/30/2011	Worksheet L Parts I-III Date/Time Prepared: 11/17/2011 12:44 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,041,013	1.00
2.00	Capital DRG outlier payments		37,472	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		41.66	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,078,485	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00