

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: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/31/2012 3:55 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input type="checkbox"/> Electronically filed cost report	Date: 5/31/2012 Time: 3:55 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: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by KATHERINE SHAW BETHEA for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 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

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	118,850	105,298	0	0
2.00 Subprovider - IPF	0	23,860	0	0	0
3.00 Subprovider - IRF	0	0	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 SKILLED NURSING FACILITY	0	0	0	0	0
8.00 NURSING FACILITY	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	-1	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	142,710	105,297	0	0

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140012		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/31/2012 3:46 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: KATHERINE SHAW BETHEA HOSPITAL	PO Box: 403 EAST	Zip Code: 61021-		County: LEE				1.00	
2.00	City: DIXON,	State: IL							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	KATHERINE SHAW BETHEA	140012	99914	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	KSB PSYCH	14S012	99914	4	11/01/1983	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF					N	N	N		7.00
8.00	Swing Beds - NF					N		N		8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTG									11.00
12.00	Hospital-Based HHA	KSB HOME HEALTH	147131	99914		07/07/1976	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	KSB HOSPICE	141588	99914		09/16/1996				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) 1									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2011	12/31/2011		20.00	
21.00	Type of Control (see instructions)					2			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					1	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible 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 and/or line 45 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.	1,526	859	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	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	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.							0	37.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/31/2012 3:46 pm		
		Beginning:	Ending:			
		1.00	2.00			
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	6.31			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

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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				
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000			66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	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		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)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
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.		3,000,000	10,000,000	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)		N		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00

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		1.00		2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A 1.00		Part B 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	N		N		158.00	
159.00	SNF	N		N		159.00	
160.00	HOME HEALTH AGENCY	N		N		160.00	
161.00	CMHC			N		161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			N		167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/31/2012 3:46 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			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	05/01/2012		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/31/2012 3:46 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: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-2
Part II
Date/Time Prepared:
5/31/2012 3:46 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	05/01/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			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.			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:			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: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2012 3:46 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	60	21,900	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)		60	21,900	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		66	24,090	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	14	5,110			16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		80				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
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: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
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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	6,456	1,129	10,100		1.00
2.00 HMO		344	850			2.00
3.00 HMO IPF		36	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	6,456	1,129	10,100		7.00
8.00 INTENSIVE CARE UNIT	0	737	153	1,297		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		244	596		13.00
14.00 Total (see instructions)	0	7,193	1,526	11,993		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	1,131	661	3,301		16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	1,565	463	5,862		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		475	2,124		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
5/31/2012 3:46 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,978	1.00
2.00 HMO					1,817	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)	6.25	847.00	0.00	0	1,978	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	193	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	6.25	847.00	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
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: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part I
Date/Time Prepared:
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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)	702	4,035		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)	702	4,035		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	145	641		16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
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
28.03 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: 140012		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part II Date/Time Prepared: 5/31/2012 3:46 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	57,657,788	18,265	57,676,053	1,749,726.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		1,638,952	63,795	1,702,747	10,974.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		20,990,100	0	20,990,100	111,427.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in approved programs)		324,958	0	324,958	13,004.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,942,965	17,816	1,960,781	78,703.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		397,517	0	397,517	14,390.00	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		0	0	0	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		15,520,706	0	15,520,706		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		811,963	0	811,963		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		220,883	0	220,883		22.00
23.00	Physician Part B		3,350,038	0	3,350,038		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	510,549	0	510,549	23,179.00	26.00
27.00	Administrative & General	5.00	6,415,912	15,612	6,431,524	270,220.00	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	933,704	5,265	938,969	44,845.00	30.00
31.00	Laundry & Linen Service	8.00	23,030	0	23,030	2,106.00	31.00
32.00	Housekeeping	9.00	721,289	-176,141	545,148	62,070.00	32.00
33.00	Housekeeping under contract (see instructions)		128,233	0	128,233	4,160.00	33.00
34.00	Dietary	10.00	936,799	-208,698	728,101	51,711.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	208,698	208,698	16,992.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	855,774	0	855,774	23,814.00	38.00
39.00	Central Services and Supply	14.00	49,988	0	49,988	4,041.00	39.00
40.00	Pharmacy	15.00	869,818	0	869,818	24,321.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,617,766	-154,546	1,463,220	72,812.00	41.00
42.00	Social Service	17.00	0	206,022	206,022	7,276.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/31/2012 3:46 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	32.96	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	155.16	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	188.38	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	24.99	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	24.91	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	27.62	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	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	22.03	26.00
27.00	Administrative & General	23.80	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	20.94	30.00
31.00	Laundry & Linen Service	10.94	31.00
32.00	Housekeeping	8.78	32.00
33.00	Housekeeping under contract (see instructions)	30.83	33.00
34.00	Dietary	14.08	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	12.28	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	35.94	38.00
39.00	Central Services and Supply	12.37	39.00
40.00	Pharmacy	35.76	40.00
41.00	Medical Records & Medical Records Library	20.10	41.00
42.00	Social Service	28.32	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140012		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part III Date/Time Prepared: 5/31/2012 3:46 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	36,470,963	18,265	36,489,228	1,629,455.00		1.00
2.00	Excluded area salaries (see instructions)	1,942,965	17,816	1,960,781	78,703.00		2.00
3.00	Subtotal salaries (line 1 minus line 2)	34,527,998	449	34,528,447	1,550,752.00		3.00
4.00	Subtotal other wages & related costs (see inst.)	397,517	0	397,517	14,390.00		4.00
5.00	Subtotal wage-related costs (see inst.)	15,741,589	0	15,741,589	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	50,667,104	449	50,667,553	1,565,142.00		6.00
7.00	Total overhead cost (see instructions)	13,062,862	-103,788	12,959,074	607,547.00		7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/31/2012 3:46 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	

PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	22.39	1.00
2.00	Excluded area salaries (see instructions)	24.91	2.00
3.00	Subtotal salaries (line 1 minus line 2)	22.27	3.00
4.00	Subtotal other wages & related costs (see inst.)	27.62	4.00
5.00	Subtotal wage-related costs (see inst.)	45.59	5.00
6.00	Total (sum of lines 3 thru 5)	32.37	6.00
7.00	Total overhead cost (see instructions)	21.33	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2012 3:46 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,232,011	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	1,184,735	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	57,009	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)	10,005,463	8.00
9.00	Prescription Drug Plan	1,340,993	9.00
10.00	Dental, Hearing and Vision Plan	475,888	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	104,996	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)	207,678	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	425,353	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	2,630,730	17.00
18.00	Medicare Taxes - Employers Portion Only	836,038	18.00
19.00	Unemployment Insurance	131,420	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	71,210	21.00
22.00	Day Care Cost and Allowances	55,330	22.00
23.00	Tuition Reimbursement	144,736	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	19,903,590	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet S-3
Part V
Date/Time Prepared:
5/31/2012 3:46 pm

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140012 Component CCN: 147131		Period: From 01/01/2011 To 12/31/2011		Worksheet S-4 Date/Time Prepared: 5/31/2012 3:46 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County	LEE				0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	249.00	28.00	119.00	396.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00			0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				2.03	0.00	4.00
5.00	Other Administrative Personnel				1.00	0.00	5.00
6.00	Direct Nursing Service				4.33	0.00	6.00
7.00	Nursing Supervisor				0.00	0.00	7.00
8.00	Physical Therapy Service				0.00	0.00	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	9.00
10.00	Occupational Therapy Service				0.00	0.00	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	11.00
12.00	Speech Pathology Service				0.00	0.00	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	13.00
14.00	Medical Social Service				0.00	0.00	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	15.00
16.00	Home Health Aide				0.69	0.00	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				1		19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	99914					20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,520	23	134	21	1,698	21.00
22.00	Skilled Nursing Visit Charges	408,552	6,337	34,943	5,565	455,397	22.00
23.00	Physical Therapy Visits	1,338	1	44	20	1,403	23.00
24.00	Physical Therapy Visit Charges	461,068	343	15,220	6,822	483,453	24.00
25.00	Occupational Therapy Visits	84	2	1	6	93	25.00
26.00	Occupational Therapy Visit Charges	30,164	712	356	2,222	33,454	26.00
27.00	Speech Pathology Visits	12	0	0	6	18	27.00
28.00	Speech Pathology Visit Charges	3,288	0	0	1,734	5,022	28.00
29.00	Medical Social Service Visits	8	0	0	0	8	29.00
30.00	Medical Social Service Visit Charges	3,406	0	0	0	3,406	30.00
31.00	Home Health Aide Visits	352	18	4	3	377	31.00
32.00	Home Health Aide Visit Charges	44,439	2,286	503	366	47,594	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,314	44	183	56	3,597	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	950,917	9,678	51,022	16,709	1,028,326	35.00
36.00	Total Number of Episodes (standard/non outlier)	253		66	3	322	36.00
37.00	Total Number of Outlier Episodes		1		0	1	37.00
38.00	Total Non-Routine Medical Supply Charges	110,756	0	19,342	550	130,648	38.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140012 Component CCN: 141588		Period: From 01/01/2011 To 12/31/2011		Worksheet S-9 Parts I & II Date/Time Prepared: 5/31/2012 3:46 pm	
		Unduplicated Days				Hospice I	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	
		1.00	2.00	3.00	4.00	5.00	
PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	
2.00	Routine Home Care	2,762	0	0	0	0	
3.00	Inpatient Respite Care	0	0	0	0	0	
4.00	General Inpatient Care	4	0	0	0	0	
5.00	Total Hospice Days	2,766	0	0	0	0	
Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00		7.00	
8.00	Average Length of Stay (line 5/line 6)	0.00	0.00	0.00	0.00	0.00	
9.00	Unduplicated Census Count	0	0	0	0	0	

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140012 Component CCN: 141588	Period: From 01/01/2011 To 12/31/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 5/31/2012 3:46 pm
		Hospice I		

		Unduplicated Days	
		Total (sum of cols. 1, 2 & 5)	
		6.00	
PART I - ENROLLMENT DAYS			
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	2,762	2.00
3.00	Inpatient Respite Care	0	3.00
4.00	General Inpatient Care	4	4.00
5.00	Total Hospice Days	2,766	5.00
Part II - CENSUS DATA			
6.00	Number of Patients Receiving Hospice Care	0	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare		7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	8.00
9.00	Unduplicated Census Count	0	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/31/2012 3:46 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)		0.297161		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		7,564,088		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		46,574,523		6.00
7.00	Medicaid cost (line 1 times line 6)		13,840,132		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		6,276,044		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		15,551		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,276,044		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	5,940,444	898,862	6,839,306	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,765,268	267,107	2,032,375	21.00
22.00	Partial payment by patients approved for charity care	2,629	6,248	8,877	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,762,639	260,859	2,023,498	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		6,870,400		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		328,547		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		6,541,853		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,943,984		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		3,967,482		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		10,243,526		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet A
Date/Time Prepared:
5/31/2012 3:46 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 NEW CAP REL COSTS-BLDG & FIXT		2,717,617	2,717,617	649,542	3,367,159	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		3,348,110	3,348,110	273,992	3,622,102	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	510,549	15,824,778	16,335,327	0	16,335,327	4.00
5.01 NONPATIENT TELEPHONES	0	0	0	587,615	587,615	5.01
5.02 DATA PROCESSING	1,621,683	1,157,369	2,779,052	-586,244	2,192,808	5.02
5.03 PURCH, RECEIV, & STORES	349,424	451,905	801,329	8,842	810,171	5.03
5.04 ADMN T/CASH/AR	1,603,917	1,538,329	3,142,246	9,155	3,151,401	5.04
5.05 OTHER ADMIN & GENERAL	2,840,888	6,763,826	9,604,714	-95,955	9,508,759	5.05
7.00 OPERATION OF PLANT	933,704	3,275,614	4,209,318	-180,682	4,028,636	7.00
8.00 LAUNDRY & LINEN SERVICE	23,030	352,234	375,264	0	375,264	8.00
9.00 HOUSEKEEPING	721,289	592,733	1,314,022	-189,616	1,124,406	9.00
10.00 DIETARY	936,799	696,285	1,633,084	-765,726	867,358	10.00
11.00 CAFETERIA	0	0	0	765,726	765,726	11.00
13.00 NURSING ADMINISTRATION	855,774	118,472	974,246	0	974,246	13.00
14.00 CENTRAL SERVICES & SUPPLY	49,988	3,593,743	3,643,731	-3,560,407	83,324	14.00
15.00 PHARMACY	869,818	2,550,359	3,420,177	-2,487,439	932,738	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,617,766	610,216	2,227,982	-170,116	2,057,866	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 UTILIZATION REVIEW	0	0	0	221,592	221,592	17.01
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	624,417	624,417	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	549,230	801,045	1,350,275	-552,882	797,393	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	5,314,386	638,492	5,952,878	-106,799	5,846,079	30.00
31.00 INTENSIVE CARE UNIT	1,094,494	145,964	1,240,458	-672	1,239,786	31.00
40.00 SUBPROVIDER - IPF	1,102,971	116,414	1,219,385	240	1,219,625	40.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	342,045	56,979	399,024	1,755	400,779	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,394,034	821,889	2,215,923	-169,426	2,046,497	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	120,401	120,401	52.00
53.00 ANESTHESIOLOGY	0	55,771	55,771	-28,775	26,996	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,068,202	1,087,087	2,155,289	-2,007	2,153,282	54.00
54.01 ULTRA SOUND	326,104	64,469	390,573	436	391,009	54.01
57.00 CT SCAN	107,923	251,716	359,639	0	359,639	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	222,759	202,162	424,921	0	424,921	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	1,966,741	1,966,741	59.00
60.00 LABORATORY	2,343,749	2,861,471	5,205,220	5,040	5,210,260	60.00
60.01 BLOOD BANK	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	765,866	267,454	1,033,320	-219,984	813,336	65.00
66.00 PHYSICAL THERAPY	1,452,830	271,592	1,724,422	-66,900	1,657,522	66.00
67.00 OCCUPATIONAL THERAPY	281,340	34,336	315,676	34,517	350,193	67.00
68.00 SPEECH PATHOLOGY	224,341	97,519	321,860	-53,777	268,083	68.00
69.00 ELECTROCARDIOLOGY	970,206	1,723,960	2,694,166	-3,016,110	-321,944	69.00
70.00 ELECTROENCEPHALOGRAPHY	171,072	39,817	210,889	-1,200	209,689	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,271,756	4,271,756	71.00
71.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	91,740	11,586	103,326	0	103,326	71.01
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	931,991	931,991	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	870,080	870,080	2,352,406	3,222,486	73.00
75.00 ASC (NON-DISTINCT PART)	440,105	70,348	510,453	3,819	514,272	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 PROVIDER BASED CLINICS	22,242,226	4,487,890	26,730,116	84,909	26,815,025	90.01
91.00 EMERGENCY	3,377,542	510,683	3,888,225	414	3,888,639	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	415,932	94,687	510,619	6,504	517,123	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE		683,375	683,375	-683,375	0	113.00
116.00 HOSPICE	286,227	166,261	452,488	14,274	466,762	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	57,519,953	60,024,637	117,544,590	-2,008	117,542,582	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,141	160,377	222,518	0	222,518	190.00
194.00 MEALS ON WHEELS	0	0	0	0	0	194.00
194.10 IHAP	75,694	-97,112	-21,418	2,008	-19,410	194.10
200.00 TOTAL (SUM OF LINES 118-199)	57,657,788	60,087,902	117,745,690	0	117,745,690	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet A
Date/Time Prepared:
5/31/2012 3:46 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-277,110	3,090,049	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-10,916	3,611,186	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	109,608	16,444,935	4.00
5.01	NONPATIENT TELEPHONES	-2,956	584,659	5.01
5.02	DATA PROCESSING	0	2,192,808	5.02
5.03	PURCH, RECEIV, & STORES	-28,167	782,004	5.03
5.04	ADMIN/CASH/AR	0	3,151,401	5.04
5.05	OTHER ADMIN & GENERAL	-2,066,130	7,442,629	5.05
7.00	OPERATION OF PLANT	-22,627	4,006,009	7.00
8.00	LAUNDRY & LINEN SERVICE	0	375,264	8.00
9.00	HOUSEKEEPING	0	1,124,406	9.00
10.00	DIETARY	0	867,358	10.00
11.00	CAFETERIA	-385,208	380,518	11.00
13.00	NURSING ADMINISTRATION	-191,413	782,833	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	83,324	14.00
15.00	PHARMACY	0	932,738	15.00
16.00	MEDICAL RECORDS & LIBRARY	-55,380	2,002,486	16.00
17.00	SOCIAL SERVICE	0	0	17.00
17.01	UTILIZATION REVIEW	0	221,592	17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	624,417	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	797,393	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	5,846,079	30.00
31.00	INTENSIVE CARE UNIT	0	1,239,786	31.00
40.00	SUBPROVIDER - IPF	0	1,219,625	40.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	400,779	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	2,046,497	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	120,401	52.00
53.00	ANESTHESIOLOGY	0	26,996	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-1,223	2,152,059	54.00
54.01	ULTRA SOUND	0	391,009	54.01
57.00	CT SCAN	0	359,639	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	424,921	58.00
59.00	CARDIAC CATHETERIZATION	0	1,966,741	59.00
60.00	LABORATORY	-428,282	4,781,978	60.00
60.01	BLOOD BANK	0	0	60.01
65.00	RESPIRATORY THERAPY	0	813,336	65.00
66.00	PHYSICAL THERAPY	0	1,657,522	66.00
67.00	OCCUPATIONAL THERAPY	0	350,193	67.00
68.00	SPEECH PATHOLOGY	0	268,083	68.00
69.00	ELECTROCARDIOLOGY	0	-321,944	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	209,689	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,271,756	71.00
71.01	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	103,326	71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	0	931,991	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	3,222,486	73.00
75.00	ASC (NON-DISTINCT PART)	0	514,272	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	0	90.00
90.01	PROVIDER BASED CLINICS	-19,585,655	7,229,370	90.01
91.00	EMERGENCY	-1,684,161	2,204,478	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY	0	517,123	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	0	0	113.00
116.00	HOSPICE	0	466,762	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-24,629,620	92,912,962	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	222,518	190.00
194.00	MEALS ON WHEELS	0	0	194.00
194.10	IHAP	0	-19,410	194.10
200.00	TOTAL (SUM OF LINES 118-199)	-24,629,620	93,116,070	200.00

RECLASSIFICATIONS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-6
Date/Time Prepared:
5/31/2012 3:46 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - DIETARY TO CAFETERIA						
1.00	CAFETERIA	11.00	208,698	0	1.00	
2.00	CAFETERIA	11.00	0	557,028	2.00	
	TOTALS		208,698	557,028		
B - LABOR & DELIVERY RECLASS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	95,797	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	18,265	0	2.00	
	TOTALS		114,062	0		
C - INTEREST EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	589,026	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	18,249	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	607,275		
D - COMMUNICATIONS EXPENSE						
1.00	NONPATIENT TELEPHONES	5.01	221,320	0	1.00	
2.00	NONPATIENT TELEPHONES	5.01	0	366,295	2.00	
	TOTALS		221,320	366,295		
E - RECLASS BILLABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,270,498	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	931,991	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	
	TOTALS		0	5,202,489		
F - RECLASS BILLABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,352,406	1.00	
	TOTALS		0	2,352,406		
G - TRAVEL EXPENSES TO HHC						
1.00	HOME HEALTH AGENCY	101.00	0	5,963	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	5,963		
H - PROPERTY INSURANCE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	60,516	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	25,624	2.00	
	TOTALS		0	86,140		
I - PT DIRECTOR SLARY TO OT						
1.00	OCCUPATIONAL THERAPY	67.00	32,194	0	1.00	
	TOTALS		32,194	0		
J - BIO-MED COSTS						
1.00	OTHER ADMIN & GENERAL	5.05	0	309	1.00	
2.00	LABORATORY	60.00	0	10,336	2.00	
3.00	ELECTROCARDIOLOGY	69.00	0	11,909	3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,633	4.00	
5.00	ASC (NON-DISTINCT PART)	75.00	0	4,285	5.00	
6.00	EMERGENCY	91.00	0	5,387	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	7,386	7.00	
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,339	8.00	
9.00	ADULTS & PEDIATRICS	30.00	0	8,128	9.00	
10.00	NURSERY	43.00	0	1,802	10.00	
11.00	PHARMACY	15.00	0	23,895	11.00	
12.00	PHYSICAL THERAPY	66.00	0	2,081	12.00	
13.00	SUBPROVIDER - IPF	40.00	0	240	13.00	
14.00	RESPIRATORY THERAPY	65.00	0	12,526	14.00	
15.00	PROVIDER BASED CLINICS	90.01	0	306	15.00	

RECLASSIFICATIONS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,337	16.00
17.00	OPERATING ROOM	50.00	0	42,038	17.00
18.00	PROVIDER BASED CLINICS	90.01	0	35,413	18.00
	TOTALS		0	186,350	
K - HOUSEKEEPING RECLASS					
1.00	PHYSICAL THERAPY	66.00	3,415	0	1.00
2.00	SPEECH PATHOLOGY	68.00	1,338	0	2.00
3.00	OTHER ADMIN & GENERAL	5.05	1,275	0	3.00
4.00	PURCH, RECEIV. & STORES	5.03	10,430	0	4.00
5.00	ADMIN/CASH/AR	5.04	4,253	0	5.00
6.00	RESPIRATORY THERAPY	65.00	1,157	0	6.00
7.00	PROVIDER BASED CLINICS	90.01	121,217	0	7.00
8.00	DATA PROCESSING	5.02	1,274	0	8.00
9.00	HOME HEALTH AGENCY	101.00	1,816	0	9.00
10.00	HOSPICE	116.00	1,816	0	10.00
11.00	ADMIN/CASH/AR	5.04	4,252	0	11.00
12.00	OPERATION OF PLANT	7.00	461	0	12.00
13.00	IHAP	194.10	1,865	0	13.00
14.00	ELECTROCARDIOLOGY	69.00	4,692	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	506	0	15.00
16.00	ULTRA SOUND	54.01	507	0	16.00
17.00	OPERATION OF PLANT	7.00	4,804	0	17.00
18.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	7,648	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	261	19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	261	20.00
21.00	SPEECH PATHOLOGY	68.00	0	102	21.00
22.00	OTHER ADMIN & GENERAL	5.05	0	98	22.00
23.00	PURCH, RECEIV. & STORES	5.03	0	798	23.00
24.00	ADMIN/CASH/AR	5.04	0	325	24.00
25.00	RESPIRATORY THERAPY	65.00	0	89	25.00
26.00	PROVIDER BASED CLINICS	90.01	0	9,273	26.00
27.00	HOME HEALTH AGENCY	101.00	0	139	27.00
28.00	HOSPICE	116.00	0	139	28.00
29.00	ADMIN/CASH/AR	5.04	0	325	29.00
30.00	OPERATION OF PLANT	7.00	0	35	30.00
31.00	ELECTROCARDIOLOGY	69.00	0	359	31.00
32.00	RADIOLOGY-DIAGNOSTIC	54.00	0	39	32.00
33.00	ULTRA SOUND	54.01	0	39	33.00
34.00	OPERATION OF PLANT	7.00	0	368	34.00
35.00	DATA PROCESSING	5.02	0	97	35.00
36.00	IHAP	194.10	0	143	36.00
37.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	585	37.00
38.00	OCCUPATIONAL THERAPY	67.00	3,415	0	38.00
	TOTALS		176,141	13,475	
L - RECLASSUR COSTS					
1.00	UTILIZATION REVIEW	17.01	203,526	0	1.00
2.00	UTILIZATION REVIEW	17.01	0	15,570	2.00
	TOTALS		203,526	15,570	
M - MEDICAL DIRECTORS COSTS					
1.00	HOSPICE	116.00	12,319	0	1.00
2.00	UTILIZATION REVIEW	17.01	2,496	0	2.00
	TOTALS		14,815	0	
N - LEASE COSTS					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	230,119	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
	TOTALS		0	230,119	
O - ADMINISTRATION KITS					
1.00	ADULTS & PEDIATRICS	30.00	0	10,375	1.00
	TOTALS		0	10,375	

RECLASSIFICATIONS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
P - PHYSICIAN METING TIME						
1.00	MEDICAL RECORDS & LIBRARY	16.00	48,980	0	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		48,980	0		
Q - PHYSICIAN PRACTICE AMORTIZATION						
1.00	PROVIDER BASED CLINICS	90.01	0	76,100	1.00	
	TOTALS		0	76,100		
R - RESIDENCY COSTS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	624,417	1.00	
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	63,302	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		63,302	624,417		
S - RECLASS CARDIAC CATH LAB						
1.00	CARDIAC CATHETERIZATION	59.00	701,891	0	1.00	
2.00	CARDIAC CATHETERIZATION	59.00	0	1,264,850	2.00	
	TOTALS		701,891	1,264,850		
T - RECLASS EKG						
1.00	ELECTROCARDIOLOGY	69.00	105,000	0	1.00	
2.00	ELECTROCARDIOLOGY	69.00	0	81,501	2.00	
	TOTALS		105,000	81,501		
500.00	Grand Total: Increases		1,889,929	11,680,353	500.00	

RECLASSIFICATIONS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-6
Date/Time Prepared:
5/31/2012 3:46 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - DIETARY TO CAFETERIA							
1.00	DIETARY	10.00	208,698	0	0		1.00
2.00	DIETARY	10.00	0	557,028	0		2.00
	TOTALS		208,698	557,028			
B - LABOR & DELIVERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	95,797	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	18,265	0		2.00
	TOTALS		95,797	18,265			
C - INTEREST EXPENSE							
1.00		0.00	0	0	11		1.00
2.00		0.00	0	0	11		2.00
3.00	INTEREST EXPENSE	113.00	0	607,275	11		3.00
	TOTALS		0	607,275			
D - COMMUNICATIONS EXPENSE							
1.00	DATA PROCESSING	5.02	221,320	0	0		1.00
2.00	DATA PROCESSING	5.02	0	366,295	0		2.00
	TOTALS		221,320	366,295			
E - RECLASS BILLABLE SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,560,389	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	6,727	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	6,514	0		3.00
4.00	OPERATING ROOM	50.00	0	177,197	0		4.00
5.00	ASC (NON-DISTINCT PART)	75.00	0	466	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	28,775	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	503	0		7.00
8.00	ULTRA SOUND	54.01	0	110	0		8.00
9.00	SPEECH PATHOLOGY	68.00	0	55,184	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	1,252,830	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	40,870	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	34,570	0		12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	1,316	0		13.00
14.00	EMERGENCY	91.00	0	1,631	0		14.00
15.00	HOME HEALTH AGENCY	101.00	0	1,414	0		15.00
16.00	NURSERY	43.00	0	47	0		16.00
17.00	PROVIDER BASED CLINICS	90.01	0	33,946	0		17.00
	TOTALS		0	5,202,489			
F - RECLASS BILLABLE DRUGS							
1.00	PHARMACY	15.00	0	2,352,406	0		1.00
	TOTALS		0	2,352,406			
G - TRAVEL EXPENSES TO HHC							
1.00	PHYSICAL THERAPY	66.00	0	5,893	0		1.00
2.00	OCCUPATIONAL THERAPY	67.00	0	37	0		2.00
3.00	SPEECH PATHOLOGY	68.00	0	33	0		3.00
	TOTALS		0	5,963			
H - PROPERTY INSURANCE							
1.00	OTHER ADMIN & GENERAL	5.05	0	86,140	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	86,140			
I - PT DIRECTOR SLARY TO OT							
1.00	PHYSICAL THERAPY	66.00	32,194	0	0		1.00
	TOTALS		32,194	0			
J - BIO-MED COSTS							
1.00	OPERATION OF PLANT	7.00	0	186,350	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
	TOTALS		0	186,350			

RECLASSIFICATIONS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
K - HOUSEKEEPING RECLASS							
1.00	HOUSEKEEPING	9.00	176,141	0	0		1.00
2.00	HOUSEKEEPING	9.00	0	13,475	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
	TOTALS		176,141	13,475			
L - RECLASSUR COSTS							
1.00	MEDICAL RECORDS & LIBRARY	16.00	203,526	0	0		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	15,570	0		2.00
	TOTALS		203,526	15,570			
M - MEDICAL DIRECTORS COSTS							
1.00	PROVIDER BASED CLINICS	90.01	14,815	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		14,815	0			
N - LEASE COSTS							
1.00	INTENSIVE CARE UNIT	31.00	0	1,544	10		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	4,513	10		2.00
3.00	OPERATING ROOM	50.00	0	34,267	10		3.00
4.00	LABORATORY	60.00	0	5,296	10		4.00
5.00	PHARMACY	15.00	0	158,928	10		5.00
6.00	RESPIRATORY THERAPY	65.00	0	6,385	10		6.00
7.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,200	10		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,386	10		8.00
9.00	PROVIDER BASED CLINICS	90.01	0	5,571	10		9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	18	10		10.00
11.00	PURCH, RECEIV, & STORES	5.03	0	2,386	10		11.00
12.00	OTHER ADMIN & GENERAL	5.05	0	5,625	10		12.00
	TOTALS		0	230,119			
O - ADMISSION KITS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,375	0		1.00
	TOTALS		0	10,375			
P - PHYSICIAN MEETING TIME							
1.00	PROVIDER BASED CLINICS	90.01	45,638	0	0		1.00
2.00	EMERGENCY	91.00	3,342	0	0		2.00
	TOTALS		48,980	0			
Q - PHYSICIAN PRACTICE AMORTIZATION							
1.00	INTEREST EXPENSE	113.00	0	76,100	0		1.00
	TOTALS		0	76,100			

RECLASSIFICATIONS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-6
Date/Time Prepared:
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
R - RESIDENCY COSTS							
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	624,417	0		1.00
2.00	OTHER ADMIN & GENERAL	5.05	5,872	0	0		2.00
3.00	PROVIDER BASED CLINICS	90.01	57,430	0	0		3.00
	TOTALS		63,302	624,417			
S - RECLASS CARDIAC CATH LAB							
1.00	ELECTROCARDIOLOGY	69.00	701,891	0	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	1,264,850	0		2.00
	TOTALS		701,891	1,264,850			
T - RECLASS EKG							
1.00	RESPIRATORY THERAPY	65.00	105,000	0	0		1.00
2.00	RESPIRATORY THERAPY	65.00	0	81,501	0		2.00
	TOTALS		105,000	81,501			
500.00	Grand Total: Decreases		1,871,664	11,698,618			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/31/2012 3:46 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,110,727	19,245	0	19,245	0	1.00
2.00	Land Improvements	4,672,509	310,068	0	310,068	0	2.00
3.00	Buildings and Fixtures	35,189,704	10,796,367	0	10,796,367	32,535	3.00
4.00	Building Improvements	19,000	0	0	0	0	4.00
5.00	Fixed Equipment	21,145,539	5,802,772	0	5,802,772	76,220	5.00
6.00	Movable Equipment	32,123,273	3,403,309	0	3,403,309	1,032,824	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	95,260,752	20,331,761	0	20,331,761	1,141,579	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	95,260,752	20,331,761	0	20,331,761	1,141,579	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,717,617	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3,348,110	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,065,727	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	79,957,177	0	79,957,177	0.702528	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	34,493,758	637,439	33,856,319	0.297472	0	2.00
3.00	Total (sum of lines 1-2)	114,450,935	637,439	113,813,496	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,129,972	0		1.00		
2.00	Land Improvements	4,982,577	746,250		2.00		
3.00	Buildings and Fixtures	45,953,536	10,335,490		3.00		
4.00	Building Improvements	19,000	7,550		4.00		
5.00	Fixed Equipment	26,872,091	6,906,972		5.00		
6.00	Movable Equipment	34,493,758	16,156,249		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	114,450,934	34,152,511		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	114,450,934	34,152,511		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	2,717,617		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	3,348,110		2.00		
3.00	Total (sum of lines 1-2)	0	6,065,727		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	2,717,617	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	3,345,764	230,119	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,063,381	230,119	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
		11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT	311,916	60,516	0	0	3,090,049	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	9,679	25,624	0	0	3,611,186	2.00	
3.00	Total (sum of lines 1-2)	321,595	86,140	0	0	6,701,235	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8
Date/Time Prepared:
5/31/2012 3:46 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-277,110	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-8,570	NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-28,167	PURCH, RECEIV, & STORES	5.03 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	-2,956	NONPATIENT TELEPHONES	5.01 7.00
8.00 Television and radio service (chapter 21)	A	-22,627	OPERATION OF PLANT	7.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-21,688,363		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-383,946	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients		0		0.00 17.00
18.00 Sale of medical records and abstracts	B	-55,380	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines	B	-1,262	CAFETERIA	11.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant			0	0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0	0.00 32.00
33.00 GAIN ON SALE OF ASSET	B	-2,346	NEW CAP REL COSTS-MVBLE EQUIP	2.00 33.00
35.00 NON ALLOWABLE A&G	A	-296,643	OTHER ADMIN & GENERAL	5.05 35.00
36.00 EMS TUITION	B	-9,065	EMERGENCY	91.00 36.00
36.01 EDUCATION REV (LIFE SUPPORT)	B	-24,234	NURSING ADMINISTRATION	13.00 36.01
37.00 SALE OF RADIOLOGY COPIES	B	-1,223	RADIOLOGY-DIAGNOSTIC	54.00 37.00
38.00 SALE OF MEDICAL RECORDS	B	-670	PROVIDER BASED CLINICS	90.01 38.00
39.00 NON ALLOW ADVERTISING	A	-118,086	OTHER ADMIN & GENERAL	5.05 39.00
40.00 MISC REVENUE	B	-7,372	OTHER ADMIN & GENERAL	5.05 40.00
40.01 GRANT REVENUE	B	-167,179	NURSING ADMINISTRATION	13.00 40.01
41.00 OFFSET AHA LOBBYING DUES	A	-30,342	OTHER ADMIN & GENERAL	5.05 41.00
42.00 EMPLOYEE PHYSICIANS	A	109,608	EMPLOYEE BENEFITS	4.00 42.00
43.00 PHYSICIAN RECRUITMENT COSTS	A	-144,643	OTHER ADMIN & GENERAL	5.05 43.00
44.00 IPA TAX	A	-1,469,044	OTHER ADMIN & GENERAL	5.05 44.00
45.00 OTHER ADJUSTMENTS (SPECIFY) 46		0		0.00 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-24,629,620		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	11	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	GAIN ON SALE OF ASSET	9	33.00
35.00	NON ALLOWABLE A&G	0	35.00
36.00	EMS TUITION	0	36.00
36.01	EDUCATION REV (LIFE SUPPORT)	0	36.01
37.00	SALE OF RADIOLOGY COPIES	0	37.00
38.00	SALE OF MEDICAL RECORDS	0	38.00
39.00	NON ALLOW ADVERTISING	0	39.00
40.00	MISC REVENUE	0	40.00
40.01	GRANT REVENUE	0	40.01
41.00	OFFSET AHA LOBBYING DUES	0	41.00
42.00	EMPLOYEE PHYSICIANS	0	42.00
43.00	PHYSICIAN RECRUITMENT COSTS	0	43.00
44.00	IPA TAX	0	44.00
45.00	OTHER ADJUSTMENTS (SPECIFY)46	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
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	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	60.00	LABORATORY	611,807	375,160	1.00
2.00	91.00	EMERGENCY ROOM	2,019,519	1,029,955	2.00
3.00	90.01	PROVIDER BASED CLINIC	19,247,287	19,247,287	3.00
4.00	90.01	HOSPITALISTS	750,439	337,698	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
200.00		TOTAL (Lines 1.00 through 199.00)	22,629,052	20,990,100	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
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	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	236,647	208,000	1,775	177,500	8,875	1.00
2.00	989,564	159,800	4,034	309,920	15,496	2.00
3.00	0	159,800	0	0	0	3.00
4.00	412,741	159,800	5,165	396,811	19,841	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	1,638,952		10,974	884,231	44,212	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
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	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	8,691	3,362	6,884	2,663	183,525	1.00
2.00	25,082	12,290	45,332	22,213	344,423	2.00
3.00	261,607	0	536,789	0	0	3.00
4.00	14,016	7,709	25,970	14,283	418,803	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	309,396	23,361	614,975	39,159	946,751	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet A-8-2

Date/Time Prepared:
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	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	53,122	428,282	1.00
2.00	645,141	1,675,096	2.00
3.00	0	19,247,287	3.00
4.00	0	337,698	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
200.00	698,263	21,688,363	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
5/31/2012 3:46 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	3,090,049	3,090,049				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	3,611,186		3,611,186			2.00
4.00 EMPLOYEE BENEFITS	16,444,935	33,547	18,573	16,497,055		4.00
5.01 NONPATIENT TELEPHONES	584,659	2,650	0	63,890	651,199	5.01
5.02 DATA PROCESSING	2,192,808	57,236	731,092	404,619	29,832	5.02
5.03 PURCH, RECEIV, & STORES	782,004	89,229	46,443	103,881	9,376	5.03
5.04 ADMIN/CASH/AR	3,151,401	88,096	18,211	465,468	43,470	5.04
5.05 OTHER ADMIN & GENERAL	7,442,629	89,860	60,314	820,464	44,322	5.05
7.00 OPERATION OF PLANT	4,006,009	947,107	55,976	271,058	15,342	7.00
8.00 LAUNDRY & LINEN SERVICE	375,264	1,359	0	6,648	0	8.00
9.00 HOUSEKEEPING	1,124,406	29,425	2,576	157,371	2,557	9.00
10.00 DIETARY	867,358	33,525	3,673	210,185	10,228	10.00
11.00 CAFETERIA	380,518	27,113	14,692	60,246	1,705	11.00
13.00 NURSING ADMINISTRATION	782,833	17,119	4,522	247,041	15,342	13.00
14.00 CENTRAL SERVICES & SUPPLY	83,324	5,083	2,085	14,430	1,705	14.00
15.00 PHARMACY	932,738	18,058	48,599	251,096	13,638	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,002,486	36,543	108,581	422,396	27,275	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 UTILIZATION REVIEW	221,592	1,021	0	59,474	2,557	17.01
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	624,417	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	797,393	30,852	7,220	160,757	19,604	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	5,846,079	240,508	114,457	1,506,481	52,846	30.00
31.00 INTENSIVE CARE UNIT	1,239,786	26,392	32,086	315,954	11,081	31.00
40.00 SUBPROVIDER - I/PF	1,219,625	65,698	2,610	318,401	15,342	40.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	400,779	3,972	9,684	98,740	1,705	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,046,497	101,528	291,199	402,424	32,389	50.00
52.00 DELIVERY ROOM & LABOR ROOM	120,401	9,415	1,886	27,654	852	52.00
53.00 ANESTHESIOLOGY	26,996	533	41,368	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,152,059	47,370	525,601	308,510	15,342	54.00
54.01 ULTRA SOUND	391,009	2,380	68,022	94,285	3,409	54.01
57.00 CT SCAN	359,639	4,317	131,307	31,155	1,705	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	424,921	3,612	360,570	64,305	1,705	58.00
59.00 CARDIAC CATHETERIZATION	1,966,741	66,779	222,407	202,619	15,342	59.00
60.00 LABORATORY	4,781,978	38,540	139,792	676,584	20,457	60.00
60.01 BLOOD BANK	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	813,336	19,469	69,383	191,110	16,195	65.00
66.00 PHYSICAL THERAPY	1,657,522	67,177	82,681	411,089	11,081	66.00
67.00 OCCUPATIONAL THERAPY	350,193	0	306	91,496	2,557	67.00
68.00 SPEECH PATHOLOGY	268,083	13,155	9,610	65,148	5,114	68.00
69.00 ELECTROCARDIOLOGY	-321,944	1,051	53,341	109,122	1,705	69.00
70.00 ELECTROENCEPHALOGRAPHY	209,689	12,254	15,249	49,384	1,705	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,271,756	0	0	0	0	71.00
71.01 PSYCHIATRY/PSYCHOLOGICAL SERVICES	103,326	22,014	2,504	26,483	5,114	71.01
72.00 IMPL. DEV. CHARGED TO PATIENT	931,991	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	3,222,486	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	514,272	31,175	16,529	127,048	7,671	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 PROVIDER BASED CLINICS	7,229,370	667,523	244,856	6,438,359	152,573	90.01
91.00 EMERGENCY	2,204,478	66,914	44,239	974,051	27,275	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	517,123	25,363	4,996	120,594	6,819	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	466,762	25,363	2,687	86,707	2,557	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	92,912,962	3,070,325	3,609,927	16,456,727	649,494	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	222,518	11,405	1,259	17,939	1,705	190.00
194.00 MEALS ON WHEELS	0	0	0	0	0	194.00
194.10 IHAP	-19,410	8,319	0	22,389	0	194.10
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	93,116,070	3,090,049	3,611,186	16,497,055	651,199	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part I Date/Time Prepared: 5/31/2012 3:46 pm
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Cost Center Description		DATA PROCESSING	PURCH, RECEIV, & STORES	ADMIN/CASH/AR	Subtotal	OTHER ADMIN & GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING	3,415,587					5.02
5.03	PURCH, RECEIV, & STORES	53,424	1,084,357				5.03
5.04	ADMIN/CASH/AR	242,190	22,275	4,031,111			5.04
5.05	OTHER ADMIN & GENERAL	195,889	13,027	0	8,666,505	8,666,505	5.05
7.00	OPERATION OF PLANT	60,547	43,076	0	5,399,115	554,073	7.00
8.00	LAUNDRY & LINEN SERVICE	0	280	0	383,551	39,361	8.00
9.00	HOUSEKEEPING	0	10,988	0	1,327,323	136,214	9.00
10.00	DIETARY	39,178	875	0	1,165,022	119,558	10.00
11.00	CAFETERIA	0	3,500	0	487,774	50,057	11.00
13.00	NURSING ADMINISTRATION	96,164	2,324	0	1,165,345	119,591	13.00
14.00	CENTRAL SERVICES & SUPPLY	7,123	0	0	113,750	11,673	14.00
15.00	PHARMACY	53,424	2,015	0	1,319,568	135,418	15.00
16.00	MEDICAL RECORDS & LIBRARY	181,642	12,956	0	2,791,879	286,511	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	UTILIZATION REVIEW	10,685	0	0	295,329	30,308	17.01
21.00	I&R SERVICES-SALARY & FRINGES APRVD	0	0	0	624,417	64,080	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APRVD	42,739	2,795	0	1,061,360	108,920	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	146,026	15,933	207,591	8,129,921	834,317	30.00
31.00	INTENSIVE CARE UNIT	24,931	6,623	58,612	1,715,465	176,046	31.00
40.00	SUBPROVIDER - IPF	39,178	867	94,463	1,756,184	180,225	40.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	5,048	10,555	530,483	54,440	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	131,780	78,797	412,293	3,496,907	358,863	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,617	17,021	178,846	18,354	52.00
53.00	ANESTHESIOLOGY	0	6,136	54,819	129,852	13,326	53.00
54.00	RADIOLOGY-DIAGNOSTIC	124,656	42,062	134,845	3,350,445	343,833	54.00
54.01	ULTRA SOUND	0	2,837	62,110	624,052	64,042	54.01
57.00	CT SCAN	3,562	9,807	298,981	840,473	86,252	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	5,783	142,378	1,003,274	102,959	58.00
59.00	CARDIAC CATHETERIZATION	106,848	130,181	226,415	2,937,332	301,438	59.00
60.00	LABORATORY	89,040	187,480	386,788	6,320,659	648,645	60.00
60.01	BLOOD BANK	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	28,493	19,624	85,476	1,243,086	127,569	65.00
66.00	PHYSICAL THERAPY	128,218	7,152	101,709	2,466,629	253,133	66.00
67.00	OCCUPATIONAL THERAPY	0	340	23,263	468,155	48,043	67.00
68.00	SPEECH PATHOLOGY	28,493	7,162	12,676	409,441	42,018	68.00
69.00	ELECTROCARDIOLOGY	21,370	50,626	142,091	57,362	5,887	69.00
70.00	ELECTROENCEPHALOGRAPHY	17,808	1,906	28,216	336,211	34,503	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	296,174	447,244	5,015,174	514,672	71.00
71.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	10,685	141	8,734	179,001	18,370	71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	44,411	976,402	100,201	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	14,051	523,250	3,759,787	385,841	73.00
75.00	ASC (NON-DISTINCT PART)	24,931	2,461	12,499	736,586	75,591	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
90.01	PROVIDER BASED CLINICS	1,307,112	60,988	301,471	16,402,252	1,683,284	90.01
91.00	EMERGENCY	103,287	14,039	193,200	3,627,483	372,263	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	49,863	1,538	0	726,296	74,535	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	HOSPICE	10,685	275	0	595,036	61,064	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,379,971	1,083,759	4,031,111	92,813,732	8,635,478	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,685	119	0	265,630	27,260	190.00
194.00	MEALS ON WHEELS	0	0	0	0	0	194.00
194.10	IHAP	24,931	479	0	36,708	3,767	194.10
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)	3,415,587	1,084,357	4,031,111	93,116,070	8,666,505	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
5/31/2012 3:46 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCH, RECEIV, & STORES						5.03
5.04	ADMIN/CASH/AR						5.04
5.05	OTHER ADMIN & GENERAL						5.05
7.00	OPERATION OF PLANT	5,953,188					7.00
8.00	LAUNDRY & LINEN SERVICE	4,539	427,451				8.00
9.00	HOUSEKEEPING	98,284	0	1,561,821			9.00
10.00	DIETARY	111,977	0	12,835	1,409,392		10.00
11.00	CAFETERIA	90,560	0	16,888	0	645,279	11.00
13.00	NURSING ADMINISTRATION	57,180	0	10,808	0	13,475	13.00
14.00	CENTRAL SERVICES & SUPPLY	16,978	0	22,292	0	2,994	14.00
15.00	PHARMACY	60,315	0	19,590	0	16,469	15.00
16.00	MEDICAL RECORDS & LIBRARY	122,059	0	43,234	0	49,407	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	UTILIZATION REVIEW	3,411	0	1,351	0	4,492	17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	103,049	0	0	0	11,977	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	803,325	184,824	351,275	780,190	124,262	30.00
31.00	INTENSIVE CARE UNIT	88,152	18,466	35,127	67,098	20,960	31.00
40.00	SUBPROVIDER - I/PF	219,440	15,131	42,558	206,074	23,955	40.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	13,267	5,754	8,106	0	4,492	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	339,116	31,578	113,489	0	41,921	50.00
52.00	DELIVERY ROOM & LABOR ROOM	31,449	3,288	17,564	0	1,497	52.00
53.00	ANESTHESIOLOGY	1,781	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	158,222	10,402	51,340	0	23,955	54.00
54.01	ULTRA SOUND	7,950	4,953	2,702	0	5,989	54.01
57.00	CT SCAN	14,420	23,281	5,404	0	2,994	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	12,063	10,898	4,729	0	5,989	58.00
59.00	CARDIAC CATHETERIZATION	223,051	10,313	17,564	0	14,972	59.00
60.00	LABORATORY	128,730	0	41,883	0	38,926	60.00
60.01	BLOOD BANK	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	65,029	0	60,122	0	14,972	65.00
66.00	PHYSICAL THERAPY	224,380	14,326	43,234	0	29,943	66.00
67.00	OCCUPATIONAL THERAPY	0	0	13,511	0	5,989	67.00
68.00	SPEECH PATHOLOGY	43,938	0	6,755	0	4,492	68.00
69.00	ELECTROCARDIOLOGY	3,511	0	3,378	0	7,486	69.00
70.00	ELECTROENCEPHALOGRAPHY	40,929	0	6,755	0	1,497	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	73,531	0	19,590	0	2,994	71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	104,127	25,086	19,590	15,052	11,977	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
90.01	PROVIDER BASED CLINICS	2,229,608	13,470	378,297	0	103,305	90.01
91.00	EMERGENCY	223,503	55,681	179,690	0	32,938	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	84,716	0	0	0	11,977	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	HOSPICE	84,716	0	0	0	7,486	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,887,306	427,451	1,549,661	1,068,414	643,782	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	38,095	0	12,160	0	1,497	190.00
194.00	MEALS ON WHEELS	0	0	0	340,978	0	194.00
194.10	IHAP	27,787	0	0	0	0	194.10
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,953,188	427,451	1,561,821	1,409,392	645,279	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part I
Date/Time Prepared:
5/31/2012 3:46 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH, RECEIV, & STORES						5.03
5.04 ADMIN/T/CASH/AR						5.04
5.05 OTHER ADMIN & GENERAL						5.05
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	1,366,399					13.00
14.00 CENTRAL SERVICES & SUPPLY	0	167,687				14.00
15.00 PHARMACY	0	0	1,551,360			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	78	3,293,168		16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 UTILIZATION REVIEW	0	0	0	0	0	17.01
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	667,546	0	12,828	360,097	0	30.00
31.00 INTENSIVE CARE UNIT	133,312	0	1,569	113,609	0	31.00
40.00 SUBPROVIDER - IPF	133,105	0	675	185,300	0	40.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	32,073	0	0	20,726	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	172,577	0	8,042	291,388	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	9,187	0	100	28,949	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	44,761	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	17,223	34,258	0	54.00
54.01 ULTRA SOUND	0	0	87	18,190	0	54.01
57.00 CT SCAN	0	0	2,898	158,232	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	3,549	29,223	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	2,717	251,474	0	59.00
60.00 LABORATORY	0	0	2,720	229,082	0	60.00
60.01 BLOOD BANK	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	19,384	14,180	0	65.00
66.00 PHYSICAL THERAPY	0	0	6,131	19,603	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	3,738	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	85,754	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	61,134	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	285	2,748	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	167,687	0	512,800	0	71.00
71.01 PSYCHIATRY/PSYCHOLOGICAL SERVICES	11,721	0	0	15,177	0	71.01
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	53,420	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	659,399	0	73.00
75.00 ASC (NON-DISTINCT PART)	50,112	0	1,334	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 PROVIDER BASED CLINICS	0	0	1,459,238	0	0	90.01
91.00 EMERGENCY	156,766	0	12,248	99,926	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	0	254	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,366,399	167,687	1,551,360	3,293,168	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 MEALS ON WHEELS	0	0	0	0	0	194.00
194.10 IHAP	0	0	0	0	0	194.10
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)	1,366,399	167,687	1,551,360	3,293,168	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part I
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Cost Center Description	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	17.01	21.00	22.00	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH, RECEIV, & STORES						5.03
5.04 ADMIT/CASH/AR						5.04
5.05 OTHER ADMIN & GENERAL						5.05
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
17.01 UTILIZATION REVIEW	334,891					17.01
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	688,497				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,285,306			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	237,879	598,553	1,117,396	14,202,413	-1,715,949	30.00
31.00 INTENSIVE CARE UNIT	24,684	62,111	115,950	2,572,549	-178,061	31.00
40.00 SUBPROVIDER - I/PF	61,266	0	0	2,823,913	0	40.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	11,062	27,833	51,960	760,196	-79,793	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	4,853,881	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	289,234	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	189,720	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	3,989,678	0	54.00
54.01 ULTRA SOUND	0	0	0	727,965	0	54.01
57.00 CT SCAN	0	0	0	1,133,954	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,172,684	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	3,758,861	0	59.00
60.00 LABORATORY	0	0	0	7,410,645	0	60.00
60.01 BLOOD BANK	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	1,544,342	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	3,057,379	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	539,436	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	592,398	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	138,758	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	422,928	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,210,333	0	71.00
71.01 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	0	0	320,384	0	71.01
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,130,023	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	4,805,027	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	1,039,455	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 PROVIDER BASED CLINICS	0	0	0	22,269,454	0	90.01
91.00 EMERGENCY	0	0	0	4,760,498	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	0	0	897,778	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	0	0	748,302	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	334,891	688,497	1,285,306	92,362,188	-1,973,803	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	344,642	0	190.00
194.00 MEALS ON WHEELS	0	0	0	340,978	0	194.00
194.10 IHAP	0	0	0	68,262	0	194.10
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)	334,891	688,497	1,285,306	93,116,070	-1,973,803	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	NONPATIENT TELEPHONES		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCH, RECEIV, & STORES		5.03
5.04	ADMN T/CASH/AR		5.04
5.05	OTHER ADMIN & GENERAL		5.05
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
17.01	UTILIZATION REVIEW		17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	12,486,464	30.00
31.00	INTENSIVE CARE UNIT	2,394,488	31.00
40.00	SUBPROVIDER - IPF	2,823,913	40.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	680,403	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	4,853,881	50.00
52.00	DELIVERY ROOM & LABOR ROOM	289,234	52.00
53.00	ANESTHESIOLOGY	189,720	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,989,678	54.00
54.01	ULTRA SOUND	727,965	54.01
57.00	CT SCAN	1,133,954	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,172,684	58.00
59.00	CARDIAC CATHETERIZATION	3,758,861	59.00
60.00	LABORATORY	7,410,645	60.00
60.01	BLOOD BANK	0	60.01
65.00	RESPIRATORY THERAPY	1,544,342	65.00
66.00	PHYSICAL THERAPY	3,057,379	66.00
67.00	OCCUPATIONAL THERAPY	539,436	67.00
68.00	SPEECH PATHOLOGY	592,398	68.00
69.00	ELECTROCARDIOLOGY	138,758	69.00
70.00	ELECTROENCEPHALOGRAPHY	422,928	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,210,333	71.00
71.01	PSYCHIATRY/PSYCHOLOGICAL SERVICES	320,384	71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	1,130,023	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,805,027	73.00
75.00	ASC (NON-DISTINCT PART)	1,039,455	75.00
OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0	90.00
90.01	PROVIDER BASED CLINICS	22,269,454	90.01
91.00	EMERGENCY	4,760,498	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	HOME HEALTH AGENCY	897,778	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE	0	113.00
116.00	HOSPICE	748,302	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	90,388,385	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	344,642	190.00
194.00	MEALS ON WHEELS	340,978	194.00
194.10	IHAP	68,262	194.10
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	91,142,267	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	33,547	18,573	52,120	4.00
5.01	NONPATIENT TELEPHONES	0	2,650	0	2,650	5.01
5.02	DATA PROCESSING	0	57,236	731,092	788,328	5.02
5.03	PURCH, RECEIV. & STORES	0	89,229	46,443	135,672	5.03
5.04	ADMIN/CASH/AR	0	88,096	18,211	106,307	5.04
5.05	OTHER ADMIN & GENERAL	0	89,860	60,314	150,174	5.05
7.00	OPERATION OF PLANT	0	947,107	55,976	1,003,083	7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,359	0	1,359	8.00
9.00	HOUSEKEEPING	0	29,425	2,576	32,001	9.00
10.00	DIETARY	0	33,525	3,673	37,198	10.00
11.00	CAFETERIA	0	27,113	14,692	41,805	11.00
13.00	NURSING ADMINISTRATION	0	17,119	4,522	21,641	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	5,083	2,085	7,168	14.00
15.00	PHARMACY	0	18,058	48,599	66,657	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	36,543	108,581	145,124	16.00
17.00	SOCIAL SERVICE	0	0	0	0	17.00
17.01	UTILIZATION REVIEW	0	1,021	0	1,021	17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	30,852	7,220	38,072	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	240,508	114,457	354,965	30.00
31.00	INTENSIVE CARE UNIT	0	26,392	32,086	58,478	31.00
40.00	SUBPROVIDER - IPF	0	65,698	2,610	68,308	40.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	0	3,972	9,684	13,656	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	101,528	291,199	392,727	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	9,415	1,886	11,301	52.00
53.00	ANESTHESIOLOGY	0	533	41,368	41,901	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	47,370	525,601	572,971	54.00
54.01	ULTRA SOUND	0	2,380	68,022	70,402	54.01
57.00	CT SCAN	0	4,317	131,307	135,624	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	3,612	360,570	364,182	58.00
59.00	CARDIAC CATHETERIZATION	0	66,779	222,407	289,186	59.00
60.00	LABORATORY	0	38,540	139,792	178,332	60.00
60.01	BLOOD BANK	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	19,469	69,383	88,852	65.00
66.00	PHYSICAL THERAPY	0	67,177	82,681	149,858	66.00
67.00	OCCUPATIONAL THERAPY	0	0	306	306	67.00
68.00	SPEECH PATHOLOGY	0	13,155	9,610	22,765	68.00
69.00	ELECTROCARDIOLOGY	0	1,051	53,341	54,392	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	12,254	15,249	27,503	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.01	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	22,014	2,504	24,518	71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	31,175	16,529	47,704	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0	90.00
90.01	PROVIDER BASED CLINICS	0	667,523	244,856	912,379	90.01
91.00	EMERGENCY	0	66,914	44,239	111,153	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	HOME HEALTH AGENCY	0	25,363	4,996	30,359	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE	0	0	0	0	113.00
116.00	HOSPICE	0	25,363	2,687	28,050	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,070,325	3,609,927	6,680,252	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,405	1,259	12,664	190.00
194.00	MEALS ON WHEELS	0	0	0	0	194.00
194.10	IHAP	0	8,319	0	8,319	194.10
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	3,090,049	3,611,186	6,701,235	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/31/2012 3:46 pm	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCH, RECEIV, & STORES	ADMIN/CASH/AR	OTHER ADMIN & GENERAL		
		5.01	5.02	5.03	5.04	5.05		
GENERAL SERVICE COST CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.01	NONPATIENT TELEPHONES	2,852						5.01
5.02	DATA PROCESSING	131	789,737					5.02
5.03	PURCH, RECEIV, & STORES	41	12,353	148,394				5.03
5.04	ADMIN/CASH/AR	190	55,998	3,048	167,014			5.04
5.05	OTHER ADMIN & GENERAL	194	45,293	1,783	0	200,036		5.05
7.00	OPERATION OF PLANT	67	14,000	5,895	0	12,791		7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	38	0	909		8.00
9.00	HOUSEKEEPING	11	0	1,504	0	3,144		9.00
10.00	DIETARY	45	9,059	120	0	2,760		10.00
11.00	CAFETERIA	7	0	479	0	1,156		11.00
13.00	NURSING ADMINISTRATION	67	22,235	318	0	2,761		13.00
14.00	CENTRAL SERVICES & SUPPLY	7	1,647	0	0	269		14.00
15.00	PHARMACY	60	12,353	276	0	3,126		15.00
16.00	MEDICAL RECORDS & LIBRARY	119	41,999	1,773	0	6,614		16.00
17.00	SOCIAL SERVICE	0	0	0	0	0		17.00
17.01	UTILIZATION REVIEW	11	2,471	0	0	700		17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,479		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	86	9,882	382	0	2,514		22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	231	33,764	2,180	8,604	19,260		30.00
31.00	INTENSIVE CARE UNIT	49	5,765	906	2,429	4,064		31.00
40.00	SUBPROVIDER - IPF	67	9,059	119	3,915	4,160		40.00
42.00	SUBPROVIDER	0	0	0	0	0		42.00
43.00	NURSERY	7	0	691	437	1,257		43.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	142	30,470	10,784	17,089	8,284		50.00
52.00	DELIVERY ROOM & LABOR ROOM	4	0	221	705	424		52.00
53.00	ANESTHESIOLOGY	0	0	840	2,272	308		53.00
54.00	RADIOLOGY-DIAGNOSTIC	67	28,823	5,756	5,589	7,937		54.00
54.01	ULTRA SOUND	15	0	388	2,574	1,478		54.01
57.00	CT SCAN	7	824	1,342	12,393	1,991		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	7	0	791	5,901	2,377		58.00
59.00	CARDIAC CATHETERIZATION	67	24,705	17,816	9,385	6,959		59.00
60.00	LABORATORY	90	20,588	25,657	16,032	14,974		60.00
60.01	BLOOD BANK	0	0	0	0	0		60.01
65.00	RESPIRATORY THERAPY	71	6,588	2,686	3,543	2,945		65.00
66.00	PHYSICAL THERAPY	49	29,646	979	4,216	5,843		66.00
67.00	OCCUPATIONAL THERAPY	11	0	47	964	1,109		67.00
68.00	SPEECH PATHOLOGY	22	6,588	980	525	970		68.00
69.00	ELECTROCARDIOLOGY	7	4,941	6,928	5,890	136		69.00
70.00	ELECTROENCEPHALOGRAPHY	7	4,118	261	1,170	796		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	40,530	18,538	11,881		71.00
71.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	22	2,471	19	362	424		71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,841	2,313		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	1,923	21,618	8,907		73.00
75.00	ASC (NON-DISTINCT PART)	34	5,765	337	518	1,745		75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	0	0	0	0		90.00
90.01	PROVIDER BASED CLINICS	673	302,214	8,346	12,496	38,830		90.01
91.00	EMERGENCY	119	23,882	1,921	8,008	8,594		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	HOME HEALTH AGENCY	30	11,529	210	0	1,721		101.00
SPECIAL PURPOSE COST CENTERS								
113.00	INTEREST EXPENSE	0	0	0	0	0		113.00
116.00	HOSPICE	11	2,471	38	0	1,410		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,845	781,501	148,312	167,014	199,320		118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	7	2,471	16	0	629		190.00
194.00	MEALS ON WHEELS	0	0	0	0	0		194.00
194.10	IHAP	0	5,765	66	0	87		194.10
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	2,852	789,737	148,394	167,014	200,036		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/31/2012 3:46 pm
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Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCH, RECEIV, & STORES						5.03
5.04	ADMIN/CASH/AR						5.04
5.05	OTHER ADMIN & GENERAL						5.05
7.00	OPERATION OF PLANT	1,036,692					7.00
8.00	LAUNDRY & LINEN SERVICE	790	3,117				8.00
9.00	HOUSEKEEPING	17,115	0	54,272			9.00
10.00	DIETARY	19,500	0	446	69,792		10.00
11.00	CAFETERIA	15,770	0	587	0	59,994	11.00
13.00	NURSING ADMINISTRATION	9,957	0	376	0	1,253	13.00
14.00	CENTRAL SERVICES & SUPPLY	2,957	0	775	0	278	14.00
15.00	PHARMACY	10,503	0	681	0	1,531	15.00
16.00	MEDICAL RECORDS & LIBRARY	21,255	0	1,502	0	4,594	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	UTILIZATION REVIEW	594	0	47	0	418	17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	17,945	0	0	0	1,114	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	139,892	1,349	12,207	38,634	11,551	30.00
31.00	INTENSIVE CARE UNIT	15,351	135	1,221	3,323	1,949	31.00
40.00	SUBPROVIDER - I/PF	38,213	110	1,479	10,205	2,227	40.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	2,310	42	282	0	418	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	59,054	230	3,944	0	3,898	50.00
52.00	DELIVERY ROOM & LABOR ROOM	5,477	24	610	0	139	52.00
53.00	ANESTHESIOLOGY	310	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	27,553	76	1,784	0	2,227	54.00
54.01	ULTRA SOUND	1,384	36	94	0	557	54.01
57.00	CT SCAN	2,511	170	188	0	278	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,101	79	164	0	557	58.00
59.00	CARDIAC CATHETERIZATION	38,842	75	610	0	1,392	59.00
60.00	LABORATORY	22,417	0	1,455	0	3,619	60.00
60.01	BLOOD BANK	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	11,324	0	2,089	0	1,392	65.00
66.00	PHYSICAL THERAPY	39,074	104	1,502	0	2,784	66.00
67.00	OCCUPATIONAL THERAPY	0	0	469	0	557	67.00
68.00	SPEECH PATHOLOGY	7,651	0	235	0	418	68.00
69.00	ELECTROCARDIOLOGY	611	0	117	0	696	69.00
70.00	ELECTROENCEPHALOGRAPHY	7,127	0	235	0	139	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	12,805	0	681	0	278	71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	18,133	183	681	745	1,114	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
90.01	PROVIDER BASED CLINICS	388,266	98	13,144	0	9,605	90.01
91.00	EMERGENCY	38,921	406	6,244	0	3,062	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	14,753	0	0	0	1,114	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	HOSPICE	14,753	0	0	0	696	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,025,219	3,117	53,849	52,907	59,855	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,634	0	423	0	139	190.00
194.00	MEALS ON WHEELS	0	0	0	16,885	0	194.00
194.10	IHAP	4,839	0	0	0	0	194.10
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)	1,036,692	3,117	54,272	69,792	59,994	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/31/2012 3:46 pm	
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCH, RECEIV, & STORES						5.03
5.04	ADMIN/CASH/AR						5.04
5.05	OTHER ADMIN & GENERAL						5.05
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	59,388					13.00
14.00	CENTRAL SERVICES & SUPPLY	0	13,147				14.00
15.00	PHARMACY	0	0	95,980			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	5	224,319		16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	UTILIZATION REVIEW	0	0	0	0	0	17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	29,014	0	794	24,534	0	30.00
31.00	INTENSIVE CARE UNIT	5,794	0	97	7,740	0	31.00
40.00	SUBPROVIDER - IPF	5,785	0	42	12,625	0	40.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,394	0	0	1,412	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	7,501	0	498	19,853	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	399	0	6	1,972	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	3,050	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	1,066	2,334	0	54.00
54.01	ULTRA SOUND	0	0	5	1,239	0	54.01
57.00	CT SCAN	0	0	179	10,781	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	220	1,991	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	168	17,133	0	59.00
60.00	LABORATORY	0	0	168	15,608	0	60.00
60.01	BLOOD BANK	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	0	1,199	966	0	65.00
66.00	PHYSICAL THERAPY	0	0	379	1,336	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	255	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	5,842	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	4,165	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	18	187	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,147	0	34,938	0	71.00
71.01	PSYCHIATRY/PSYCHOLOGICAL SERVICES	509	0	0	1,034	0	71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	3,640	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	44,876	0	73.00
75.00	ASC (NON-DISTINCT PART)	2,178	0	83	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0	0	0	90.00
90.01	PROVIDER BASED CLINICS	0	0	90,279	0	0	90.01
91.00	EMERGENCY	6,814	0	758	6,808	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	0	0	16	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	59,388	13,147	95,980	224,319	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	MEALS ON WHEELS	0	0	0	0	0	194.00
194.10	IHAP	0	0	0	0	0	194.10
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)	59,388	13,147	95,980	224,319	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet B
Part II
Date/Time Prepared:
5/31/2012 3:46 pm

Cost Center Description	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.01	21.00			
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH, RECEIV, & STORES						5.03
5.04 ADMIT/CASH/AR						5.04
5.05 OTHER ADMIN & GENERAL						5.05
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
17.01 UTILIZATION REVIEW	5,450					17.01
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,479				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		70,503			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3,871			685,609	0	30.00
31.00 INTENSIVE CARE UNIT	402			108,701	0	31.00
40.00 SUBPROVIDER - I/PF	997			158,317	0	40.00
42.00 SUBPROVIDER	0			0	0	42.00
43.00 NURSERY	180			22,398	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0			555,745	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0			21,369	0	52.00
53.00 ANESTHESIOLOGY	0			48,681	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0			657,158	0	54.00
54.01 ULTRA SOUND	0			78,470	0	54.01
57.00 CT SCAN	0			166,386	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0			378,573	0	58.00
59.00 CARDIAC CATHETERIZATION	0			406,978	0	59.00
60.00 LABORATORY	0			301,077	0	60.00
60.01 BLOOD BANK	0			0	0	60.01
65.00 RESPIRATORY THERAPY	0			122,259	0	65.00
66.00 PHYSICAL THERAPY	0			237,069	0	66.00
67.00 OCCUPATIONAL THERAPY	0			4,007	0	67.00
68.00 SPEECH PATHOLOGY	0			46,202	0	68.00
69.00 ELECTROCARDIOLOGY	0			78,228	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0			41,717	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0			119,034	0	71.00
71.01 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0			43,207	0	71.01
72.00 IMPL. DEV. CHARGED TO PATIENT	0			7,794	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0			77,324	0	73.00
75.00 ASC (NON-DISTINCT PART)	0			79,621	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0			0	0	90.00
90.01 PROVIDER BASED CLINICS	0			1,796,674	0	90.01
91.00 EMERGENCY	0			219,767	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0			60,113	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0			0	0	113.00
116.00 HOSPICE	0			47,703	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,450	0	0	6,570,181	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			23,040	0	190.00
194.00 MEALS ON WHEELS	0			16,885	0	194.00
194.10 IHAP	0			19,147	0	194.10
200.00 Cross Foot Adjustments		1,479	70,503	71,982	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	5,450	1,479	70,503	6,701,235	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 5/31/2012 3:46 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	NONPATIENT TELEPHONES		5.01
5.02	DATA PROCESSING		5.02
5.03	PURCH, RECEIV, & STORES		5.03
5.04	ADMN T/CASH/AR		5.04
5.05	OTHER ADMIN & GENERAL		5.05
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
17.01	UTILIZATION REVIEW		17.01
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	685,609	30.00
31.00	INTENSIVE CARE UNIT	108,701	31.00
40.00	SUBPROVIDER - IPF	158,317	40.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	22,398	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	555,745	50.00
52.00	DELIVERY ROOM & LABOR ROOM	21,369	52.00
53.00	ANESTHESIOLOGY	48,681	53.00
54.00	RADIOLOGY-DIAGNOSTIC	657,158	54.00
54.01	ULTRA SOUND	78,470	54.01
57.00	CT SCAN	166,386	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	378,573	58.00
59.00	CARDIAC CATHETERIZATION	406,978	59.00
60.00	LABORATORY	301,077	60.00
60.01	BLOOD BANK	0	60.01
65.00	RESPIRATORY THERAPY	122,259	65.00
66.00	PHYSICAL THERAPY	237,069	66.00
67.00	OCCUPATIONAL THERAPY	4,007	67.00
68.00	SPEECH PATHOLOGY	46,202	68.00
69.00	ELECTROCARDIOLOGY	78,228	69.00
70.00	ELECTROENCEPHALOGRAPHY	41,717	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	119,034	71.00
71.01	PSYCHIATRY/PSYCHOLOGICAL SERVICES	43,207	71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	7,794	72.00
73.00	DRUGS CHARGED TO PATIENTS	77,324	73.00
75.00	ASC (NON-DISTINCT PART)	79,621	75.00
OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0	90.00
90.01	PROVIDER BASED CLINICS	1,796,674	90.01
91.00	EMERGENCY	219,767	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
101.00	HOME HEALTH AGENCY	60,113	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE	0	113.00
116.00	HOSPICE	47,703	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,570,181	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23,040	190.00
194.00	MEALS ON WHEELS	16,885	194.00
194.10	IHAP	19,147	194.10
200.00	Cross Foot Adjustments	71,982	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	6,701,235	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1
Date/Time Prepared:
5/31/2012 3:46 pm

Cost Center Description	CAPITAL RELATED COSTS					
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
	1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	411,548					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		3,361,215				2.00
4.00 EMPLOYEE BENEFITS	4,468	17,287	57,147,239			4.00
5.01 NONPATIENT TELEPHONES	353	0	221,320	764		5.01
5.02 DATA PROCESSING	7,623	680,485	1,401,637	35	959	5.02
5.03 PURCH, RECEIV. & STORES	11,884	43,228	359,854	11	15	5.03
5.04 ADMN/CASH/AR	11,733	16,950	1,612,422	51	68	5.04
5.05 OTHER ADMIN & GENERAL	11,968	56,139	2,842,163	52	55	5.05
7.00 OPERATION OF PLANT	126,140	52,101	938,969	18	17	7.00
8.00 LAUNDRY & LINEN SERVICE	181	0	23,030	0	0	8.00
9.00 HOUSEKEEPING	3,919	2,398	545,148	3	0	9.00
10.00 DIETARY	4,465	3,419	728,101	12	11	10.00
11.00 CAFETERIA	3,611	13,675	208,698	2	0	11.00
13.00 NURSING ADMINISTRATION	2,280	4,209	855,774	18	27	13.00
14.00 CENTRAL SERVICES & SUPPLY	677	1,941	49,988	2	2	14.00
15.00 PHARMACY	2,405	45,235	869,818	16	15	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,867	101,065	1,463,220	32	51	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 UTILIZATION REVIEW	136	0	206,022	3	3	17.01
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	4,109	6,720	556,878	23	12	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	32,032	106,534	5,218,589	62	41	30.00
31.00 INTENSIVE CARE UNIT	3,515	29,865	1,094,494	13	7	31.00
40.00 SUBPROVIDER - IPF	8,750	2,429	1,102,971	18	11	40.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	529	9,014	342,045	2	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	13,522	271,042	1,394,034	38	37	50.00
52.00 DELIVERY ROOM & LABOR ROOM	1,254	1,755	95,797	1	0	52.00
53.00 ANESTHESIOLOGY	71	38,504	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	6,309	489,218	1,068,708	18	35	54.00
54.01 ULTRASOUND	317	63,313	326,611	4	0	54.01
57.00 CT SCAN	575	122,218	107,923	2	1	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	481	335,611	222,759	2	0	58.00
59.00 CARDIAC CATHETERIZATION	8,894	207,012	701,891	18	30	59.00
60.00 LABORATORY	5,133	130,115	2,343,749	24	25	60.00
60.01 BLOOD BANK	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	2,593	64,580	662,023	19	8	65.00
66.00 PHYSICAL THERAPY	8,947	76,958	1,424,051	13	36	66.00
67.00 OCCUPATIONAL THERAPY	0	285	316,949	3	0	67.00
68.00 SPEECH PATHOLOGY	1,752	8,945	225,679	6	8	68.00
69.00 ELECTROCARDIOLOGY	140	49,649	378,007	2	6	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,632	14,193	171,072	2	5	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01 PSYCHIATRY/PSYCHOLOGICAL SERVICES	2,932	2,331	91,740	6	3	71.01
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	4,152	15,385	440,105	9	7	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 PROVIDER BASED CLINICS	88,904	227,907	22,302,990	179	367	90.01
91.00 EMERGENCY	8,912	41,177	3,374,200	32	29	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	3,378	4,650	417,748	8	14	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	3,378	2,501	300,362	3	3	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	408,921	3,360,043	57,007,539	762	949	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,519	1,172	62,141	2	3	190.00
194.00 MEALS ON WHEELS	0	0	0	0	0	194.00
194.10 IHAP	1,108	0	77,559	0	7	194.10
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)	3,090,049	3,611,186	16,497,055	651,199	3,415,587	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	7.508356	1.074369	0.288676	852.354712	3,561.613139	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			52,120	2,852	789,737	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000912	3.732984	823.500521	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	PURCH, RECEIV. & STORES (COST OF SUPPLIES)	ADMIT/CASH/AR (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	5.03	5.04	5A.05	5.05	7.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH, RECEIV. & STORES	9,658,118					5.03
5.04 ADMIT/CASH/AR	198,401	309,426,503				5.04
5.05 OTHER ADMIN & GENERAL	116,028	0	-8,666,505	84,449,565		5.05
7.00 OPERATION OF PLANT	383,665	0	0	5,399,115	237,379	7.00
8.00 LAUNDRY & LINEN SERVICE	2,491	0	0	383,551	181	8.00
9.00 HOUSEKEEPING	97,869	0	0	1,327,323	3,919	9.00
10.00 DIETARY	7,793	0	0	1,165,022	4,465	10.00
11.00 CAFETERIA	31,171	0	0	487,774	3,611	11.00
13.00 NURSING ADMINISTRATION	20,697	0	0	1,165,345	2,280	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	113,750	677	14.00
15.00 PHARMACY	17,951	0	0	1,319,568	2,405	15.00
16.00 MEDICAL RECORDS & LIBRARY	115,397	0	0	2,791,879	4,867	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 UTILIZATION REVIEW	0	0	0	295,329	136	17.01
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	624,417	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	24,894	0	0	1,061,360	4,109	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	141,911	15,934,217	0	8,129,921	32,032	30.00
31.00 INTENSIVE CARE UNIT	58,987	4,498,897	0	1,715,465	3,515	31.00
40.00 SUBPROVIDER - I/PF	7,719	7,250,802	0	1,756,184	8,750	40.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	44,965	810,163	0	530,483	529	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	701,825	31,646,692	0	3,496,907	13,522	50.00
52.00 DELIVERY ROOM & LABOR ROOM	14,399	1,306,460	0	178,846	1,254	52.00
53.00 ANESTHESIOLOGY	54,653	4,207,813	0	129,852	71	53.00
54.00 RADIOLOGY-DIAGNOSTIC	374,636	10,350,372	0	3,350,445	6,309	54.00
54.01 ULTRA SOUND	25,270	4,767,447	0	624,052	317	54.01
57.00 CT SCAN	87,352	22,949,093	0	840,473	575	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	51,511	10,928,627	0	1,003,274	481	58.00
59.00 CARDIAC CATHETERIZATION	1,159,495	17,379,114	0	2,937,332	8,894	59.00
60.00 LABORATORY	1,669,846	29,688,956	0	6,320,659	5,133	60.00
60.01 BLOOD BANK	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	174,791	6,560,930	0	1,243,086	2,593	65.00
66.00 PHYSICAL THERAPY	63,698	7,806,922	0	2,466,629	8,947	66.00
67.00 OCCUPATIONAL THERAPY	3,027	1,785,633	0	468,155	0	67.00
68.00 SPEECH PATHOLOGY	63,789	972,963	0	409,441	1,752	68.00
69.00 ELECTROCARDIOLOGY	450,915	10,906,552	0	57,362	140	69.00
70.00 ELECTROENCEPHALOGRAPHY	16,972	2,165,798	0	336,211	1,632	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,637,957	34,329,465	0	5,015,174	0	71.00
71.01 PSYCHIATRY/PSYCHOLOGICAL SERVICES	1,252	670,391	0	179,001	2,932	71.01
72.00 IMPL. DEV. CHARGED TO PATIENT	0	3,408,885	0	976,402	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	125,150	40,171,035	0	3,759,787	0	73.00
75.00 ASC (NON-DISTINCT PART)	21,921	959,419	0	736,586	4,152	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 PROVIDER BASED CLINICS	543,209	23,140,269	0	16,402,252	88,904	90.01
91.00 EMERGENCY	125,039	14,829,588	0	3,627,483	8,912	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	13,699	0	0	726,296	3,378	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	2,446	0	0	595,036	3,378	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,652,791	309,426,503	-8,666,505	84,147,227	234,752	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,060	0	0	265,630	1,519	190.00
194.00 MEALS ON WHEELS	0	0	0	0	0	194.00
194.10 IHAP	4,267	0	0	36,708	1,108	194.10
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)	1,084,357	4,031,111		8,666,505	5,953,188	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.112274	0.013028		0.102623	25.078832	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	148,394	167,014		200,036	1,036,692	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.015365	0.000540		0.002369	4.367244	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE' s)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
	8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH, RECEIV, & STORES						5.03
5.04 ADMIT/CASH/AR						5.04
5.05 OTHER ADMIN & GENERAL						5.05
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE	401,376					8.00
9.00 HOUSEKEEPING	0	2,312				9.00
10.00 DIETARY	0	19	69,569			10.00
11.00 CAFETERIA	0	25	0	431		11.00
13.00 NURSING ADMINISTRATION	0	16	0	9	410,940	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	33	0	2	0	14.00
15.00 PHARMACY	0	29	0	11	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	64	0	33	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
17.01 UTILIZATION REVIEW	0	2	0	3	0	17.01
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	8	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	173,550	520	38,511	83	200,762	30.00
31.00 INTENSIVE CARE UNIT	17,340	52	3,312	14	40,093	31.00
40.00 SUBPROVIDER - IPF	14,208	63	10,172	16	40,031	40.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	5,403	12	0	3	9,646	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	29,652	168	0	28	51,902	50.00
52.00 DELIVERY ROOM & LABOR ROOM	3,087	26	0	1	2,763	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	9,767	76	0	16	0	54.00
54.01 ULTRA SOUND	4,651	4	0	4	0	54.01
57.00 CT SCAN	21,861	8	0	2	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	10,233	7	0	4	0	58.00
59.00 CARDIAC CATHETERIZATION	9,684	26	0	10	0	59.00
60.00 LABORATORY	0	62	0	26	0	60.00
60.01 BLOOD BANK	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	89	0	10	0	65.00
66.00 PHYSICAL THERAPY	13,452	64	0	20	0	66.00
67.00 OCCUPATIONAL THERAPY	0	20	0	4	0	67.00
68.00 SPEECH PATHOLOGY	0	10	0	3	0	68.00
69.00 ELECTROCARDIOLOGY	0	5	0	5	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	10	0	1	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
71.01 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	29	0	2	3,525	71.01
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	23,556	29	743	8	15,071	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 PROVIDER BASED CLINICS	12,648	560	0	69	0	90.01
91.00 EMERGENCY	52,284	266	0	22	47,147	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	0	0	8	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	0	0	5	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	401,376	2,294	52,738	430	410,940	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18	0	1	0	190.00
194.00 MEALS ON WHEELS	0	0	16,831	0	0	194.00
194.10 IHAP	0	0	0	0	0	194.10
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)	427,451	1,561,821	1,409,392	645,279	1,366,399	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.064964	675.528114	20.258908	1,497.167053	3.325057	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	3,117	54,272	69,792	59,994	59,388	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.007766	23.474048	1.003205	139.197216	0.144517	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	
	14.00	15.00	16.00	17.00	17.01	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCH, RECEIV, & STORES						5.03
5.04 ADMIT/CASH/AR						5.04
5.05 OTHER ADMIN & GENERAL						5.05
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	1,000					14.00
15.00 PHARMACY	0	838,346				15.00
16.00 MEDICAL RECORDS & LIBRARY	0	42	128,724,992			16.00
17.00 SOCIAL SERVICE	0	0	0	18,044		17.00
17.01 UTILIZATION REVIEW	0	0	0	0	18,044	17.01
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	6,932	14,075,638	12,817	12,817	30.00
31.00 INTENSIVE CARE UNIT	0	848	4,440,814	1,330	1,330	31.00
40.00 SUBPROVIDER - IPF	0	365	7,243,102	3,301	3,301	40.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	810,163	596	596	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	4,346	11,389,922	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	54	1,131,568	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	1,749,633	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	9,307	1,339,081	0	0	54.00
54.01 ULTRA SOUND	0	47	711,016	0	0	54.01
57.00 CT SCAN	0	1,566	6,185,057	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	1,918	1,142,271	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	1,468	9,829,722	0	0	59.00
60.00 LABORATORY	0	1,470	8,954,456	0	0	60.00
60.01 BLOOD BANK	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	10,475	554,264	0	0	65.00
66.00 PHYSICAL THERAPY	0	3,313	766,264	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	146,103	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	3,351,973	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	2,389,651	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	154	107,416	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,000	0	20,044,571	0	0	71.00
71.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	593,263	0	0	71.01
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	2,088,115	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	25,774,975	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	721	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 PROVIDER BASED CLINICS	0	788,564	0	0	0	90.01
91.00 EMERGENCY	0	6,619	3,905,954	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	137	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,000	838,346	128,724,992	18,044	18,044	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 MEALS ON WHEELS	0	0	0	0	0	194.00
194.10 IHAP	0	0	0	0	0	194.10
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)	167,687	1,551,360	3,293,168	0	334,891	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	167.687000	1.850501	0.025583	0.000000	18.559687	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	13,147	95,980	224,319	0	5,450	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	13.147000	0.114487	0.001743	0.000000	0.302039	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALARY & FRINGES (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS (PATIENT DAYS)		
	21.00	22.00		
GENERAL SERVICE COST CENTERS				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.01 NONPATIENT TELEPHONES				5.01
5.02 DATA PROCESSING				5.02
5.03 PURCH, RECEIV, & STORES				5.03
5.04 ADMIT/CASH/AR				5.04
5.05 OTHER ADMIN & GENERAL				5.05
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
17.01 UTILIZATION REVIEW				17.01
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	14,743			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		14,743		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	12,817	12,817		30.00
31.00 INTENSIVE CARE UNIT	1,330	1,330		31.00
40.00 SUBPROVIDER - IPF	0	0		40.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	596	596		43.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 ULTRA SOUND	0	0		54.01
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 BANK	0	0		60.01
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
71.01 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	0		71.01
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0		90.00
90.01 PROVIDER BASED CLINICS	0	0		90.01
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS				
101.00 HOME HEALTH AGENCY	0	0		101.00
SPECIAL PURPOSE COST CENTERS				
113.00 INTEREST EXPENSE	0	0		113.00
116.00 HOSPICE	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	14,743	14,743		118.00
NONREIMBURSABLE COST CENTERS				
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
194.00 MEALS ON WHEELS	0	0		194.00
194.10 IHAP	0	0		194.10
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)	688,497	1,285,306		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	46.699925	87.180764		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,479	70,503		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.100319	4.782134		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140012		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/31/2012 3:46 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		12,486,464	0	12,486,464	30.00	
31.00	INTENSIVE CARE UNIT		2,394,488	0	2,394,488	31.00	
40.00	SUBPROVIDER - 1PF		2,823,913	0	2,823,913	40.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		680,403	0	680,403	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		4,853,881	0	4,853,881	50.00	
52.00	DELIVERY ROOM & LABOR ROOM		289,234	0	289,234	52.00	
53.00	ANESTHESIOLOGY		189,720	0	189,720	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		3,989,678	0	3,989,678	54.00	
54.01	ULTRA SOUND		727,965	0	727,965	54.01	
57.00	CT SCAN		1,133,954	0	1,133,954	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,172,684	0	1,172,684	58.00	
59.00	CARDIAC CATHETERIZATION		3,758,861	0	3,758,861	59.00	
60.00	LABORATORY		7,410,645	53,122	7,463,767	60.00	
60.01	BLOOD BANK		0	0	0	60.01	
65.00	RESPIRATORY THERAPY	0	1,544,342	0	1,544,342	65.00	
66.00	PHYSICAL THERAPY	0	3,057,379	0	3,057,379	66.00	
67.00	OCCUPATIONAL THERAPY	0	539,436	0	539,436	67.00	
68.00	SPEECH PATHOLOGY	0	592,398	0	592,398	68.00	
69.00	ELECTROCARDIOLOGY		138,758	0	138,758	69.00	
70.00	ELECTROENCEPHALOGRAPHY		422,928	0	422,928	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		6,210,333	0	6,210,333	71.00	
71.01	PSYCHIATRY/PSYCHOLOGICAL SERVICES		320,384	0	320,384	71.01	
72.00	IMPL. DEV. CHARGED TO PATIENT		1,130,023	0	1,130,023	72.00	
73.00	DRUGS CHARGED TO PATIENTS		4,805,027	0	4,805,027	73.00	
75.00	ASC (NON-DISTINCT PART)		1,039,455	0	1,039,455	75.00	
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC		0	0	0	90.00	
90.01	PROVIDER BASED CLINICS		22,269,454	0	22,269,454	90.01	
91.00	EMERGENCY		4,760,498	645,141	5,405,639	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,169,602		2,169,602	92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY		897,778		897,778	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE					113.00	
116.00	HOSPICE		748,302		748,302	116.00	
200.00	Subtotal (see instructions)	0	92,557,987	698,263	93,256,250	200.00	
201.00	Less Observation Beds		2,169,602		2,169,602	201.00	
202.00	Total (see instructions)	0	90,388,385	698,263	91,086,648	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/31/2012 3:46 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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	15,934,217		15,934,217		30.00
31.00	INTENSIVE CARE UNIT	4,498,897		4,498,897		31.00
40.00	SUBPROVIDER - IPF	7,250,802		7,250,802		40.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	810,163		810,163		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	11,389,922	20,256,770	31,646,692	0.153377	50.00
52.00	DELIVERY ROOM & LABOR ROOM	1,131,568	174,892	1,306,460	0.221388	52.00
53.00	ANESTHESIOLOGY	1,749,633	2,458,180	4,207,813	0.045088	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,339,081	9,011,291	10,350,372	0.385462	54.00
54.01	ULTRA SOUND	711,016	4,056,431	4,767,447	0.152695	54.01
57.00	CT SCAN	6,185,057	16,764,036	22,949,093	0.049412	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,142,271	9,786,356	10,928,627	0.107304	58.00
59.00	CARDIAC CATHETERIZATION	9,829,722	7,549,392	17,379,114	0.216286	59.00
60.00	LABORATORY	8,954,456	20,734,500	29,688,956	0.249609	60.00
60.01	BLOOD BANK	0	0	0	0.000000	60.01
65.00	RESPIRATORY THERAPY	5,542,264	1,018,666	6,560,930	0.235385	65.00
66.00	PHYSICAL THERAPY	766,264	7,040,658	7,806,922	0.391624	66.00
67.00	OCCUPATIONAL THERAPY	146,103	1,639,530	1,785,633	0.302098	67.00
68.00	SPEECH PATHOLOGY	67,013	905,950	972,963	0.608860	68.00
69.00	ELECTROCARDIOLOGY	3,351,973	7,554,579	10,906,552	0.012722	69.00
70.00	ELECTROENCEPHALOGRAPHY	107,416	2,058,382	2,165,798	0.195276	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,044,571	14,284,894	34,329,465	0.180904	71.00
71.01	PSYCHIATRY/PSYCHOLOGICAL SERVICES	593,263	77,128	670,391	0.477906	71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	2,088,115	1,320,770	3,408,885	0.331493	72.00
73.00	DRUGS CHARGED TO PATIENTS	25,774,975	14,396,060	40,171,035	0.119614	73.00
75.00	ASC (NON-DISTINCT PART)	0	959,419	959,419	1.083421	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0.000000	90.00
90.01	PROVIDER BASED CLINICS	0	23,140,269	23,140,269	0.962368	90.01
91.00	EMERGENCY	3,905,954	10,923,634	14,829,588	0.321014	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	605,224	1,442,214	2,047,438	1.059667	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	0	0	0		116.00
200.00	Subtotal (see instructions)	133,919,940	177,554,001	311,473,941		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	133,919,940	177,554,001	311,473,941		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/31/2012 3:46 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.153377		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.221388		52.00
53.00	ANESTHESIOLOGY	0.045088		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.385462		54.00
54.01	ULTRA SOUND	0.152695		54.01
57.00	CT SCAN	0.049412		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.107304		58.00
59.00	CARDIAC CATHETERIZATION	0.216286		59.00
60.00	LABORATORY	0.251399		60.00
60.01	BLOOD BANK	0.000000		60.01
65.00	RESPIRATORY THERAPY	0.235385		65.00
66.00	PHYSICAL THERAPY	0.391624		66.00
67.00	OCCUPATIONAL THERAPY	0.302098		67.00
68.00	SPEECH PATHOLOGY	0.608860		68.00
69.00	ELECTROCARDIOLOGY	0.012722		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.195276		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.180904		71.00
71.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.477906		71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	0.331493		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.119614		73.00
75.00	ASC (NON-DISTINCT PART)	1.083421		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.000000		90.00
90.01	PROVIDER BASED CLINICS	0.962368		90.01
91.00	EMERGENCY	0.364517		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.059667		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE			113.00
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet C
Part I
Date/Time Prepared:
5/31/2012 3:46 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	12,486,464		12,486,464	0	0 30.00
31.00	INTENSIVE CARE UNIT	2,394,488		2,394,488	0	0 31.00
40.00	SUBPROVIDER - 1PF	2,823,913		2,823,913	0	0 40.00
42.00	SUBPROVIDER	0		0	0	0 42.00
43.00	NURSERY	680,403		680,403	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	4,853,881		4,853,881	0	0 50.00
52.00	DELIVERY ROOM & LABOR ROOM	289,234		289,234	0	0 52.00
53.00	ANESTHESIOLOGY	189,720		189,720	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,989,678		3,989,678	0	0 54.00
54.01	ULTRA SOUND	727,965		727,965	0	0 54.01
57.00	CT SCAN	1,133,954		1,133,954	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,172,684		1,172,684	0	0 58.00
59.00	CARDIAC CATHETERIZATION	3,758,861		3,758,861	0	0 59.00
60.00	LABORATORY	7,410,645		7,410,645	0	0 60.00
60.01	BLOOD BANK	0		0	0	0 60.01
65.00	RESPIRATORY THERAPY	1,544,342	0	1,544,342	0	0 65.00
66.00	PHYSICAL THERAPY	3,057,379	0	3,057,379	0	0 66.00
67.00	OCCUPATIONAL THERAPY	539,436	0	539,436	0	0 67.00
68.00	SPEECH PATHOLOGY	592,398	0	592,398	0	0 68.00
69.00	ELECTROCARDIOLOGY	138,758		138,758	0	0 69.00
70.00	ELECTROENCEPHALOGRAPHY	422,928		422,928	0	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,210,333		6,210,333	0	0 71.00
71.01	PSYCHIATRY/PSYCHOLOGICAL SERVICES	320,384		320,384	0	0 71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	1,130,023		1,130,023	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	4,805,027		4,805,027	0	0 73.00
75.00	ASC (NON-DISTINCT PART)	1,039,455		1,039,455	0	0 75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0		0	0	0 90.00
90.01	PROVIDER BASED CLINICS	22,269,454		22,269,454	0	0 90.01
91.00	EMERGENCY	4,760,498		4,760,498	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,169,602		2,169,602	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	HOME HEALTH AGENCY	897,778		897,778		0 101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	748,302		748,302		0 116.00
200.00	Subtotal (see instructions)	92,557,987	0	92,557,987	0	0 200.00
201.00	Less Observation Beds	2,169,602		2,169,602		0 201.00
202.00	Total (see instructions)	90,388,385	0	90,388,385	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/31/2012 3:46 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	15,934,217		15,934,217		30.00
31.00	INTENSIVE CARE UNIT	4,498,897		4,498,897		31.00
40.00	SUBPROVIDER - IPF	7,250,802		7,250,802		40.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	810,163		810,163		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	11,389,922	20,256,770	31,646,692	0.153377	50.00
52.00	DELIVERY ROOM & LABOR ROOM	1,131,568	174,892	1,306,460	0.221388	52.00
53.00	ANESTHESIOLOGY	1,749,633	2,458,180	4,207,813	0.045088	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,339,081	9,011,291	10,350,372	0.385462	54.00
54.01	ULTRA SOUND	711,016	4,056,431	4,767,447	0.152695	54.01
57.00	CT SCAN	6,185,057	16,764,036	22,949,093	0.049412	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,142,271	9,786,356	10,928,627	0.107304	58.00
59.00	CARDIAC CATHETERIZATION	9,829,722	7,549,392	17,379,114	0.216286	59.00
60.00	LABORATORY	8,954,456	20,734,500	29,688,956	0.249609	60.00
60.01	BLOOD BANK	0	0	0	0.000000	60.01
65.00	RESPIRATORY THERAPY	5,542,264	1,018,666	6,560,930	0.235385	65.00
66.00	PHYSICAL THERAPY	766,264	7,040,658	7,806,922	0.391624	66.00
67.00	OCCUPATIONAL THERAPY	146,103	1,639,530	1,785,633	0.302098	67.00
68.00	SPEECH PATHOLOGY	67,013	905,950	972,963	0.608860	68.00
69.00	ELECTROCARDIOLOGY	3,351,973	7,554,579	10,906,552	0.012722	69.00
70.00	ELECTROENCEPHALOGRAPHY	107,416	2,058,382	2,165,798	0.195276	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	20,044,571	14,284,894	34,329,465	0.180904	71.00
71.01	PSYCHIATRY/PSYCHOLOGICAL SERVICES	593,263	77,128	670,391	0.477906	71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	2,088,115	1,320,770	3,408,885	0.331493	72.00
73.00	DRUGS CHARGED TO PATIENTS	25,774,975	14,396,060	40,171,035	0.119614	73.00
75.00	ASC (NON-DISTINCT PART)	0	959,419	959,419	1.083421	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	0	0.000000	90.00
90.01	PROVIDER BASED CLINICS	0	23,140,269	23,140,269	0.962368	90.01
91.00	EMERGENCY	3,905,954	10,923,634	14,829,588	0.321014	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	605,224	1,442,214	2,047,438	1.059667	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	0	0	0		116.00
200.00	Subtotal (see instructions)	133,919,940	177,554,001	311,473,941		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	133,919,940	177,554,001	311,473,941		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/31/2012 3:46 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.000000		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	ULTRA SOUND	0.000000		54.01
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	0.000000		60.00
60.01	BLOOD BANK	0.000000		60.01
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
71.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.000000		90.00
90.01	PROVIDER BASED CLINICS	0.000000		90.01
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE			113.00
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: 140012		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/31/2012 3:46 pm	
Cost Center Description		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)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	685,609	0	685,609	12,224	56.09	30.00
31.00	INTENSIVE CARE UNIT	108,701	0	108,701	1,297	83.81	31.00
40.00	SUBPROVIDER - IPF	158,317	0	158,317	3,301	47.96	40.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	22,398		22,398	596	37.58	43.00
200.00	Total (lines 30-199)	975,025		975,025	17,418		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/31/2012 3:46 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	6,456	362,117	30.00
31.00 INTENSIVE CARE UNIT	737	61,768	31.00
40.00 SUBPROVIDER - IPF	1,131	54,243	40.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
200.00 Total (lines 30-199)	8,324	478,128	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140012		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/31/2012 3:46 pm	
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	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	555,745	31,646,692	0.017561	4,647,518	81,615	50.00
52.00	DELIVERY ROOM & LABOR ROOM	21,369	1,306,460	0.016356	1,160	19	52.00
53.00	ANESTHESIOLOGY	48,681	4,207,813	0.011569	667,903	7,727	53.00
54.00	RADIOLOGY-DIAGNOSTIC	657,158	10,350,372	0.063491	973,113	61,784	54.00
54.01	ULTRA SOUND	78,470	4,767,447	0.016460	183,846	3,026	54.01
57.00	CT SCAN	166,386	22,949,093	0.007250	3,023,687	21,922	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	378,573	10,928,627	0.034640	584,819	20,258	58.00
59.00	CARDIAC CATHETERIZATION	406,978	17,379,114	0.023418	3,179,925	74,467	59.00
60.00	LABORATORY	301,077	29,688,956	0.010141	5,125,415	51,977	60.00
60.01	BLOOD BANK	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	122,259	6,560,930	0.018634	3,928,462	73,203	65.00
66.00	PHYSICAL THERAPY	237,069	7,806,922	0.030367	520,932	15,819	66.00
67.00	OCCUPATIONAL THERAPY	4,007	1,785,633	0.002244	99,819	224	67.00
68.00	SPEECH PATHOLOGY	46,202	972,963	0.047486	50,819	2,413	68.00
69.00	ELECTROCARDIOLOGY	78,228	10,906,552	0.007173	2,429,522	17,427	69.00
70.00	ELECTROENCEPHALOGRAPHY	41,717	2,165,798	0.019262	51,393	990	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	119,034	34,329,465	0.003467	10,654,538	36,939	71.00
71.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,207	670,391	0.064450	87	6	71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	7,794	3,408,885	0.002286	1,207,222	2,760	72.00
73.00	DRUGS CHARGED TO PATIENTS	77,324	40,171,035	0.001925	13,610,827	26,201	73.00
75.00	ASC (NON-DISTINCT PART)	79,621	959,419	0.082989	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	PROVIDER BASED CLINICS	1,796,674	23,140,269	0.077643	0	0	90.01
91.00	EMERGENCY	219,767	14,829,588	0.014819	1,771,688	26,255	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	119,129	2,047,438	0.058184	409,026	23,799	92.00
200.00	Total (lines 50-199)	5,606,469	282,979,862		53,121,721	548,831	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140012		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/31/2012 3:46 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140012		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/31/2012 3:46 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,224	0.00	6,456	0	30.00	
31.00	INTENSIVE CARE UNIT	1,297	0.00	737	0	31.00	
40.00	SUBPROVIDER - IPF	3,301	0.00	1,131	0	40.00	
42.00	SUBPROVIDER	0	0.00	0	0	42.00	
43.00	NURSERY	596	0.00	0	0	43.00	
200.00	Total (lines 30-199)	17,418		8,324	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 3:46 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
52.00 DELIVERY ROOM & LABOR 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 ULTRA SOUND	0	0	0	0	0	0	54.01
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 BANK	0	0	0	0	0	0	60.01
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
71.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	71.01
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	0	0	0	0	0	0	90.00
90.01 PROVIDER BASED CLINICS	0	0	0	0	0	0	90.01
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
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: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 3:46 pm
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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	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	31,646,692	0.000000	0.000000	4,647,518	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,306,460	0.000000	0.000000	1,160	52.00
53.00	ANESTHESIOLOGY	0	4,207,813	0.000000	0.000000	667,903	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	10,350,372	0.000000	0.000000	973,113	54.00
54.01	ULTRA SOUND	0	4,767,447	0.000000	0.000000	183,846	54.01
57.00	CT SCAN	0	22,949,093	0.000000	0.000000	3,023,687	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	10,928,627	0.000000	0.000000	584,819	58.00
59.00	CARDIAC CATHETERIZATION	0	17,379,114	0.000000	0.000000	3,179,925	59.00
60.00	LABORATORY	0	29,688,956	0.000000	0.000000	5,125,415	60.00
60.01	BLOOD BANK	0	0	0.000000	0.000000	0	60.01
65.00	RESPIRATORY THERAPY	0	6,560,930	0.000000	0.000000	3,928,462	65.00
66.00	PHYSICAL THERAPY	0	7,806,922	0.000000	0.000000	520,932	66.00
67.00	OCCUPATIONAL THERAPY	0	1,785,633	0.000000	0.000000	99,819	67.00
68.00	SPEECH PATHOLOGY	0	972,963	0.000000	0.000000	50,819	68.00
69.00	ELECTROCARDIOLOGY	0	10,906,552	0.000000	0.000000	2,429,522	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,165,798	0.000000	0.000000	51,393	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,329,465	0.000000	0.000000	10,654,538	71.00
71.01	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	670,391	0.000000	0.000000	87	71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	0	3,408,885	0.000000	0.000000	1,207,222	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	40,171,035	0.000000	0.000000	13,610,827	73.00
75.00	ASC (NON-DISTINCT PART)	0	959,419	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	PROVIDER BASED CLINICS	0	23,140,269	0.000000	0.000000	0	90.01
91.00	EMERGENCY	0	14,829,588	0.000000	0.000000	1,771,688	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,047,438	0.000000	0.000000	409,026	92.00
200.00	Total (Lines 50-199)	0	282,979,862			53,121,721	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 3:46 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	6,273,202	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	624,662	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,456,383	0	54.00
54.01	ULTRA SOUND	0	443,258	0	54.01
57.00	CT SCAN	0	4,556,903	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,524,374	0	58.00
59.00	CARDIAC CATHETERIZATION	0	2,504,446	0	59.00
60.00	LABORATORY	0	685,386	0	60.00
60.01	BLOOD BANK	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	472,364	0	65.00
66.00	PHYSICAL THERAPY	0	163	0	66.00
67.00	OCCUPATIONAL THERAPY	0	274	0	67.00
68.00	SPEECH PATHOLOGY	0	94,735	0	68.00
69.00	ELECTROCARDIOLOGY	0	3,784,136	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	543,412	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,042,952	0	71.00
71.01	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	15,578	0	71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	0	723,932	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,716,494	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	61,503	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0	0	0	90.00
90.01	PROVIDER BASED CLINICS	0	1,719,224	0	90.01
91.00	EMERGENCY	0	1,805,032	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	462,225	0	92.00
200.00	Total (Lines 50-199)	0	40,510,638	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/31/2012 3:46 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		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.153377	6,273,202	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.221388	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.045088	624,662	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.385462	3,456,383	0	0	54.00
54.01	ULTRASOUND	0.152695	443,258	0	0	54.01
57.00	CT SCAN	0.049412	4,556,903	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.107304	2,524,374	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.216286	2,504,446	0	0	59.00
60.00	LABORATORY	0.249609	685,386	44	0	60.00
60.01	BLOOD BANK	0.000000	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0.235385	472,364	0	0	65.00
66.00	PHYSICAL THERAPY	0.391624	163	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.302098	274	0	0	67.00
68.00	SPEECH PATHOLOGY	0.608860	94,735	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.012722	3,784,136	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.195276	543,412	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.180904	4,042,952	224	0	71.00
71.01	PSYCHIATRY/PSYCHOLOGICAL SERVICES	0.477906	15,578	0	0	71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	0.331493	723,932	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.119614	5,716,494	-627	0	73.00
75.00	ASC (NON-DISTINCT PART)	1.083421	61,503	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.000000	0	0	0	90.00
90.01	PROVIDER BASED CLINICS	0.962368	1,719,224	115	0	90.01
91.00	EMERGENCY	0.321014	1,805,032	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.059667	462,225	0	0	92.00
200.00	Subtotal (see instructions)		40,510,638	-244	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)		40,510,638	-244	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/31/2012 3:46 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	962,165	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	28,165	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,332,304	0	0		54.00
54.01 ULTRA SOUND	67,683	0	0		54.01
57.00 CT SCAN	225,166	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	270,875	0	0		58.00
59.00 CARDIAC CATHETERIZATION	541,677	0	0		59.00
60.00 LABORATORY	171,079	11	0		60.00
60.01 BLOOD BANK	0	0	0		60.01
65.00 RESPIRATORY THERAPY	111,187	0	0		65.00
66.00 PHYSICAL THERAPY	64	0	0		66.00
67.00 OCCUPATIONAL THERAPY	83	0	0		67.00
68.00 SPEECH PATHOLOGY	57,680	0	0		68.00
69.00 ELECTROCARDIOLOGY	48,142	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	106,115	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	731,386	41	0		71.00
71.01 PSYCHIATRY/PSYCHOLOGICAL SERVICES	7,445	0	0		71.01
72.00 IMPL. DEV. CHARGED TO PATIENT	239,978	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	683,773	-75	0		73.00
75.00 ASC (NON-DISTINCT PART)	66,634	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0		90.00
90.01 PROVIDER BASED CLINICS	1,654,526	111	0		90.01
91.00 EMERGENCY	579,441	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	489,805	0	0		92.00
200.00 Subtotal (see instructions)	8,375,373	88	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	8,375,373	88	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140012 Component CCN: 14S012		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/31/2012 3:46 pm	
		Title XVIII		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	555,745	31,646,692	0.017561	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	21,369	1,306,460	0.016356	0	0	52.00
53.00	ANESTHESIOLOGY	48,681	4,207,813	0.011569	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	657,158	10,350,372	0.063491	7,580	481	54.00
54.01	ULTRA SOUND	78,470	4,767,447	0.016460	1,823	30	54.01
57.00	CT SCAN	166,386	22,949,093	0.007250	33,735	245	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	378,573	10,928,627	0.034640	10,095	350	58.00
59.00	CARDIAC CATHETERIZATION	406,978	17,379,114	0.023418	0	0	59.00
60.00	LABORATORY	301,077	29,688,956	0.010141	187,905	1,906	60.00
60.01	BLOOD BANK	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	122,259	6,560,930	0.018634	24,075	449	65.00
66.00	PHYSICAL THERAPY	237,069	7,806,922	0.030367	9,402	286	66.00
67.00	OCCUPATIONAL THERAPY	4,007	1,785,633	0.002244	1,127	3	67.00
68.00	SPEECH PATHOLOGY	46,202	972,963	0.047486	0	0	68.00
69.00	ELECTROCARDIOLOGY	78,228	10,906,552	0.007173	11,697	84	69.00
70.00	ELECTROENCEPHALOGRAPHY	41,717	2,165,798	0.019262	2,902	56	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	119,034	34,329,465	0.003467	52,700	183	71.00
71.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	43,207	670,391	0.064450	162,044	10,444	71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	7,794	3,408,885	0.002286	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	77,324	40,171,035	0.001925	363,326	699	73.00
75.00	ASC (NON-DISTINCT PART)	79,621	959,419	0.082989	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	0.000000	0	0	90.00
90.01	PROVIDER BASED CLINICS	1,796,674	23,140,269	0.077643	0	0	90.01
91.00	EMERGENCY	219,767	14,829,588	0.014819	65,843	976	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	119,129	2,047,438	0.058184	0	0	92.00
200.00	Total (lines 50-199)	5,606,469	282,979,862		934,254	16,192	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012 Component CCN: 14S012	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 3:46 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
52.00 DELIVERY ROOM & LABOR 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 ULTRA SOUND	0	0	0	0	0	54.01
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 BANK	0	0	0	0	0	60.01
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
71.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	71.01
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 PROVIDER BASED CLINICS	0	0	0	0	0	90.01
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
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: 140012 Component CCN: 14S012	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 3:46 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	31,646,692	0.000000	0.000000	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,306,460	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	4,207,813	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	10,350,372	0.000000	0.000000	7,580	54.00
54.01 ULTRA SOUND	0	4,767,447	0.000000	0.000000	1,823	54.01
57.00 CT SCAN	0	22,949,093	0.000000	0.000000	33,735	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	10,928,627	0.000000	0.000000	10,095	58.00
59.00 CARDIAC CATHETERIZATION	0	17,379,114	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	29,688,956	0.000000	0.000000	187,905	60.00
60.01 BLOOD BANK	0	0	0.000000	0.000000	0	60.01
65.00 RESPIRATORY THERAPY	0	6,560,930	0.000000	0.000000	24,075	65.00
66.00 PHYSICAL THERAPY	0	7,806,922	0.000000	0.000000	9,402	66.00
67.00 OCCUPATIONAL THERAPY	0	1,785,633	0.000000	0.000000	1,127	67.00
68.00 SPEECH PATHOLOGY	0	972,963	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	10,906,552	0.000000	0.000000	11,697	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	2,165,798	0.000000	0.000000	2,902	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,329,465	0.000000	0.000000	52,700	71.00
71.01 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	670,391	0.000000	0.000000	162,044	71.01
72.00 IMPL. DEV. CHARGED TO PATIENT	0	3,408,885	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	40,171,035	0.000000	0.000000	363,326	73.00
75.00 ASC (NON-DISTINCT PART)	0	959,419	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 PROVIDER BASED CLINICS	0	23,140,269	0.000000	0.000000	0	90.01
91.00 EMERGENCY	0	14,829,588	0.000000	0.000000	65,843	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,047,438	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	282,979,862			934,254	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140012	Period: From 01/01/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 3:46 pm
	Component CCN: 14S012	To 12/31/2011	
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)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	172	0	54.00
54.01 ULTRA SOUND	0	0	0	54.01
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	0	0	0	60.00
60.01 BLOOD BANK	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	117	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	0	550	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
71.01 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0	0	0	71.01
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	122	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
90.01 PROVIDER BASED CLINICS	0	0	0	90.01
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (lines 50-199)	0	961	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140012 Component CCN: 14S012	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/31/2012 3:46 pm
	Title XVIII	Subprovider - IPF	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	0.153377	0	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0.221388	0	0	0		52.00
53.00 ANESTHESIOLOGY	0.045088	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.385462	172	0	0		54.00
54.01 ULTRA SOUND	0.152695	0	0	0		54.01
57.00 CT SCAN	0.049412	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.107304	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.216286	0	0	0		59.00
60.00 LABORATORY	0.249609	0	0	0		60.00
60.01 BLOOD BANK	0.000000	0	0	0		60.01
65.00 RESPIRATORY THERAPY	0.235385	117	0	0		65.00
66.00 PHYSICAL THERAPY	0.391624	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.302098	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0.608860	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.012722	550	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.195276	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.180904	0	0	0		71.00
71.01 PSYCHIATRY/PSYCHOLOGICAL SERVICES	0.477906	0	0	0		71.01
72.00 IMPL. DEV. CHARGED TO PATIENT	0.331493	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.119614	122	0	0		73.00
75.00 ASC (NON-DISTINCT PART)	1.083421	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0.000000	0	0	0		90.00
90.01 PROVIDER BASED CLINICS	0.962368	0	0	0		90.01
91.00 EMERGENCY	0.321014	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1.059667	0	0	0		92.00
200.00 Subtotal (see instructions)		961	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)		961	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140012 Component CCN: 14S012	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/31/2012 3:46 pm
	Title XVIII	Subprovider - IPF	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	0	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	66	0	0		54.00
54.01 ULTRASOUND	0	0	0		54.01
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	0	0	0		60.00
60.01 BLOOD BANK	0	0	0		60.01
65.00 RESPIRATORY THERAPY	28	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	7	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
71.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		71.01
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	15	0	0		73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0		90.00
90.01 PROVIDER BASED CLINICS	0	0	0		90.01
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	116	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	116	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2012 3:46 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)		12,224	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,224	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)		12,224	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)		6,456	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)		12,486,464	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)		12,486,464	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		12,485,859	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		12,485,859	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.000048	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,021.42	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)		12,486,464	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,021.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,594,610	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)		6,594,610	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/31/2012 3:46 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,394,488	1,297	1,846.17	737	1,360,627		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,600,533		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,555,770		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)					423,885		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					548,831		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					972,716		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					16,583,054		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,124		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,021.47		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,169,602		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/31/2012 3:46 pm	
Title XVIII		Hospital		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		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	685,609	12,486,464	0.054908	2,169,602	119,129	90.00
91.00	Nursing School cost	0	12,486,464	0.000000	2,169,602	0	91.00
92.00	Allied health cost	0	12,486,464	0.000000	2,169,602	0	92.00
93.00	All other Medical Education	0	12,486,464	0.000000	2,169,602	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14S012		Date/Time Prepared: 5/31/2012 3:46 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)		3,301	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,301	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)		3,301	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,131	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)		2,823,913	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)		2,823,913	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	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)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,823,913	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)		855.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		967,537	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)		967,537	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14S012				Date/Time Prepared: 5/31/2012 3:46 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		
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							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					218,030		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,185,567		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)					54,243		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					16,192		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					70,435		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,115,132		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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140012 Component CCN: 14S012		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/31/2012 3:46 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		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	158,317	2,823,913	0.056063	0	0	90.00
91.00	Nursing School cost	0	2,823,913	0.000000	0	0	91.00
92.00	Allied health cost	0	2,823,913	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,823,913	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/31/2012 3:46 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		7,657,767		30.00
31.00	INTENSIVE CARE UNIT		4,232,033		31.00
40.00	SUBPROVIDER - IPF		0		40.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.153377	4,647,518	712,822	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.221388	1,160	257	52.00
53.00	ANESTHESIOLOGY	0.045088	667,903	30,114	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.385462	973,113	375,098	54.00
54.01	ULTRA SOUND	0.152695	183,846	28,072	54.01
57.00	CT SCAN	0.049412	3,023,687	149,406	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.107304	584,819	62,753	58.00
59.00	CARDIAC CATHETERIZATION	0.216286	3,179,925	687,773	59.00
60.00	LABORATORY	0.251399	5,125,415	1,288,524	60.00
60.01	BLOOD BANK	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.235385	3,928,462	924,701	65.00
66.00	PHYSICAL THERAPY	0.391624	520,932	204,009	66.00
67.00	OCCUPATIONAL THERAPY	0.302098	99,819	30,155	67.00
68.00	SPEECH PATHOLOGY	0.608860	50,819	30,942	68.00
69.00	ELECTROCARDIOLOGY	0.012722	2,429,522	30,908	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.195276	51,393	10,036	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.180904	10,654,538	1,927,449	71.00
71.01	PSYCHIATRI CE/PSYCHOLOGI CAL SERVI CES	0.477906	87	42	71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	0.331493	1,207,222	400,186	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.119614	13,610,827	1,628,045	73.00
75.00	ASC (NON-DI STINCT PART)	1.083421	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000	0	0	90.00
90.01	PROVIDER BASED CLINICS	0.962368	0	0	90.01
91.00	EMERGENCY	0.364517	1,771,688	645,810	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.059667	409,026	433,431	92.00
200.00	Total (sum of lines 50-94 and 96-98)		53,121,721	9,600,533	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)		53,121,721		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14S012		Date/Time Prepared: 5/31/2012 3:46 pm	
		Title XVIII	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
40.00	SUBPROVIDER - IPF		2,253,258		40.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.153377	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.221388	0	0	52.00
53.00	ANESTHESIOLOGY	0.045088	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.385462	7,580	2,922	54.00
54.01	ULTRA SOUND	0.152695	1,823	278	54.01
57.00	CT SCAN	0.049412	33,735	1,667	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.107304	10,095	1,083	58.00
59.00	CARDIAC CATHETERIZATION	0.216286	0	0	59.00
60.00	LABORATORY	0.251399	187,905	47,239	60.00
60.01	BLOOD BANK	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.235385	24,075	5,667	65.00
66.00	PHYSICAL THERAPY	0.391624	9,402	3,682	66.00
67.00	OCCUPATIONAL THERAPY	0.302098	1,127	340	67.00
68.00	SPEECH PATHOLOGY	0.608860	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.012722	11,697	149	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.195276	2,902	567	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.180904	52,700	9,534	71.00
71.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.477906	162,044	77,442	71.01
72.00	IMPL. DEV. CHARGED TO PATIENT	0.331493	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.119614	363,326	43,459	73.00
75.00	ASC (NON-DISTINCT PART)	1.083421	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000	0	0	90.00
90.01	PROVIDER BASED CLINICS	0.962368	0	0	90.01
91.00	EMERGENCY	0.364517	65,843	24,001	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.059667	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		934,254	218,030	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)		934,254		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/31/2012 3:46 pm
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		12,277,363	1.00
2.00	Outlier payments for discharges. (see instructions)		207,867	2.00
3.00	Managed Care Simulated Payments		601,005	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		60.18	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)		6.00	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)		0.63	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)		5.37	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		6.25	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)		5.37	12.00
13.00	Total allowable FTE count for the prior year.		6.31	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.		5.15	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.61	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		5.61	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.093220	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.051571	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.051571	21.00
22.00	IME payment adjustment (see instructions)		357,697	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)		0.88	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)		357,697	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.74	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		19.89	31.00
32.00	Sum of lines 30 and 31		23.63	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.71	33.00
34.00	Disproportionate share adjustment (see instructions)		1,069,358	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)		13,912,285	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		13,912,285	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,057,787	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).		212,340	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/31/2012 3:46 pm
		Title XVIII	Hospital	PPS
		1.00		
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)			15,182,412 59.00
60.00	Primary payer payments			9,677 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			15,172,735 61.00
62.00	Deductibles billed to program beneficiaries			1,519,924 62.00
63.00	Coinsurance billed to program beneficiaries			13,141 63.00
64.00	Allowable bad debts (see instructions)			193,459 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			135,421 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			101,438 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			13,775,091 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)			13,775,091 71.00
72.00	Interim payments			13,656,241 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)			118,850 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			1,994 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: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/31/2012 3:46 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			88 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			8,375,373 2.00
3.00	PPS payments			9,270,526 3.00
4.00	Outlier payment (see instructions)			34,965 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)			88 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			-244 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)			-244 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)			-244 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)			332 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			-244 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)			9,305,491 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			45 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			2,301,143 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			7,004,059 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			94,945 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)			7,099,004 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			7,099,004 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)			241,809 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			169,266 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			167,613 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			7,268,270 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)			7,268,270 40.00
41.00	Interim payments			7,162,972 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)			105,298 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/31/2012 3:46 pm
		Component CCN: 14S012	Title XVIII	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)		116	2.00
3.00	PPS payments		90	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)		90	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		18	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		72	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)		72	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		72	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)		72	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)		72	40.00
41.00	Interim payments		72	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet E-1
Part I
Date/Time Prepared:
5/31/2012 3:46 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		13,041,881		7,146,803	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	11/10/2011	661,055		6,773	3.01
3.02		07/29/2011	0		9,396	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	07/29/2011	46,695		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)		614,360		16,169	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)		13,656,241		7,162,972	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		118,850		105,298	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		13,775,091		7,268,270	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: 140012

Period: From 01/01/2011

Worksheet E-1

Component CCN: 14S012

To 12/31/2011

Part I
Date/Time Prepared:
5/31/2012 3:46 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		785,486		72	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)		785,486		72	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		23,860		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		809,346		72	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: 140012

Period:

Worksheet E-1

Component CCN:

From 01/01/2011
To 12/31/2011

Part I
Date/Time Prepared:
5/31/2012 3:46 pm

Title XVIII

Swing Beds - SNF

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

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 140012

Period:

Worksheet E-2

Component CCN:

From 01/01/2011
To 12/31/2011

Date/Time Prepared:
5/31/2012 3:46 pm

Title XVIII

Swing Beds - SNF

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/31/2012 3:46 pm
		Component CCN: 14S012	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)		908,008	1.00
2.00	Net IPF PPS Outlier Payments		7,626	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.)		6.25	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)		9.043836	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)		915,634	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)		915,634	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		915,634	18.00
19.00	Deductibles		130,148	19.00
20.00	Subtotal (line 18 minus line 19)		785,486	20.00
21.00	Coinsurance		0	21.00
22.00	Subtotal (line 20 minus line 21)		785,486	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		34,086	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		23,860	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		24,569	25.00
26.00	Subtotal (sum of lines 22 and 24)		809,346	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)		809,346	31.00
32.00	Interim payments		785,486	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)		23,860	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4	
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2012 3:46 pm	
				PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.63	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			5.37	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			6.25	6.00
7.00	Enter the lesser of line 5 or line 6			5.37	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	6.25	0.00	6.25	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	5.37	0.00	5.37	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	5.37	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	6.31	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	5.15	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	5.61	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	5.61	0.00		17.00
18.00	Per resident amount	93,068.70	0.00		18.00
19.00	Approved amount for resident costs	522,115	0	522,115	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.88	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			522,115	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	8,324	380		26.00
27.00	Total Inpatient Days	14,698	14,698		27.00
28.00	Ratio of inpatient days to total inpatient days	0.566336	0.025854		28.00
29.00	Program direct GME amount	295,693	13,499		29.00
30.00	Reduction for nursing/allied health		1,907		30.00
31.00	Net Program direct GME amount			307,285	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/31/2012 3:46 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		18,741,337	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		9,677	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		18,731,660	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		8,375,577	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		8,375,577	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		27,107,237	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.691021	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.308979	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		307,285	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		212,340	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		94,945	50.00

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

Provider CCN: 140012

Period:
From 01/01/2011
To 12/31/2011

Worksheet G
Date/Time Prepared:
5/31/2012 3:46 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	24,171,204	0	25,000	0	1.00
2.00	Temporary investments	1,242,545	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	68,695,153	0	0	0	4.00
5.00	Other receivable	797,081	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-38,555,777	0	0	0	6.00
7.00	Inventory	1,616,954	0	0	0	7.00
8.00	Prepaid expenses	2,292,492	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	60,259,652	0	25,000	0	11.00
FIXED ASSETS						
12.00	Land	2,129,972	0	0	0	12.00
13.00	Land improvements	4,982,577	0	0	0	13.00
14.00	Accumulated depreciation	-1,854,260	0	0	0	14.00
15.00	Buildings	45,953,537	0	0	0	15.00
16.00	Accumulated depreciation	-21,685,941	0	0	0	16.00
17.00	Leasehold improvements	19,000	0	0	0	17.00
18.00	Accumulated depreciation	-14,356	0	0	0	18.00
19.00	Fixed equipment	26,872,091	0	0	0	19.00
20.00	Accumulated depreciation	-13,138,079	0	0	0	20.00
21.00	Automobiles and trucks	327,057	0	0	0	21.00
22.00	Accumulated depreciation	-281,685	0	0	0	22.00
23.00	Major movable equipment	34,166,701	0	0	0	23.00
24.00	Accumulated depreciation	-24,326,298	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	1,197,702	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	54,348,018	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	2,105,365	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	11,366,741	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	13,472,106	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	128,079,776	0	25,000	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,375,797	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,194,435	0	0	0	38.00
39.00	Payroll taxes payable	182,873	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,184,184	0	0	0	40.00
41.00	Deferred income	1,054,252	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	15,925,720	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	28,917,261	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	20,761,985	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	10,179,801	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	30,941,786	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	59,859,047	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	68,220,729	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	25,000	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	68,220,729	0	25,000	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	128,079,776	0	25,000	0	60.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140012

Period: From 01/01/2011

Worksheet H

HHA CCN: 147131

To 12/31/2011

Date/Time Prepared:
5/31/2012 3:46 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures		0		0	1.00
2.00	Capital Related - Movable Equipment		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	165,350	12,446	4,733	0	45,920 5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	229,976	17,503	10,502	0	0 6.00
7.00	Physical Therapy	0	0	6,023	0	0 7.00
8.00	Occupational Therapy	0	0	37	0	0 8.00
9.00	Speech Pathology	0	0	33	0	0 9.00
10.00	Medical Social Services	0	0	0	0	0 10.00
11.00	Home Health Aide	22,422	1,706	472	0	0 11.00
12.00	Supplies (see instructions)	0	0	0	0	0 12.00
13.00	Drugs	0	0	0	0	0 13.00
14.00	DME	0	0	0	0	0 14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0 15.00
16.00	Respiratory Therapy	0	0	0	0	0 16.00
17.00	Private Duty Nursing	0	0	0	0	0 17.00
18.00	Clinic	0	0	0	0	0 18.00
19.00	Health Promotion Activities	0	0	0	0	0 19.00
20.00	Day Care Program	0	0	0	0	0 20.00
21.00	Home Delivered Meals Program	0	0	0	0	0 21.00
22.00	Homemaker Service	0	0	0	0	0 22.00
23.00	All Others (specify)	0	0	0	0	0 23.00
24.00	Total (sum of lines 1-23)	417,748	31,655	21,800	0	45,920 24.00

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140012

Period: From 01/01/2011

Worksheet H

HHA CCN: 147131

To 12/31/2011

Date/Time Prepared: 5/31/2012 3:46 pm

Home Health Agency I

PPS

	Total (sum of col. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00 Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	4.00
5.00 Administrative and General	228,449	0	228,449	0	228,449	5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	257,981	0	257,981	0	257,981	6.00
7.00 Physical Therapy	6,023	0	6,023	0	6,023	7.00
8.00 Occupational Therapy	37	0	37	0	37	8.00
9.00 Speech Pathology	33	0	33	0	33	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Home Health Aide	24,600	0	24,600	0	24,600	11.00
12.00 Supplies (see instructions)	0	0	0	0	0	12.00
13.00 Drugs	0	0	0	0	0	13.00
14.00 DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	23.00
24.00 Total (sum of lines 1-23)	517,123	0	517,123	0	517,123	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140012	Period: From 01/01/2011	Worksheet H-1
		HHA CCN: 147131	To 12/31/2011	Part I
				Date/Time Prepared: 5/31/2012 3:46 pm
			Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	228,449	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	257,981	0	0	0	6.00
7.00	Physical Therapy	6,023	0	0	0	7.00
8.00	Occupational Therapy	37	0	0	0	8.00
9.00	Speech Pathology	33	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Home Health Aide	24,600	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	517,123	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140012	Period: From 01/01/2011	Worksheet H-1
		HHA CCN: 147131	To 12/31/2011	Part I
			Home Health Agency I	Date/Time Prepared: 5/31/2012 3:46 pm
				PPS

	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	228,449	228,449	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	257,981	204,160	462,141
7.00	Physical Therapy	6,023	4,766	10,789
8.00	Occupational Therapy	37	29	66
9.00	Speech Pathology	33	26	59
10.00	Medical Social Services	0	0	0
11.00	Home Health Aide	24,600	19,468	44,068
12.00	Supplies (see instructions)	0	0	0
13.00	Drugs	0	0	0
14.00	DME	0	0	0
HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others (specify)	0	0	0
24.00	Total (sum of lines 1-23)	288,674		517,123

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140012	Period: From 01/01/2011	Worksheet H-1 Part II Date/Time Prepared: 5/31/2012 3:46 pm
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	Capital Related Costs				Transportation (MILEAGE)	Reconciliation	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)				
	1.00	2.00	3.00	4.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-228,449	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-228,449	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140012	Period: From 01/01/2011	Worksheet H-1 Part II Date/Time Prepared: 5/31/2012 3:46 pm
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		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	288,674	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	257,981	6.00
7.00	Physical Therapy	6,023	7.00
8.00	Occupational Therapy	37	8.00
9.00	Speech Pathology	33	9.00
10.00	Medical Social Services	0	10.00
11.00	Home Health Aide	24,600	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	288,674	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	228,449	25.00
26.00	Unit Cost Multiplier	0.791374	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140012

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 147131

To 12/31/2011

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	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				
1.00	Administrative and General	0	9,641	1,898	47,733	2,557	1.00
2.00	Skilled Nursing Care	462,141	13,695	2,698	66,388	3,410	2.00
3.00	Physical Therapy	10,789	0	0	0	0	3.00
4.00	Occupational Therapy	66	0	0	0	0	4.00
5.00	Speech Pathology	59	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	44,068	2,027	400	6,473	852	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	517,123	25,363	4,996	120,594	6,819	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140012	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 147131	To 12/31/2011	Part I
				Date/Time Prepared: 5/31/2012 3:46 pm
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	DATA PROCESSING	PURCH, RECEIV, & STORES	ADMIT/CASH/AR	Subtotal	OTHER ADMIN & GENERAL		
	5.02	5.03	5.04	5A.04	5.05		
1.00	Administrative and General	17,808	584	0	80,221	8,233	1.00
2.00	Skilled Nursing Care	28,493	831	0	577,656	59,281	2.00
3.00	Physical Therapy	0	0	0	10,789	1,107	3.00
4.00	Occupational Therapy	0	0	0	66	7	4.00
5.00	Speech Pathology	0	0	0	59	6	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	3,562	123	0	57,505	5,901	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	49,863	1,538	0	726,296	74,535	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140012

Period:

Worksheet H-2

HHA CCN: 147131

From 01/01/2011

Part I

To 12/31/2011

Date/Time Prepared:

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		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	32,201	0	0	0	4,491	1.00
2.00	Skilled Nursing Care	45,744	0	0	0	5,989	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	6,771	0	0	0	1,497	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	84,716	0	0	0	11,977	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140012

Period:

Worksheet H-2

HHA CCN: 147131

From 01/01/2011
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	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
	13.00	14.00	15.00	16.00	17.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	254	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	254	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140012

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 147131

To 12/31/2011

Part I
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	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		17.01	21.00				22.00
1.00	Administrative and General	0	0	0	125,146	0	1.00
2.00	Skilled Nursing Care	0	0	0	688,924	0	2.00
3.00	Physical Therapy	0	0	0	11,896	0	3.00
4.00	Occupational Therapy	0	0	0	73	0	4.00
5.00	Speech Pathology	0	0	0	65	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	71,674	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	897,778	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140012	Period: From 01/01/2011	Worksheet H-2 Part I Date/Time Prepared: 5/31/2012 3:46 pm
		HHA CCN: 147131	To 12/31/2011	
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		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		26.00	27.00	28.00	
1.00	Administrative and General	125,146			1.00
2.00	Skilled Nursing Care	688,924	111,587	800,511	2.00
3.00	Physical Therapy	11,896	1,927	13,823	3.00
4.00	Occupational Therapy	73	12	85	4.00
5.00	Speech Pathology	65	11	76	5.00
6.00	Medical Social Services	0	0	0	6.00
7.00	Home Health Aide	71,674	11,609	83,283	7.00
8.00	Supplies (see instructions)	0	0	0	8.00
9.00	Drugs	0	0	0	9.00
10.00	DME	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	13.00
14.00	Clinic	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	15.00
16.00	Day Care Program	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	17.00
18.00	Homemaker Service	0	0	0	18.00
19.00	All Others (specify)	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	897,778	125,146	897,778	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.161974		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140012
HHA CCN: 147131

Period:
From 01/01/2011
To 12/31/2011

Worksheet H-2
Part II
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		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)		
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00	5.01	5.02		
1.00	Administrative and General	1,284	1,767	165,350	3		5	1.00
2.00	Skilled Nursing Care	1,824	2,511	229,976	4		8	2.00
3.00	Physical Therapy	0	0	0	0		0	3.00
4.00	Occupational Therapy	0	0	0	0		0	4.00
5.00	Speech Pathology	0	0	0	0		0	5.00
6.00	Medical Social Services	0	0	0	0		0	6.00
7.00	Home Health Aide	270	372	22,422	1		1	7.00
8.00	Supplies (see instructions)	0	0	0	0		0	8.00
9.00	Drugs	0	0	0	0		0	9.00
10.00	DME	0	0	0	0		0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0		0	11.00
12.00	Respiratory Therapy	0	0	0	0		0	12.00
13.00	Private Duty Nursing	0	0	0	0		0	13.00
14.00	Clinic	0	0	0	0		0	14.00
15.00	Health Promotion Activities	0	0	0	0		0	15.00
16.00	Day Care Program	0	0	0	0		0	16.00
17.00	Home Delivered Meals Program	0	0	0	0		0	17.00
18.00	Homemaker Service	0	0	0	0		0	18.00
19.00	All Others (specify)	0	0	0	0		0	19.00
20.00	Total (sum of lines 1-19)	3,378	4,650	417,748	8		14	20.00
21.00	Total cost to be allocated	25,363	4,996	120,594	6,819		49,863	21.00
22.00	Unit cost multiplier	7.508289	1.074409	0.288676	852.375000		3,561.642857	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/31/2012 3:46 pm PPS
		Home Health Agency I	

	PURCH, RECEIV, & STORES (COST OF SUPPLIES)	ADM T/CASH/AR (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	5.03	5.04	5A.05	5.05	7.00	
1.00 Administrative and General	5,206	0	0	80,221	1,284	1.00
2.00 Skilled Nursing Care	7,397	0	0	577,656	1,824	2.00
3.00 Physical Therapy	0	0	0	10,789	0	3.00
4.00 Occupational Therapy	0	0	0	66	0	4.00
5.00 Speech Pathology	0	0	0	59	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	1,096	0	0	57,505	270	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	13,699	0		726,296	3,378	20.00
21.00 Total cost to be allocated	1,538	0		74,535	84,716	21.00
22.00 Unit cost multiplier	0.112271	0.000000		0.102623	25.078745	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/31/2012 3:46 pm PPS
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	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	0	0	0	3	0	1.00
2.00 Skilled Nursing Care	0	0	0	4	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	1	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	8	0	20.00
21.00 Total cost to be allocated	0	0	0	11,977	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	1,497.125000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/31/2012 3:46 pm PPS
		Home Health Agency I	

	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	UTILIZATION REVIEW (PATIENT DAYS)	
	14.00	15.00	16.00	17.00	17.01	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	137	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	137	0	0	0	20.00
21.00 Total cost to be allocated	0	254	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	1.854015	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II
	HHA CCN: 147131	Home Health Agency I	Date/Time Prepared: 5/31/2012 3:46 pm PPS

		INTERNS & RESIDENTS		
		SERVICES-SALARY & FRINGES (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS (PATIENT DAYS)	
		21.00	22.00	
1.00	Administrative and General	0	0	1.00
2.00	Skilled Nursing Care	0	0	2.00
3.00	Physical Therapy	0	0	3.00
4.00	Occupational Therapy	0	0	4.00
5.00	Speech Pathology	0	0	5.00
6.00	Medical Social Services	0	0	6.00
7.00	Home Health Aide	0	0	7.00
8.00	Supplies (see instructions)	0	0	8.00
9.00	Drugs	0	0	9.00
10.00	DME	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	11.00
12.00	Respiratory Therapy	0	0	12.00
13.00	Private Duty Nursing	0	0	13.00
14.00	Clinic	0	0	14.00
15.00	Health Promotion Activities	0	0	15.00
16.00	Day Care Program	0	0	16.00
17.00	Home Delivered Meals Program	0	0	17.00
18.00	Homemaker Service	0	0	18.00
19.00	All Others (specify)	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	20.00
21.00	Total cost to be allocated	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140012 HHA CCN: 147131		Period: From 01/01/2011 To 12/31/2011		Worksheet H-3 Parts I-II Date/Time Prepared: 5/31/2012 3:46 pm	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	800,511		800,511	2,708	1.00
2.00	Physical Therapy	3.00	13,823	260,211	274,034	2,481	2.00
3.00	Occupational Therapy	4.00	85	13,996	14,081	151	3.00
4.00	Speech Pathology	5.00	76	6,772	6,848	55	4.00
5.00	Medical Social Services	6.00	0		0	9	5.00
6.00	Home Health Aide	7.00	83,283		83,283	458	6.00
7.00	Total (sum of lines 1-6)		897,778	280,979	1,178,757	5,862	7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		
					Part B		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		99914	0	1,698		8.00
9.00	Physical Therapy		99914	0	1,403		9.00
10.00	Occupational Therapy		99914	0	93		10.00
11.00	Speech Pathology		99914	0	18		11.00
12.00	Medical Social Services		99914	0	8		12.00
13.00	Home Health Aide		99914	0	377		13.00
14.00	Total (sum of lines 8-13)			0	3,597		14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	34,169	34,169	188,880	15.00
16.00	Cost of Drugs	9.00	0	2,433	2,433	0	16.00
Cost Center Description		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy		66.00	0.391624	664,440	260,211	1.00
2.00	Occupational Therapy		67.00	0.302098	46,330	13,996	2.00
3.00	Speech Pathology		68.00	0.608860	11,122	6,772	3.00
4.00	Cost of Medical Supplies		71.00	0.180904	188,880	34,169	4.00
4.01	Cost of Medical Supplies 1		71.01	0.477906	0	0	4.01
5.00	Cost of Drugs		73.00	0.119614	20,342	2,433	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/31/2012 3:46 pm	
		Title XVIII	Home Health Agency I	PPS	
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		5.00	6.00	7.00	8.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION					
Cost Per Visit Computation					
1.00	Skilled Nursing Care	295.61	0	1,698	1.00
2.00	Physical Therapy	110.45	0	1,403	2.00
3.00	Occupational Therapy	93.25	0	93	3.00
4.00	Speech Pathology	124.51	0	18	4.00
5.00	Medical Social Services	0.00	0	8	5.00
6.00	Home Health Aide	181.84	0	377	6.00
7.00	Total (sum of lines 1-6)		0	3,597	7.00
Cost Center Description		5.00	6.00	7.00	8.00
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
9.00	Physical Therapy				9.00
10.00	Occupational Therapy				10.00
11.00	Speech Pathology				11.00
12.00	Medical Social Services				12.00
13.00	Home Health Aide				13.00
14.00	Total (sum of lines 8-13)				14.00
Cost Center Description		5.00	6.00	7.00	8.00
Program Covered Charges					
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		5.00	6.00	7.00	8.00
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	0.180903	0	96,099	15.00
16.00	Cost of Drugs	0.000000	0	0	16.00
Cost Center Description		Transfer to Part I as Indicated			
		4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS					
1.00	Physical Therapy	col. 2, line 2.00			1.00
2.00	Occupational Therapy	col. 2, line 3.00			2.00
3.00	Speech Pathology	col. 2, line 4.00			3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00			4.00
4.01	Cost of Medical Supplies 1	col. 2, line 15.01			4.01
5.00	Cost of Drugs	col. 2, line 16.00			5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 140012	Period: From 01/01/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/31/2012 3:46 pm
	HHA CCN: 147131	To 12/31/2011	
	Title XVIII	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
9.00	10.00	11.00	12.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	0	501,946		501,946	1.00
2.00	Physical Therapy	0	154,961		154,961	2.00
3.00	Occupational Therapy	0	8,672		8,672	3.00
4.00	Speech Pathology	0	2,241		2,241	4.00
5.00	Medical Social Services	0	0		0	5.00
6.00	Home Health Aide	0	68,554		68,554	6.00
7.00	Total (sum of lines 1-6)	0	736,374		736,374	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00
Cost of Services						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0	17,385	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140012 HHA CCN: 147131	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/31/2012 3:46 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	264,867
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		0	12,950
14.00	Total PPS Reimbursement - PEP Episodes		0	627
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	278,444
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	278,444
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	278,444
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	278,444
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		0	278,444
32.00	Interim payments (see instructions)		0	278,445
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	-1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

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

Provider CCN: 140012
HHA CCN: 147131

Period: From 01/01/2011 To 12/31/2011

Worksheet H-5
Date/Time Prepared: 5/31/2012 3:46 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		278,445	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		278,445	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		0		278,444	7.00
				Contractor Number	Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140012

Period: From 01/01/2011

Worksheet K

Hospice CCN: 141588

To 12/31/2011

Date/Time Prepared: 5/31/2012 3:46 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	105,786	7,910	0	0	13,780	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	12,319	0	0	0	0	9.00
10.00	Nursing Care	86,249	6,447	5,639	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	70,409	5,263	2,759	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	25,599	1,913	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	100,879	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	839	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	20,971	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	300,362	21,533	8,398	0	136,469	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140012

Period: From 01/01/2011

Worksheet K

Hospice CCN: 141588

To 12/31/2011

Date/Time Prepared: 5/31/2012 3:46 pm

		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	127,476	0	127,476	0	127,476	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	12,319	0	12,319	0	12,319	9.00
10.00	Nursing Care	98,335	0	98,335	0	98,335	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	78,431	0	78,431	0	78,431	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	27,512	0	27,512	0	27,512	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	100,879	0	100,879	0	100,879	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	839	0	839	0	839	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	20,971	0	20,971	0	20,971	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	466,762	0	466,762	0	466,762	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140012

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 141588

To 12/31/2011

Date/Time Prepared: 5/31/2012 3:46 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	77,201	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	12,319	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	86,249	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	70,409	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	89,520	70,409	0	86,249	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140012

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 141588

To 12/31/2011

Date/Time Prepared: 5/31/2012 3:46 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	0	5.00
6.00	Administrative and General		0	28,585	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	0	9.00
10.00	Nursing Care		0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	0	15.00
16.00	Spiritual Counseling		0	0	16.00
17.00	Dietary Counseling		0	0	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		25,599	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs		0	0	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	25,599	28,585	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 140012	Period: From 01/01/2011	Worksheet K-2
		Hospice CCN: 141588	To 12/31/2011	Date/Time Prepared: 5/31/2012 3:46 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	5,909	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	6,447	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	5,263	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	5,909	5,263	0	6,447	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 140012	Period: From 01/01/2011	Worksheet K-2
		Hospice CCN: 141588	To 12/31/2011	Date/Time Prepared: 5/31/2012 3:46 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	2,001	7,910	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	6,447	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	5,263	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		1,913	0	1,913	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,913	2,001	21,533	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet K-4 Part I Date/Time Prepared: 5/31/2012 3:46 pm	
		Hospice I			
		CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION
NET EXPENSES FOR COST ALLOCATION		BUILDINGS & FIXTURES	MOVABLE EQUIPMENT		
0		1.00	2.00	3.00	4.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.	0	0		1.00
2.00	Capital Related Costs-Movable Equip.	0	0		2.00
3.00	Plant Operation and Maintenance	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	5.00
6.00	Administrative and General	127,476	0	0	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	8.00
VISITING SERVICES					
9.00	Physician Services	12,319	0	0	9.00
10.00	Nursing Care	98,335	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services	78,431	0	0	15.00
16.00	Spiritual Counseling	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	0	0	18.00
19.00	Home Health Aide and Homemaker	27,512	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	20.00
21.00	Other	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy	100,879	0	0	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	26.00
27.00	Patient Transportation	839	0	0	27.00
28.00	Imaging Services	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	29.00
30.00	Medical Supplies	20,971	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	466,762	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 140012	Period: From 01/01/2011	Worksheet K-4
		Hospice CCN: 141588	To 12/31/2011	Part I Date/Time Prepared: 5/31/2012 3:46 pm
		Hospice I		
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)
	5.00	5A	6.00	7.00
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.		0	1.00
2.00	Capital Related Costs-Movable Equip.		0	2.00
3.00	Plant Operation and Maintenance		0	3.00
4.00	Transportation - Staff		0	4.00
5.00	Volunteer Service Coordination	0		5.00
6.00	Administrative and General	0	127,476	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	4,628	9.00
10.00	Nursing Care	0	36,946	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	29,468	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	10,337	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	37,903	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	315	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	7,879	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	127,476	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 141588

To 12/31/2011

Part II
Date/Time Prepared:
5/31/2012 3:46 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140012
 Hospice CCN: 141588

Period:
 From 01/01/2011
 To 12/31/2011

Worksheet K-4
 Part II
 Date/Time Prepared:
 5/31/2012 3:46 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-127,476	339,286	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	12,319	9.00
10.00	Nursing Care	0	98,335	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	78,431	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	27,512	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	100,879	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	839	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	20,971	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		127,476	39.00
40.00	Unit Cost Multiplier		0.375718	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140012

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 141588

To 12/31/2011

Part I
Date/Time Prepared:
5/31/2012 3:46 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
			1.00	2.00			
0	0	1.00	2.00	4.00	5.01		
1.00	Administrative and General		5,076	537	30,875	853	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	16,947	0	0	3,535	0	4.00
5.00	Nursing Care	135,281	15,211	1,613	32,094	852	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	107,899	5,076	537	20,203	852	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	37,849	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	138,782	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	1,154	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	28,850	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	466,762	25,363	2,687	86,707	2,557	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 140012	Period: From 01/01/2011	Worksheet K-5
		Hospice CCN: 141588	To 12/31/2011	Part I
				Date/Time Prepared: 5/31/2012 3:46 pm

Cost Center Description		Hospice I				Subtotal	OTHER ADMIN & GENERAL	
		DATA PROCESSING	PURCH, RECEIV, & STORES	ADMIT/CASH/AR				
		5.02	5.03	5.04	5A.04	5.05		
1.00	Administrative and General	0	55	0	37,396	3,838	1.00	
2.00	Inpatient - General Care	0	0	0	0	0	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	0	0	0	20,482	2,102	4.00	
5.00	Nursing Care	10,685	165	0	195,901	20,104	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	0	0	0	7.00	
8.00	Occupational Therapy	0	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	0	55	0	134,622	13,815	10.00	
11.00	Spiritual Counseling	0	0	0	0	0	11.00	
12.00	Dietary Counseling	0	0	0	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	0	0	0	37,849	3,884	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00	Other	0	0	0	0	0	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	0	0	138,782	14,242	17.00	
18.00	Analgesics	0	0	0	0	0	18.00	
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00	Other - Specify	0	0	0	0	0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00	Patient Transportation	0	0	0	1,154	118	22.00	
23.00	Imaging Services	0	0	0	0	0	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	0	0	0	28,850	2,961	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00	Radiation Therapy	0	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	0	28.00	
29.00	Other	0	0	0	0	0	29.00	
30.00	Bereavement Program Costs	0	0	0	0	0	30.00	
31.00	Volunteer Program Costs	0	0	0	0	0	31.00	
32.00	Fundraising	0	0	0	0	0	32.00	
33.00	Other Program Costs	0	0	0	0	0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	10,685	275	0	595,036	61,064	34.00	
35.00	Unit Cost Multiplier (see instructions)				0.000000		35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet K-5 Part I Date/Time Prepared: 5/31/2012 3:46 pm
		Hospice CCN: 141588	Hospice I	

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	16,953	0	0	0	1,497	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	50,810	0	0	0	4,492	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	16,953	0	0	0	1,497	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	84,716	0	0	0	7,486	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140012

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 141588

To 12/31/2011

Part I
Date/Time Prepared:
5/31/2012 3:46 pm

Cost Center Description		Hospice I					
		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140012

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 141588

To 12/31/2011

Part I
Date/Time Prepared:
5/31/2012 3:46 pm

Cost Center Description	UTILIZATION REVIEW	INTERNS & RESIDENTS		Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.01	21.00			
1.00 Administrative and General	0	0	0	59,684	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	22,584	0	4.00
5.00 Nursing Care	0	0	0	271,307	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	166,887	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	41,733	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	153,024	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	1,272	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	31,811	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	748,302	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 140012	Period: From 01/01/2011	Worksheet K-5
		Hospice CCN: 141588	To 12/31/2011	Part I
				Date/Time Prepared: 5/31/2012 3:46 pm

Cost Center Description	Subtotal	Allocated	Total Hospice	Hospice I	
	(col s. 24 ± 25)	Hospice A&G (See Part 11)	Costs (col s. 26 ± 27)		
	26.00	27.00	28.00		
1.00 Administrative and General					1.00
2.00 Inpatient - General Care	0	0	0		2.00
3.00 Inpatient - Respite Care	0	0	0		3.00
4.00 Physician Services	22,584	1,957	24,541		4.00
5.00 Nursing Care	271,307	23,516	294,823		5.00
6.00 Nursing Care-Continuous Home Care	0	0	0		6.00
7.00 Physical Therapy	0	0	0		7.00
8.00 Occupational Therapy	0	0	0		8.00
9.00 Speech/ Language Pathology	0	0	0		9.00
10.00 Medical Social Services	166,887	14,464	181,351		10.00
11.00 Spiritual Counseling	0	0	0		11.00
12.00 Dietary Counseling	0	0	0		12.00
13.00 Counseling - Other	0	0	0		13.00
14.00 Home Health Aide and Homemaker	41,733	3,617	45,350		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00 Other	0	0	0		16.00
17.00 Drugs, Biological and Infusion Therapy	153,024	13,263	166,287		17.00
18.00 Analgesics	0	0	0		18.00
19.00 Sedatives / Hypnotics	0	0	0		19.00
20.00 Other - Specify	0	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00 Patient Transportation	1,272	110	1,382		22.00
23.00 Imaging Services	0	0	0		23.00
24.00 Labs and Diagnostics	0	0	0		24.00
25.00 Medical Supplies	31,811	2,757	34,568		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00 Radiation Therapy	0	0	0		27.00
28.00 Chemotherapy	0	0	0		28.00
29.00 Other	0	0	0		29.00
30.00 Bereavement Program Costs	0	0	0		30.00
31.00 Volunteer Program Costs	0	0	0		31.00
32.00 Fundraising	0	0	0		32.00
33.00 Other Program Costs	0	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	748,302		748,302		34.00
35.00 Unit Cost Multiplier (see instructions)		0.086672			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140012

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 141588

To 12/31/2011

Part II
Date/Time Prepared:
5/31/2012 3:46 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (TELEPHONES)	DATA PROCESSING (NUMBER OF MACHINES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
1.00	Administrative and General	676	500	107,602	1	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	12,319	0	0	4.00
5.00	Nursing Care	2,026	1,501	111,848	1	3	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	676	500	70,409	1	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,378	2,501	302,178	3	3	34.00
35.00	Total cost to be allocated	25,363	2,687	86,707	2,557	10,685	35.00
36.00	Unit Cost Multiplier (see instructions)	7.508289	1.074370	0.286940	852.333333	3,561.666667	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140012
Hospice CCN: 141588

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part II
Date/Time Prepared:
5/31/2012 3:46 pm

Cost Center Description		Hospice I					
		PURCH, RECEIV, & STORES (COST OF SUPPLIES)	ADM T/CASH/AR (GROSS CHARGES)	Reconciliation	OTHER ADMIN & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	7.00	
1.00	Administrative and General	489	0	0	37,396	676	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	20,482	0	4.00
5.00	Nursing Care	1,468	0	0	195,901	2,026	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	489	0	0	134,622	676	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	37,849	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	138,782	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	1,154	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	28,850	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,446	0		595,036	3,378	34.00
35.00	Total cost to be allocated	275	0		61,064	84,716	35.00
36.00	Unit Cost Multiplier (see instructions)	0.112428	0.000000		0.102622	25.078745	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140012

Hospice CCN: 141588

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part II
Date/Time Prepared:
5/31/2012 3:46 pm

Cost Center Description		Hospice I					
		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTE's)	NURSING ADMINISTRATION (HOURS OF SERVICE)	
		8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	0	0	0	1	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	3	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	1	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	5	0	34.00
35.00	Total cost to be allocated	0	0	0	7,486	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	1,497.200000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140012
Hospice CCN: 141588

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part II
Date/Time Prepared:
5/31/2012 3:46 pm

Cost Center Description		Hospice I					
		CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS) 14.00	PHARMACY (COSTED REQUISITIONS) 15.00	MEDICAL RECORDS & LIBRARY (I/P GROSS CHARGES) 16.00	SOCIAL SERVICE (PATIENT DAYS) 17.00	UTILIZATION REVIEW (PATIENT DAYS) 17.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140012
Hospice CCN: 141588

Period:
From 01/01/2011
To 12/31/2011

Worksheet K-5
Part II
Date/Time Prepared:
5/31/2012 3:46 pm

Cost Center Description		INTERNS & RESIDENTS		Hospice I	
		SERVICES-SALARY & FRINGES (PATIENT DAYS)	SERVICES-OTHER PRGM COSTS (PATIENT DAYS)		
		21.00	22.00		
1.00	Administrative and General	0	0		1.00
2.00	Inpatient - General Care	0	0		2.00
3.00	Inpatient - Respite Care	0	0		3.00
4.00	Physician Services	0	0		4.00
5.00	Nursing Care	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	0	0		7.00
8.00	Occupational Therapy	0	0		8.00
9.00	Speech/ Language Pathology	0	0		9.00
10.00	Medical Social Services	0	0		10.00
11.00	Spiritual Counseling	0	0		11.00
12.00	Dietary Counseling	0	0		12.00
13.00	Counseling - Other	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00	Other	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0		17.00
18.00	Analgesics	0	0		18.00
19.00	Sedatives / Hypnotics	0	0		19.00
20.00	Other - Specify	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0		21.00
22.00	Patient Transportation	0	0		22.00
23.00	Imaging Services	0	0		23.00
24.00	Labs and Diagnostics	0	0		24.00
25.00	Medical Supplies	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0		26.00
27.00	Radiation Therapy	0	0		27.00
28.00	Chemotherapy	0	0		28.00
29.00	Other	0	0		29.00
30.00	Bereavement Program Costs	0	0		30.00
31.00	Volunteer Program Costs	0	0		31.00
32.00	Fundraising	0	0		32.00
33.00	Other Program Costs	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0		34.00
35.00	Total cost to be allocated	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet K-5 Part III Date/Time Prepared: 5/31/2012 3:46 pm		
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.391624	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.302098	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.608860	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.119614	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.251399	0	0	6.00
6.01	BLOOD BANK	60.01	0.000000	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.180904	0	0	7.00
7.01	PSYCHIATRI CE/PSYCHOLOGI CAL SERVI CES	71.01	0.477906	0	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADI OLOGY-THERAPEUTI C	55.00				9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00				10.00
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140012

Period: From 01/01/2011

Worksheet K-6

Hospice CCN: 141588

To 12/31/2011

Date/Time Prepared: 5/31/2012 3:46 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				748,302	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				2,766	2.00
3.00	Average cost per diem (line 1 divided by line 2)				270.54	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	2,766				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	748,314				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140012	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/31/2012 3:46 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		996,939	1.00
2.00	Capital DRG outlier payments		9,007	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		31.22	3.00
4.00	Number of interns & residents (see instructions)		5.61	4.00
5.00	Indirect medical education percentage (see instructions)		5.20	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		51,841	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)		1,057,787	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