

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: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/31/2012 12:10 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/31/2012	Time: 12:10 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT ANTHONY'S HEALTH CENTER 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 V		Title XVIII		HIT	Title XIX	
	1.00	2.00	Part A	Part B			
<b>PART III - SETTLEMENT SUMMARY</b>							
1.00 Hospital	0	-1,675,205	0	214,908	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	114,469	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	10,837	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	0	12.00
200.00 Total	0	-1,549,899	0	214,908	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/31/2012 12:04 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: SAINT ANTHONY'S WAY		PO Box: 340		Zip Code: 62002-0340		County: MADISON					
2.00 City: ALTON		State: IL									
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
								V	XVIII	XIX	
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		SAINT ANTHONY'S HEALTH CENTER		140052	41180	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF											4.00
5.00 Subprovider - IRF		SAINT ANTHONY'S COMPREHENSIVE REHAB		14T052	41180	5	01/01/1993	N	P	N	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	N	8.00
9.00 Hospital-Based SNF		SAINT ANTHONY'S SKILLED NURSING		145314	41180		11/01/1975	N	P	O	9.00
10.00 Hospital-Based NF								N		N	10.00
11.00 Hospital-Based OLTC											11.00
12.00 Hospital-Based HHA		SAINT ANTHONY'S HOME HEALTH		147113	41180		02/01/1975	N	P	O	12.00
13.00 Separately Certified ASC								N	N	N	13.00
14.00 Hospital-Based Hospice		SAINT ANTHONY'S HOSPICE		141573	41180		09/15/1994				14.00
15.00 Hospital-Based Health Clinic - RHC								N	N	N	15.00
16.00 Hospital-Based Health Clinic - FQHC								N	N	N	16.00
17.00 Hospital-Based (CMHC) 1								N	N	N	17.00
17.10 Hospital-Based (CORF) 1								N	N	N	17.10
18.00 Renal Dialysis											18.00
19.00 Other											19.00
							From:	To:			
							1.00	2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							01/01/2011	12/31/2011		20.00	
21.00 Type of Control (see instructions)								1		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.								3 N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00 If line 22 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.				1,581	369	0	0	27	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.				285	77	0	0	0	0		25.00
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00 Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.								1		26.00	
27.00 For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).								1		27.00	
35.00 If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.								0		35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/31/2012 12:04 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	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	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
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 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140052

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	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
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost 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)					0	71.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/31/2012 12:04 pm	
			1.00	2.00	3.00
<b>Inpatient Rehabilitation Facility PPS</b>					
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.		Y		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)		N	N 0	76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
<b>TEFRA Providers</b>					
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)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
<b>Title V or XIX Inpatient Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			Y	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
			Respiratory		4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	109.00
			1.00		2.00
<b>Miscellaneous Cost Reporting Information</b>					
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.		10,000,000	20,000,000	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
<b>Transplant Center Information</b>					
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

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			1.00	2.00				
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.							133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y					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:					141.00
142.00	Street:	PO Box:						142.00
143.00	City:	State:	Zip Code:					143.00
							1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y					144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y					145.00
							1.00	
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
161.10	CORF						N	161.10
								1.00
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
								1.00
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/31/2012 12:04 pm
			Y/N	Date
			1.00	2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
			Y/N	Date
			1.00	2.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
			Y/N	Type
			1.00	2.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
			Y/N	Legal Oper.
			1.00	2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
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	04/30/2012	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.	Y		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:	Y		20.00
		SUPPLY RECLASS		

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140052

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	N	2.00	21.00
					1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		Y		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N		27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		Y		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N		33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y		40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
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	04/30/2012	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.	Y		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:	Y		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: 140052

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours		
	Line Number		Avai lable			
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	80	29,200	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)		80	29,200	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		90	32,850	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	24	8,760			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	26	9,490			19.00
20.00 NURSING FACILITY	45.00	4	1,460			20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00					25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		144				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140052

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	6,131	1,708	10,950		1.00
2.00 HMO		1,575	27			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		118	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	6,131	1,708	10,950		7.00
8.00 INTENSIVE CARE UNIT	0	642	95	1,859		8.00
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		472	866		13.00
14.00 Total (see instructions)	0	6,773	2,275	13,675		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	3,696	362	4,524		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	3,628	24	6,179		19.00
20.00 NURSING FACILITY	0		0	480		20.00
21.00 OTHER LONG TERM CARE				0		21.00
22.00 HOME HEALTH AGENCY	0	15,248	788	23,387		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	1,685		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140052

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 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	1,570	1.00
2.00 HMO					348	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	568.25	10.29	0	1,570	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	19.35	0.00	0	267	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	19.62	0.00			19.00
20.00 NURSING FACILITY	0.00	1.57	0.00			20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	26.44	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	7.75	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	642.98	10.29			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140052

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	534	3,186		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)	534	3,186		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	24	322		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		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part II Date/Time Prepared: 5/31/2012 12:04 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		
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	30,463,714	0	30,463,714	1,362,814.83	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		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	802,482	-32,832	769,650	40,502.79	9.00
10.00	Excluded area salaries (see instructions)		3,437,211	123,432	3,560,643	161,054.09	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		38,547	0	38,547	917.65	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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		10,046,171	0	10,046,171		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		1,664,644	0	1,664,644		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		0	0	0		22.00
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	252,195	-5,000	247,195	6,725.50	26.00
27.00	Administrative & General	5.00	5,051,118	0	5,051,118	195,524.68	27.00
28.00	Administrative & General under contract (see inst.)		180,682	0	180,682	765.95	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	1,158,601	0	1,158,601	67,147.73	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	503,501	0	503,501	45,613.38	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	632,498	0	632,498	54,607.78	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	398,660	0	398,660	22,124.50	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	649,556	0	649,556	20,960.75	38.00
39.00	Central Services and Supply	14.00	290,599	5,982	296,581	29,744.25	39.00
40.00	Pharmacy	15.00	0	0	0	24,440.60	40.00
41.00	Medical Records & Medical Records Library	16.00	752,010	0	752,010	44,053.50	41.00
42.00	Social Service	17.00	470,070	0	470,070	17,641.03	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/31/2012 12:04 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	22.35	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	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	19.00	9.00
10.00	Excluded area salaries (see instructions)	22.11	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	42.01	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
<b>WAGE-RELATED COSTS</b>			
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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>			
26.00	Employee Benefits	36.75	26.00
27.00	Administrative & General	25.83	27.00
28.00	Administrative & General under contract (see inst.)	235.89	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	17.25	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	11.04	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	11.58	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	18.02	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	30.99	38.00
39.00	Central Services and Supply	9.97	39.00
40.00	Pharmacy	0.00	40.00
41.00	Medical Records & Medical Records Library	17.07	41.00
42.00	Social Service	26.65	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140052

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/31/2012 12:04 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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	30,644,396	0	30,644,396	1,363,580.78	1.00
2.00	Excluded area salaries (see instructions)	4,239,693	90,600	4,330,293	201,556.88	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26,404,703	-90,600	26,314,103	1,162,023.90	3.00
4.00	Subtotal other wages & related costs (see inst.)	38,547	0	38,547	917.65	4.00
5.00	Subtotal wage-related costs (see inst.)	10,046,171	0	10,046,171	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	36,489,421	-90,600	36,398,821	1,162,941.55	6.00
7.00	Total overhead cost (see instructions)	10,339,490	982	10,340,472	529,349.65	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140052

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/31/2012 12:04 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>			
1.00	Net salaries (see instructions)	22.47	1.00
2.00	Excluded area salaries (see instructions)	21.48	2.00
3.00	Subtotal salaries (line 1 minus line 2)	22.65	3.00
4.00	Subtotal other wages & related costs (see inst.)	42.01	4.00
5.00	Subtotal wage-related costs (see inst.)	38.18	5.00
6.00	Total (sum of lines 3 thru 5)	31.30	6.00
7.00	Total overhead cost (see instructions)	19.53	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/31/2012 12:04 pm
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		2,222,097	3.00
4.00	Prior Year Pension Service Cost		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		53,695	6.00
7.00	Employee Managed Care Program Administration Fees		727,757	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		4,407,017	8.00
9.00	Prescription Drug Plan		879,039	9.00
10.00	Dental, Hearing and Vision Plan		207,994	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		56,553	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)		94,401	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		690,393	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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		1,737,956	17.00
18.00	Medicare Taxes - Employers Portion Only		406,697	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		77,718	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation		0	21.00
22.00	Day Care Cost and Allowances		12,125	22.00
23.00	Tuition Reimbursement		11,879	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		11,585,321	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part V Date/Time Prepared: 5/31/2012 12:04 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		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00			0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140052 Component CCN: 147113		Period: From 01/01/2011 To 12/31/2011		Worksheet S-4 Date/Time Prepared: 5/31/2012 12:04 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			MADISON		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	839.00	57.00	453.00	1,349.00	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)	0.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.99	0.00	0.99	4.00
5.00	Other Administrative Personnel			5.55	0.00	5.55	5.00
6.00	Direct Nursing Service			10.68	0.00	10.68	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			5.42	0.03	5.45	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			3.35	0.09	3.44	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.16	0.00	0.16	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.73	0.00	0.73	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	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).			41180			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	6,420	548	402	170	7,540	21.00
22.00	Skilled Nursing Visit Charges	1,610,771	137,487	100,815	42,747	1,891,820	22.00
23.00	Physical Therapy Visits	4,591	22	36	40	4,689	23.00
24.00	Physical Therapy Visit Charges	1,317,266	6,850	11,087	11,535	1,346,738	24.00
25.00	Occupational Therapy Visits	1,820	18	7	23	1,868	25.00
26.00	Occupational Therapy Visit Charges	581,566	5,518	2,194	7,777	597,055	26.00
27.00	Speech Pathology Visits	153	0	1	1	155	27.00
28.00	Speech Pathology Visit Charges	37,831	0	456	311	38,598	28.00
29.00	Medical Social Service Visits	296	8	4	10	318	29.00
30.00	Medical Social Service Visit Charges	133,089	3,872	1,936	4,840	143,737	30.00
31.00	Home Health Aide Visits	581	81	1	15	678	31.00
32.00	Home Health Aide Visit Charges	48,865	6,941	88	1,240	57,134	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	13,861	677	451	259	15,248	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)	3,729,388	160,668	116,576	68,450	4,075,082	35.00
36.00	Total Number of Episodes (standard/non outlier)	0		0	0	0	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	38,621	6,052	5,474	2,009	52,156	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140052

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

Worksheet S-7

Date/Time Prepared:  
5/31/2012 12:04 pm

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	129	0	129	4.00
5.00	RVX	25	0	25	5.00
6.00	RVL	136	0	136	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	14	0	14	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	5	0	5	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	105	0	105	12.00
13.00	RUB	132	0	132	13.00
14.00	RUA	1,218	0	1,218	14.00
15.00	RVC	165	0	165	15.00
16.00	RVB	374	0	374	16.00
17.00	RVA	1,030	0	1,030	17.00
18.00	RHC	7	0	7	18.00
19.00	RHB	14	0	14	19.00
20.00	RHA	74	0	74	20.00
21.00	RMC	16	0	16	21.00
22.00	RMB	10	0	10	22.00
23.00	RMA	74	0	74	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	19	0	19	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	3	0	3	41.00
42.00	LC1	22	0	22	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	6	0	6	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	7	0	7	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	1	0	1	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	10	0	10	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	22	0	22	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	4	0	4	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140052

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

Worksheet S-7  
Date/Time Prepared:  
5/31/2012 12:04 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	6	0	6	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		3,628	0	3,628	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		41180		201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		3,336,660			207.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140052  
Component CCN: 141573

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

Worksheet S-9  
Parts I & II  
Date/Time Prepared:  
5/31/2012 12:04 pm

		Unduplicated Days				All Other	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility		
		1.00	2.00	3.00	4.00		
<b>PART I - ENROLLMENT DAYS</b>							
1.00	Continuous Home Care	0	0	0	0	0	1.00
2.00	Routine Home Care	11,148	200	0	0	212	2.00
3.00	Inpatient Respite Care	34	1	0	0	0	3.00
4.00	General Inpatient Care	79	9	0	0	3	4.00
5.00	Total Hospice Days	11,261	210	0	0	215	5.00
<b>Part II - CENSUS DATA</b>							
6.00	Number of Patients Receiving Hospice Care	220	62	0	0	7	6.00
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)	51.19	3.39	0.00	0.00	30.71	8.00
9.00	Unduplicated Census Count	214	62	0	0	7	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140052 Component CCN: 141573	Period: From 01/01/2011 To 12/31/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 5/31/2012 12:04 pm
		Hospice I		

		Unduplicated Days	
		Total (sum of cols. 1, 2 & 5)	
		6.00	
<b>PART I - ENROLLMENT DAYS</b>			
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	11,560	2.00
3.00	Inpatient Respite Care	35	3.00
4.00	General Inpatient Care	91	4.00
5.00	Total Hospice Days	11,686	5.00
<b>Part II - CENSUS DATA</b>			
6.00	Number of Patients Receiving Hospice Care	289	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)	40.44	8.00
9.00	Unduplicated Census Count	283	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/31/2012 12:04 pm
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.197810		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		4,512,562		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		3,519,555		5.00
6.00	Medicaid charges		49,443,938		6.00
7.00	Medicaid cost (line 1 times line 6)		9,780,505		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)		1,748,388		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
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
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,748,388		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	16,267,963	1,815,174	18,083,137	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,217,966	359,060	3,577,026	21.00
22.00	Partial payment by patients approved for charity care	24,059	54,271	78,330	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,193,907	304,789	3,498,696	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)		9,413,983		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		815,166		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		8,598,817		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,700,932		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		5,199,628		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,948,016		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140052

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

Worksheet A  
Date/Time Prepared:  
5/31/2012 12:04 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT		1,175,269	1,175,269	587,741	1,763,010	1.00
1.01 CAP REL COSTS-BLDG & FIXT		313,505	313,505	128,857	442,362	1.01
1.02 CAP REL COSTS-BLDG & FIXT		52,127	52,127	24,449	76,576	1.02
1.03 CAP REL COSTS-BLDG & FIXT		171,923	171,923	25,849	197,772	1.03
1.04 CAP REL COSTS-BLDG & FIXT		0	0	23,341	23,341	1.04
2.00 CAP REL COSTS-MVBLE EQUIP		1,450,102	1,450,102	403,654	1,853,756	2.00
2.01 CAP REL COSTS-MVBLE EQUIP		327,733	327,733	83,477	411,210	2.01
2.02 CAP REL COSTS-MVBLE EQUIP		207	207	57,357	57,564	2.02
3.00 OTHER CAP REL COSTS		283,267	283,267	-283,267	0	3.00
4.00 EMPLOYEE BENEFITS	252,195	9,727,151	9,979,346	48,695	10,028,041	4.00
5.01 NONPATIENT TELEPHONES	230,420	249,536	479,956	0	479,956	5.01
5.02 PURCHASING RECEIVING AND STORES	232,013	96,787	328,800	0	328,800	5.02
5.03 ADMINISTRATION	608,584	171,381	779,965	0	779,965	5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	46,073	1,689,596	1,735,669	0	1,735,669	5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	3,934,028	7,814,192	11,748,220	-53,695	11,694,525	5.05
7.00 OPERATION OF PLANT	1,158,601	3,577,806	4,736,407	0	4,736,407	7.00
8.00 LAUNDRY & LINEN SERVICE	0	327,236	327,236	0	327,236	8.00
9.00 HOUSEKEEPING	503,501	636,044	1,139,545	0	1,139,545	9.00
10.00 DIETARY	632,498	42,196	674,694	0	674,694	10.00
11.00 CAFETERIA	398,660	1,011,149	1,409,809	0	1,409,809	11.00
13.00 NURSING ADMINISTRATION	649,556	84,886	734,442	0	734,442	13.00
14.00 CENTRAL SERVICES & SUPPLY	290,599	5,204,957	5,495,556	-4,886,002	609,554	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	752,010	250,453	1,002,463	0	1,002,463	16.00
17.00 SOCIAL SERVICE	470,070	56,778	526,848	0	526,848	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	2,831,959	629,019	3,460,978	0	3,460,978	30.00
31.00 INTENSIVE CARE UNIT	841,398	436,576	1,277,974	23,377	1,301,351	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/RF	852,908	188,341	1,041,249	43,398	1,084,647	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	76,222	45,346	121,568	0	121,568	43.00
44.00 SKILLED NURSING FACILITY	802,482	101,617	904,099	-38,816	865,283	44.00
45.00 NURSING FACILITY	0	0	0	65,175	65,175	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,426,461	375,925	1,802,386	-40,465	1,761,921	50.00
51.00 RECOVERY ROOM	263,600	26,236	289,836	7,194	297,030	51.00
52.00 DELIVERY ROOM & LABOR ROOM	739,368	97,703	837,071	0	837,071	52.00
53.00 ANESTHESIOLOGY	0	434,237	434,237	0	434,237	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,636,885	1,263,218	2,900,103	-47,672	2,852,431	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	190,594	131,655	322,249	11,920	334,169	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	74,114	53,951	128,065	11,918	139,983	58.00
59.00 CARDIAC CATHETERIZATION	201,361	129,726	331,087	23,376	354,463	59.00
60.00 LABORATORY	1,719,622	1,371,977	3,091,599	0	3,091,599	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	491,713	491,713	0	491,713	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	406,072	211,465	617,537	2,923	620,460	65.00
66.00 PHYSICAL THERAPY	934,216	127,527	1,061,743	-69,837	991,906	66.00
67.00 OCCUPATIONAL THERAPY	503,583	39,415	542,998	-24,935	518,063	67.00
68.00 SPEECH PATHOLOGY	106,091	11,497	117,588	4,218	121,806	68.00
69.00 ELECTROCARDIOLOGY	190,958	69,770	260,728	-52,599	208,129	69.00
70.00 ELECTROENCEPHALOGRAPHY	122,205	32,288	154,493	14,840	169,333	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,473,491	2,473,491	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,423,373	2,423,373	72.00
73.00 DRUGS CHARGED TO PATIENTS	847,522	4,006,608	4,854,130	0	4,854,130	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01 ONCOLOGY	144,139	45,054	189,193	0	189,193	76.01
76.02 DIABETES CENTER	43,934	5,157	49,091	17,305	66,396	76.02
76.03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	262,606	28,343	290,949	0	290,949	76.03
76.04 PAIN CLINIC	115,201	90,713	205,914	11,917	217,831	76.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140052

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

Worksheet A  
Date/Time Prepared:  
5/31/2012 12:04 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	
76.05 WOUND CENTER	261,838	200,735	462,573	-17,305	445,268	76.05
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	1,732,930	958,037	2,690,967	26,977	2,717,944	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	53,989	53,989	0	53,989	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	392,334	803,062	1,195,396	0	1,195,396	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	1,513,839	289,790	1,803,629	-16,863	1,786,766	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	1,051,458	1,051,458	-1,051,458	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	390,063	661,242	1,051,305	33,290	1,084,595	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	29,783,313	49,177,671	78,960,984	-4,802	78,956,182	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	800	800	0	800	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 ADULT DAY CARE	108,684	22,114	130,798	4,802	135,600	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	128,058	128,058	0	128,058	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 PARI SH NURSE PROGRAM	0	0	0	0	0	193.01
193.02 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03 LI FELINE	0	0	0	0	0	193.03
193.04 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05 EMS	38,530	33,611	72,141	0	72,141	193.05
193.06 SURGERY MM	0	0	0	0	0	193.06
193.07 SAINT CLARE'S VILLA	533,187	35,534	568,721	0	568,721	193.07
193.08 MEALS ON WHEELS	0	0	0	0	0	193.08
194.00 OTHER PROPERTY	0	7,994	7,994	0	7,994	194.00
200.00 TOTAL (SUM OF LINES 118-199)	30,463,714	49,405,782	79,869,496	0	79,869,496	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140052

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

Worksheet A  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	CAP REL COSTS-BLDG & FIXT	-896	1,762,114	1.00
1.01	CAP REL COSTS-BLDG & FIXT	-75,632	366,730	1.01
1.02	CAP REL COSTS-BLDG & FIXT	-1,735	74,841	1.02
1.03	CAP REL COSTS-BLDG & FIXT	-847	196,925	1.03
1.04	CAP REL COSTS-BLDG & FIXT	80,014	103,355	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	-33,642	1,820,114	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	26,076	437,286	2.01
2.02	CAP REL COSTS-MVBLE EQUIP	-5,172	52,392	2.02
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-2,031	10,026,010	4.00
5.01	NONPATIENT TELEPHONES	0	479,956	5.01
5.02	PURCHASING RECEIVING AND STORES	-43,707	285,093	5.02
5.03	ADMINISTRATIVE	0	779,965	5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	-20	1,735,649	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	-822,570	10,871,955	5.05
7.00	OPERATION OF PLANT	-2,120	4,734,287	7.00
8.00	LAUNDRY & LINEN SERVICE	0	327,236	8.00
9.00	HOUSEKEEPING	0	1,139,545	9.00
10.00	DIETARY	-226,336	448,358	10.00
11.00	CAFETERIA	-430,570	979,239	11.00
13.00	NURSING ADMINISTRATION	-357	734,085	13.00
14.00	CENTRAL SERVICES & SUPPLY	-12,933	596,621	14.00
15.00	PHARMACY	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	-1,258	1,001,205	16.00
17.00	SOCIAL SERVICE	0	526,848	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-240,200	3,220,778	30.00
31.00	INTENSIVE CARE UNIT	-323,217	978,134	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	-50,754	1,033,893	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	121,568	43.00
44.00	SKILLED NURSING FACILITY	-4,341	860,942	44.00
45.00	NURSING FACILITY	-330	64,845	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-100	1,761,821	50.00
51.00	RECOVERY ROOM	0	297,030	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-2,775	834,296	52.00
53.00	ANESTHESIOLOGY	-369,697	64,540	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-157,974	2,694,457	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	334,169	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	139,983	58.00
59.00	CARDIAC CATHETERIZATION	-100,000	254,463	59.00
60.00	LABORATORY	0	3,091,599	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	491,713	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	620,460	65.00
66.00	PHYSICAL THERAPY	-880	991,026	66.00
67.00	OCCUPATIONAL THERAPY	0	518,063	67.00
68.00	SPEECH PATHOLOGY	0	121,806	68.00
69.00	ELECTROCARDIOLOGY	-33,158	174,971	69.00
70.00	ELECTROENCEPHALOGRAPHY	-7,500	161,833	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,473,491	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	2,423,373	72.00
73.00	DRUGS CHARGED TO PATIENTS	-1,099	4,853,031	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0	0	76.00
76.01	ONCOLOGY	-6,452	182,741	76.01
76.02	DIABETES CENTER	-2,349	64,047	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	290,949	76.03
76.04	PAIN CLINIC	-7,050	210,781	76.04
76.05	WOUND CENTER	0	445,268	76.05

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140052

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

Worksheet A  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	89.00
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	-304,106	2,413,838	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	0	53,989	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	1,195,396	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	0	1,786,766	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	-466,189	618,406	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-3,631,907	75,324,275	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	800	190.00
191.00	RESEARCH	0	0	191.00
191.01	ADULT DAY CARE	0	135,600	191.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	128,058	192.00
193.00	NONPAID WORKERS	0	0	193.00
193.01	PARI SH NURSE PROGRAM	0	0	193.01
193.02	RETAIL PHARMACY	0	0	193.02
193.03	LIFELINE	0	0	193.03
193.04	PRIVATE CARE SERVICES	0	0	193.04
193.05	EMS	0	72,141	193.05
193.06	SURGERY MM	0	0	193.06
193.07	SAINT CLARE'S VILLA	0	568,721	193.07
193.08	MEALS ON WHEELS	-9,210	-9,210	193.08
194.00	OTHER PROPERTY	0	7,994	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-3,641,117	76,228,379	200.00

RECLASSIFICATIONS

Provider CCN: 140052

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

Worksheet A-6  
Date/Time Prepared:  
5/31/2012 12:04 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>C - RECLASS OF THERAPIES DIRECTOR</b>						
1.00	OCCUPATIONAL THERAPY	67.00	16,820	941	1.00	
2.00	SPEECH PATHOLOGY	68.00	3,994	224	2.00	
3.00	SUBPROVIDER - IRF	41.00	19,519	1,092	3.00	
4.00	SKILLED NURSING FACILITY	44.00	6,108	342	4.00	
5.00	HOME HEALTH AGENCY	101.00	18,322	1,025	5.00	
6.00	HOSPICE	116.00	6,108	342	6.00	
	TOTALS		70,871	3,966		
<b>D - RECLASS OF SNF NON-CERT EXPENSE</b>						
1.00	NURSING FACILITY	45.00	57,845	7,330	1.00	
	TOTALS		57,845	7,330		
<b>E - RECLASS OF HOME HEALTH SUPPLIES</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,568	1.00	
	TOTALS		0	4,568		
<b>F - RECLASS OF INTEREST EXPENSE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	428,378	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	102,756	2.00	
3.00	CAP REL COSTS-BLDG & FIXT	1.02	0	18,837	3.00	
4.00	CAP REL COSTS-BLDG & FIXT	1.03	0	10,279	4.00	
5.00	CAP REL COSTS-BLDG & FIXT	1.04	0	16,916	5.00	
6.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	354,341	6.00	
7.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	63,794	7.00	
8.00	CAP REL COSTS-MVBLE EQUIP	2.02	0	56,157	8.00	
	TOTALS		0	1,051,458		
<b>G - RECLASS RECREATIONAL DIRECTOR</b>						
1.00	SKILLED NURSING FACILITY	44.00	18,905	1,004	1.00	
2.00	SUBPROVIDER - IRF	41.00	21,638	1,149	2.00	
	TOTALS		40,543	2,153		
<b>H - RECLASS HHA DIRECTOR</b>						
1.00	HOSPICE	116.00	25,157	1,683	1.00	
2.00	ADULT DAY CARE	191.01	4,505	297	2.00	
	TOTALS		29,662	1,980		
<b>I - RECLASS MEDICAL BILLABLE SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,473,491	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,423,373	2.00	
	TOTALS		0	4,896,864		
<b>N - RECLASS OF IMAGING MGR AND SUPERVISOR</b>						
1.00	ELECTROENCEPHALOGRAPHY	70.00	11,323	594	1.00	
2.00	PAIN CLINIC	76.04	11,323	594	2.00	
3.00	CT SCAN	57.00	11,324	596	3.00	
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	11,323	595	4.00	
	TOTALS		45,293	2,379		
<b>O - RECLASS OF SIGNING BONUSES</b>						
1.00	PHYSICAL THERAPY	66.00	5,000	0	1.00	
	TOTALS		5,000	0		
<b>P - RECLASS OF DIRECTOR OF PERIOPERATIVE</b>						
1.00	EMERGENCY	91.00	25,639	1,338	1.00	
2.00	RECOVERY ROOM	51.00	6,837	357	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	5,982	312	3.00	
	TOTALS		38,458	2,007		
<b>R - RECLASS OF DIABETES MANAGER</b>						
1.00	DIABETES CENTER	76.02	16,367	938	1.00	
	TOTALS		16,367	938		
<b>S - RECLASS OF PENSION MGMT FEES</b>						
1.00	EMPLOYEE BENEFITS	4.00	0	53,695	1.00	
	TOTALS		0	53,695		
<b>T - RECLASS OF CARDIOLOGY MANAGER</b>						
1.00	INTENSIVE CARE UNIT	31.00	21,331	2,046	1.00	
2.00	CARDIAC CATHETERIZATION	59.00	21,331	2,045	2.00	
3.00	RESPIRATORY THERAPY	65.00	2,667	256	3.00	
4.00	ELECTROENCEPHALOGRAPHY	70.00	2,667	256	4.00	
	TOTALS		47,996	4,603		
500.00	Grand Total: Increases		352,035	6,031,941	500.00	

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>C - RECLASS OF THERAPIES DIRECTOR</b>							
1.00	PHYSICAL THERAPY	66.00	70,871	3,966	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
TOTALS			70,871	3,966			
<b>D - RECLASS OF SNF NON-CERT EXPENSE</b>							
1.00	SKILLED NURSING FACILITY	44.00	57,845	7,330	0		1.00
TOTALS			57,845	7,330			
<b>E - RECLASS OF HOME HEALTH SUPPLIES</b>							
1.00	HOME HEALTH AGENCY	101.00	0	4,568	0		1.00
TOTALS			0	4,568			
<b>F - RECLASS OF INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	1,051,458	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
4.00		0.00	0	0	11		4.00
5.00		0.00	0	0	11		5.00
6.00		0.00	0	0	11		6.00
7.00		0.00	0	0	11		7.00
8.00		0.00	0	0	11		8.00
TOTALS			0	1,051,458			
<b>G - RECLASS RECREATIONAL DIRECTOR</b>							
1.00	OCCUPATIONAL THERAPY	67.00	40,543	2,153	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			40,543	2,153			
<b>H - RECLASS HHA DIRECTOR</b>							
1.00	HOME HEALTH AGENCY	101.00	29,662	1,980	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			29,662	1,980			
<b>I - RECLASS MEDICAL BILLABLE SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,896,864	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			0	4,896,864			
<b>N - RECLASS OF IMAGING MGR AND SUPERVISOR</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	45,293	2,379	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
TOTALS			45,293	2,379			
<b>O - RECLASS OF SIGNING BONUSES</b>							
1.00	EMPLOYEE BENEFITS	4.00	5,000	0	0		1.00
TOTALS			5,000	0			
<b>P - RECLASS OF DIRECTOR OF PERIOPERATIVE</b>							
1.00	OPERATING ROOM	50.00	38,458	2,007	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			38,458	2,007			
<b>R - RECLASS OF DIABETES MANAGER</b>							
1.00	WOUND CENTER	76.05	16,367	938	0		1.00
TOTALS			16,367	938			
<b>S - RECLASS OF PENSION MGMT FEES</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	53,695	0		1.00
TOTALS			0	53,695			
<b>T - RECLASS OF CARDIOLOGY MANAGER</b>							
1.00	ELECTROCARDIOLOGY	69.00	47,996	4,603	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
TOTALS			47,996	4,603			
500.00	Grand Total: Decreases		352,035	6,031,941			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140052

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/31/2012 12:04 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	3,883,217	0	0	0	1.00
2.00	Land Improvements	9,775,187	41,440	0	41,440	2.00
3.00	Buildings and Fixtures	51,043,554	827,659	0	827,659	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	6,885,779	758,748	0	758,748	5.00
6.00	Movable Equipment	28,929,765	3,342,776	0	3,342,776	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	100,517,502	4,970,623	0	4,970,623	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	100,517,502	4,970,623	0	4,970,623	10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
	<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1,162,079	13,190	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	313,505	0	0	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT	52,127	0	0	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT	171,923	0	0	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	1,251,407	198,695	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	265,648	62,085	0	0	2.01
2.02	CAP REL COSTS-MVBLE EQUIP	207	0	0	0	2.02
3.00	Total (sum of lines 1-2)	3,216,896	273,970	0	0	3.00
<b>COMPUTATION OF RATIOS</b>						
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	
	<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>					
1.00	CAP REL COSTS-BLDG & FIXT	51,710,311	263,793	51,446,518	0.562591	159,363
1.01	CAP REL COSTS-BLDG & FIXT	8,425,914	0	8,425,914	0.092141	26,101
1.02	CAP REL COSTS-BLDG & FIXT	1,811,849	0	1,811,849	0.019813	5,612
1.03	CAP REL COSTS-BLDG & FIXT	5,026,497	0	5,026,497	0.054967	15,570
1.04	CAP REL COSTS-BLDG & FIXT	2,074,208	0	2,074,208	0.022682	6,425
2.00	CAP REL COSTS-MVBLE EQUIP	19,423,876	3,504,371	15,919,505	0.174087	49,313
2.01	CAP REL COSTS-MVBLE EQUIP	6,851,795	497,801	6,353,994	0.069484	19,683
2.02	CAP REL COSTS-MVBLE EQUIP	387,287	0	387,287	0.004235	1,200
3.00	Total (sum of lines 1-2)	95,711,737	4,265,965	91,445,772	0.000000	283,267

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140052

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/31/2012 12:04 pm

		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>								
1.00	Land	3,883,217	0					1.00
2.00	Land Improvements	9,816,235	0					2.00
3.00	Buildings and Fixtures	51,860,185	0					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	7,636,153	0					5.00
6.00	Movable Equipment	30,665,130	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	103,860,920	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	103,860,920	0					10.00
<b>SUMMARY OF CAPITAL</b>								
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)					
		14.00	15.00					
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>								
1.00	CAP REL COSTS-BLDG & FIXT	0	1,175,269					1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	313,505					1.01
1.02	CAP REL COSTS-BLDG & FIXT	0	52,127					1.02
1.03	CAP REL COSTS-BLDG & FIXT	0	171,923					1.03
1.04	CAP REL COSTS-BLDG & FIXT	0	0					1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,450,102					2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	327,733					2.01
2.02	CAP REL COSTS-MVBLE EQUIP	0	207					2.02
3.00	Total (sum of lines 1-2)	0	3,490,866					3.00
<b>ALLOCATION OF OTHER CAPITAL</b>								
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		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>								
1.00	CAP REL COSTS-BLDG & FIXT	0	0	159,363	1,200,646	13,190	1.00	
1.01	CAP REL COSTS-BLDG & FIXT	0	0	26,101	247,339	0	1.01	
1.02	CAP REL COSTS-BLDG & FIXT	0	0	5,612	52,127	0	1.02	
1.03	CAP REL COSTS-BLDG & FIXT	0	0	15,570	172,023	0	1.03	
1.04	CAP REL COSTS-BLDG & FIXT	0	0	6,425	81,572	0	1.04	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	49,313	1,250,407	198,695	2.00	
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	19,683	297,601	62,085	2.01	
2.02	CAP REL COSTS-MVBLE EQUIP	0	0	1,200	207	0	2.02	
3.00	Total (sum of lines 1-2)	0	0	283,267	3,301,922	273,970	3.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140052

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
		11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	388,915	159,363	0	0	1,762,114	1.00	
1.01	CAP REL COSTS-BLDG & FIXT	93,290	26,101	0	0	366,730	1.01	
1.02	CAP REL COSTS-BLDG & FIXT	17,102	5,612	0	0	74,841	1.02	
1.03	CAP REL COSTS-BLDG & FIXT	9,332	15,570	0	0	196,925	1.03	
1.04	CAP REL COSTS-BLDG & FIXT	15,358	6,425	0	0	103,355	1.04	
2.00	CAP REL COSTS-MVBLE EQUIP	321,699	49,313	0	0	1,820,114	2.00	
2.01	CAP REL COSTS-MVBLE EQUIP	57,917	19,683	0	0	437,286	2.01	
2.02	CAP REL COSTS-MVBLE EQUIP	50,985	1,200	0	0	52,392	2.02	
3.00	Total (sum of lines 1-2)	954,598	283,267	0	0	4,813,757	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 140052

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

Worksheet A-8  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-39,463	CAP REL COSTS-BLDG & FIXT		1.00	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.01	1.01
1.02 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.02	1.02
1.03 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.03	1.03
1.04 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.04	1.04
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-32,642	CAP REL COSTS-MVBLE EQUIP		2.00	2.00
2.01 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP		2.01	2.01
2.02 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP		2.02	2.02
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	7.00
8.00 Television and radio service (chapter 21)		0			0.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,448,728				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	252,099				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests	A	-430,570	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	A	-11,605	CENTRAL SERVICES & SUPPLY		14.00	16.00
17.00 Sale of drugs to other than patients	A	-1,099	DRUGS CHARGED TO PATIENTS		73.00	17.00
18.00 Sale of medical records and abstracts	B	-1,258	MEDICAL RECORDS & LIBRARY		16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00 Vending machines		0			0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	38,567	CAP REL COSTS-BLDG & FIXT		1.00	26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.01	26.01
26.02 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.02	26.02
26.03 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.03	26.03
26.04 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.04	26.04
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP		2.00	27.00
27.01 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP		2.01	27.01
27.02 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP		2.02	27.02
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant					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		SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0			0.00	32.00
33.00 OTHER REVENUE	B	-78,607	OTHER ADMINISTRATIVE AND GENERAL		5.05	33.00
33.01 NUTRITION	B	-74,869	DIETARY		10.00	33.01
33.02 ENGINEERING	B	-120	OPERATION OF PLANT		7.00	33.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 140052

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

Worksheet A-8

Date/Time Prepared:  
5/31/2012 12:04 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
33.03 GROUND MAINTENANCE	B	-2,000	OPERATION OF PLANT	7.00 33.03
33.04 PATIENT ACCOUNTS	B	-20	CASHIERING/ACCOUNTS RECEIVABLE	5.04 33.04
33.05 ACCOUNTING	B	-2,762	OTHER ADMINISTRATIVE AND GENERAL	5.05 33.05
33.06 PHYSICIAN LIAISON	B	-14,410	OTHER ADMINISTRATIVE AND GENERAL	5.05 33.06
33.07 EMPLOYEE BENEFITS	B	-2,031	EMPLOYEE BENEFITS	4.00 33.07
33.08 ADMINISTRATION	B	-50,441	OTHER ADMINISTRATIVE AND GENERAL	5.05 33.08
33.09 MEDICAL STAFF OFFICE	B	-200	OTHER ADMINISTRATIVE AND GENERAL	5.05 33.09
33.10 COMMUNITY RELATIONS	B	-35,793	OTHER ADMINISTRATIVE AND GENERAL	5.05 33.10
33.11 MATERIALS MANAGEMENT	B	-43,707	PURCHASING RECEIVING AND STORES	5.02 33.11
33.12 SUPPORT FEE	B	-300,000	OTHER ADMINISTRATIVE AND GENERAL	5.05 33.12
33.13 EQUIPMENT SALES	B	-1,000	CAP REL COSTS-MVBLE EQUIP	2.00 33.13
33.14 A/P DISCOUNTS	A	-1,328	CENTRAL SERVICES & SUPPLY	14.00 33.14
33.15 NEWSPAPER	A	15,599	OTHER ADMINISTRATIVE AND GENERAL	5.05 33.15
33.16 INSERVICE EDUCATION	B	-357	NURSING ADMINISTRATION	13.00 33.16
33.17 OB	B	-200	ADULTS & PEDIATRICS	30.00 33.17
33.18 LDRP	B	-2,775	DELIVERY ROOM & LABOR ROOM	52.00 33.18
33.19 REHAB	B	-50	SUBPROVIDER - IRF	41.00 33.19
33.20 SURGERY	B	-100	OPERATING ROOM	50.00 33.20
33.21 DIABETES	B	-2,349	DIABETES CENTER	76.02 33.21
33.22 DIAGNOSTIC RADIOLOGY	B	-1,697	RADIOLOGY-DIAGNOSTIC	54.00 33.22
33.23 RADIATION THERAPY	B	-153,104	RADIOLOGY-DIAGNOSTIC	54.00 33.23
33.24 CHAPLAINCY SERVICES	B	-190	OTHER ADMINISTRATIVE AND GENERAL	5.05 33.24
33.25 ONCOLOGY	B	-1,000	ONCOLOGY	76.01 33.25
33.26 HOSPICE	B	-466,189	HOSPICE	116.00 33.26
33.27 PHYSICAL THERAPY	B	-880	PHYSICAL THERAPY	66.00 33.27
34.00 INVESTMENT INCOME BLDG SCH	B	-9,466	CAP REL COSTS-BLDG & FIXT	1.01 34.00
34.01 INVESTMENT INCOME BLDG POB SAH	B	-947	CAP REL COSTS-BLDG & FIXT	1.03 34.01
34.02 INVESTMENT INCOME BLDG POB SCH	B	-1,558	CAP REL COSTS-BLDG & FIXT	1.04 34.02
34.03 INVESTMENT INCOME MME SCH	B	-5,877	CAP REL COSTS-MVBLE EQUIP	2.01 34.03
34.04 INVESTMENT INCOME BLDG MM	B	-1,735	CAP REL COSTS-BLDG & FIXT	1.02 34.04
34.05 INVESTMENT INCOME MME MM	B	-5,172	CAP REL COSTS-MVBLE EQUIP	2.02 34.05
35.00 SAINT CLARE'S ACQUISITION	A	-3,418	CAP REL COSTS-BLDG & FIXT	1.01 35.00
36.00 ENTERTAINMENT ADJUSTMENT	A	-72,764	OTHER ADMINISTRATIVE AND GENERAL	5.05 36.00
37.00 ADVERTISING ADJUSTMENT	A	-397,971	OTHER ADMINISTRATIVE AND GENERAL	5.05 37.00
38.00 NON-PATIENT RELATED CATERING	A	-151,467	DIETARY	10.00 38.00
38.01 MEALS ON WHEELS	A	-9,210	MEALS ON WHEELS	193.08 38.01
39.00 LIFING DIFFERENCES 1990, 1991 ASSETS	A	-62,748	CAP REL COSTS-BLDG & FIXT	1.01 39.00
40.00 LIFING DIFFERENCES 1190, 1991 ASSETS	A	100	CAP REL COSTS-BLDG & FIXT	1.03 40.00
41.00 LOBBYING EXPENSE	A	-38,327	OTHER ADMINISTRATIVE AND GENERAL	5.05 41.00
42.00 DIABETES CENTER MARKETING EXPENSE	A	-1,703	OTHER ADMINISTRATIVE AND GENERAL	5.05 42.00
43.00 DPA PROVIDER TAX	A	16,425	OTHER ADMINISTRATIVE AND GENERAL	5.05 43.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,641,117		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140052

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

Worksheet A-8  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.01
1.02	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.02
1.03	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.03
1.04	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.04
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	11	2.00
2.01	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.01
2.02	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.02
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	9	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.01
26.02	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.02
26.03	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.03
26.04	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.04
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
27.01	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.01
27.02	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.02
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OTHER REVENUE	0	33.00
33.01	NUTRITION	0	33.01
33.02	ENGINEERING	0	33.02
33.03	GROUND MAINTENANCE	0	33.03
33.04	PATIENT ACCOUNTS	0	33.04
33.05	ACCOUNTING	0	33.05
33.06	PHYSICIAN LIAISON	0	33.06
33.07	EMPLOYEE BENEFITS	0	33.07
33.08	ADMINISTRATION	0	33.08
33.09	MEDICAL STAFF OFFICE	0	33.09

ADJUSTMENTS TO EXPENSES

Provider CCN: 140052

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

Worksheet A-8

Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.10	COMMUNITY RELATIONS	0	33.10
33.11	MATERIALS MANAGEMENT	0	33.11
33.12	SUPPORT FEE	0	33.12
33.13	EQUIPMENT SALES	9	33.13
33.14	A/P DISCOUNTS	0	33.14
33.15	NEWSPAPER	0	33.15
33.16	INSERVICE EDUCATION	0	33.16
33.17	OB	0	33.17
33.18	LDRP	0	33.18
33.19	REHAB	0	33.19
33.20	SURGERY	0	33.20
33.21	DIABETES	0	33.21
33.22	DIAGNOSTIC RADIOLOGY	0	33.22
33.23	RADIATION THERAPY	0	33.23
33.24	CHAPLAINCY SERVICES	0	33.24
33.25	ONCOLOGY	0	33.25
33.26	HOSPICE	0	33.26
33.27	PHYSICAL THERAPY	0	33.27
34.00	INVESTMENT INCOME BLDG SCH	11	34.00
34.01	INVESTMENT INCOME BLDG POB SAH	11	34.01
34.02	INVESTMENT INCOME BLDG POB SCH	11	34.02
34.03	INVESTMENT INCOME MME SCH	11	34.03
34.04	INVESTMENT INCOME BLDG MM	11	34.04
34.05	INVESTMENT INCOME MME MM	11	34.05
35.00	SAINT CLARE'S ACQUISITION	9	35.00
36.00	ENTERTAINMENT ADJUSTMENT	0	36.00
37.00	ADVERTISING ADJUSTMENT	0	37.00
38.00	NON-PATIENT RELATED CATERING	0	38.00
38.01	MEALS ON WHEELS	0	38.01
39.00	LIFING DIFFERENCES 1990, 1991 ASSETS	9	39.00
40.00	LIFING DIFFERENCES 1190, 1991 ASSETS	9	40.00
41.00	LOBBYING EXPENSE	0	41.00
42.00	DIABETES CENTER MARKETING EXPENSE	0	42.00
43.00	DPA PROVIDER TAX	0	43.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140052

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

Worksheet A-8-1

Date/Time Prepared:  
5/31/2012 12:04 pm

	Line No.	Cost Center	Expense Items	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	4.00	EMPLOYEE BENEFITS	HEALTH INSURANCE SISTERS	1.00
2.00	4.00	EMPLOYEE BENEFITS	PENSION SISTERS	2.00
3.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	SALARIES SISTERS	3.00
4.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	MANAGEMENT SALARIES	4.00
4.01	1.04	CAP REL COSTS-BLDG & FIXT	DEPRECIATION BUILDING	4.01
4.02	2.01	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION MME	4.02
4.03	5.05	OTHER ADMINISTRATIVE AND GENERAL	MANAGEMENT OTHER EXPENSE	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
<b>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

6.00	G	SRS OF ST FRANC	100.00	6.00
7.00	G	ST ANTHONYS SYS	100.00	7.00
8.00	B	ST ANTHONYS FOU	100.00	8.00
9.00	B	ST ANTHONYS PHY	100.00	9.00
10.00	B	ST ANTHONYS LLC	100.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

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

Provider CCN: 140052

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

Worksheet A-8-1

Date/Time Prepared: 5/31/2012 12:04 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>						
1.00	63,617	63,617	0	0		1.00
2.00	73,450	73,450	0	0		2.00
3.00	593,782	593,782	0	0		3.00
4.00	52,300	0	52,300	0		4.00
4.01	81,572	0	81,572	9		4.01
4.02	31,953	0	31,953	9		4.02
4.03	86,274	0	86,274	0		4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	982,948	730,849	252,099		5.00

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

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

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

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

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

6.00		SRS OF ST FRANC	100.00	NON-PROFIT	6.00
7.00		SRS OF ST FRANC	100.00	NON-PROFIT	7.00
8.00		ST ANTHONYS SYS	100.00	NON-PROFIT	8.00
9.00		ST ANTHONYS SYS	100.00	NON-PROFIT	9.00
10.00		ST ANTHONYS HEA	100.00	NON-PROFIT	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140052

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2012 12:04 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	240,000	240,000	1.00
2.00	31.00	INTENSIVE CARE UNIT	323,217	323,217	2.00
3.00	41.00	SUBPROVIDER - IRF	73,676	50,704	3.00
4.00	44.00	SKILLED NURSING FACILITY	11,675	540	4.00
5.00	45.00	NURSING FACILITY	907	42	5.00
6.00	53.00	ANESTHESIOLOGY	369,697	369,697	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	3,173	3,173	7.00
8.00	59.00	CARDIAC CATHETERIZATION	100,000	100,000	8.00
9.00	69.00	ELECTROCARDIOLOGY	33,158	33,158	9.00
10.00	70.00	ELECTROENCEPHALOGRAPHY	7,500	7,500	10.00
11.00	76.01	ONCOLOGY	16,000	0	11.00
12.00	91.00	EMERGENCY	304,106	304,106	12.00
13.00	76.04	PAIN CLINIC	7,050	7,050	13.00
200.00			1,490,159	1,439,187	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140052

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2012 12:04 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	171,400	0	0	0	1.00
2.00	0	171,400	0	0	0	2.00
3.00	22,972	171,400	341	28,100	1,405	3.00
4.00	11,135	171,400	89	7,334	367	4.00
5.00	865	171,400	7	577	29	5.00
6.00	0	200,300	0	0	0	6.00
7.00	0	231,100	0	0	0	7.00
8.00	0	171,400	0	0	0	8.00
9.00	0	171,400	0	0	0	9.00
10.00	0	171,400	0	0	0	10.00
11.00	16,000	171,400	128	10,548	527	11.00
12.00	0	171,400	0	0	0	12.00
13.00	0	171,400	0	0	0	13.00
200.00	50,972		565	46,559	2,328	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140052

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2012 12:04 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	28,100	3.00
4.00	0	0	0	0	7,334	4.00
5.00	0	0	0	0	577	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	10,548	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
200.00	0	0	0	0	46,559	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140052

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

Worksheet A-8-2

Date/Time Prepared:  
5/31/2012 12:04 pm

	RCE		Adjustment	
	Disallowance			
	17.00		18.00	
1.00		0	240,000	1.00
2.00		0	323,217	2.00
3.00		0	50,704	3.00
4.00		3,801	4,341	4.00
5.00		288	330	5.00
6.00		0	369,697	6.00
7.00		0	3,173	7.00
8.00		0	100,000	8.00
9.00		0	33,158	9.00
10.00		0	7,500	10.00
11.00		5,452	5,452	11.00
12.00		0	304,106	12.00
13.00		0	7,050	13.00
200.00		9,541	1,448,728	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	
		1.00	1.01	1.02	1.03	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	1,762,114	1,762,114				1.00
1.01	366,730	0	366,730			1.01
1.02	74,841	0	0	74,841		1.02
1.03	196,925	0	0	0	196,925	1.03
1.04	103,355	0	0	0	0	1.04
2.00	1,820,114					2.00
2.01	437,286					2.01
2.02	52,392					2.02
4.00	10,026,010	6,423	1,733	0	0	4.00
5.01	479,956	4,188	332	0	0	5.01
5.02	285,093	37,371	762	0	0	5.02
5.03	779,965	14,479	0	345	0	5.03
5.04	1,735,649	7,631	0	0	0	5.04
5.05	10,871,955	191,303	41,006	0	0	5.05
7.00	4,734,287	151,764	17,339	13,877	1,442	7.00
8.00	327,236	11,416	1,842	0	0	8.00
9.00	1,139,545	48,936	7,003	1,215	1,701	9.00
10.00	448,358	62,416	2,896	0	0	10.00
11.00	979,239	30,403	4,017	0	0	11.00
13.00	734,085	9,799	1,636	0	565	13.00
14.00	596,621	42,833	9,006	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	1,001,205	21,066	637	0	0	16.00
17.00	526,848	4,486	2,394	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	3,220,778	339,716	0	0	588	30.00
31.00	978,134	113,253	0	0	0	31.00
32.00	0	0	0	0	0	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
40.00	0	0	0	0	0	40.00
41.00	1,033,893	0	15,423	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	121,568	9,449	0	0	0	43.00
44.00	860,942	0	7,223	0	0	44.00
45.00	64,845	0	1,908	0	0	45.00
46.00	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	1,761,821	188,970	40,364	607	0	50.00
51.00	297,030	7,392	1,853	0	0	51.00
52.00	834,296	99,087	0	0	0	52.00
53.00	64,540	745	346	0	0	53.00
54.00	2,694,457	87,171	24,481	9,953	0	54.00
55.00	0	0	0	0	0	55.00
56.00	0	0	0	0	0	56.00
57.00	334,169	0	0	2,592	0	57.00
58.00	139,983	0	0	4,406	0	58.00
59.00	254,463	16,580	0	0	0	59.00
60.00	3,091,599	74,555	7,635	0	0	60.00
60.01	0	0	0	0	0	60.01
61.00	0	0	0	0	0	61.00
62.00	491,713	484	693	0	0	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	620,460	16,237	1,621	0	0	65.00
66.00	991,026	7,042	7,729	0	0	66.00
67.00	518,063	1,617	12,646	0	0	67.00
68.00	121,806	0	0	0	0	68.00
69.00	174,971	29,062	1,394	0	0	69.00
70.00	161,833	4,240	862	0	0	70.00
71.00	2,473,491	0	0	0	0	71.00
72.00	2,423,373	0	0	0	0	72.00
73.00	4,853,031	15,641	2,116	0	0	73.00
74.00	0	0	0	0	0	74.00
75.00	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01	182,741	0	0	0	0	76.01
76.02	64,047	0	1,904	1,842	0	76.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	
	0	1.00	1.01	1.02	1.03	
76.03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	290,949	0	0	0	0	76.03
76.04 PAIN CLINIC	210,781	0	0	0	0	76.04
76.05 WOUND CENTER	445,268	0	6,975	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	2,413,838	98,401	9,881	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	53,989	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	1,195,396	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	1,786,766	0	7,374	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	618,406	0	606	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	75,324,275	1,754,156	243,637	34,837	4,296	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	800	6,796	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 ADULT DAY CARE	135,600	0	8,646	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	128,058	0	0	31,656	192,629	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 PARISH NURSE PROGRAM	0	0	0	0	0	193.01
193.02 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03 LI FELINE	0	0	0	0	0	193.03
193.04 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05 EMS	72,141	1,162	0	0	0	193.05
193.06 SURGERY MM	0	0	0	8,348	0	193.06
193.07 SAINT CLARE'S VILLA	568,721	0	114,447	0	0	193.07
193.08 MEALS ON WHEELS	-9,210	0	0	0	0	193.08
194.00 OTHER PROPERTY	7,994	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	76,228,379	1,762,114	366,730	74,841	196,925	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS	
	BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP		
	1.04	2.00	2.01	2.02		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG & FIXT						1.01
1.02 CAP REL COSTS-BLDG & FIXT						1.02
1.03 CAP REL COSTS-BLDG & FIXT						1.03
1.04 CAP REL COSTS-BLDG & FIXT	103,355					1.04
2.00 CAP REL COSTS-MVBLE EQUIP		1,820,114				2.00
2.01 CAP REL COSTS-MVBLE EQUIP		0	437,286			2.01
2.02 CAP REL COSTS-MVBLE EQUIP		0	0	52,392		2.02
4.00 EMPLOYEE BENEFITS	2,304	6,614	3,866	0	10,046,950	4.00
5.01 NONPATIENT TELEPHONES	0	4,312	349	0	76,627	5.01
5.02 PURCHASING RECEIVING AND STORES	0	38,482	799	0	77,157	5.02
5.03 ADMITTING	5,448	14,909	0	419	202,387	5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	0	7,858	4,843	0	15,322	5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	16,655	196,991	57,813	0	1,308,269	5.05
7.00 OPERATION OF PLANT	14,227	158,156	30,832	16,835	385,297	7.00
8.00 LAUNDRY & LINEN SERVICE	0	11,756	1,932	0	0	8.00
9.00 HOUSEKEEPING	0	52,609	7,345	1,474	167,441	9.00
10.00 DIETARY	327	64,272	3,328	0	210,340	10.00
11.00 CAFETERIA	0	31,307	4,213	0	132,576	11.00
13.00 NURSING ADMINISTRATION	0	10,827	1,716	0	216,012	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	44,107	9,446	0	98,629	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	21,693	668	0	250,084	16.00
17.00 SOCIAL SERVICE	0	4,619	2,511	0	156,324	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	350,587	0	0	941,779	30.00
31.00 INTENSIVE CARE UNIT	0	116,620	0	0	286,904	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/RF	0	0	16,175	0	290,129	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	9,730	0	0	25,348	43.00
44.00 SKILLED NURSING FACILITY	0	0	7,576	0	249,663	44.00
45.00 NURSING FACILITY	0	0	2,001	0	19,237	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	194,590	42,334	736	461,586	50.00
51.00 RECOVERY ROOM	0	7,612	1,943	0	89,935	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	102,033	0	0	245,880	52.00
53.00 ANESTHESIOLOGY	0	767	363	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	89,763	25,675	12,075	529,290	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	3,145	67,149	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	5,345	28,412	58.00
59.00 CARDIAC CATHETERIZATION	0	17,073	0	0	66,963	59.00
60.00 LABORATORY	0	76,772	8,008	0	571,867	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	499	726	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	16,720	1,700	0	135,928	65.00
66.00 PHYSICAL THERAPY	8,603	7,251	15,754	0	287,109	66.00
67.00 OCCUPATIONAL THERAPY	572	1,665	13,263	0	173,062	67.00
68.00 SPEECH PATHOLOGY	0	0	508	0	36,609	68.00
69.00 ELECTROCARDIOLOGY	0	29,926	1,462	0	54,636	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	4,366	904	0	45,292	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	16,106	2,219	0	281,847	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01 ONCOLOGY	6,559	0	5,831	0	47,934	76.01
76.02 DIABETES CENTER	0	0	1,997	2,235	20,053	76.02
76.03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,543	0	4,038	0	87,331	76.03
76.04 PAIN CLINIC	0	0	0	0	42,076	76.04
76.05 WOUND CENTER	0	0	7,316	0	81,632	76.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS	
	BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP		
	1.04	2.00	2.01	2.02		
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	101,327	10,363	0	584,819	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	130,472	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	7,734	0	499,662	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	636	0	140,114	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	59,238	1,811,919	308,187	42,264	9,819,183	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,998	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 ADULT DAY CARE	0	0	9,068	0	37,641	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	44,117	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 PARI SH NURSE PROGRAM	0	0	0	0	0	193.01
193.02 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03 LI FELINE	0	0	0	0	0	193.03
193.04 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05 EMS	0	1,197	0	0	12,813	193.05
193.06 SURGERY MM	0	0	0	10,128	0	193.06
193.07 SAINT CLARE'S VILLA	0	0	120,031	0	177,313	193.07
193.08 MEALS ON WHEELS	0	0	0	0	0	193.08
194.00 OTHER PROPERTY	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	103,355	1,820,114	437,286	52,392	10,046,950	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.01	5.02	5.03	5.04	5A.04	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT						1.01
1.02	CAP REL COSTS-BLDG & FIXT						1.02
1.03	CAP REL COSTS-BLDG & FIXT						1.03
1.04	CAP REL COSTS-BLDG & FIXT						1.04
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES	565,764					5.01
5.02	PURCHASING RECEIVING AND STORES	6,194	445,858				5.02
5.03	ADMINITTING	17,758	6,638	1,042,348			5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	11,563	2,318		1,785,184		5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	100,760	43,653	0	0	12,828,405	5.05
7.00	OPERATION OF PLANT	27,256	26,466	0	0	5,577,778	7.00
8.00	LAUNDRY & LINEN SERVICE	826	1,839	0	0	356,847	8.00
9.00	HOUSEKEEPING	2,891	18,245	0	0	1,448,405	9.00
10.00	DIETARY	7,433	1	0	0	799,371	10.00
11.00	CAFETERIA	7,433	8,264	0	0	1,197,452	11.00
13.00	NURSING ADMINISTRATION	6,607	1,253	0	0	982,500	13.00
14.00	CENTRAL SERVICES & SUPPLY	3,717	10,601	0	0	814,960	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	16,932	2,883	0	0	1,315,168	16.00
17.00	SOCIAL SERVICE	7,020	191	0	0	704,393	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	49,969	26,307	26,130	44,745	5,000,599	30.00
31.00	INTENSIVE CARE UNIT	6,194	7,734	13,577	23,250	1,545,666	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	4,956	4,604	8,424	14,425	1,388,029	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,239	1,364	1,500	2,568	172,766	43.00
44.00	SKILLED NURSING FACILITY	4,130	4,772	8,966	15,353	1,158,625	44.00
45.00	NURSING FACILITY	413	371	702	1,202	90,679	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	34,689	11,635	93,252	159,687	2,990,271	50.00
51.00	RECOVERY ROOM	1,652	1,281	20,558	35,204	464,460	51.00
52.00	DELIVERY ROOM & LABOR ROOM	14,454	4,088	9,263	15,863	1,324,964	52.00
53.00	ANESTHESIOLOGY	2,065	11,706	9,410	16,115	106,057	53.00
54.00	RADIOLOGY-DIAGNOSTIC	28,908	76,645	134,687	230,889	3,943,994	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	5,782	18,186	93,657	160,380	685,060	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,239	7,302	21,551	36,904	245,142	58.00
59.00	CARDIAC CATHETERIZATION	2,478	1,124	24,849	42,552	426,082	59.00
60.00	LABORATORY	23,539	28,743	100,263	171,693	4,154,674	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	826	245	4,221	7,229	506,636	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	4,130	7,853	26,865	46,003	877,517	65.00
66.00	PHYSICAL THERAPY	7,020	2,377	40,490	69,336	1,443,737	66.00
67.00	OCCUPATIONAL THERAPY	5,782	277	23,857	40,853	791,657	67.00
68.00	SPEECH PATHOLOGY	413	547	2,889	4,947	167,719	68.00
69.00	ELECTROCARDIOLOGY	8,672	2,109	33,068	56,625	391,925	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,478	1,894	15,062	25,792	262,723	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	40,056	68,592	2,582,139	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	24,400	41,782	2,489,555	72.00
73.00	DRUGS CHARGED TO PATIENTS	8,259	5,653	96,093	164,552	5,445,517	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01	ONCOLOGY	1,652	3,395	3,036	5,199	256,347	76.01
76.02	DIABETES CENTER	1,652	205	456	780	95,171	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,891	1,600	4,174	7,148	402,674	76.03
76.04	PAIN CLINIC	1,239	7,674	7,941	13,598	283,309	76.04
76.05	WOUND CENTER	4,543	20,948	7,781	13,324	587,787	76.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

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Cost Center Description	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
	5.01	5.02	5.03	5.04	5A.04	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	35,515	40,780	113,822	194,911	3,603,657	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	219	376	54,584	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	4,784	4,580	7,844	1,343,076	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	10,324	7,756	18,095	30,987	2,368,698	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	2,891	3,106	8,454	14,476	788,689	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	496,384	439,417	1,042,348	1,785,184	74,465,464	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,065	159	0	0	16,818	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 ADULT DAY CARE	2,478	479	0	0	193,912	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	39,645	0	0	0	436,105	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 PARISH NURSE PROGRAM	826	0	0	0	826	193.01
193.02 RETAIL PHARMACY	1,239	0	0	0	1,239	193.02
193.03 LI FELINE	413	0	0	0	413	193.03
193.04 PRIVATE CARE SERVICES	3,304	0	0	0	3,304	193.04
193.05 EMS	1,652	5,783	0	0	94,748	193.05
193.06 SURGERY MM	3,717	0	0	0	22,193	193.06
193.07 SAINT CLARE'S VILLA	14,041	20	0	0	994,573	193.07
193.08 MEALS ON WHEELS	0	0	0	0	-9,210	193.08
194.00 OTHER PROPERTY	0	0	0	0	7,994	194.00
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	565,764	445,858	1,042,348	1,785,184	76,228,379	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.05	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT						1.01
1.02	CAP REL COSTS-BLDG & FIXT						1.02
1.03	CAP REL COSTS-BLDG & FIXT						1.03
1.04	CAP REL COSTS-BLDG & FIXT						1.04
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	PURCHASING RECEIVING AND STORES						5.02
5.03	ADMINISTRATIVE						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	12,828,405					5.05
7.00	OPERATION OF PLANT	1,128,477	6,706,255				7.00
8.00	LAUNDRY & LINEN SERVICE	72,194	38,508	467,549			8.00
9.00	HOUSEKEEPING	293,028	170,528	0	1,911,961		9.00
10.00	DIETARY	161,722	149,064	0	23,465	1,133,622	10.00
11.00	CAFETERIA	242,258	97,309	0	0	0	11.00
13.00	NURSING ADMINISTRATION	198,771	34,948	0	2,844	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	164,875	162,429	0	9,244	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	266,073	47,394	0	17,777	0	16.00
17.00	SOCIAL SERVICE	142,506	29,445	0	2,844	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,011,676	677,722	133,111	514,108	428,589	30.00
31.00	INTENSIVE CARE UNIT	312,705	225,443	22,254	98,365	60,371	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	280,814	132,139	45,753	94,810	183,038	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	34,952	18,809	5,650	18,488	0	43.00
44.00	SKILLED NURSING FACILITY	234,403	61,886	54,133	82,499	246,257	44.00
45.00	NURSING FACILITY	18,345	16,347	4,205	21,792	19,134	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	604,965	726,406	51,942	303,013	53,686	50.00
51.00	RECOVERY ROOM	93,965	30,587	0	12,942	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	268,055	197,244	17,294	52,382	42,539	52.00
53.00	ANESTHESIOLOGY	21,456	4,450	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	797,913	455,558	26,271	56,175	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	138,595	18,824	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	49,595	31,996	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	86,201	33,005	21,627	13,273	0	59.00
60.00	LABORATORY	840,536	213,828	0	17,066	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	102,498	6,898	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	177,531	46,207	0	0	0	65.00
66.00	PHYSICAL THERAPY	292,084	142,715	9,346	711	0	66.00
67.00	OCCUPATIONAL THERAPY	160,161	111,564	0	4,266	0	67.00
68.00	SPEECH PATHOLOGY	33,931	4,153	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	79,291	69,793	0	1,067	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	53,152	15,828	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	522,395	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	503,664	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,101,688	49,263	0	7,348	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01	ONCOLOGY	51,862	47,631	1,569	39,128	0	76.01
76.02	DIABETES CENTER	19,254	29,697	0	948	0	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	81,465	32,990	0	13,766	0	76.03
76.04	PAIN CLINIC	57,317	0	0	0	0	76.04
76.05	WOUND CENTER	118,916	59,765	4,110	4,978	0	76.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	OTHER	OPERATION OF	LAUNDRY &	HOUSEKEEPING	DIETARY	
	ADMINISTRATIVE	PLANT	LINEN SERVICE			
	AND GENERAL					
	5.05	7.00	8.00	9.00	10.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	729,059	280,535	64,320	254,920	12,109	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	11,043	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	271,719	0	0	948	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	479,214	63,177	0	4,380	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	159,560	5,192	78	360	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	12,469,884	4,539,277	461,663	1,673,907	1,045,723	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,402	13,528	0	4,978	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 ADULT DAY CARE	39,231	74,079	0	2,844	53,374	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	88,229	1,035,865	0	230,232	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 PARISH NURSE PROGRAM	167	0	0	0	0	193.01
193.02 RETAIL PHARMACY	251	0	0	0	0	193.02
193.03 LI FELINE	84	0	0	0	0	193.03
193.04 PRIVATE CARE SERVICES	668	0	0	0	0	193.04
193.05 EMS	19,169	2,314	5,886	0	0	193.05
193.06 SURGERY MM	4,490	60,625	0	0	0	193.06
193.07 SAINT CLARE'S VILLA	201,213	980,567	0	0	0	193.07
193.08 MEALS ON WHEELS	0	0	0	0	34,525	193.08
194.00 OTHER PROPERTY	1,617	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	12,828,405	6,706,255	467,549	1,911,961	1,133,622	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG & FIXT						1.01
1.02 CAP REL COSTS-BLDG & FIXT						1.02
1.03 CAP REL COSTS-BLDG & FIXT						1.03
1.04 CAP REL COSTS-BLDG & FIXT						1.04
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
2.01 CAP REL COSTS-MVBLE EQUIP						2.01
2.02 CAP REL COSTS-MVBLE EQUIP						2.02
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 PURCHASING RECEIVING AND STORES						5.02
5.03 ADMINISTRATION						5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 OTHER ADMINISTRATIVE AND 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	1,537,019					11.00
13.00 NURSING ADMINISTRATION	26,417	1,245,480				13.00
14.00 CENTRAL SERVICES & SUPPLY	43,394	0	1,194,902			14.00
15.00 PHARMACY	0	0	0	0		15.00
16.00 MEDICAL RECORDS & LIBRARY	71,609	0	0	0	1,718,021	16.00
17.00 SOCIAL SERVICE	30,151	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	195,222	295,184	18,226	0	906,422	30.00
31.00 INTENSIVE CARE UNIT	51,727	79,263	5,191	0	86,620	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	66,907	104,957	2,588	0	104,862	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	5,982	10,846	1,120	0	12,202	43.00
44.00 SKILLED NURSING FACILITY	68,117	114,893	3,179	0	74,882	44.00
45.00 NURSING FACILITY	5,152	8,927	247	0	5,818	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	89,105	131,496	7,476	0	151,736	50.00
51.00 RECOVERY ROOM	13,935	25,227	1,023	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	41,250	74,685	3,020	0	15,227	52.00
53.00 ANESTHESIOLOGY	0	0	9,627	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	116,006	3,610	59,302	0	220,234	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	13,070	4	16,830	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	6,120	0	6,747	0	0	58.00
59.00 CARDIAC CATHETERIZATION	11,964	12,515	1,039	0	0	59.00
60.00 LABORATORY	130,770	0	21,870	0	16,430	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	19,297	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	31,915	172	5,003	0	0	65.00
66.00 PHYSICAL THERAPY	56,049	708	860	0	0	66.00
67.00 OCCUPATIONAL THERAPY	31,396	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	6,743	0	511	0	0	68.00
69.00 ELECTROCARDIOLOGY	7,780	3,669	778	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	9,716	172	492	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	476,725	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	466,138	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	41,008	0	468	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01 ONCOLOGY	8,264	12,632	2,913	0	0	76.01
76.02 DIABETES CENTER	3,008	3,944	1	0	0	76.02
76.03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	17,945	0	9	0	0	76.03
76.04 PAIN CLINIC	9,336	6,062	6,456	0	0	76.04
76.05 WOUND CENTER	15,214	21,662	19,255	0	19,088	76.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	120,052	162,634	21,758	0	104,016	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	10,187	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	94,949	77,636	5,429	0	242	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	26,797	33,391	1,055	0	242	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,467,070	1,184,289	1,194,820	0	1,718,021	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 ADULT DAY CARE	11,756	1,436	80	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 PARISH NURSE PROGRAM	0	0	0	0	0	193.01
193.02 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03 LI FELINE	0	0	0	0	0	193.03
193.04 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05 EMS	2,524	0	0	0	0	193.05
193.06 SURGERY MM	0	0	0	0	0	193.06
193.07 SAINT CLARE'S VILLA	55,669	59,755	0	0	0	193.07
193.08 MEALS ON WHEELS	0	0	0	0	0	193.08
194.00 OTHER PROPERTY	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,537,019	1,245,480	1,194,902	0	1,718,021	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
1.01	CAP REL COSTS-BLDG & FIXT					1.01
1.02	CAP REL COSTS-BLDG & FIXT					1.02
1.03	CAP REL COSTS-BLDG & FIXT					1.03
1.04	CAP REL COSTS-BLDG & FIXT					1.04
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	CAP REL COSTS-MVBLE EQUIP					2.01
2.02	CAP REL COSTS-MVBLE EQUIP					2.02
4.00	EMPLOYEE BENEFITS					4.00
5.01	NONPATIENT TELEPHONES					5.01
5.02	PURCHASING RECEIVING AND STORES					5.02
5.03	ADMINISTRATIVE					5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	OTHER ADMINISTRATIVE AND 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	909,339				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	487,635	9,668,494	0	9,668,494	30.00
31.00	INTENSIVE CARE UNIT	5,096	2,492,701	0	2,492,701	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	119,281	2,523,178	0	2,523,178	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	0	280,815	0	280,815	43.00
44.00	SKILLED NURSING FACILITY	85,411	2,184,285	0	2,184,285	44.00
45.00	NURSING FACILITY	9,186	199,832	0	199,832	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	5,110,096	0	5,110,096	50.00
51.00	RECOVERY ROOM	0	642,139	0	642,139	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,036,660	0	2,036,660	52.00
53.00	ANESTHESIOLOGY	0	141,590	0	141,590	53.00
54.00	RADIOLOGY-DIAGNOSTIC	29,780	5,708,843	0	5,708,843	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	56.00
57.00	CT SCAN	0	872,383	0	872,383	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	339,600	0	339,600	58.00
59.00	CARDIAC CATHETERIZATION	0	605,706	0	605,706	59.00
60.00	LABORATORY	0	5,395,174	0	5,395,174	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	635,329	0	635,329	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	1,138,345	0	1,138,345	65.00
66.00	PHYSICAL THERAPY	0	1,946,210	0	1,946,210	66.00
67.00	OCCUPATIONAL THERAPY	0	1,099,044	0	1,099,044	67.00
68.00	SPEECH PATHOLOGY	0	213,057	0	213,057	68.00
69.00	ELECTROCARDIOLOGY	0	554,303	0	554,303	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	342,083	0	342,083	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,581,259	0	3,581,259	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	3,459,357	0	3,459,357	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	6,645,292	0	6,645,292	73.00
74.00	RENAL DIALYSIS	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0	0	0	0	76.00
76.01	ONCOLOGY	0	420,346	0	420,346	76.01
76.02	DIABETES CENTER	0	152,023	0	152,023	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	548,849	0	548,849	76.03
76.04	PAIN CLINIC	0	362,480	0	362,480	76.04

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	17.00	24.00	25.00	26.00	
76.05 WOUND CENTER	0	850,775	0	850,775	76.05
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	90.00
91.00 EMERGENCY	142,373	5,495,433	0	5,495,433	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	65,627	0	65,627	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	1,625,930	0	1,625,930	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	99.00
99.10 CORF	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	30,577	3,124,302	0	3,124,302	101.00
SPECIAL PURPOSE COST CENTERS					
105.00 KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00 HOSPICE	0	1,015,364	0	1,015,364	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	909,339	71,476,904	0	71,476,904	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	38,728	0	38,728	190.00
191.00 RESEARCH	0	0	0	0	191.00
191.01 ADULT DAY CARE	0	376,712	0	376,712	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	1,790,431	0	1,790,431	192.00
193.00 NONPAID WORKERS	0	0	0	0	193.00
193.01 PARI SH NURSE PROGRAM	0	993	0	993	193.01
193.02 RETAIL PHARMACY	0	1,490	0	1,490	193.02
193.03 LI FELINE	0	497	0	497	193.03
193.04 PRIVATE CARE SERVICES	0	3,972	0	3,972	193.04
193.05 EMS	0	124,641	0	124,641	193.05
193.06 SURGERY MM	0	87,308	0	87,308	193.06
193.07 SAINT CLARE'S VILLA	0	2,291,777	0	2,291,777	193.07
193.08 MEALS ON WHEELS	0	25,315	0	25,315	193.08
194.00 OTHER PROPERTY	0	9,611	0	9,611	194.00
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)	909,339	76,228,379	0	76,228,379	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140052

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	
		1.00	1.01	1.02	1.03	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
2.00						2.00
2.01						2.01
2.02						2.02
4.00	0	6,423	1,733	0	0	4.00
5.01	0	4,188	332	0	0	5.01
5.02	0	37,371	762	0	0	5.02
5.03	0	14,479	0	345	0	5.03
5.04	0	7,631	0	0	0	5.04
5.05	0	191,303	41,006	0	0	5.05
7.00	0	151,764	17,339	13,877	1,442	7.00
8.00	0	11,416	1,842	0	0	8.00
9.00	0	48,936	7,003	1,215	1,701	9.00
10.00	0	62,416	2,896	0	0	10.00
11.00	0	30,403	4,017	0	0	11.00
13.00	0	9,799	1,636	0	565	13.00
14.00	0	42,833	9,006	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	0	21,066	637	0	0	16.00
17.00	0	4,486	2,394	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	0	339,716	0	0	588	30.00
31.00	0	113,253	0	0	0	31.00
32.00	0	0	0	0	0	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
40.00	0	0	0	0	0	40.00
41.00	0	0	15,423	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	0	9,449	0	0	0	43.00
44.00	0	0	7,223	0	0	44.00
45.00	0	0	1,908	0	0	45.00
46.00	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	0	188,970	40,364	607	0	50.00
51.00	0	7,392	1,853	0	0	51.00
52.00	0	99,087	0	0	0	52.00
53.00	0	745	346	0	0	53.00
54.00	0	87,171	24,481	9,953	0	54.00
55.00	0	0	0	0	0	55.00
56.00	0	0	0	0	0	56.00
57.00	0	0	0	2,592	0	57.00
58.00	0	0	0	4,406	0	58.00
59.00	0	16,580	0	0	0	59.00
60.00	0	74,555	7,635	0	0	60.00
60.01	0	0	0	0	0	60.01
61.00	0	0	0	0	0	61.00
62.00	0	484	693	0	0	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	0	16,237	1,621	0	0	65.00
66.00	0	7,042	7,729	0	0	66.00
67.00	0	1,617	12,646	0	0	67.00
68.00	0	0	0	0	0	68.00
69.00	0	29,062	1,394	0	0	69.00
70.00	0	4,240	862	0	0	70.00
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	0	15,641	2,116	0	0	73.00
74.00	0	0	0	0	0	74.00
75.00	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01	0	0	0	0	0	76.01
76.02	0	0	1,904	1,842	0	76.02
76.03	0	0	0	0	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140052

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	
		1.00	1.01	1.02	1.03	
76.04 PAIN CLINIC	0	0	0	0	0	76.04
76.05 WOUND CENTER	0	0	6,975	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	98,401	9,881	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	7,374	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	606	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	1,754,156	243,637	34,837	4,296	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,796	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 ADULT DAY CARE	0	0	8,646	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	31,656	192,629	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 PARISH NURSE PROGRAM	0	0	0	0	0	193.01
193.02 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03 LI FELINE	0	0	0	0	0	193.03
193.04 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05 EMS	0	1,162	0	0	0	193.05
193.06 SURGERY MM	0	0	0	8,348	0	193.06
193.07 SAINT CLARE'S VILLA	0	0	114,447	0	0	193.07
193.08 MEALS ON WHEELS	0	0	0	0	0	193.08
194.00 OTHER PROPERTY	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	1,762,114	366,730	74,841	196,925	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140052

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		CAPITAL RELATED COSTS				Subtotal	2A
		BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP		
		1.04	2.00	2.01	2.02		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT						1.01
1.02	CAP REL COSTS-BLDG & FIXT						1.02
1.03	CAP REL COSTS-BLDG & FIXT						1.03
1.04	CAP REL COSTS-BLDG & FIXT						1.04
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	EMPLOYEE BENEFITS	2,304	6,614	3,866	0	20,940	4.00
5.01	NONPATIENT TELEPHONES	0	4,312	349	0	9,181	5.01
5.02	PURCHASING RECEIVING AND STORES	0	38,482	799	0	77,414	5.02
5.03	ADMINISTRATIVE	5,448	14,909	0	419	35,600	5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	0	7,858	4,843	0	20,332	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	16,655	196,991	57,813	0	503,768	5.05
7.00	OPERATION OF PLANT	14,227	158,156	30,832	16,835	404,472	7.00
8.00	LAUNDRY & LINEN SERVICE	0	11,756	1,932	0	26,946	8.00
9.00	HOUSEKEEPING	0	52,609	7,345	1,474	120,283	9.00
10.00	DIETARY	327	64,272	3,328	0	133,239	10.00
11.00	CAFETERIA	0	31,307	4,213	0	69,940	11.00
13.00	NURSING ADMINISTRATION	0	10,827	1,716	0	24,543	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	44,107	9,446	0	105,392	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	21,693	668	0	44,064	16.00
17.00	SOCIAL SERVICE	0	4,619	2,511	0	14,010	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	0	350,587	0	0	690,891	30.00
31.00	INTENSIVE CARE UNIT	0	116,620	0	0	229,873	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IRF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	16,175	0	31,598	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	9,730	0	0	19,179	43.00
44.00	SKILLED NURSING FACILITY	0	0	7,576	0	14,799	44.00
45.00	NURSING FACILITY	0	0	2,001	0	3,909	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	194,590	42,334	736	467,601	50.00
51.00	RECOVERY ROOM	0	7,612	1,943	0	18,800	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	102,033	0	0	201,120	52.00
53.00	ANESTHESIOLOGY	0	767	363	0	2,221	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	89,763	25,675	12,075	249,118	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	3,145	5,737	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	5,345	9,751	58.00
59.00	CARDIAC CATHETERIZATION	0	17,073	0	0	33,653	59.00
60.00	LABORATORY	0	76,772	8,008	0	166,970	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	499	726	0	2,402	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	16,720	1,700	0	36,278	65.00
66.00	PHYSICAL THERAPY	8,603	7,251	15,754	0	46,379	66.00
67.00	OCCUPATIONAL THERAPY	572	1,665	13,263	0	29,763	67.00
68.00	SPEECH PATHOLOGY	0	0	508	0	508	68.00
69.00	ELECTROCARDIOLOGY	0	29,926	1,462	0	61,844	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	4,366	904	0	10,372	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	16,106	2,219	0	36,082	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01	ONCOLOGY	6,559	0	5,831	0	12,390	76.01
76.02	DIABETES CENTER	0	0	1,997	2,235	7,978	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,543	0	4,038	0	8,581	76.03
76.04	PAIN CLINIC	0	0	0	0	0	76.04
76.05	WOUND CENTER	0	0	7,316	0	14,291	76.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140052

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	CAPITAL RELATED COSTS				Subtotal 2A	
	BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP		
	1.04	2.00	2.01	2.02		
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	101,327	10,363	0	219,972	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	7,734	0	15,108	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	636	0	1,242	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	59,238	1,811,919	308,187	42,264	4,258,534	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,998	0	0	13,794	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 ADULT DAY CARE	0	0	9,068	0	17,714	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	44,117	0	0	0	268,402	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 PARISH NURSE PROGRAM	0	0	0	0	0	193.01
193.02 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03 LI FELINE	0	0	0	0	0	193.03
193.04 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05 EMS	0	1,197	0	0	2,359	193.05
193.06 SURGERY MM	0	0	0	10,128	18,476	193.06
193.07 SAINT CLARE'S VILLA	0	0	120,031	0	234,478	193.07
193.08 MEALS ON WHEELS	0	0	0	0	0	193.08
194.00 OTHER PROPERTY	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	103,355	1,820,114	437,286	52,392	4,813,757	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140052

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		4.00	5.01	5.02	5.03	5.04	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT						1.01
1.02	CAP REL COSTS-BLDG & FIXT						1.02
1.03	CAP REL COSTS-BLDG & FIXT						1.03
1.04	CAP REL COSTS-BLDG & FIXT						1.04
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	EMPLOYEE BENEFITS	20,940					4.00
5.01	NONPATIENT TELEPHONES	160	9,341				5.01
5.02	PURCHASING RECEIVING AND STORES	161	102	77,677			5.02
5.03	ADMINISTRATIVE	422	293	1,156	37,471		5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE	32	191	404	0	20,959	5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	2,729	1,665	7,605	0	0	5.05
7.00	OPERATION OF PLANT	803	450	4,611	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	14	320	0	0	8.00
9.00	HOUSEKEEPING	349	48	3,179	0	0	9.00
10.00	DIETARY	438	123	0	0	0	10.00
11.00	CAFETERIA	276	123	1,440	0	0	11.00
13.00	NURSING ADMINISTRATION	450	109	218	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	206	61	1,847	0	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	521	280	502	0	0	16.00
17.00	SOCIAL SERVICE	326	116	33	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,963	825	4,583	940	526	30.00
31.00	INTENSIVE CARE UNIT	598	102	1,347	489	273	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	605	82	802	303	169	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	53	20	238	54	30	43.00
44.00	SKILLED NURSING FACILITY	520	68	831	323	180	44.00
45.00	NURSING FACILITY	40	7	65	25	14	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	962	573	2,027	3,356	1,876	50.00
51.00	RECOVERY ROOM	187	27	223	740	413	51.00
52.00	DELIVERY ROOM & LABOR ROOM	512	239	712	333	186	52.00
53.00	ANESTHESIOLOGY	0	34	2,039	339	189	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,103	477	13,354	4,803	2,705	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	140	95	3,168	3,371	1,884	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	59	20	1,272	776	433	58.00
59.00	CARDIAC CATHETERIZATION	140	41	196	894	500	59.00
60.00	LABORATORY	1,192	389	5,008	3,609	2,017	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	14	43	152	85	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	283	68	1,368	967	540	65.00
66.00	PHYSICAL THERAPY	598	116	414	1,457	814	66.00
67.00	OCCUPATIONAL THERAPY	361	95	48	859	480	67.00
68.00	SPEECH PATHOLOGY	76	7	95	104	58	68.00
69.00	ELECTROCARDIOLOGY	114	143	367	1,190	665	69.00
70.00	ELECTROENCEPHALOGRAPHY	94	41	330	542	303	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,442	806	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	878	491	72.00
73.00	DRUGS CHARGED TO PATIENTS	587	136	985	3,459	1,933	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01	ONCOLOGY	100	27	592	109	61	76.01
76.02	DIABETES CENTER	42	27	36	16	9	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	182	48	279	150	84	76.03
76.04	PAIN CLINIC	88	20	1,337	286	160	76.04
76.05	WOUND CENTER	170	75	3,650	280	156	76.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140052

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
	4.00	5.01	5.02	5.03	5.04	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	1,219	586	7,105	4,097	2,289	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	8	4	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	272	0	833	165	92	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	1,041	170	1,351	651	364	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	292	48	541	304	170	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	20,466	8,195	76,554	37,471	20,959	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34	28	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 ADULT DAY CARE	78	41	84	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	655	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 PARISH NURSE PROGRAM	0	14	0	0	0	193.01
193.02 RETAIL PHARMACY	0	20	0	0	0	193.02
193.03 LI FELINE	0	7	0	0	0	193.03
193.04 PRIVATE CARE SERVICES	0	55	0	0	0	193.04
193.05 EMS	27	27	1,007	0	0	193.05
193.06 SURGERY MM	0	61	0	0	0	193.06
193.07 SAINT CLARE'S VILLA	369	232	4	0	0	193.07
193.08 MEALS ON WHEELS	0	0	0	0	0	193.08
194.00 OTHER PROPERTY	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	20,940	9,341	77,677	37,471	20,959	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/31/2012 12:04 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.05	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT						1.01
1.02	CAP REL COSTS-BLDG & FIXT						1.02
1.03	CAP REL COSTS-BLDG & FIXT						1.03
1.04	CAP REL COSTS-BLDG & FIXT						1.04
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	PURCHASING RECEIVING AND STORES						5.02
5.03	ADMINISTRATIVE						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMINISTRATIVE AND GENERAL	515,767					5.05
7.00	OPERATION OF PLANT	45,367	455,703				7.00
8.00	LAUNDRY & LINEN SERVICE	2,903	2,617	32,800			8.00
9.00	HOUSEKEEPING	11,781	11,588	0	147,228		9.00
10.00	DIETARY	6,502	10,129	0	1,807	152,238	10.00
11.00	CAFETERIA	9,740	6,612	0	0	0	11.00
13.00	NURSING ADMINISTRATION	7,992	2,375	0	219	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	6,629	11,037	0	712	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	10,698	3,220	0	1,369	0	16.00
17.00	SOCIAL SERVICE	5,730	2,001	0	219	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	40,675	46,052	9,339	39,586	57,556	30.00
31.00	INTENSIVE CARE UNIT	12,572	15,319	1,561	7,574	8,107	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	11,290	8,979	3,210	7,301	24,581	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,405	1,278	396	1,424	0	43.00
44.00	SKILLED NURSING FACILITY	9,424	4,205	3,798	6,353	33,071	44.00
45.00	NURSING FACILITY	738	1,111	295	1,678	2,570	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	24,323	49,361	3,644	23,333	7,210	50.00
51.00	RECOVERY ROOM	3,778	2,078	0	997	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	10,777	13,403	1,213	4,034	5,713	52.00
53.00	ANESTHESIOLOGY	863	302	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	32,080	30,956	1,843	4,326	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	5,572	1,279	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,994	2,174	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	3,466	2,243	1,517	1,022	0	59.00
60.00	LABORATORY	33,794	14,530	0	1,314	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,121	469	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	7,138	3,140	0	0	0	65.00
66.00	PHYSICAL THERAPY	11,743	9,698	656	55	0	66.00
67.00	OCCUPATIONAL THERAPY	6,439	7,581	0	329	0	67.00
68.00	SPEECH PATHOLOGY	1,364	282	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	3,188	4,743	0	82	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,137	1,076	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,003	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	20,250	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	44,294	3,347	0	566	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01	ONCOLOGY	2,085	3,237	110	3,013	0	76.01
76.02	DIABETES CENTER	774	2,018	0	73	0	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3,275	2,242	0	1,060	0	76.03
76.04	PAIN CLINIC	2,304	0	0	0	0	76.04
76.05	WOUND CENTER	4,781	4,061	288	383	0	76.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/31/2012 12:04 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.05	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	29,312	19,063	4,512	19,630	1,626	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	444	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	10,925	0	0	73	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	19,267	4,293	0	337	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	6,415	353	5	28	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	501,352	308,452	32,387	128,897	140,434	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	137	919	0	383	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
191.01	ADULT DAY CARE	1,577	5,034	0	219	7,168	191.01
192.00	PHYSICIANS' PRIVATE OFFICES	3,547	70,390	0	17,729	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	PARI SH NURSE PROGRAM	7	0	0	0	0	193.01
193.02	RETAIL PHARMACY	10	0	0	0	0	193.02
193.03	LIFELINE	3	0	0	0	0	193.03
193.04	PRIVATE CARE SERVICES	27	0	0	0	0	193.04
193.05	EMS	771	157	413	0	0	193.05
193.06	SURGERY MM	181	4,120	0	0	0	193.06
193.07	SAINT CLARE'S VILLA	8,090	66,631	0	0	0	193.07
193.08	MEALS ON WHEELS	0	0	0	0	4,636	193.08
194.00	OTHER PROPERTY	65	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	515,767	455,703	32,800	147,228	152,238	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140052

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
2.00						2.00
2.01						2.01
2.02						2.02
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00	88,131					11.00
13.00	1,515	37,421				13.00
14.00	2,488	0	128,372			14.00
15.00	0	0	0	0		15.00
16.00	4,106	0	0	0	64,760	16.00
17.00	1,729	0	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	11,195	8,878	1,958	0	34,166	30.00
31.00	2,966	2,381	558	0	3,265	31.00
32.00	0	0	0	0	0	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
40.00	0	0	0	0	0	40.00
41.00	3,836	3,153	278	0	3,953	41.00
42.00	0	0	0	0	0	42.00
43.00	343	326	120	0	460	43.00
44.00	3,906	3,451	342	0	2,823	44.00
45.00	295	268	27	0	219	45.00
46.00	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	5,109	3,950	803	0	5,720	50.00
51.00	799	758	110	0	0	51.00
52.00	2,365	2,243	325	0	574	52.00
53.00	0	0	1,034	0	0	53.00
54.00	6,652	108	6,371	0	8,302	54.00
55.00	0	0	0	0	0	55.00
56.00	0	0	0	0	0	56.00
57.00	749	0	1,808	0	0	57.00
58.00	351	0	725	0	0	58.00
59.00	686	376	112	0	0	59.00
60.00	7,498	0	2,350	0	619	60.00
60.01	0	0	0	0	0	60.01
61.00	0	0	0	0	0	61.00
62.00	0	0	2,073	0	0	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	1,830	5	538	0	0	65.00
66.00	3,214	21	92	0	0	66.00
67.00	1,800	0	0	0	0	67.00
68.00	387	0	55	0	0	68.00
69.00	446	110	84	0	0	69.00
70.00	557	5	53	0	0	70.00
71.00	0	0	51,213	0	0	71.00
72.00	0	0	50,079	0	0	72.00
73.00	2,351	0	50	0	0	73.00
74.00	0	0	0	0	0	74.00
75.00	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01	474	379	313	0	0	76.01
76.02	172	118	0	0	0	76.02
76.03	1,029	0	1	0	0	76.03
76.04	535	182	694	0	0	76.04
76.05	872	651	2,069	0	720	76.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140052

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	6,884	4,885	2,338	0	3,921	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	1,094	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	5,444	2,332	583	0	9	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	1,537	1,003	113	0	9	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	84,120	35,583	128,363	0	64,760	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 ADULT DAY CARE	674	43	9	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 PARISH NURSE PROGRAM	0	0	0	0	0	193.01
193.02 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03 LI FELINE	0	0	0	0	0	193.03
193.04 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05 EMS	145	0	0	0	0	193.05
193.06 SURGERY MM	0	0	0	0	0	193.06
193.07 SAINT CLARE'S VILLA	3,192	1,795	0	0	0	193.07
193.08 MEALS ON WHEELS	0	0	0	0	0	193.08
194.00 OTHER PROPERTY	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	88,131	37,421	128,372	0	64,760	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140052

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
1.01	CAP REL COSTS-BLDG & FIXT					1.01
1.02	CAP REL COSTS-BLDG & FIXT					1.02
1.03	CAP REL COSTS-BLDG & FIXT					1.03
1.04	CAP REL COSTS-BLDG & FIXT					1.04
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	CAP REL COSTS-MVBLE EQUIP					2.01
2.02	CAP REL COSTS-MVBLE EQUIP					2.02
4.00	EMPLOYEE BENEFITS					4.00
5.01	NONPATIENT TELEPHONES					5.01
5.02	PURCHASING RECEIVING AND STORES					5.02
5.03	ADMINISTRATIVE					5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	OTHER ADMINISTRATIVE AND 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	24,164				17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	12,958	962,091	0	962,091	30.00
31.00	INTENSIVE CARE UNIT	135	287,120	0	287,120	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	SUBPROVIDER - I/RF	3,170	103,310	0	103,310	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	0	25,326	0	25,326	43.00
44.00	SKILLED NURSING FACILITY	2,270	86,364	0	86,364	44.00
45.00	NURSING FACILITY	244	11,505	0	11,505	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	599,848	0	599,848	50.00
51.00	RECOVERY ROOM	0	28,910	0	28,910	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	243,749	0	243,749	52.00
53.00	ANESTHESIOLOGY	0	7,021	0	7,021	53.00
54.00	RADIOLOGY-DIAGNOSTIC	791	362,989	0	362,989	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	56.00
57.00	CT SCAN	0	23,803	0	23,803	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	17,555	0	17,555	58.00
59.00	CARDIAC CATHETERIZATION	0	44,846	0	44,846	59.00
60.00	LABORATORY	0	239,290	0	239,290	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9,359	0	9,359	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	52,155	0	52,155	65.00
66.00	PHYSICAL THERAPY	0	75,257	0	75,257	66.00
67.00	OCCUPATIONAL THERAPY	0	47,755	0	47,755	67.00
68.00	SPEECH PATHOLOGY	0	2,936	0	2,936	68.00
69.00	ELECTROCARDIOLOGY	0	72,976	0	72,976	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	15,510	0	15,510	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	74,464	0	74,464	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	71,698	0	71,698	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	93,790	0	93,790	73.00
74.00	RENAL DIALYSIS	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0	0	0	0	76.00
76.01	ONCOLOGY	0	22,890	0	22,890	76.01
76.02	DIABETES CENTER	0	11,263	0	11,263	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	16,931	0	16,931	76.03
76.04	PAIN CLINIC	0	5,606	0	5,606	76.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140052

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	17.00	24.00	25.00	26.00	
76.05 WOUND CENTER	0	32,447	0	32,447	76.05
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	90.00
91.00 EMERGENCY	3,783	331,222	0	331,222	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	456	0	456	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	13,454	0	13,454	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	99.00
99.10 CORF	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	813	51,763	0	51,763	101.00
SPECIAL PURPOSE COST CENTERS					
105.00 KIDNEY ACQUISITION	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	111.00
113.00 INTEREST EXPENSE					113.00
114.00 UTILIZATION REVIEW-SNF					114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00 HOSPICE	0	12,060	0	12,060	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	24,164	4,057,719	0	4,057,719	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,295	0	15,295	190.00
191.00 RESEARCH	0	0	0	0	191.00
191.01 ADULT DAY CARE	0	32,641	0	32,641	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	360,723	0	360,723	192.00
193.00 NONPAID WORKERS	0	0	0	0	193.00
193.01 PARI SH NURSE PROGRAM	0	21	0	21	193.01
193.02 RETAIL PHARMACY	0	30	0	30	193.02
193.03 LI FELINE	0	10	0	10	193.03
193.04 PRIVATE CARE SERVICES	0	82	0	82	193.04
193.05 EMS	0	4,906	0	4,906	193.05
193.06 SURGERY MM	0	22,838	0	22,838	193.06
193.07 SAINT CLARE'S VILLA	0	314,791	0	314,791	193.07
193.08 MEALS ON WHEELS	0	4,636	0	4,636	193.08
194.00 OTHER PROPERTY	0	65	0	65	194.00
200.00 Cross Foot Adjustments		0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	24,164	4,813,757	0	4,813,757	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	CAPITAL RELATED COSTS					
	BLDG & FIXT (SQUARE FEET)					
	1.00	1.01	1.02	1.03	1.04	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT	236,468					1.00
1.01 CAP REL COSTS-BLDG & FIXT	0	211,821				1.01
1.02 CAP REL COSTS-BLDG & FIXT	0	0	36,641			1.02
1.03 CAP REL COSTS-BLDG & FIXT	0	0	0	33,465		1.03
1.04 CAP REL COSTS-BLDG & FIXT	0	0	0	0	50,600	1.04
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
2.01 CAP REL COSTS-MVBLE EQUIP						2.01
2.02 CAP REL COSTS-MVBLE EQUIP						2.02
4.00 EMPLOYEE BENEFITS	862	1,001	0	0	1,128	4.00
5.01 NONPATIENT TELEPHONES	562	192	0	0	0	5.01
5.02 PURCHASING RECEIVING AND STORES	5,015	440	0	0	0	5.02
5.03 ADMINISTRATION	1,943	0	169	0	2,667	5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	1,024	0	0	0	0	5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	25,672	23,685	0	0	8,154	5.05
7.00 OPERATION OF PLANT	20,366	10,015	6,794	245	6,965	7.00
8.00 LAUNDRY & LINEN SERVICE	1,532	1,064	0	0	0	8.00
9.00 HOUSEKEEPING	6,567	4,045	595	289	0	9.00
10.00 DIETARY	8,376	1,673	0	0	160	10.00
11.00 CAFETERIA	4,080	2,320	0	0	0	11.00
13.00 NURSING ADMINISTRATION	1,315	945	0	96	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	5,748	5,202	0	0	0	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,827	368	0	0	0	16.00
17.00 SOCIAL SERVICE	602	1,383	0	0	0	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	45,588	0	0	100	0	30.00
31.00 INTENSIVE CARE UNIT	15,198	0	0	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/RF	0	8,908	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,268	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	4,172	0	0	0	44.00
45.00 NURSING FACILITY	0	1,102	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	25,359	23,314	297	0	0	50.00
51.00 RECOVERY ROOM	992	1,070	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	13,297	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	100	200	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,698	14,140	4,873	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	1,269	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,157	0	0	58.00
59.00 CARDIAC CATHETERIZATION	2,225	0	0	0	0	59.00
60.00 LABORATORY	10,005	4,410	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	65	400	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	2,179	936	0	0	0	65.00
66.00 PHYSICAL THERAPY	945	4,464	0	0	4,212	66.00
67.00 OCCUPATIONAL THERAPY	217	7,304	0	0	280	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	3,900	805	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	569	498	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,099	1,222	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01 ONCOLOGY	0	0	0	0	3,211	76.01
76.02 DIABETES CENTER	0	1,100	902	0	0	76.02
76.03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	2,224	76.03
76.04 PAIN CLINIC	0	0	0	0	0	76.04
76.05 WOUND CENTER	0	4,029	0	0	0	76.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	CAPITAL RELATED COSTS					
	BLDG & FIXT (SQUARE FEET)					
	1.00	1.01	1.02	1.03	1.04	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	13,205	5,707	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	4,259	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	350	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	235,400	140,723	17,056	730	29,001	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	912	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 ADULT DAY CARE	0	4,994	0	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	15,498	32,735	21,599	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 PARI SH NURSE PROGRAM	0	0	0	0	0	193.01
193.02 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03 LI FELINE	0	0	0	0	0	193.03
193.04 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05 EMS	156	0	0	0	0	193.05
193.06 SURGERY MM	0	0	4,087	0	0	193.06
193.07 SAINT CLARE'S VILLA	0	66,104	0	0	0	193.07
193.08 MEALS ON WHEELS	0	0	0	0	0	193.08
194.00 OTHER PROPERTY	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,762,114	366,730	74,841	196,925	103,355	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	7.451807	1.731320	2.042548	5.884506	2.042589	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)						204.00
205.00 Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF LINES)	
	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
	2.00	2.01	2.02			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
2.00	237,198					2.00
2.01	0	240,822				2.01
2.02	0	0	21,143			2.02
4.00	862	2,129	0	30,211,519		4.00
5.01	562	192	0	230,420	1,370	5.01
5.02	5,015	440	0	232,013	15	5.02
5.03	1,943	0	169	608,584	43	5.03
5.04	1,024	2,667	0	46,073	28	5.04
5.05	25,672	31,839	0	3,934,028	244	5.05
7.00	20,611	16,980	6,794	1,158,601	66	7.00
8.00	1,532	1,064	0	0	2	8.00
9.00	6,856	4,045	595	503,501	7	9.00
10.00	8,376	1,833	0	632,498	18	10.00
11.00	4,080	2,320	0	398,660	18	11.00
13.00	1,411	945	0	649,556	16	13.00
14.00	5,748	5,202	0	296,581	9	14.00
15.00	0	0	0	0	0	15.00
16.00	2,827	368	0	752,010	41	16.00
17.00	602	1,383	0	470,070	17	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	45,688	0	0	2,831,959	121	30.00
31.00	15,198	0	0	862,729	15	31.00
32.00	0	0	0	0	0	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
40.00	0	0	0	0	0	40.00
41.00	0	8,908	0	872,427	12	41.00
42.00	0	0	0	0	0	42.00
43.00	1,268	0	0	76,222	3	43.00
44.00	0	4,172	0	750,745	10	44.00
45.00	0	1,102	0	57,845	1	45.00
46.00	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	25,359	23,314	297	1,388,003	84	50.00
51.00	992	1,070	0	270,437	4	51.00
52.00	13,297	0	0	739,368	35	52.00
53.00	100	200	0	0	5	53.00
54.00	11,698	14,140	4,873	1,591,592	70	54.00
55.00	0	0	0	0	0	55.00
56.00	0	0	0	0	0	56.00
57.00	0	0	1,269	201,918	14	57.00
58.00	0	0	2,157	85,437	3	58.00
59.00	2,225	0	0	201,361	6	59.00
60.00	10,005	4,410	0	1,719,622	57	60.00
60.01	0	0	0	0	0	60.01
61.00						61.00
62.00	65	400	0	0	2	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	2,179	936	0	408,739	10	65.00
66.00	945	8,676	0	863,345	17	66.00
67.00	217	7,304	0	520,403	14	67.00
68.00	0	280	0	110,085	1	68.00
69.00	3,900	805	0	164,293	21	69.00
70.00	569	498	0	136,195	6	70.00
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	2,099	1,222	0	847,522	20	73.00
74.00	0	0	0	0	0	74.00
75.00	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01	0	3,211	0	144,139	4	76.01
76.02	0	1,100	902	60,301	4	76.02
76.03	0	2,224	0	262,606	7	76.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF LINES)	
	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
	2.00	2.01	2.02			
76.04 PAIN CLINIC	0	0	0	126,524	3	76.04
76.05 WOUND CENTER	0	4,029	0	245,471	11	76.05
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	13,205	5,707	0	1,758,569	86	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	392,334	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	4,259	0	1,502,499	25	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	350	0	421,328	7	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	236,130	169,724	17,056	29,526,613	1,202	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	912	0	0	0	5	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 ADULT DAY CARE	0	4,994	0	113,189	6	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	96	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 PARISH NURSE PROGRAM	0	0	0	0	2	193.01
193.02 RETAIL PHARMACY	0	0	0	0	3	193.02
193.03 LI FELINE	0	0	0	0	1	193.03
193.04 PRIVATE CARE SERVICES	0	0	0	0	8	193.04
193.05 EMS	156	0	0	38,530	4	193.05
193.06 SURGERY MM	0	0	4,087	0	9	193.06
193.07 SAINT CLARE'S VILLA	0	66,104	0	533,187	34	193.07
193.08 MEALS ON WHEELS	0	0	0	0	0	193.08
194.00 OTHER PROPERTY	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,820,114	437,286	52,392	10,046,950	565,764	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	7.673395	1.815806	2.477983	0.332554	412.966423	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				20,940	9,341	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000693	6.818248	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.02	5.03	5.04	5A.05	5.05	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG & FIXT						1.01
1.02 CAP REL COSTS-BLDG & FIXT						1.02
1.03 CAP REL COSTS-BLDG & FIXT						1.03
1.04 CAP REL COSTS-BLDG & FIXT						1.04
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
2.01 CAP REL COSTS-MVBLE EQUIP						2.01
2.02 CAP REL COSTS-MVBLE EQUIP						2.02
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 PURCHASING RECEIVING AND STORES	2,171,773					5.02
5.03 ADMITTING	32,332	367,859,139				5.03
5.04 CASHIERING/ACCOUNTS RECEIVABLE	11,293	0	367,859,139			5.04
5.05 OTHER ADMINISTRATIVE AND GENERAL	212,635	0	0	-12,828,405	63,409,184	5.05
7.00 OPERATION OF PLANT	128,918	0	0	0	5,577,778	7.00
8.00 LAUNDRY & LINEN SERVICE	8,958	0	0	0	356,847	8.00
9.00 HOUSEKEEPING	88,872	0	0	0	1,448,405	9.00
10.00 DIETARY	6	0	0	0	799,371	10.00
11.00 CAFETERIA	40,256	0	0	0	1,197,452	11.00
13.00 NURSING ADMINISTRATION	6,103	0	0	0	982,500	13.00
14.00 CENTRAL SERVICES & SUPPLY	51,636	0	0	0	814,960	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	14,042	0	0	0	1,315,168	16.00
17.00 SOCIAL SERVICE	930	0	0	0	704,393	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	128,142	9,220,147	9,220,147	0	5,000,599	30.00
31.00 INTENSIVE CARE UNIT	37,673	4,790,846	4,790,846	0	1,545,666	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	22,428	2,972,485	2,972,485	0	1,388,029	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	6,642	529,222	529,222	0	172,766	43.00
44.00 SKILLED NURSING FACILITY	23,243	3,163,622	3,163,622	0	1,158,625	44.00
45.00 NURSING FACILITY	1,806	247,648	247,648	0	90,679	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	56,674	32,904,782	32,904,782	0	2,990,271	50.00
51.00 RECOVERY ROOM	6,242	7,254,091	7,254,091	0	464,460	51.00
52.00 DELIVERY ROOM & LABOR ROOM	19,912	3,268,657	3,268,657	0	1,324,964	52.00
53.00 ANESTHESIOLOGY	57,021	3,320,543	3,320,543	0	106,057	53.00
54.00 RADIOLOGY-DIAGNOSTIC	373,329	47,583,864	47,583,864	0	3,943,994	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	88,584	33,047,673	33,047,673	0	685,060	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	35,568	7,604,380	7,604,380	0	245,142	58.00
59.00 CARDIAC CATHETERIZATION	5,477	8,768,139	8,768,139	0	426,082	59.00
60.00 LABORATORY	140,005	35,378,751	35,378,751	0	4,154,674	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,194	1,489,569	1,489,569	0	506,636	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	38,254	9,479,383	9,479,383	0	877,517	65.00
66.00 PHYSICAL THERAPY	11,580	14,287,258	14,287,258	0	1,443,737	66.00
67.00 OCCUPATIONAL THERAPY	1,350	8,418,042	8,418,042	0	791,657	67.00
68.00 SPEECH PATHOLOGY	2,664	1,019,281	1,019,281	0	167,719	68.00
69.00 ELECTROCARDIOLOGY	10,272	11,668,142	11,668,142	0	391,925	69.00
70.00 ELECTROENCEPHALOGRAPHY	9,227	5,314,601	5,314,601	0	262,723	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,133,918	14,133,918	0	2,582,139	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	8,609,584	8,609,584	0	2,489,555	72.00
73.00 DRUGS CHARGED TO PATIENTS	27,536	33,907,275	33,907,275	0	5,445,517	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01 ONCOLOGY	16,539	1,071,338	1,071,338	0	256,347	76.01
76.02 DIABETES CENTER	997	160,784	160,784	0	95,171	76.02
76.03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	7,793	1,472,950	1,472,950	0	402,674	76.03
76.04 PAIN CLINIC	37,379	2,802,006	2,802,006	0	283,309	76.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.02	5.03	5.04	5A.05	5.05	
76.05 WOUND CENTER	102,038	2,745,613	2,745,613	0	587,787	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	198,641	40,162,914	40,162,914	0	3,603,657	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	77,418	77,418	0	54,584	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	23,303	1,616,219	1,616,219	0	1,343,076	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	37,779	6,385,051	6,385,051	0	2,368,698	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	15,127	2,982,943	2,982,943	0	788,689	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,140,400	367,859,139	367,859,139	-12,828,405	61,637,059	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	773	0	0	0	16,818	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 ADULT DAY CARE	2,335	0	0	0	193,912	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	436,105	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 PARI SH NURSE PROGRAM	0	0	0	0	826	193.01
193.02 RETAIL PHARMACY	0	0	0	0	1,239	193.02
193.03 LI FELINE	0	0	0	0	413	193.03
193.04 PRIVATE CARE SERVICES	0	0	0	0	3,304	193.04
193.05 EMS	28,167	0	0	0	94,748	193.05
193.06 SURGERY MM	0	0	0	0	22,193	193.06
193.07 SAINT CLARE'S VILLA	98	0	0	0	994,573	193.07
193.08 MEALS ON WHEELS	0	0	0	9,210	0	193.08
194.00 OTHER PROPERTY	0	0	0	0	7,994	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	445,858	1,042,348	1,785,184		12,828,405	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.205297	0.002834	0.004853		0.202311	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	77,677	37,471	20,959		515,767	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.035767	0.000102	0.000057		0.008134	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	
	7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
2.00						2.00
2.01						2.01
2.02						2.02
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
7.00	452,096					7.00
8.00	2,596	589,836				8.00
9.00	11,496	0	403,325			9.00
10.00	10,049	0	4,950	83,598		10.00
11.00	6,560	0	0	0	44,452	11.00
13.00	2,356	0	600	0	764	13.00
14.00	10,950	0	1,950	0	1,255	14.00
15.00	0	0	0	0	0	15.00
16.00	3,195	0	3,750	0	2,071	16.00
17.00	1,985	0	600	0	872	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	45,688	167,922	108,450	31,606	5,646	30.00
31.00	15,198	28,075	20,750	4,452	1,496	31.00
32.00	0	0	0	0	0	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
40.00	0	0	0	0	0	40.00
41.00	8,908	57,720	20,000	13,498	1,935	41.00
42.00	0	0	0	0	0	42.00
43.00	1,268	7,128	3,900	0	173	43.00
44.00	4,172	68,292	17,403	18,160	1,970	44.00
45.00	1,102	5,305	4,597	1,411	149	45.00
46.00	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	48,970	65,528	63,920	3,959	2,577	50.00
51.00	2,062	0	2,730	0	403	51.00
52.00	13,297	21,817	11,050	3,137	1,193	52.00
53.00	300	0	0	0	0	53.00
54.00	30,711	33,142	11,850	0	3,355	54.00
55.00	0	0	0	0	0	55.00
56.00	0	0	0	0	0	56.00
57.00	1,269	0	0	0	378	57.00
58.00	2,157	0	0	0	177	58.00
59.00	2,225	27,284	2,800	0	346	59.00
60.00	14,415	0	3,600	0	3,782	60.00
60.01	0	0	0	0	0	60.01
61.00						61.00
62.00	465	0	0	0	0	62.00
63.00	0	0	0	0	0	63.00
64.00	0	0	0	0	0	64.00
65.00	3,115	0	0	0	923	65.00
66.00	9,621	11,791	150	0	1,621	66.00
67.00	7,521	0	900	0	908	67.00
68.00	280	0	0	0	195	68.00
69.00	4,705	0	225	0	225	69.00
70.00	1,067	0	0	0	281	70.00
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	3,321	0	1,550	0	1,186	73.00
74.00	0	0	0	0	0	74.00
75.00	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01	3,211	1,980	8,254	0	239	76.01
76.02	2,002	0	200	0	87	76.02
76.03	2,224	0	2,904	0	519	76.03
76.04	0	0	0	0	270	76.04
76.05	4,029	5,185	1,050	0	440	76.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	
	7.00	8.00	9.00	10.00	11.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	18,912	81,143	53,775	893	3,472	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	200	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	4,259	0	924	0	2,746	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	350	98	76	0	775	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	306,011	582,410	353,108	77,116	42,429	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	912	0	1,050	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 ADULT DAY CARE	4,994	0	600	3,936	340	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	69,832	0	48,567	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 PARI SH NURSE PROGRAM	0	0	0	0	0	193.01
193.02 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03 LI FELINE	0	0	0	0	0	193.03
193.04 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05 EMS	156	7,426	0	0	73	193.05
193.06 SURGERY MM	4,087	0	0	0	0	193.06
193.07 SAINT CLARE'S VILLA	66,104	0	0	0	1,610	193.07
193.08 MEALS ON WHEELS	0	0	0	2,546	0	193.08
194.00 OTHER PROPERTY	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,706,255	467,549	1,911,961	1,133,622	1,537,019	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	14.833697	0.792676	4.740497	13.560396	34.577049	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	455,703	32,800	147,228	152,238	88,131	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.007978	0.055609	0.365036	1.821072	1.982610	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1

Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (PURCHASE REQUIS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT						1.01
1.02	CAP REL COSTS-BLDG & FIXT						1.02
1.03	CAP REL COSTS-BLDG & FIXT						1.03
1.04	CAP REL COSTS-BLDG & FIXT						1.04
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	PURCHASING RECEIVING AND STORES						5.02
5.03	ADMINISTRATIVE						5.03
5.04	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	OTHER ADMINISTRATIVE AND 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	41,383,837					13.00
14.00	CENTRAL SERVICES & SUPPLY	0	6,212,083				14.00
15.00	PHARMACY	0	0	1,590,764			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	14,042	355,525		16.00
17.00	SOCIAL SERVICE	0	0	930	0	142,750	17.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	9,808,338	94,753	128,142	187,574	76,550	30.00
31.00	INTENSIVE CARE UNIT	2,633,687	26,987	37,673	17,925	800	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	3,487,411	13,456	22,428	21,700	18,725	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	360,389	5,823	6,642	2,525	0	43.00
44.00	SKILLED NURSING FACILITY	3,817,557	16,526	23,243	15,496	13,408	44.00
45.00	NURSING FACILITY	296,633	1,284	1,806	1,204	1,442	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	4,369,208	38,864	56,674	31,400	0	50.00
51.00	RECOVERY ROOM	838,220	5,319	6,242	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,481,565	15,703	19,912	3,151	0	52.00
53.00	ANESTHESIOLOGY	0	50,051	57,021	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	119,949	308,301	373,329	45,575	4,675	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	134	87,496	88,584	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	35,078	35,568	0	0	58.00
59.00	CARDIAC CATHETERIZATION	415,831	5,399	5,477	0	0	59.00
60.00	LABORATORY	0	113,700	140,005	3,400	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	100,320	1,194	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	5,700	26,012	38,254	0	0	65.00
66.00	PHYSICAL THERAPY	23,540	4,471	11,580	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	1,350	0	0	67.00
68.00	SPEECH PATHOLOGY	0	2,657	2,664	0	0	68.00
69.00	ELECTROCARDIOLOGY	121,898	4,045	10,272	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	5,700	2,558	9,227	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,478,393	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	2,423,373	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,432	27,536	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01	ONCOLOGY	419,723	15,143	16,539	0	0	76.01
76.02	DIABETES CENTER	131,031	6	997	0	0	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	48	7,793	0	0	76.03
76.04	PAIN CLINIC	201,434	33,565	37,379	0	0	76.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (PURCHASE REQUIS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
	13.00	14.00	15.00	16.00	17.00	
76.05 WOUND CENTER	719,773	100,105	102,038	3,950	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	5,403,844	113,117	198,641	21,525	22,350	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	52,962	23,303	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	2,579,612	28,227	37,779	50	4,800	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	1,109,472	5,486	15,127	50	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	39,350,649	6,211,660	1,559,391	355,525	142,750	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9	773	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
191.01 ADULT DAY CARE	47,723	414	2,335	0	0	191.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 PARI SH NURSE PROGRAM	0	0	0	0	0	193.01
193.02 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03 LI FELINE	0	0	0	0	0	193.03
193.04 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05 EMS	0	0	28,167	0	0	193.05
193.06 SURGERY MM	0	0	0	0	0	193.06
193.07 SAINT CLARE'S VILLA	1,985,465	0	98	0	0	193.07
193.08 MEALS ON WHEELS	0	0	0	0	0	193.08
194.00 OTHER PROPERTY	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,245,480	1,194,902	0	1,718,021	909,339	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.030096	0.192351	0.000000	4.832349	6.370151	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	37,421	128,372	0	64,760	24,164	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000904	0.020665	0.000000	0.182153	0.169275	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/31/2012 12:04 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS		9,668,494	0	9,668,494	30.00
31.00	INTENSIVE CARE UNIT		2,492,701	0	2,492,701	31.00
32.00	CORONARY CARE UNIT		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	SUBPROVIDER - I PF		0	0	0	40.00
41.00	SUBPROVIDER - IRF		2,523,178	0	2,523,178	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		280,815	0	280,815	43.00
44.00	SKILLED NURSING FACILITY		2,184,285	3,801	2,188,086	44.00
45.00	NURSING FACILITY		199,832	288	200,120	45.00
46.00	OTHER LONG TERM CARE		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM		5,110,096	0	5,110,096	50.00
51.00	RECOVERY ROOM		642,139	0	642,139	51.00
52.00	DELIVERY ROOM & LABOR ROOM		2,036,660	0	2,036,660	52.00
53.00	ANESTHESIOLOGY		141,590	0	141,590	53.00
54.00	RADIOLOGY-DIAGNOSTIC		5,708,843	0	5,708,843	54.00
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	RADIOISOTOPE		0	0	0	56.00
57.00	CT SCAN		872,383	0	872,383	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		339,600	0	339,600	58.00
59.00	CARDIAC CATHETERIZATION		605,706	0	605,706	59.00
60.00	LABORATORY		5,395,174	0	5,395,174	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		635,329	0	635,329	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	1,138,345	0	1,138,345	65.00
66.00	PHYSICAL THERAPY	0	1,946,210	0	1,946,210	66.00
67.00	OCCUPATIONAL THERAPY	0	1,099,044	0	1,099,044	67.00
68.00	SPEECH PATHOLOGY	0	213,057	0	213,057	68.00
69.00	ELECTROCARDIOLOGY		554,303	0	554,303	69.00
70.00	ELECTROENCEPHALOGRAPHY		342,083	0	342,083	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,581,259	0	3,581,259	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		3,459,357	0	3,459,357	72.00
73.00	DRUGS CHARGED TO PATIENTS		6,645,292	0	6,645,292	73.00
74.00	RENAL DIALYSIS		0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES		0	0	0	76.00
76.01	ONCOLOGY		420,346	5,452	425,798	76.01
76.02	DIABETES CENTER		152,023	0	152,023	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		548,849	0	548,849	76.03
76.04	PAIN CLINIC		362,480	0	362,480	76.04
76.05	WOUND CENTER		850,775	0	850,775	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		0	0	0	90.00
91.00	EMERGENCY		5,495,433	0	5,495,433	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,289,396	0	1,289,396	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	AMBULANCE SERVICES		65,627	0	65,627	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD		1,625,930	0	1,625,930	97.00
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
99.00	CMHC		0	0	0	99.00
99.10	CORF		0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	HOME HEALTH AGENCY		3,124,302	0	3,124,302	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	KIDNEY ACQUISITION		0	0	0	105.00
106.00	HEART ACQUISITION		0	0	0	106.00
107.00	LIVER ACQUISITION		0	0	0	107.00
108.00	LUNG ACQUISITION		0	0	0	108.00
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140052

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
			3.00	4.00	5.00	
111.00 ISLET ACQUISITION	0		0		0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00 HOSPICE	1,015,364		1,015,364		1,015,364	116.00
200.00 Subtotal (see instructions)	72,766,300	0	72,766,300	9,541	72,775,841	200.00
201.00 Less Observation Beds	1,289,396		1,289,396		1,289,396	201.00
202.00 Total (see instructions)	71,476,904	0	71,476,904	9,541	71,486,445	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/31/2012 12:04 pm	
		Title XVII I		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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	7,527,266		7,527,266			30.00
31.00	INTENSIVE CARE UNIT	4,790,846		4,790,846			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	SUBPROVIDER - I PF	0		0			40.00
41.00	SUBPROVIDER - I RF	2,972,485		2,972,485			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	529,222		529,222			43.00
44.00	SKILLED NURSING FACILITY	3,163,622		3,163,622			44.00
45.00	NURSING FACILITY	247,648		247,648			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	7,214,412	25,690,370	32,904,782	0.155299	0.000000	50.00
51.00	RECOVERY ROOM	2,184,263	5,069,828	7,254,091	0.088521	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,424,294	844,363	3,268,657	0.623088	0.000000	52.00
53.00	ANESTHESIOLOGY	1,007,598	2,312,945	3,320,543	0.042641	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,285,601	40,298,263	47,583,864	0.119974	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	CT SCAN	8,244,721	24,802,952	33,047,673	0.026398	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,354,583	6,249,797	7,604,380	0.044658	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	3,805,604	4,962,535	8,768,139	0.069080	0.000000	59.00
60.00	LABORATORY	12,108,303	23,270,448	35,378,751	0.152498	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,097,853	391,716	1,489,569	0.426519	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	7,463,037	2,016,346	9,479,383	0.120086	0.000000	65.00
66.00	PHYSICAL THERAPY	7,277,707	7,009,551	14,287,258	0.136220	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	7,106,990	1,311,052	8,418,042	0.130558	0.000000	67.00
68.00	SPEECH PATHOLOGY	786,268	233,013	1,019,281	0.209027	0.000000	68.00
69.00	ELECTROCARDIOLOGY	4,890,986	6,777,156	11,668,142	0.047506	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	265,659	5,048,942	5,314,601	0.064367	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,549,911	7,584,007	14,133,918	0.253380	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	5,869,262	2,740,322	8,609,584	0.401803	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	19,768,230	14,139,045	33,907,275	0.195984	0.000000	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	THERAPEUTIC ACTIVITIES	0	0	0	0.000000	0.000000	76.00
76.01	ONCOLOGY	24,905	1,046,433	1,071,338	0.392356	0.000000	76.01
76.02	DIABETES CENTER	0	160,784	160,784	0.945511	0.000000	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	71,863	1,401,087	1,472,950	0.372619	0.000000	76.03
76.04	PAIN CLINIC	7,297	2,794,709	2,802,006	0.129364	0.000000	76.04
76.05	WOUND CENTER	5,494	2,740,119	2,745,613	0.309867	0.000000	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	EMERGENCY	6,487,120	33,675,794	40,162,914	0.136829	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,692,881	1,692,881	0.761658	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	77,245	173	77,418	0.847697	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	1,616,219	1,616,219	1.006008	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	6,385,051	6,385,051			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140052

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

Worksheet C  
Part I  
Date/Time Prepared:  
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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			
113.00 INTEREST EXPENSE					10.00	113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	2,982,943	2,982,943			116.00
200.00 Subtotal (see instructions)	132,610,295	235,248,844	367,859,139			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	132,610,295	235,248,844	367,859,139			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/31/2012 12:04 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.155299		50.00
51.00	RECOVERY ROOM	0.088521		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.623088		52.00
53.00	ANESTHESIOLOGY	0.042641		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.119974		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.026398		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.044658		58.00
59.00	CARDIAC CATHETERIZATION	0.069080		59.00
60.00	LABORATORY	0.152498		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.426519		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.120086		65.00
66.00	PHYSICAL THERAPY	0.136220		66.00
67.00	OCCUPATIONAL THERAPY	0.130558		67.00
68.00	SPEECH PATHOLOGY	0.209027		68.00
69.00	ELECTROCARDIOLOGY	0.047506		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.064367		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253380		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.401803		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.195984		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	THERAPEUTIC ACTIVITIES	0.000000		76.00
76.01	ONCOLOGY	0.397445		76.01
76.02	DIABETES CENTER	0.945511		76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.372619		76.03
76.04	PAIN CLINIC	0.129364		76.04
76.05	WOUND CENTER	0.309867		76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.136829		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.761658		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.847697		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	1.006008		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/31/2012 12:04 pm
		Title XVIII	Hospital	PPS
Cost Center Description	PPS Inpatient Ratio			
	11.00			
115.00 AMBULATORY SURGICAL CENTER (D.P.)		115.00		
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: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/31/2012 12:04 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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS		9,668,494	0	0	30.00	
31.00	INTENSIVE CARE UNIT		2,492,701	0	0	31.00	
32.00	CORONARY CARE UNIT		0	0	0	32.00	
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00	
40.00	SUBPROVIDER - I PF		0	0	0	40.00	
41.00	SUBPROVIDER - I RF		2,523,178	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		280,815	0	0	43.00	
44.00	SKILLED NURSING FACILITY		2,184,285	0	0	44.00	
45.00	NURSING FACILITY		199,832	0	0	45.00	
46.00	OTHER LONG TERM CARE		0	0	0	46.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		5,110,096	0	0	50.00	
51.00	RECOVERY ROOM		642,139	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		2,036,660	0	0	52.00	
53.00	ANESTHESIOLOGY		141,590	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		5,708,843	0	0	54.00	
55.00	RADIOLOGY-THERAPEUTIC		0	0	0	55.00	
56.00	RADIOISOTOPE		0	0	0	56.00	
57.00	CT SCAN		872,383	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		339,600	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		605,706	0	0	59.00	
60.00	LABORATORY		5,395,174	0	0	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		635,329	0	0	62.00	
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00	
64.00	INTRAVENOUS THERAPY		0	0	0	64.00	
65.00	RESPIRATORY THERAPY	0	1,138,345	0	0	65.00	
66.00	PHYSICAL THERAPY	0	1,946,210	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	1,099,044	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	213,057	0	0	68.00	
69.00	ELECTROCARDIOLOGY		554,303	0	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY		342,083	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,581,259	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS		3,459,357	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		6,645,292	0	0	73.00	
74.00	RENAL DIALYSIS		0	0	0	74.00	
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00	
76.00	THERAPEUTIC ACTIVITIES		0	0	0	76.00	
76.01	ONCOLOGY		420,346	0	0	76.01	
76.02	DIABETES CENTER		152,023	0	0	76.02	
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		548,849	0	0	76.03	
76.04	PAIN CLINIC		362,480	0	0	76.04	
76.05	WOUND CENTER		850,775	0	0	76.05	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
90.00	CLINIC		0	0	0	90.00	
91.00	EMERGENCY		5,495,433	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,289,396	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS		0	0	0	94.00	
95.00	AMBULANCE SERVICES		65,627	0	0	95.00	
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00	
97.00	DURABLE MEDICAL EQUIP-SOLD		1,625,930	0	0	97.00	
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00	
99.00	CMHC		0	0	0	99.00	
99.10	CORF		0	0	0	99.10	
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00	
101.00	HOME HEALTH AGENCY		3,124,302	0	0	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	KIDNEY ACQUISITION		0	0	0	105.00	
106.00	HEART ACQUISITION		0	0	0	106.00	
107.00	LIVER ACQUISITION		0	0	0	107.00	
108.00	LUNG ACQUISITION		0	0	0	108.00	
109.00	PANCREAS ACQUISITION		0	0	0	109.00	
110.00	INTESTINAL ACQUISITION		0	0	0	110.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140052

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	Hospital		
				RCE Disallowance	Total Costs	
1.00	2.00	3.00	4.00	5.00		
111.00 ISLET ACQUISITION	0		0		0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00 HOSPICE	1,015,364		1,015,364			0116.00
200.00 Subtotal (see instructions)	72,766,300	0	72,766,300	0		0200.00
201.00 Less Observation Beds	1,289,396		1,289,396			0201.00
202.00 Total (see instructions)	71,476,904	0	71,476,904	0		0202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/31/2012 12:04 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	7,527,266		7,527,266			30.00
31.00	INTENSIVE CARE UNIT	4,790,846		4,790,846			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	SUBPROVIDER - 1PF	0		0			40.00
41.00	SUBPROVIDER - 1RF	2,972,485		2,972,485			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	529,222		529,222			43.00
44.00	SKILLED NURSING FACILITY	3,163,622		3,163,622			44.00
45.00	NURSING FACILITY	247,648		247,648			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	7,214,412	25,690,370	32,904,782	0.155299	0.000000	50.00
51.00	RECOVERY ROOM	2,184,263	5,069,828	7,254,091	0.088521	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,424,294	844,363	3,268,657	0.623088	0.000000	52.00
53.00	ANESTHESIOLOGY	1,007,598	2,312,945	3,320,543	0.042641	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,285,601	40,298,263	47,583,864	0.119974	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	CT SCAN	8,244,721	24,802,952	33,047,673	0.026398	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,354,583	6,249,797	7,604,380	0.044658	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	3,805,604	4,962,535	8,768,139	0.069080	0.000000	59.00
60.00	LABORATORY	12,108,303	23,270,448	35,378,751	0.152498	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,097,853	391,716	1,489,569	0.426519	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	7,463,037	2,016,346	9,479,383	0.120086	0.000000	65.00
66.00	PHYSICAL THERAPY	7,277,707	7,009,551	14,287,258	0.136220	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	7,106,990	1,311,052	8,418,042	0.130558	0.000000	67.00
68.00	SPEECH PATHOLOGY	786,268	233,013	1,019,281	0.209027	0.000000	68.00
69.00	ELECTROCARDIOLOGY	4,890,986	6,777,156	11,668,142	0.047506	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	265,659	5,048,942	5,314,601	0.064367	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,549,911	7,584,007	14,133,918	0.253380	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	5,869,262	2,740,322	8,609,584	0.401803	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	19,768,230	14,139,045	33,907,275	0.195984	0.000000	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	THERAPEUTIC ACTIVITIES	0	0	0	0.000000	0.000000	76.00
76.01	ONCOLOGY	24,905	1,046,433	1,071,338	0.392356	0.000000	76.01
76.02	DIABETES CENTER	0	160,784	160,784	0.945511	0.000000	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	71,863	1,401,087	1,472,950	0.372619	0.000000	76.03
76.04	PAIN CLINIC	7,297	2,794,709	2,802,006	0.129364	0.000000	76.04
76.05	WOUND CENTER	5,494	2,740,119	2,745,613	0.309867	0.000000	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	0.000000	0.000000	89.00
90.00	EMERGENCY	6,487,120	33,675,794	40,162,914	0.136829	0.000000	90.00
91.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,692,881	1,692,881	0.761658	0.000000	91.00
92.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	92.00
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	77,245	173	77,418	0.847697	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	1,616,219	1,616,219	1.006008	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0	0.000000	0.000000	99.00
99.10	CORF	0	0	0	0.000000	0.000000	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	HOME HEALTH AGENCY	0	6,385,051	6,385,051			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140052

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

Worksheet C  
Part I  
Date/Time Prepared:  
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Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
113.00 INTEREST EXPENSE					10.00	113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	2,982,943	2,982,943			116.00
200.00 Subtotal (see instructions)	132,610,295	235,248,844	367,859,139			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	132,610,295	235,248,844	367,859,139			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/31/2012 12:04 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
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
55.00	RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.000000		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
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	THERAPEUTIC ACTIVITIES	0.000000		76.00
76.01	ONCOLOGY	0.000000		76.01
76.02	DIABETES CENTER	0.000000		76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000		76.03
76.04	PAIN CLINIC	0.000000		76.04
76.05	WOUND CENTER	0.000000		76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/31/2012 12:04 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
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: 140052

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	962,091	0	962,091	12,635	76.14	30.00
31.00	INTENSIVE CARE UNIT	287,120		287,120	1,859	154.45	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	103,310	0	103,310	4,524	22.84	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	25,326		25,326	866	29.24	43.00
44.00	SKILLED NURSING FACILITY	86,364		86,364	6,179	13.98	44.00
45.00	NURSING FACILITY	11,505		11,505	480	23.97	45.00
200.00	Total (lines 30-199)	1,475,716		1,475,716	26,543		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/31/2012 12:04 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	6,131	466,814		30.00
31.00 INTENSIVE CARE UNIT	642	99,157		31.00
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	3,696	84,417		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	3,628	50,719		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	14,097	701,107		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/31/2012 12:04 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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	599,848	32,904,782	0.018230	3,917,208	71,411	50.00
51.00	RECOVERY ROOM	28,910	7,254,091	0.003985	1,066,018	4,248	51.00
52.00	DELIVERY ROOM & LABOR ROOM	243,749	3,268,657	0.074572	1,179	88	52.00
53.00	ANESTHESIOLOGY	7,021	3,320,543	0.002114	286,577	606	53.00
54.00	RADIOLOGY-DIAGNOSTIC	362,989	47,583,864	0.007628	4,381,203	33,420	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	23,803	33,047,673	0.000720	4,513,254	3,250	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	17,555	7,604,380	0.002309	706,923	1,632	58.00
59.00	CARDIAC CATHETERIZATION	44,846	8,768,139	0.005115	1,728,377	8,841	59.00
60.00	LABORATORY	239,290	35,378,751	0.006764	7,027,630	47,535	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,359	1,489,569	0.006283	257,913	1,620	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	52,155	9,479,383	0.005502	3,985,825	21,930	65.00
66.00	PHYSICAL THERAPY	75,257	14,287,258	0.005267	709,130	3,735	66.00
67.00	OCCUPATIONAL THERAPY	47,755	8,418,042	0.005673	591,340	3,355	67.00
68.00	SPEECH PATHOLOGY	2,936	1,019,281	0.002880	68,476	197	68.00
69.00	ELECTROCARDIOLOGY	72,976	11,668,142	0.006254	3,999,229	25,011	69.00
70.00	ELECTROENCEPHALOGRAPHY	15,510	5,314,601	0.002918	166,157	485	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	74,464	14,133,918	0.005268	4,541,856	23,926	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	71,698	8,609,584	0.008328	3,553,704	29,595	72.00
73.00	DRUGS CHARGED TO PATIENTS	93,790	33,907,275	0.002766	9,998,891	27,657	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0	0	0.000000	0	0	76.00
76.01	ONCOLOGY	22,890	1,071,338	0.021366	14,005	299	76.01
76.02	DIABETES CENTER	11,263	160,784	0.070051	0	0	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	16,931	1,472,950	0.011495	0	0	76.03
76.04	PAIN CLINIC	5,606	2,802,006	0.002001	0	0	76.04
76.05	WOUND CENTER	32,447	2,745,613	0.011818	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
91.00	EMERGENCY	331,222	40,162,914	0.008247	3,271,277	26,978	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	128,305	1,692,881	0.075791	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	13,454	1,616,219	0.008324	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	2,646,029	339,182,638		54,786,172	335,819	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/31/2012 12:04 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
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/31/2012 12:04 pm
		Title XVIII	Hospital	PPS

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)	
	6.00	7.00	8.00	9.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	12,635	0.00	6,131	0	30.00
31.00 INTENSIVE CARE UNIT	1,859	0.00	642	0	31.00
32.00 CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00 SUBPROVIDER - IRF	4,524	0.00	3,696	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	42.00
43.00 NURSERY	866	0.00	0	0	43.00
44.00 SKILLED NURSING FACILITY	6,179	0.00	3,628	0	44.00
45.00 NURSING FACILITY	480	0.00	0	0	45.00
200.00 Total (lines 30-199)	26,543		14,097	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 12:04 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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 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
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 THERAPEUTIC ACTIVITIES	0	0	0	0	0	0	76.00
76.01 ONCOLOGY	0	0	0	0	0	0	76.01
76.02 DIABETES CENTER	0	0	0	0	0	0	76.02
76.03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.03
76.04 PAIN CLINIC	0	0	0	0	0	0	76.04
76.05 WOUND CENTER	0	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 12:04 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	32,904,782	0.000000	0.000000	3,917,208	50.00
51.00 RECOVERY ROOM	0	7,254,091	0.000000	0.000000	1,066,018	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,268,657	0.000000	0.000000	1,179	52.00
53.00 ANESTHESIOLOGY	0	3,320,543	0.000000	0.000000	286,577	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	47,583,864	0.000000	0.000000	4,381,203	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	33,047,673	0.000000	0.000000	4,513,254	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	7,604,380	0.000000	0.000000	706,923	58.00
59.00 CARDIAC CATHETERIZATION	0	8,768,139	0.000000	0.000000	1,728,377	59.00
60.00 LABORATORY	0	35,378,751	0.000000	0.000000	7,027,630	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,489,569	0.000000	0.000000	257,913	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	9,479,383	0.000000	0.000000	3,985,825	65.00
66.00 PHYSICAL THERAPY	0	14,287,258	0.000000	0.000000	709,130	66.00
67.00 OCCUPATIONAL THERAPY	0	8,418,042	0.000000	0.000000	591,340	67.00
68.00 SPEECH PATHOLOGY	0	1,019,281	0.000000	0.000000	68,476	68.00
69.00 ELECTROCARDIOLOGY	0	11,668,142	0.000000	0.000000	3,999,229	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	5,314,601	0.000000	0.000000	166,157	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,133,918	0.000000	0.000000	4,541,856	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	8,609,584	0.000000	0.000000	3,553,704	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	33,907,275	0.000000	0.000000	9,998,891	73.00
74.00 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 THERAPEUTIC ACTIVITIES	0	0	0.000000	0.000000	0	76.00
76.01 ONCOLOGY	0	1,071,338	0.000000	0.000000	14,005	76.01
76.02 DIABETES CENTER	0	160,784	0.000000	0.000000	0	76.02
76.03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,472,950	0.000000	0.000000	0	76.03
76.04 PAIN CLINIC	0	2,802,006	0.000000	0.000000	0	76.04
76.05 WOUND CENTER	0	2,745,613	0.000000	0.000000	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	40,162,914	0.000000	0.000000	3,271,277	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,692,881	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	1,616,219	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (lines 50-199)	0	339,182,638			54,786,172	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 12:04 pm
Title XVIII		Hospital	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)	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	7,394,424	0	50.00
51.00 RECOVERY ROOM	0	2,190,493	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	328	0	52.00
53.00 ANESTHESIOLOGY	0	284,340	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	14,403,461	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	0	7,511,567	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	1,679,538	0	58.00
59.00 CARDIAC CATHETERIZATION	0	1,872,174	0	59.00
60.00 LABORATORY	0	660,778	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	151,810	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	1,297,438	0	65.00
66.00 PHYSICAL THERAPY	0	11,797	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	2,814,625	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,525,699	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,795,890	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	775,676	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	6,302,376	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 THERAPEUTIC ACTIVITIES	0	0	0	76.00
76.01 ONCOLOGY	0	231,988	0	76.01
76.02 DIABETES CENTER	0	0	0	76.02
76.03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	465,175	0	76.03
76.04 PAIN CLINIC	0	670,971	0	76.04
76.05 WOUND CENTER	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	0	9,130,005	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	614,310	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Total (lines 50-199)	0	62,784,863	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/31/2012 12:04 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.155299	7,394,424	0	0	50.00
51.00	RECOVERY ROOM	0.088521	2,190,493	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.623088	328	0	0	52.00
53.00	ANESTHESIOLOGY	0.042641	284,340	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.119974	14,403,461	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	CT SCAN	0.026398	7,511,567	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.044658	1,679,538	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.069080	1,872,174	0	0	59.00
60.00	LABORATORY	0.152498	660,778	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.426519	151,810	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.120086	1,297,438	0	0	65.00
66.00	PHYSICAL THERAPY	0.136220	11,797	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.130558	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.209027	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.047506	2,814,625	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.064367	1,525,699	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253380	2,795,890	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.401803	775,676	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.195984	6,302,376	0	0	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0.000000	0	0	0	76.00
76.01	ONCOLOGY	0.392356	231,988	0	0	76.01
76.02	DIABETES CENTER	0.945511	0	0	0	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.372619	465,175	0	0	76.03
76.04	PAIN CLINIC	0.129364	670,971	0	0	76.04
76.05	WOUND CENTER	0.309867	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
91.00	EMERGENCY	0.136829	9,130,005	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.761658	614,310	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	AMBULANCE SERVICES	0.847697		0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	1.006008	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		62,784,863	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)		62,784,863	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/31/2012 12:04 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				
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,148,347	0	0			50.00
51.00	RECOVERY ROOM	193,905	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	204	0	0			52.00
53.00	ANESTHESIOLOGY	12,125	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,728,041	0	0			54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	RADIOISOTOPE	0	0	0			56.00
57.00	CT SCAN	198,290	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	75,005	0	0			58.00
59.00	CARDIAC CATHETERIZATION	129,330	0	0			59.00
60.00	LABORATORY	100,767	0	0			60.00
60.01	BLOOD LABORATORY	0	0	0			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	64,750	0	0			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
64.00	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	RESPIRATORY THERAPY	155,804	0	0			65.00
66.00	PHYSICAL THERAPY	1,607	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	133,712	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	98,205	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	708,423	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	311,669	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	1,235,165	0	0			73.00
74.00	RENAL DIALYSIS	0	0	0			74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0			75.00
76.00	THERAPEUTIC ACTIVITIES	0	0	0			76.00
76.01	ONCOLOGY	91,022	0	0			76.01
76.02	DIABETES CENTER	0	0	0			76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	173,333	0	0			76.03
76.04	PAIN CLINIC	86,799	0	0			76.04
76.05	WOUND CENTER	0	0	0			76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0			90.00
91.00	EMERGENCY	1,249,249	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	467,894	0	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS		0	0			94.00
95.00	AMBULANCE SERVICES		0	0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
200.00	Subtotal (see instructions)	8,363,646	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)	8,363,646	0	0			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/31/2012 12:04 pm	
		Component CCN: 14T052		Title XVIII		Subprovider - IRF 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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	599,848	32,904,782	0.018230	2,216	40	50.00
51.00	RECOVERY ROOM	28,910	7,254,091	0.003985	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	243,749	3,268,657	0.074572	0	0	52.00
53.00	ANESTHESIOLOGY	7,021	3,320,543	0.002114	5,803	12	53.00
54.00	RADIOLOGY-DIAGNOSTIC	362,989	47,583,864	0.007628	170,644	1,302	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	23,803	33,047,673	0.000720	108,120	78	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	17,555	7,604,380	0.002309	37,623	87	58.00
59.00	CARDIAC CATHETERIZATION	44,846	8,768,139	0.005115	18,232	93	59.00
60.00	LABORATORY	239,290	35,378,751	0.006764	697,353	4,717	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	9,359	1,489,569	0.006283	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	52,155	9,479,383	0.005502	7,874	43	65.00
66.00	PHYSICAL THERAPY	75,257	14,287,258	0.005267	2,649,829	13,957	66.00
67.00	OCCUPATIONAL THERAPY	47,755	8,418,042	0.005673	2,566,514	14,560	67.00
68.00	SPEECH PATHOLOGY	2,936	1,019,281	0.002880	369,711	1,065	68.00
69.00	ELECTROCARDIOLOGY	72,976	11,668,142	0.006254	34,015	213	69.00
70.00	ELECTROENCEPHALOGRAPHY	15,510	5,314,601	0.002918	13,517	39	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	74,464	14,133,918	0.005268	439,355	2,315	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	71,698	8,609,584	0.008328	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	93,790	33,907,275	0.002766	1,380,795	3,819	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0	0	0.000000	0	0	76.00
76.01	ONCOLOGY	22,890	1,071,338	0.021366	0	0	76.01
76.02	DIABETES CENTER	11,263	160,784	0.070051	0	0	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	16,931	1,472,950	0.011495	53,844	619	76.03
76.04	PAIN CLINIC	5,606	2,802,006	0.002001	0	0	76.04
76.05	WOUND CENTER	32,447	2,745,613	0.011818	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
91.00	EMERGENCY	331,222	40,162,914	0.008247	77,597	640	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	128,305	1,692,881	0.075791	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	13,454	1,616,219	0.008324	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	2,646,029	339,182,638		8,633,042	43,599	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052 Component CCN: 14T052	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 12:04 pm
	Title XVIII	Subprovider - IRF	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
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
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01 ONCOLOGY	0	0	0	0	0	76.01
76.02 DIABETES CENTER	0	0	0	0	0	76.02
76.03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.03
76.04 PAIN CLINIC	0	0	0	0	0	76.04
76.05 WOUND CENTER	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052 Component CCN: 14T052	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 12:04 pm
	Title XVIII	Subprovider - IRF	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	32,904,782	0.000000	0.000000	2,216	50.00
51.00 RECOVERY ROOM	0	7,254,091	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,268,657	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	3,320,543	0.000000	0.000000	5,803	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	47,583,864	0.000000	0.000000	170,644	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	33,047,673	0.000000	0.000000	108,120	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	7,604,380	0.000000	0.000000	37,623	58.00
59.00 CARDIAC CATHETERIZATION	0	8,768,139	0.000000	0.000000	18,232	59.00
60.00 LABORATORY	0	35,378,751	0.000000	0.000000	697,353	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,489,569	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	9,479,383	0.000000	0.000000	7,874	65.00
66.00 PHYSICAL THERAPY	0	14,287,258	0.000000	0.000000	2,649,829	66.00
67.00 OCCUPATIONAL THERAPY	0	8,418,042	0.000000	0.000000	2,566,514	67.00
68.00 SPEECH PATHOLOGY	0	1,019,281	0.000000	0.000000	369,711	68.00
69.00 ELECTROCARDIOLOGY	0	11,668,142	0.000000	0.000000	34,015	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	5,314,601	0.000000	0.000000	13,517	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,133,918	0.000000	0.000000	439,355	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	8,609,584	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	33,907,275	0.000000	0.000000	1,380,795	73.00
74.00 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 THERAPEUTIC ACTIVITIES	0	0	0.000000	0.000000	0	76.00
76.01 ONCOLOGY	0	1,071,338	0.000000	0.000000	0	76.01
76.02 DIABETES CENTER	0	160,784	0.000000	0.000000	0	76.02
76.03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,472,950	0.000000	0.000000	53,844	76.03
76.04 PAIN CLINIC	0	2,802,006	0.000000	0.000000	0	76.04
76.05 WOUND CENTER	0	2,745,613	0.000000	0.000000	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	40,162,914	0.000000	0.000000	77,597	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,692,881	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	1,616,219	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (Lines 50-199)	0	339,182,638			8,633,042	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052 Component CCN: 14T052	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 12:04 pm
Title XVIII		Subprovider - IRF	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	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
57.00 CT SCAN	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	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	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 THERAPEUTIC ACTIVITIES	0	0	0	76.00
76.01 ONCOLOGY	0	0	0	76.01
76.02 DIABETES CENTER	0	0	0	76.02
76.03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.03
76.04 PAIN CLINIC	0	0	0	76.04
76.05 WOUND CENTER	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052 Component CCN: 145314	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 12:04 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
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
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01 ONCOLOGY	0	0	0	0	0	76.01
76.02 DIABETES CENTER	0	0	0	0	0	76.02
76.03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.03
76.04 PAIN CLINIC	0	0	0	0	0	76.04
76.05 WOUND CENTER	0	0	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052 Component CCN: 145314	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 12:04 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	32,904,782	0.000000	0.000000	0	50.00
51.00 RECOVERY ROOM	0	7,254,091	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,268,657	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	3,320,543	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	47,583,864	0.000000	0.000000	72,219	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	33,047,673	0.000000	0.000000	23,143	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	7,604,380	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	8,768,139	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	35,378,751	0.000000	0.000000	264,178	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,489,569	0.000000	0.000000	2,419	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 RESPIRATORY THERAPY	0	9,479,383	0.000000	0.000000	0	65.00
66.00 PHYSICAL THERAPY	0	14,287,258	0.000000	0.000000	1,744,345	66.00
67.00 OCCUPATIONAL THERAPY	0	8,418,042	0.000000	0.000000	1,809,243	67.00
68.00 SPEECH PATHOLOGY	0	1,019,281	0.000000	0.000000	83,650	68.00
69.00 ELECTROCARDIOLOGY	0	11,668,142	0.000000	0.000000	8,060	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	5,314,601	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	14,133,918	0.000000	0.000000	353,003	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	8,609,584	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	33,907,275	0.000000	0.000000	1,358,845	73.00
74.00 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 THERAPEUTIC ACTIVITIES	0	0	0.000000	0.000000	0	76.00
76.01 ONCOLOGY	0	1,071,338	0.000000	0.000000	0	76.01
76.02 DIABETES CENTER	0	160,784	0.000000	0.000000	0	76.02
76.03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,472,950	0.000000	0.000000	441	76.03
76.04 PAIN CLINIC	0	2,802,006	0.000000	0.000000	0	76.04
76.05 WOUND CENTER	0	2,745,613	0.000000	0.000000	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	40,162,914	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,692,881	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	1,616,219	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (Lines 50-199)	0	339,182,638			5,719,546	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/31/2012 12:04 pm
	Component CCN: 145314	Title XVIII	Skilled Nursing Facility PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	56.00
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	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	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0	0	0	76.00
76.01	ONCOLOGY	0	0	0	76.01
76.02	DIABETES CENTER	0	0	0	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.03
76.04	PAIN CLINIC	0	0	0	76.04
76.05	WOUND CENTER	0	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	0	0	0	90.00
91.00	EMERGENCY	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (Lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/31/2012 12:04 pm		
		Title XIX	Hospital	Cost		
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		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.155299	2,988,059	0	0	50.00
51.00	RECOVERY ROOM	0.088521	1,010,100	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.623088	3,964	0	0	52.00
53.00	ANESTHESIOLOGY	0.042641	135,109	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.119974	4,512,229	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	CT SCAN	0.026398	4,297,375	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.044658	841,293	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.069080	300,301	0	0	59.00
60.00	LABORATORY	0.152498	4,212,738	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.426519	7,049	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.120086	280,568	0	0	65.00
66.00	PHYSICAL THERAPY	0.136220	1,258,416	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.130558	222,960	0	0	67.00
68.00	SPEECH PATHOLOGY	0.209027	98,241	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.047506	1,358,614	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.064367	285,364	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253380	1,681,320	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.401803	488,458	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.195984	2,636,491	0	0	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0.000000	0	0	0	76.00
76.01	ONCOLOGY	0.392356	76,681	0	0	76.01
76.02	DIABETES CENTER	0.945511	8,808	0	0	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.372619	304,818	0	0	76.03
76.04	PAIN CLINIC	0.129364	626,408	0	0	76.04
76.05	WOUND CENTER	0.309867	87,131	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.000000	0	0	0	90.00
91.00	EMERGENCY	0.136829	7,835,329	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.761658	240,044	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	AMBULANCE SERVICES	0.847697	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	1.006008	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		35,797,868	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)		35,797,868	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part V Date/Time Prepared: 5/31/2012 12:04 pm	
		Title XIX		Hospital		Cost	
Cost Center Description	Costs						
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)				
	5.00	6.00	7.00				
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	464,043	0	0			50.00
51.00	RECOVERY ROOM	89,415	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,470	0	0			52.00
53.00	ANESTHESIOLOGY	5,761	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	541,350	0	0			54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0			55.00
56.00	RADIOISOTOPE	0	0	0			56.00
57.00	CT SCAN	113,442	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	37,570	0	0			58.00
59.00	CARDIAC CATHETERIZATION	20,745	0	0			59.00
60.00	LABORATORY	642,434	0	0			60.00
60.01	BLOOD LABORATORY	0	0	0			60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	3,007	0	0			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
64.00	INTRAVENOUS THERAPY	0	0	0			64.00
65.00	RESPIRATORY THERAPY	33,692	0	0			65.00
66.00	PHYSICAL THERAPY	171,421	0	0			66.00
67.00	OCCUPATIONAL THERAPY	29,109	0	0			67.00
68.00	SPEECH PATHOLOGY	20,535	0	0			68.00
69.00	ELECTROCARDIOLOGY	64,542	0	0			69.00
70.00	ELECTROENCEPHALOGRAPHY	18,368	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	426,013	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	196,264	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	516,710	0	0			73.00
74.00	RENAL DIALYSIS	0	0	0			74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0			75.00
76.00	THERAPEUTIC ACTIVITIES	0	0	0			76.00
76.01	ONCOLOGY	30,086	0	0			76.01
76.02	DIABETES CENTER	8,328	0	0			76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	113,581	0	0			76.03
76.04	PAIN CLINIC	81,035	0	0			76.04
76.05	WOUND CENTER	26,999	0	0			76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0			90.00
91.00	EMERGENCY	1,072,100	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	182,831	0	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	HOME PROGRAM DIALYSIS		0	0			94.00
95.00	AMBULANCE SERVICES		0	0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
200.00	Subtotal (see instructions)	4,447,808	0	0			200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0			201.00
202.00	Net Charges (line 200 +/- line 201)	4,447,808	0	0			202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/31/2012 12:04 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,635	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,635	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		983	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		11,652	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)		6,131	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
<b>SWING BED ADJUSTMENT</b>				
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)		9,668,494	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)		9,668,494	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		6,274,341	28.00
29.00	Private room charges (excluding swing-bed charges)		594,671	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,679,670	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.540958	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		604.96	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		487.44	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		117.52	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		181.09	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		178,011	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,490,483	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		765.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,691,564	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,691,564	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/31/2012 12:04 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,492,701	1,859	1,340.88	642	860,845		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,552,038		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,104,447		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)					565,971		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					335,819		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					901,790		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,202,657		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)					1,685		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					765.22		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,289,396		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/31/2012 12:04 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	962,091	9,668,494	0.099508	1,289,396	128,305	90.00
91.00	Nursing School cost	0	9,668,494	0.000000	1,289,396	0	91.00
92.00	Allied health cost	0	9,668,494	0.000000	1,289,396	0	92.00
93.00	All other Medical Education	0	9,668,494	0.000000	1,289,396	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 14T052		Date/Time Prepared: 5/31/2012 12:04 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,524	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,524	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		814	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,710	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)		3,696	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
<b>SWING BED ADJUSTMENT</b>				
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)		2,523,178	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)		2,523,178	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,972,452	28.00
29.00	Private room charges (excluding swing-bed charges)		542,200	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,430,252	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.848854	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		666.09	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		655.05	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		11.04	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		9.37	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		7,627	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,515,551	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		557.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,061,370	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,061,370	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14T052				Date/Time Prepared: 5/31/2012 12:04 pm	
		Title XVIII		Subprovider - IRF		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
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,322,572		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,383,942		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					84,417		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					43,599		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					128,016		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					3,255,926		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 14T052				Date/Time Prepared: 5/31/2012 12:04 pm	
		Title XVIII		Subprovider - IRF		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	103,310	2,523,178	0.040944	0	0	90.00
91.00	Nursing School cost	0	2,523,178	0.000000	0	0	91.00
92.00	Allied health cost	0	2,523,178	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,523,178	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 145314		Date/Time Prepared: 5/31/2012 12:04 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,179	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,179	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)		6,179	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)		3,628	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
<b>SWING BED ADJUSTMENT</b>				
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)		2,188,086	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)		2,188,086	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,336,660	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,336,660	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.655771	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)		540.00	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)		2,188,086	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1	
		Component CCN: 145314		Date/Time Prepared: 5/31/2012 12:04 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
	Cost Center Description				
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
	PASS THROUGH COST ADJUSTMENTS				
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST				
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY				
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				2,188,086 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				354.12 71.00
72.00	Program routine service cost (line 9 x line 71)				1,284,747 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				1,284,747 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				1,284,747 83.00
84.00	Program inpatient ancillary services (see instructions)				898,208 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				2,182,955 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: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 145314				Date/Time Prepared: 5/31/2012 12:04 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XVIII	Hospital	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		3,495,377		30.00
31.00	INTENSIVE CARE UNIT		1,129,312		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - I PF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.155299	3,917,208	608,338	50.00
51.00	RECOVERY ROOM	0.088521	1,066,018	94,365	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.623088	1,179	735	52.00
53.00	ANESTHESIOLOGY	0.042641	286,577	12,220	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.119974	4,381,203	525,630	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.026398	4,513,254	119,141	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.044658	706,923	31,570	58.00
59.00	CARDIAC CATHETERIZATION	0.069080	1,728,377	119,396	59.00
60.00	LABORATORY	0.152498	7,027,630	1,071,700	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.426519	257,913	110,005	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.120086	3,985,825	478,642	65.00
66.00	PHYSICAL THERAPY	0.136220	709,130	96,598	66.00
67.00	OCCUPATIONAL THERAPY	0.130558	591,340	77,204	67.00
68.00	SPEECH PATHOLOGY	0.209027	68,476	14,313	68.00
69.00	ELECTROCARDIOLOGY	0.047506	3,999,229	189,987	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.064367	166,157	10,695	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253380	4,541,856	1,150,815	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.401803	3,553,704	1,427,889	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.195984	9,998,891	1,959,623	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0.000000	0	0	76.00
76.01	ONCOLOGY	0.397445	14,005	5,566	76.01
76.02	DIABETES CENTER	0.945511	0	0	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.372619	0	0	76.03
76.04	PAIN CLINIC	0.129364	0	0	76.04
76.05	WOUND CENTER	0.309867	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.136829	3,271,277	447,606	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.761658	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	1.006008	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		54,786,172	8,552,038	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)		54,786,172		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14T052		Date/Time Prepared: 5/31/2012 12:04 pm	
		Title XVIIII	Subprovider - IRF	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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		2,428,756		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.155299	2,216	344	50.00
51.00	RECOVERY ROOM	0.088521	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.623088	0	0	52.00
53.00	ANESTHESIOLOGY	0.042641	5,803	247	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.119974	170,644	20,473	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.026398	108,120	2,854	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.044658	37,623	1,680	58.00
59.00	CARDIAC CATHETERIZATION	0.069080	18,232	1,259	59.00
60.00	LABORATORY	0.152498	697,353	106,345	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.426519	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.120086	7,874	946	65.00
66.00	PHYSICAL THERAPY	0.136220	2,649,829	360,960	66.00
67.00	OCCUPATIONAL THERAPY	0.130558	2,566,514	335,079	67.00
68.00	SPEECH PATHOLOGY	0.209027	369,711	77,280	68.00
69.00	ELECTROCARDIOLOGY	0.047506	34,015	1,616	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.064367	13,517	870	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253380	439,355	111,324	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.401803	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.195984	1,380,795	270,614	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0.000000	0	0	76.00
76.01	ONCOLOGY	0.397445	0	0	76.01
76.02	DIABETES CENTER	0.945511	0	0	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.372619	53,844	20,063	76.03
76.04	PAIN CLINIC	0.129364	0	0	76.04
76.05	WOUND CENTER	0.309867	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.136829	77,597	10,618	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.761658	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	1.006008	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		8,633,042	1,322,572	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)			0	201.00
202.00	Net Charges (line 200 minus line 201)		8,633,042		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 145314	Date/Time Prepared: 5/31/2012 12:04 pm		
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.155299	0	0	50.00
51.00	RECOVERY ROOM	0.088521	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.623088	0	0	52.00
53.00	ANESTHESIOLOGY	0.042641	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.119974	72,219	8,664	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.026398	23,143	611	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.044658	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.069080	0	0	59.00
60.00	LABORATORY	0.152498	264,178	40,287	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.426519	2,419	1,032	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.120086	0	0	65.00
66.00	PHYSICAL THERAPY	0.136220	1,744,345	237,615	66.00
67.00	OCCUPATIONAL THERAPY	0.130558	1,809,243	236,211	67.00
68.00	SPEECH PATHOLOGY	0.209027	83,650	17,485	68.00
69.00	ELECTROCARDIOLOGY	0.047506	8,060	383	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.064367	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253380	353,003	89,444	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.401803	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.195984	1,358,845	266,312	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0.000000	0	0	76.00
76.01	ONCOLOGY	0.392356	0	0	76.01
76.02	DIABETES CENTER	0.945511	0	0	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.372619	441	164	76.03
76.04	PAIN CLINIC	0.129364	0	0	76.04
76.05	WOUND CENTER	0.309867	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.136829	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.761658	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	1.006008	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		5,719,546	898,208	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)		5,719,546		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XIX		Hospital	
				Date/Time Prepared: 5/31/2012 12:04 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		833,200		30.00
31.00	INTENSIVE CARE UNIT		167,111		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - I PF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		203,183		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.155299	654,733	101,679	50.00
51.00	RECOVERY ROOM	0.088521	169,008	14,961	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.623088	540,349	336,685	52.00
53.00	ANESTHESIOLOGY	0.042641	49,400	2,106	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.119974	615,985	73,902	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.026398	823,288	21,733	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.044658	91,416	4,082	58.00
59.00	CARDIAC CATHETERIZATION	0.069080	259,463	17,924	59.00
60.00	LABORATORY	0.152498	1,501,537	228,981	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.426519	32,866	14,018	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.120086	561,758	67,459	65.00
66.00	PHYSICAL THERAPY	0.136220	57,676	7,857	66.00
67.00	OCCUPATIONAL THERAPY	0.130558	41,924	5,474	67.00
68.00	SPEECH PATHOLOGY	0.209027	11,844	2,476	68.00
69.00	ELECTROCARDIOLOGY	0.047506	568,642	27,014	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.064367	24,064	1,549	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253380	856,234	216,953	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.401803	268,339	107,819	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.195984	1,801,815	353,127	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0.000000	0	0	76.00
76.01	ONCOLOGY	0.392356	4,070	1,597	76.01
76.02	DIABETES CENTER	0.945511	0	0	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.372619	1,194	445	76.03
76.04	PAIN CLINIC	0.129364	0	0	76.04
76.05	WOUND CENTER	0.309867	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.136829	636,768	87,128	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.761658	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	1.006008	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		9,572,373	1,694,969	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)		9,572,373		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 14T052		Date/Time Prepared: 5/31/2012 12:04 pm	
		Title XIX	Subprovider - IRF		
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		237,693		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.000000	3,000	0	50.00
51.00	RECOVERY ROOM	0.000000	2,161	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	348	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	22,421	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.000000	68,259	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	242	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	0	0	65.00
66.00	PHYSICAL THERAPY	0.000000	251,890	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	243,700	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	55,849	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	417	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	60,013	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	114,307	0	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0.000000	0	0	76.00
76.01	ONCOLOGY	0.000000	0	0	76.01
76.02	DIABETES CENTER	0.000000	0	0	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.000000	6,786	0	76.03
76.04	PAIN CLINIC	0.000000	0	0	76.04
76.05	WOUND CENTER	0.000000	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.000000	16,817	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		846,210	0	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)		846,210	0	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 145314		Date/Time Prepared: 5/31/2012 12:04 pm	
		Title XIX	Skilled Nursing Facility	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.155299	0	0	50.00
51.00	RECOVERY ROOM	0.088521	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.623088	0	0	52.00
53.00	ANESTHESIOLOGY	0.042641	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.119974	6,341	761	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.026398	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.044658	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.069080	0	0	59.00
60.00	LABORATORY	0.152498	2,008	306	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.426519	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.120086	0	0	65.00
66.00	PHYSICAL THERAPY	0.136220	11,085	1,510	66.00
67.00	OCCUPATIONAL THERAPY	0.130558	9,139	1,193	67.00
68.00	SPEECH PATHOLOGY	0.209027	304	64	68.00
69.00	ELECTROCARDIOLOGY	0.047506	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.064367	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.253380	109	28	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.401803	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.195984	27,454	5,381	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	THERAPEUTIC ACTIVITIES	0.000000	0	0	76.00
76.01	ONCOLOGY	0.392356	0	0	76.01
76.02	DIABETES CENTER	0.945511	0	0	76.02
76.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.372619	0	0	76.03
76.04	PAIN CLINIC	0.129364	0	0	76.04
76.05	WOUND CENTER	0.309867	0	0	76.05
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.136829	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.761658	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	1.006008	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		56,440	9,243	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)		56,440		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/31/2012 12:04 pm
		Title XVII I	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		11,809,371	1.00
2.00	Outlier payments for discharges. (see instructions)		163,965	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		85.38	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.69	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		14.46	31.00
32.00	Sum of lines 30 and 31		20.15	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.85	33.00
34.00	Disproportionate share adjustment (see instructions)		690,848	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
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)		12,664,184	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)		12,664,184	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		954,881	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/31/2012 12:04 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)			13,619,065 59.00
60.00	Primary payer payments			4,858 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			13,614,207 61.00
62.00	Deductibles billed to program beneficiaries			1,247,016 62.00
63.00	Coinsurance billed to program beneficiaries			27,993 63.00
64.00	Allowable bad debts (see instructions)			511,102 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			357,771 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			328,414 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			12,696,969 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)			12,696,969 71.00
72.00	Interim payments			14,372,174 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)			-1,675,205 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			129,903 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/31/2012 12:04 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			8,363,646 2.00
3.00	PPS payments			8,258,202 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
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
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)			8,258,202 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)			1,901,377 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)			6,356,825 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)			6,356,825 30.00
31.00	Primary payer payments			1,662 31.00
32.00	Subtotal (line 30 minus line 31)			6,355,163 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			629,174 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			440,422 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			468,006 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			6,795,585 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)			6,795,585 40.00
41.00	Interim payments			6,580,677 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)			214,908 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			13,583 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/31/2012 12:04 pm
		Component CCN: 14T052	Title XVIII	Subprovider - IRF PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/31/2012 12:04 pm
		Component CCN: 145314		
		Title XVIII	Skilled Nursing Facility	PPS

				1.00
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PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140052

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 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		13,069,664		6,106,499	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		774,541		248,663	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		527,969		225,515	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)		527,969		225,515	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		14,372,174		6,580,677	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		214,908	6.01
6.02	SETTLEMENT TO PROGRAM		1,675,205		0	6.02
7.00	Total Medicare program liability (see instructions)		12,696,969		6,795,585	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: 140052

Period: From 01/01/2011

Worksheet E-1

Component CCN: 14T052

To 12/31/2011

Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Title XVIII

Subprovider -  
IRF

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					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		3,717,599		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)		3,717,599		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		114,469		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,832,068		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140052  
Component CCN: 145314

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm  
PPS

Title XVIII

Skilled Nursing  
Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,542,814		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)		1,542,814		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		10,837		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,553,651		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/31/2012 12:04 pm
		Component CCN: 14T052	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)		3,707,575	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0293	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		181,749	3.00
4.00	Outlier Payments		0	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		12.394521	10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$ .		0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).		0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)		3,889,324	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)		0	14.00
15.00	Organ acquisition		0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	16.00
17.00	Subtotal (see instructions)		3,889,324	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		3,889,324	19.00
20.00	Deductibles		61,128	20.00
21.00	Subtotal (line 19 minus line 20)		3,828,196	21.00
22.00	Coinsurance		2,264	22.00
23.00	Subtotal (line 21 minus line 22)		3,825,932	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		8,765	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		6,136	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		4,528	26.00
27.00	Subtotal (sum of lines 23 and 25)		3,832,068	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		3,832,068	32.00
33.00	Interim payments		3,717,599	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)		114,469	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140052 Component CCN: 145314	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VI Date/Time Prepared: 5/31/2012 12:04 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,692,615	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,692,615	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		149,801	7.00
8.00	Allowable bad debts (see instructions)		15,482	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		10,837	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		1,553,651	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		1,553,651	15.00
16.00	Interim payments		1,542,814	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		10,837	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

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

Provider CCN: 140052

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

Worksheet G  
Date/Time Prepared:  
5/31/2012 12:04 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	3,891,721	0	0	0	1.00
2.00	Temporary investments	1,952,317	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	22,253,050	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-9,154,000	0	0	0	6.00
7.00	Inventory	1,579,805	0	0	0	7.00
8.00	Prepaid expenses	1,649,863	0	0	0	8.00
9.00	Other current assets	1,511,113	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)	23,683,869	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	3,883,217	0	0	0	12.00
13.00	Land improvements	9,816,235	0	0	0	13.00
14.00	Accumulated depreciation	-5,435,873	0	0	0	14.00
15.00	Buildings	50,116,014	0	0	0	15.00
16.00	Accumulated depreciation	-41,116,019	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	7,306,114	0	0	0	19.00
20.00	Accumulated depreciation	-5,320,731	0	0	0	20.00
21.00	Automobiles and trucks	279,904	0	0	0	21.00
22.00	Accumulated depreciation	-235,537	0	0	0	22.00
23.00	Major movable equipment	30,383,389	0	0	0	23.00
24.00	Accumulated depreciation	-22,494,050	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	27,182,663	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	1,492,275	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	7,543,017	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	9,035,292	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	59,901,824	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	5,465,654	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,346,877	0	0	0	38.00
39.00	Payroll taxes payable	171,379	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,617,549	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,082,223	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	16,683,682	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	12,769,317	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	26,565,355	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	39,334,672	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	56,018,354	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	3,883,470				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,883,470	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	59,901,824	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140052

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

Worksheet G-1

Date/Time Prepared:  
5/31/2012 12:04 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		13,284,527	
2.00	Net income (loss) (From Wkst. G-3, line 29)		341,458			2.00
3.00	Total (sum of line 1 and line 2)		13,625,985		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		13,625,985		0	11.00
12.00	NET LOSS ON DEFINED BENEFIT PLAN	6,531,080		0		12.00
13.00	NET CAPITAL DISTRIBUTIONS	3,052,000		0		13.00
14.00	DECREASE IN TEMP REST NET ASSETS	159,435		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		9,742,515		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,883,470		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140052

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

Worksheet G-1

Date/Time Prepared:  
5/31/2012 12:04 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		0		0		1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)		0		0		3.00
4.00 Additions (credit adjustments) (specify)	0		0			4.00
5.00	0		0			5.00
6.00	0		0			6.00
7.00	0		0			7.00
8.00	0		0			8.00
9.00	0		0			9.00
10.00 Total additions (sum of line 4-9)		0		0		10.00
11.00 Subtotal (line 3 plus line 10)		0		0		11.00
12.00 NET LOSS ON DEFINED BENEFIT PLAN	0		0			12.00
13.00 NET CAPITAL DISTRIBUTIONS	0		0			13.00
14.00 DECREASE IN TEMP REST NET ASSETS	0		0			14.00
15.00	0		0			15.00
16.00	0		0			16.00
17.00	0		0			17.00
18.00 Total deductions (sum of lines 12-17)		0		0		18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140052

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

Worksheet G-2 Parts

Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	6,274,341		6,274,341	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	2,972,452		2,972,452	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,336,660		3,336,660	7.00
8.00	NURSING FACILITY	76,800		76,800	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	12,660,253		12,660,253	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,247,597		2,247,597	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,247,597		2,247,597	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	14,907,850		14,907,850	17.00
18.00	Ancillary services	110,085,594	191,971,359	302,056,953	18.00
19.00	Outpatient services	6,487,120	33,676,808	40,163,928	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		6,385,051	6,385,051	22.00
23.00	AMBULANCE SERVICES	77,245	173	77,418	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	4,531,291	4,531,291	26.00
27.00	OTHER	10,433	1,835,967	1,846,400	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	131,568,242	238,400,649	369,968,891	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		79,869,496		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		79,869,496		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140052

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

Worksheet G-3

Date/Time Prepared:  
5/31/2012 12:04 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	369,968,891	1.00
2.00	Less contractual allowances and discounts on patients' accounts	294,361,438	2.00
3.00	Net patient revenues (line 1 minus line 2)	75,607,453	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	79,869,496	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,262,043	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	1,644,161	6.00
7.00	Income from investments	-135,317	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	10,226	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	443,572	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	1,318	17.00
18.00	Revenue from sale of medical records and abstracts	1,258	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	547,770	22.00
23.00	Governmental appropriations	0	23.00
24.00	SAINT CLARE'S VILLA	1,453,945	24.00
24.01	PATIENT ACCOUNT RECORDS	20	24.01
24.02	OTHER MISCELLANEOUS REVENUE	238,842	24.02
24.03	MANAGEMENT FEE	397,698	24.03
24.04	EQUIPMENT SALES	15,607	24.04
25.00	Total other income (sum of lines 6-24)	4,619,100	25.00
26.00	Total (line 5 plus line 25)	357,057	26.00
27.00	NEWSPAPER	15,599	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	15,599	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	341,458	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140052

Period: From 01/01/2011

Worksheet H

HHA CCN: 147113

To 12/31/2011

Date/Time Prepared: 5/31/2012 12:04 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	
<b>GENERAL SERVICE COST CENTERS</b>						
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	286,525	20,833	4,384	883	35,544 5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	629,006	46,009	50,215	0	28,468 6.00
7.00	Physical Therapy	364,784	26,682	20,399	3,265	0 7.00
8.00	Occupational Therapy	192,140	14,054	14,084	11,745	0 8.00
9.00	Speech Pathology	12,145	888	1,290	617	0 9.00
10.00	Medical Social Services	0	0	0	0	0 10.00
11.00	Home Health Aide	17,899	1,309	3,598	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
<b>HHA NONREIMBURSABLE SERVICES</b>						
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)	1,502,499	109,775	93,970	16,510	64,012 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: 140052

Period: From 01/01/2011

Worksheet H

HHA CCN: 147113

To 12/31/2011

Date/Time Prepared: 5/31/2012 12:04 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	348,169	0	348,169	0	348,169	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	753,698	0	753,698	0	753,698	6.00
7.00	Physical Therapy	415,130	0	415,130	0	415,130	7.00
8.00	Occupational Therapy	232,023	0	232,023	0	232,023	8.00
9.00	Speech Pathology	14,940	0	14,940	0	14,940	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	22,806	0	22,806	0	22,806	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
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	1,786,766	0	1,786,766	0	1,786,766	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: 140052	Period: From 01/01/2011	Worksheet H-1 Part I Date/Time Prepared: 5/31/2012 12:04 pm
	HHA CCN: 147113	To 12/31/2011	
		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			
<b>GENERAL SERVICE COST CENTERS</b>						
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	348,169	0	0	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	753,698	0	0	0	6.00
7.00	Physical Therapy	415,130	0	0	0	7.00
8.00	Occupational Therapy	232,023	0	0	0	8.00
9.00	Speech Pathology	14,940	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Home Health Aide	22,806	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
<b>HHA NONREIMBURSABLE SERVICES</b>						
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)	1,786,766	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140052	Period: From 01/01/2011	Worksheet H-1
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	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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	348,169	348,169	5.00
<b>HHA REIMBURSABLE SERVICES</b>				
6.00	Skilled Nursing Care	753,698	182,409	936,107
7.00	Physical Therapy	415,130	100,470	515,600
8.00	Occupational Therapy	232,023	56,154	288,177
9.00	Speech Pathology	14,940	3,616	18,556
10.00	Medical Social Services	0	0	0
11.00	Home Health Aide	22,806	5,520	28,326
12.00	Supplies (see instructions)	0	0	0
13.00	Drugs	0	0	0
14.00	DME	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>				
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)	1,438,597		1,786,766

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140052 HHA CCN: 147113		Period: From 01/01/2011 To 12/31/2011		Worksheet H-1 Part II Date/Time Prepared: 5/31/2012 12:04 pm PPS	
		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	4,259				0	1.00
2.00	Capital Related - Movable Equipment		4,259			0	2.00
3.00	Plant Operation & Maintenance	0	0	4,259		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	1,946	1,946	1,946	0	-348,169	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,256	1,256	1,256	0	0	6.00
7.00	Physical Therapy	476	476	476	0	0	7.00
8.00	Occupational Therapy	301	301	301	0	0	8.00
9.00	Speech Pathology	16	16	16	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	264	264	264	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
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	4,259	4,259	4,259	0	-348,169	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: 140052	Period: From 01/01/2011	Worksheet H-1 Part II Date/Time Prepared: 5/31/2012 12:04 pm
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		Administrative & General (ACCUM. COST)	
		5.00	
<b>GENERAL SERVICE COST CENTERS</b>			
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	1,438,597	5.00
<b>HHA REIMBURSABLE SERVICES</b>			
6.00	Skilled Nursing Care	753,698	6.00
7.00	Physical Therapy	415,130	7.00
8.00	Occupational Therapy	232,023	8.00
9.00	Speech Pathology	14,940	9.00
10.00	Medical Social Services	0	10.00
11.00	Home Health Aide	22,806	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>			
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)	1,438,597	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	348,169	25.00
26.00	Unit Cost Multiplier	0.242020	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140052

Period: From 01/01/2011

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		CAPITAL RELATED COSTS				
		HHA Trial Balance (1)	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT
		0	1.00	1.01	1.02	1.03
1.00	Administrative and General	0	0	3,369	0	0
2.00	Skilled Nursing Care	936,107	0	2,175	0	0
3.00	Physical Therapy	515,600	0	824	0	0
4.00	Occupational Therapy	288,177	0	521	0	0
5.00	Speech Pathology	18,556	0	28	0	0
6.00	Medical Social Services	0	0	0	0	0
7.00	Home Health Aide	28,326	0	457	0	0
8.00	Supplies (see instructions)	0	0	0	0	0
9.00	Drugs	0	0	0	0	0
10.00	DME	0	0	0	0	0
11.00	Home Dialysis Aide Services	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0
14.00	Clinic	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0
20.00	Total (sum of lines 1-19) (2)	1,786,766	0	7,374	0	0
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.					

(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: 140052

Period: From 01/01/2011

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		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP		
		1.04	2.00	2.01	2.02		
1.00	Administrative and General	0	0	3,534	0	95,285	1.00
2.00	Skilled Nursing Care	0	0	2,281	0	209,179	2.00
3.00	Physical Therapy	0	0	864	0	121,310	3.00
4.00	Occupational Therapy	0	0	547	0	63,897	4.00
5.00	Speech Pathology	0	0	29	0	4,039	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	479	0	5,952	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	7,734	0	499,662	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: 140052

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		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACC OUNTS RECEIVABLE	Subtotal	
		5.01	5.02	5.03	5.04	5A.04	
1.00	Administrative and General	2,478	974	0	0	105,640	1.00
2.00	Skilled Nursing Care	3,716	6,782	8,696	14,891	1,183,827	2.00
3.00	Physical Therapy	2,065	0	5,770	9,880	656,313	3.00
4.00	Occupational Therapy	1,239	0	2,554	4,374	361,309	4.00
5.00	Speech Pathology	413	0	187	321	23,573	5.00
6.00	Medical Social Services	0	0	687	1,177	1,864	6.00
7.00	Home Health Aide	413	0	201	344	36,172	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)	10,324	7,756	18,095	30,987	2,368,698	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

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		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.05	7.00	8.00	9.00	10.00	
1.00	Administrative and General	21,372	28,867	0	2,011	0	1.00
2.00	Skilled Nursing Care	239,502	18,631	0	1,289	0	2.00
3.00	Physical Therapy	132,779	7,061	0	488	0	3.00
4.00	Occupational Therapy	73,097	4,465	0	308	0	4.00
5.00	Speech Pathology	4,769	237	0	14	0	5.00
6.00	Medical Social Services	377	0	0	0	0	6.00
7.00	Home Health Aide	7,318	3,916	0	270	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)	479,214	63,177	0	4,380	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: 140052

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	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	22,613	0	0	0	0	1.00
2.00 Skilled Nursing Care	38,901	73,233	5,429	0	242	2.00
3.00 Physical Therapy	18,775	0	0	0	0	3.00
4.00 Occupational Therapy	11,583	0	0	0	0	4.00
5.00 Speech Pathology	553	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	2,524	4,403	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)	94,949	77,636	5,429	0	242	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

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		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		17.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	180,503	0	180,503		1.00
2.00	Skilled Nursing Care	0	1,561,054	0	1,561,054	95,719	2.00
3.00	Physical Therapy	0	815,416	0	815,416	49,998	3.00
4.00	Occupational Therapy	0	450,762	0	450,762	27,639	4.00
5.00	Speech Pathology	0	29,146	0	29,146	1,787	5.00
6.00	Medical Social Services	30,577	32,818	0	32,818	2,012	6.00
7.00	Home Health Aide	0	54,603	0	54,603	3,348	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)	30,577	3,124,302	0	3,124,302	180,503	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.					0.061316	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

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		Total HHA Costs	
		28.00	
1.00	Administrative and General		1.00
2.00	Skilled Nursing Care	1,656,773	2.00
3.00	Physical Therapy	865,414	3.00
4.00	Occupational Therapy	478,401	4.00
5.00	Speech Pathology	30,933	5.00
6.00	Medical Social Services	34,830	6.00
7.00	Home Health Aide	57,951	7.00
8.00	Supplies (see instructions)	0	8.00
9.00	Drugs	0	9.00
10.00	DME	0	10.00
11.00	Home Dialysis Aide Services	0	11.00
12.00	Respiratory Therapy	0	12.00
13.00	Private Duty Nursing	0	13.00
14.00	Clinic	0	14.00
15.00	Health Promotion Activities	0	15.00
16.00	Day Care Program	0	16.00
17.00	Home Delivered Meals Program	0	17.00
18.00	Homemaker Service	0	18.00
19.00	All Others (specify)	0	19.00
20.00	Total (sum of lines 1-19) (2)	3,124,302	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 STATISTICAL BASIS

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		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)					
		1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	1,946	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,256	0	0	0	2.00
3.00	Physical Therapy	0	476	0	0	0	3.00
4.00	Occupational Therapy	0	301	0	0	0	4.00
5.00	Speech Pathology	0	16	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	264	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	4,259	0	0	0	20.00
21.00	Total cost to be allocated	0	7,374	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	1.731392	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140052  
HHA CCN: 147113

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 (NO. OF LINES)	
		MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
		2.00	2.01	2.02	4.00	5.01	
1.00	Administrative and General	0	1,946	0	286,525	6	1.00
2.00	Skilled Nursing Care	0	1,256	0	629,006	9	2.00
3.00	Physical Therapy	0	476	0	364,784	5	3.00
4.00	Occupational Therapy	0	301	0	192,140	3	4.00
5.00	Speech Pathology	0	16	0	12,145	1	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	264	0	17,899	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)	0	4,259	0	1,502,499	25	20.00
21.00	Total cost to be allocated	0	7,734	0	499,662	10,324	21.00
22.00	Unit cost multiplier	0.000000	1.815919	0.000000	0.332554	412.960000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140052  
HHA CCN: 147113

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

Worksheet H-2  
Part II  
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		PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.02	5.03	5.04	5A.05	5.05	
1.00	Administrative and General	4,743	0	0	0	105,640	1.00
2.00	Skilled Nursing Care	33,036	3,068,357	3,068,357	0	1,183,827	2.00
3.00	Physical Therapy	0	2,035,863	2,035,863	0	656,313	3.00
4.00	Occupational Therapy	0	901,313	901,313	0	361,309	4.00
5.00	Speech Pathology	0	66,053	66,053	0	23,573	5.00
6.00	Medical Social Services	0	242,568	242,568	0	1,864	6.00
7.00	Home Health Aide	0	70,897	70,897	0	36,172	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)	37,779	6,385,051	6,385,051		2,368,698	20.00
21.00	Total cost to be allocated	7,756	18,095	30,987		479,214	21.00
22.00	Unit cost multiplier	0.205299	0.002834	0.004853		0.202311	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140052  
HHA CCN: 147113

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

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Part II  
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		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	1,946	0	424	0	654	1.00
2.00	Skilled Nursing Care	1,256	0	272	0	1,125	2.00
3.00	Physical Therapy	476	0	103	0	543	3.00
4.00	Occupational Therapy	301	0	65	0	335	4.00
5.00	Speech Pathology	16	0	3	0	16	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	264	0	57	0	73	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)	4,259	0	924	0	2,746	20.00
21.00	Total cost to be allocated	63,177	0	4,380	0	94,949	21.00
22.00	Unit cost multiplier	14.833764	0.000000	4.740260	0.000000	34.577203	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140052  
HHA CCN: 147113

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

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Part II  
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		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (PURCHASE REQUIS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		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	2,433,309	28,227	0	50	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	4,800	6.00
7.00	Home Health Aide	146,303	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	37,779	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)	2,579,612	28,227	37,779	50	4,800	20.00
21.00	Total cost to be allocated	77,636	5,429	0	242	30,577	21.00
22.00	Unit cost multiplier	0.030096	0.192334	0.000000	4.840000	6.370208	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140052 HHA CCN: 147113		Period: From 01/01/2011 To 12/31/2011		Worksheet H-3 Parts I-II Date/Time Prepared: 5/31/2012 12:04 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	1,656,773		1,656,773	12,042	1.00
2.00	Physical Therapy	3.00	865,414	0	865,414	6,967	2.00
3.00	Occupational Therapy	4.00	478,401	0	478,401	2,753	3.00
4.00	Speech Pathology	5.00	30,933	0	30,933	259	4.00
5.00	Medical Social Services	6.00	34,830		34,830	531	5.00
6.00	Home Health Aide	7.00	57,951		57,951	835	6.00
7.00	Total (sum of lines 1-6)		3,124,302	0	3,124,302	23,387	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		41180	3,624	3,916		8.00
9.00	Physical Therapy		41180	2,964	1,725		9.00
10.00	Occupational Therapy		41180	1,158	710		10.00
11.00	Speech Pathology		41180	79	76		11.00
12.00	Medical Social Services		41180	182	136		12.00
13.00	Home Health Aide		41180	226	452		13.00
14.00	Total (sum of lines 8-13)			8,233	7,015		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	0	0	89,048	15.00
16.00	Cost of Drugs	9.00	0	0	0	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	0.136220	0	0	1.00
2.00	Occupational Therapy		67.00	0.130558	0	0	2.00
3.00	Speech Pathology		68.00	0.209027	0	0	3.00
4.00	Cost of Medical Supplies		71.00	0.253380	0	0	4.00
5.00	Cost of Drugs		73.00	0.195984	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140052  
HHA CCN: 147113

Period:  
From 01/01/2011  
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Parts I-III  
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Title XVIII

Home Health Agency I

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
5.00	6.00	7.00	8.00			
1.00	137.58	3,624	3,916			1.00
2.00	124.22	2,964	1,725			2.00
3.00	173.77	1,158	710			3.00
4.00	119.43	79	76			4.00
5.00	65.59	182	136			5.00
6.00	69.40	226	452			6.00
7.00		8,233	7,015			7.00
Cost Center Description						
5.00	6.00	7.00	8.00	9.00		
Limitation Cost Computation						
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			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	0.000000	15,997	36,159	0		15.00
16.00	0.000000	0	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
5.00	Cost of Drugs	col. 2, line 16.00				5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 140052	Period: From 01/01/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/31/2012 12:04 pm
	HHA CCN: 147113	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		
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>						
<b>Cost Per Visit Computation</b>						
1.00	Skilled Nursing Care	498,590	538,763		1,037,353	1.00
2.00	Physical Therapy	368,188	214,280		582,468	2.00
3.00	Occupational Therapy	201,226	123,377		324,603	3.00
4.00	Speech Pathology	9,435	9,077		18,512	4.00
5.00	Medical Social Services	11,937	8,920		20,857	5.00
6.00	Home Health Aide	15,684	31,369		47,053	6.00
7.00	Total (sum of lines 1-6)	1,105,060	925,786		2,030,846	7.00
<b>Cost Center Description</b>						
		10.00	11.00	12.00		
<b>Limitation Cost Computation</b>						
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
<b>Cost of Services</b>						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00			
<b>Supplies and Drugs Cost Computations</b>						
15.00	Cost of Medical Supplies	0	0	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140052 HHA CCN: 147113		Period: From 01/01/2011 To 12/31/2011		Worksheet H-3 Parts I-II Date/Time Prepared: 5/31/2012 12:04 pm	
		Title XIX		Home Health Agency I		Cost	
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	1,656,773		1,656,773	0	1.00
2.00	Physical Therapy	3.00	865,414	0	865,414	0	2.00
3.00	Occupational Therapy	4.00	478,401	0	478,401	0	3.00
4.00	Speech Pathology	5.00	30,933	0	30,933	0	4.00
5.00	Medical Social Services	6.00	34,830		34,830	0	5.00
6.00	Home Health Aide	7.00	57,951		57,951	0	6.00
7.00	Total (sum of lines 1-6)		3,124,302	0	3,124,302	0	7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		
		0	1.00	2.00	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	0.00	41180	0			8.00
9.00	Physical Therapy	0.00	41180	0			9.00
10.00	Occupational Therapy	0.00	41180	0			10.00
11.00	Speech Pathology	0.00	41180	0			11.00
12.00	Medical Social Services	0.00	41180	0			12.00
13.00	Home Health Aide	0.00	41180	0			13.00
14.00	Total (sum of lines 8-13)			0			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	0	0	0	15.00
16.00	Cost of Drugs	9.00	0	0	0	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	0.136220	0	0	1.00
2.00	Occupational Therapy		67.00	0.130558	0	0	2.00
3.00	Speech Pathology		68.00	0.209027	0	0	3.00
4.00	Cost of Medical Supplies		71.00	0.253380	0	0	4.00
5.00	Cost of Drugs		73.00	0.195984	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140052  
HHA CCN: 147113

Period:  
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Title XIX

Home Health Agency I

Cost

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>						
<b>Cost Per Visit Computation</b>						
1.00	Skilled Nursing Care	0.00	0	0		1.00
2.00	Physical Therapy	0.00	0	0		2.00
3.00	Occupational Therapy	0.00	0	0		3.00
4.00	Speech Pathology	0.00	0	0		4.00
5.00	Medical Social Services	0.00	0	0		5.00
6.00	Home Health Aide	0.00	0	0		6.00
7.00	Total (sum of lines 1-6)		0	0		7.00
<b>Cost Center Description</b>						
		5.00	6.00	7.00	8.00	9.00
<b>Limitation Cost Computation</b>						
8.00	Skilled Nursing Care	0.00				0 8.00
9.00	Physical Therapy	0.00				0 9.00
10.00	Occupational Therapy	0.00				0 10.00
11.00	Speech Pathology	0.00				0 11.00
12.00	Medical Social Services	0.00				0 12.00
13.00	Home Health Aide	0.00				0 13.00
14.00	Total (sum of lines 8-13)					0 14.00
<b>Program Covered Charges</b>						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		
<b>Supplies and Drugs Cost Computations</b>						
15.00	Cost of Medical Supplies	0.000000	0	0	0	15.00
16.00	Cost of Drugs	0.000000	0	0	0	16.00
<b>Cost Center Description</b>						
			Transfer to Part I as Indicated			
			4.00			
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
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
5.00	Cost of Drugs	col. 2, line 16.00				5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140052

Period: From 01/01/2011

Worksheet H-3

HHA CCN: 147113

To 12/31/2011

Parts I-III  
Date/Time Prepared:  
5/31/2012 12:04 pm

Title XIX

Home Health Agency I

Cost

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	
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>					
<b>Cost Per Visit Computation</b>					
1.00	Skilled Nursing Care	0	0	0	1.00
2.00	Physical Therapy	0	0	0	2.00
3.00	Occupational Therapy	0	0	0	3.00
4.00	Speech Pathology	0	0	0	4.00
5.00	Medical Social Services	0	0	0	5.00
6.00	Home Health Aide	0	0	0	6.00
7.00	Total (sum of lines 1-6)	0	0	0	7.00
<b>Cost Center Description</b>					
		10.00	11.00	12.00	
<b>Limitation Cost Computation</b>					
8.00	Skilled Nursing Care			0	8.00
9.00	Physical Therapy			0	9.00
10.00	Occupational Therapy			0	10.00
11.00	Speech Pathology			0	11.00
12.00	Medical Social Services			0	12.00
13.00	Home Health Aide			0	13.00
14.00	Total (sum of lines 8-13)			0	14.00
<b>Cost of Services</b>					
Cost Center Description	Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	9.00	10.00	11.00		
<b>Supplies and Drugs Cost Computations</b>					
15.00	Cost of Medical Supplies	0	0	0	15.00
16.00	Cost of Drugs	0	0	0	16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140052 HHA CCN: 147113	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/31/2012 12:04 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
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	2,260,348	1,866,890	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)	2,260,348	1,866,890	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	2,260,348	1,866,890	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
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,307,901	968,810
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	17,503
13.00	Total PPS Reimbursement - LUPA Episodes		18,583	28,382
14.00	Total PPS Reimbursement - PEP Episodes		5,476	15,915
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)		1,331,960	1,030,610
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,331,960	1,030,610
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		1,331,960	1,030,610
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)		1,331,960	1,030,610
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		1,331,960	1,030,610
32.00	Interim payments (see instructions)		1,331,960	1,030,610
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140052 HHA CCN: 147113	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/31/2012 12:04 pm
		Title XIX	Home Health Agency I	Cost
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
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)	1.000000	1.000000	1.000000
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
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	0
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		0	0
14.00	Total PPS Reimbursement - PEP Episodes		0	0
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	0
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	0
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	0
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	0
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		0	0
32.00	Interim payments (see instructions)		0	0
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
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: 140052  
HHA CCN: 147113

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

Worksheet H-5  
Date/Time Prepared:  
5/31/2012 12:04 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					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		1,325,624		1,004,324	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)		6,336		26,286	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)		1,331,960		1,030,610	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		0	6.02
7.00	Total Medicare program liability (see instructions)		1,331,960		1,030,610	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: 140052

Period: From 01/01/2011

Worksheet K

Hospice CCN: 141573

To 12/31/2011

Date/Time Prepared: 5/31/2012 12:04 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	13,526	905	798	0	0	5.00
6.00	Administrative and General	130,842	8,684	1,116	0	-13,338	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	34,325	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	909	9.00
10.00	Nursing Care	207,533	13,879	14,886	0	-101,568	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	5,500	368	335	0	-2,666	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	76	0	14.00
15.00	Medical Social Services	27,642	1,848	1,460	0	-13,303	15.00
16.00	Spiritual Counseling	952	64	252	0	-108	16.00
17.00	Dietary Counseling	2,069	138	0	0	-949	17.00
18.00	Counseling - Other	0	0	0	0	-437	18.00
19.00	Home Health Aide and Homemaker	33,264	2,225	7,617	0	-18,528	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
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	64,336	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	58,528	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	1,738	28.00
29.00	Labs and Diagnostics	0	0	0	0	136	29.00
30.00	Medical Supplies	0	0	0	0	7,988	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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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	125,364	38.00
39.00	Total (sum of lines 1 thru 38)	421,328	28,111	26,464	76	142,427	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140052

Period: From 01/01/2011

Worksheet K

Hospice CCN: 141573

To 12/31/2011

Date/Time Prepared: 5/31/2012 12:04 pm

		Total (col. 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	
<b>GENERAL SERVICE COST CENTERS</b>							
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	15,229	0	15,229	0	15,229	5.00
6.00	Administrative and General	127,304	0	127,304	0	127,304	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	34,325	0	34,325	0	34,325	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	909	0	909	0	909	9.00
10.00	Nursing Care	134,730	0	134,730	0	134,730	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	3,537	0	3,537	0	3,537	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	76	0	76	0	76	14.00
15.00	Medical Social Services	17,647	0	17,647	0	17,647	15.00
16.00	Spiritual Counseling	1,160	0	1,160	0	1,160	16.00
17.00	Dietary Counseling	1,258	0	1,258	0	1,258	17.00
18.00	Counseling - Other	-437	0	-437	0	-437	18.00
19.00	Home Health Aide and Homemaker	24,578	0	24,578	0	24,578	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
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	64,336	0	64,336	0	64,336	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	58,528	0	58,528	0	58,528	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	1,738	0	1,738	0	1,738	28.00
29.00	Labs and Diagnostics	136	0	136	0	136	29.00
30.00	Medical Supplies	7,988	0	7,988	0	7,988	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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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	125,364	0	125,364	0	125,364	38.00
39.00	Total (sum of lines 1 thru 38)	618,406	0	618,406	0	618,406	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140052

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 141573

To 12/31/2011

Date/Time Prepared: 5/31/2012 12:04 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	13,526	0	0	5.00
6.00	Administrative and General	0	0	0	102,075	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	207,533	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	27,642	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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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	0	41,168	102,075	207,533	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140052

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 141573

To 12/31/2011

Date/Time Prepared: 5/31/2012 12:04 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	13,526	5.00
6.00	Administrative and General		0	28,767	130,842	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	207,533	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	5,500	0	0	5,500	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	27,642	15.00
16.00	Spiritual Counseling		0	952	952	16.00
17.00	Dietary Counseling		0	2,069	2,069	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		33,264	0	33,264	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
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)	5,500	33,264	31,788	421,328	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140052

Period: From 01/01/2011

Worksheet K-2

Hospice CCN: 141573

To 12/31/2011

Date/Time Prepared: 5/31/2012 12:04 pm

		Hospice I				
		Administrator	Director	Social Services	Supervisors	Nurses
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
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	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	905	0	5.00
6.00	Administrative and General	0	0	0	6,761	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	13,879	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	1,848	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
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	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	2,753	6,761	13,879

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140052

Period: From 01/01/2011

Worksheet K-2

Hospice CCN: 141573

To 12/31/2011

Date/Time Prepared: 5/31/2012 12:04 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	905	5.00
6.00	Administrative and General		0	1,923	8,684	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	13,879	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	368	0	0	368	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	1,848	15.00
16.00	Spiritual Counseling		0	64	64	16.00
17.00	Dietary Counseling		0	138	138	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		2,225	0	2,225	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
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)	368	2,225	2,125	28,111	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140052		Period: From 01/01/2011 To 12/31/2011		Worksheet K-3	
		Hospice CCN: 141573				Date/Time Prepared: 5/31/2012 12:04 pm	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140052	Period: From 01/01/2011	Worksheet K-3
		Hospice CCN: 141573	To 12/31/2011	Date/Time Prepared: 5/31/2012 12:04 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	0	0	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	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	76	0	0	76	14.00
15.00	Medical Social Services		0	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		0	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
<b>OTHER HOSPICE SERVICE COSTS</b>						
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
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)	76	0	0	76	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140052

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 141573

To 12/31/2011

Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
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		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	15,229	0	0	0	0	5.00
6.00	Administrative and General	127,304	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	34,325	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	909	0	0	0	0	9.00
10.00	Nursing Care	134,730	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	3,537	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	76	0	0	0	0	14.00
15.00	Medical Social Services	17,647	0	0	0	0	15.00
16.00	Spiritual Counseling	1,160	0	0	0	0	16.00
17.00	Dietary Counseling	1,258	0	0	0	0	17.00
18.00	Counseling - Other	-437	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	24,578	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
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	64,336	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	58,528	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	1,738	0	0	0	0	28.00
29.00	Labs and Diagnostics	136	0	0	0	0	29.00
30.00	Medical Supplies	7,988	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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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	125,364	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	618,406	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 140052	Period: From 01/01/2011	Worksheet K-4
		Hospice CCN: 141573	To 12/31/2011	Part I
				Date/Time Prepared: 5/31/2012 12:04 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	15,229				5.00
6.00	Administrative and General	15,229	142,533			6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	34,325	10,281	44,606	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	909	272	1,181	9.00
10.00	Nursing Care	0	134,730	40,353	175,083	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	3,537	1,059	4,596	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	76	23	99	14.00
15.00	Medical Social Services	0	17,647	5,286	22,933	15.00
16.00	Spiritual Counseling	0	1,160	347	1,507	16.00
17.00	Dietary Counseling	0	1,258	377	1,635	17.00
18.00	Counseling - Other	0	-437	-131	-568	18.00
19.00	Home Health Aide and Homemaker	0	24,578	7,362	31,940	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	64,336	19,270	83,606	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	58,528	17,530	76,058	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	1,738	521	2,259	28.00
29.00	Labs and Diagnostics	0	136	41	177	29.00
30.00	Medical Supplies	0	7,988	2,393	10,381	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	125,364	37,549	162,913	38.00
39.00	Total (sum of lines 1 thru 38)	15,229	475,873	142,533	618,406	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 141573

To 12/31/2011

Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

	CAPITAL RELATED COST					Hospice I
	BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.	350				1.00
2.00	Capital Related Costs-Movable Equip.	0	350			2.00
3.00	Plant Operation and Maintenance	0	0	350		3.00
4.00	Transportation - Staff	0	0	0	26,464	4.00
5.00	Volunteer Service Coordination	0	0	0	798	2,594
6.00	Administrative and General	100	100	100	1,116	2,594
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	0	0	0	0
8.00	Inpatient - Respite Care	0	0	0	0	0
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	0
10.00	Nursing Care	100	100	100	14,886	0
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0
12.00	Physical Therapy	0	0	0	335	0
13.00	Occupational Therapy	0	0	0	0	0
14.00	Speech/ Language Pathology	0	0	0	0	0
15.00	Medical Social Services	50	50	50	1,460	0
16.00	Spiritual Counseling	0	0	0	252	0
17.00	Dietary Counseling	0	0	0	0	0
18.00	Counseling - Other	0	0	0	0	0
19.00	Home Health Aide and Homemaker	100	100	100	7,617	0
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0
21.00	Other	0	0	0	0	0
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0
23.00	Analgesics	0	0	0	0	0
24.00	Sedatives / Hypnotics	0	0	0	0	0
25.00	Other - Specify	0	0	0	0	0
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0
27.00	Patient Transportation	0	0	0	0	0
28.00	Imaging Services	0	0	0	0	0
29.00	Labs and Diagnostics	0	0	0	0	0
30.00	Medical Supplies	0	0	0	0	0
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0
32.00	Radiation Therapy	0	0	0	0	0
33.00	Chemotherapy	0	0	0	0	0
34.00	Other	0	0	0	0	0
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	0
36.00	Volunteer Program Costs	0	0	0	0	0
37.00	Fundraising	0	0	0	0	0
38.00	Other Program Costs	0	0	0	0	0
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	15,229
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	5.870856

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

Period:

Worksheet K-4

Hospice CCN: 141573

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

Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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	-142,533	475,873	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	34,325	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	909	9.00
10.00	Nursing Care	0	134,730	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	3,537	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	76	14.00
15.00	Medical Social Services	0	17,647	15.00
16.00	Spiritual Counseling	0	1,160	16.00
17.00	Dietary Counseling	0	1,258	17.00
18.00	Counseling - Other	0	-437	18.00
19.00	Home Health Aide and Homemaker	0	24,578	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	64,336	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	58,528	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	1,738	28.00
29.00	Labs and Diagnostics	0	136	29.00
30.00	Medical Supplies	0	7,988	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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
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	125,364	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		142,533	39.00
40.00	Unit Cost Multiplier		0.299519	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140052

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 141573

To 12/31/2011

Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS			BLDG & FIXT	
			BLDG & FIXT	BLDG & FIXT	BLDG & FIXT		
			1.00	1.01	1.02		
1.00	Administrative and General	0	0	173	0	0	1.00
2.00	Inpatient - General Care	44,606	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	1,181	0	0	0	0	4.00
5.00	Nursing Care	175,083	0	173	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	4,596	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	99	0	0	0	0	9.00
10.00	Medical Social Services	22,933	0	87	0	0	10.00
11.00	Spiritual Counseling	1,507	0	0	0	0	11.00
12.00	Dietary Counseling	1,635	0	0	0	0	12.00
13.00	Counseling - Other	-568	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	31,940	0	173	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	83,606	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	76,058	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	2,259	0	0	0	0	23.00
24.00	Labs and Diagnostics	177	0	0	0	0	24.00
25.00	Medical Supplies	10,381	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	162,913	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	618,406	0	606	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140052

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 141573

To 12/31/2011

Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP		
		1.04	2.00	2.01	2.02		
1.00	Administrative and General	0	0	181	0	48,010	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	182	0	69,016	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	1,829	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	91	0	9,192	10.00
11.00	Spiritual Counseling	0	0	0	0	317	11.00
12.00	Dietary Counseling	0	0	0	0	688	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	182	0	11,062	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	636	0	140,114	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140052

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 141573

To 12/31/2011

Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		Hospice I				Subtotal	
		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE		
		5.01	5.02	5.03	5.04	5A.04	
1.00	Administrative and General	0	230	0	0	48,594	1.00
2.00	Inpatient - General Care	0	0	164	280	45,050	2.00
3.00	Inpatient - Respite Care	0	0	12	21	33	3.00
4.00	Physician Services	0	0	0	0	1,181	4.00
5.00	Nursing Care	826	2,876	4,790	8,203	261,149	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	826	0	0	0	7,251	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	99	9.00
10.00	Medical Social Services	413	0	0	0	32,716	10.00
11.00	Spiritual Counseling	0	0	0	0	1,824	11.00
12.00	Dietary Counseling	0	0	0	0	2,323	12.00
13.00	Counseling - Other	0	0	0	0	-568	13.00
14.00	Home Health Aide and Homemaker	826	0	2,115	3,621	49,919	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	83,606	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	76,058	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	2,259	23.00
24.00	Labs and Diagnostics	0	0	0	0	177	24.00
25.00	Medical Supplies	0	0	0	0	10,381	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	1,373	2,351	166,637	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,891	3,106	8,454	14,476	788,689	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140052

Period:

Worksheet K-5

Hospice CCN: 141573

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

Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.05	7.00	8.00	9.00	10.00	
1.00	Administrative and General	9,831	1,484	0	105	0	1.00
2.00	Inpatient - General Care	9,114	0	0	0	0	2.00
3.00	Inpatient - Respite Care	7	0	0	0	0	3.00
4.00	Physician Services	239	0	0	0	0	4.00
5.00	Nursing Care	52,834	1,483	78	104	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	1,467	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	20	0	0	0	0	9.00
10.00	Medical Social Services	6,619	742	0	47	0	10.00
11.00	Spiritual Counseling	369	0	0	0	0	11.00
12.00	Dietary Counseling	470	0	0	0	0	12.00
13.00	Counseling - Other	-115	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	10,099	1,483	0	104	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	16,914	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	15,387	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	457	0	0	0	0	23.00
24.00	Labs and Diagnostics	36	0	0	0	0	24.00
25.00	Medical Supplies	2,100	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	33,712	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	159,560	5,192	78	360	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140052

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 141573

To 12/31/2011

Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		Hospice I					
		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	9,543	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	10,235	25,328	1,055	0	242	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	242	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	2,144	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	138	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	4,495	8,063	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)	26,797	33,391	1,055	0	242	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140052

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 141573

To 12/31/2011

Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		Hospice I					
		SOCIAL SERVICE	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)	Allocated Hospice A&G (See Part II)	
		17.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	69,557				1.00
2.00	Inpatient - General Care	0	54,164	0	54,164	3,983	2.00
3.00	Inpatient - Respite Care	0	40	0	40	3	3.00
4.00	Physician Services	0	1,420	0	1,420	104	4.00
5.00	Nursing Care	0	352,508	0	352,508	25,925	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	8,960	0	8,960	659	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	119	0	119	9	9.00
10.00	Medical Social Services	0	42,268	0	42,268	3,108	10.00
11.00	Spiritual Counseling	0	2,193	0	2,193	161	11.00
12.00	Dietary Counseling	0	2,931	0	2,931	216	12.00
13.00	Counseling - Other	0	-683	0	-683	-50	13.00
14.00	Home Health Aide and Homemaker	0	74,163	0	74,163	5,454	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	100,520	0	100,520	7,392	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	91,445	0	91,445	6,725	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	2,716	0	2,716	200	23.00
24.00	Labs and Diagnostics	0	213	0	213	16	24.00
25.00	Medical Supplies	0	12,481	0	12,481	918	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	200,349	0	200,349	14,734	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	1,015,364	0	1,015,364		34.00
35.00	Unit Cost Multiplier (see instructions)					0.073542	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140052

Period:

Worksheet K-5

Hospice CCN: 141573

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

Part I  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		Total Hospice Costs (cols. 26 ± 27)	Hospice I	
		28.00		
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	58,147		2.00
3.00	Inpatient - Respite Care	43		3.00
4.00	Physician Services	1,524		4.00
5.00	Nursing Care	378,433		5.00
6.00	Nursing Care-Continuous Home Care	0		6.00
7.00	Physical Therapy	9,619		7.00
8.00	Occupational Therapy	0		8.00
9.00	Speech/ Language Pathology	128		9.00
10.00	Medical Social Services	45,376		10.00
11.00	Spiritual Counseling	2,354		11.00
12.00	Dietary Counseling	3,147		12.00
13.00	Counseling - Other	-733		13.00
14.00	Home Health Aide and Homemaker	79,617		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		15.00
16.00	Other	0		16.00
17.00	Drugs, Biological and Infusion Therapy	107,912		17.00
18.00	Analgesics	0		18.00
19.00	Sedatives / Hypnotics	0		19.00
20.00	Other - Specify	0		20.00
21.00	Durable Medical Equipment/Oxygen	98,170		21.00
22.00	Patient Transportation	0		22.00
23.00	Imaging Services	2,916		23.00
24.00	Labs and Diagnostics	229		24.00
25.00	Medical Supplies	13,399		25.00
26.00	Outpatient Services (including E/R Dept.)	0		26.00
27.00	Radiation Therapy	0		27.00
28.00	Chemotherapy	0		28.00
29.00	Other	0		29.00
30.00	Bereavement Program Costs	0		30.00
31.00	Volunteer Program Costs	0		31.00
32.00	Fundraising	0		32.00
33.00	Other Program Costs	215,083		33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,015,364		34.00
35.00	Unit Cost Multiplier (see instructions)			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140052  
Hospice CCN: 141573

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)					
		1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	100	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	100	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	50	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	100	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	350	0	0	0	34.00
35.00	Total cost to be allocated	0	606	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	1.731429	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140052  
Hospice CCN: 141573

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF LINES)	
		MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
		2.00	2.01	2.02			
1.00	Administrative and General	0	100	0	144,368	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	100	0	207,533	2	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	5,500	2	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	50	0	27,642	1	10.00
11.00	Spiritual Counseling	0	0	0	952	0	11.00
12.00	Dietary Counseling	0	0	0	2,069	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	100	0	33,264	2	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	350	0	421,328	7	34.00
35.00	Total cost to be allocated	0	636	0	140,114	2,891	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	1.817143	0.000000	0.332553	413.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140052  
Hospice CCN: 141573

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		Hospice I					OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation			
		5.02	5.03	5.04	5A.05	5.05		
1.00	Administrative and General	1,121	0	0	0	48,594	1.00	
2.00	Inpatient - General Care	0	57,723	57,723	0	45,050	2.00	
3.00	Inpatient - Respite Care	0	4,410	4,410	0	33	3.00	
4.00	Physician Services	0	0	0	0	1,181	4.00	
5.00	Nursing Care	14,006	1,690,251	1,690,251	0	261,149	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	0	0	7,251	7.00	
8.00	Occupational Therapy	0	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	99	9.00	
10.00	Medical Social Services	0	0	0	0	32,716	10.00	
11.00	Spiritual Counseling	0	0	0	0	1,824	11.00	
12.00	Dietary Counseling	0	0	0	0	2,323	12.00	
13.00	Counseling - Other	0	0	0	0	-568	13.00	
14.00	Home Health Aide and Homemaker	0	746,209	746,209	0	49,919	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	83,606	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	76,058	21.00	
22.00	Patient Transportation	0	0	0	0	0	22.00	
23.00	Imaging Services	0	0	0	0	2,259	23.00	
24.00	Labs and Diagnostics	0	0	0	0	177	24.00	
25.00	Medical Supplies	0	0	0	0	10,381	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	484,350	484,350	0	166,637	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	15,127	2,982,943	2,982,943		788,689	34.00	
35.00	Total cost to be allocated	3,106	8,454	14,476		159,560	35.00	
36.00	Unit Cost Multiplier (see instructions)	0.205328	0.002834	0.004853		0.202310	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140052

Hospice CCN: 141573

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		Hospice I					
		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	100	0	22	0	276	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	100	98	22	0	296	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	7	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	50	0	10	0	62	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	4	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	100	0	22	0	130	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)	350	98	76	0	775	34.00
35.00	Total cost to be allocated	5,192	78	360	0	26,797	35.00
36.00	Unit Cost Multiplier (see instructions)	14.834286	0.795918	4.736842	0.000000	34.576774	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140052

Hospice CCN: 141573

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		Hospice I					SOCIAL SERVICE (TIME SPENT)	
		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (PURCHASE REQUIS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)			
		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	841,568	5,486	0	50	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	267,904	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)	1,109,472	5,486	0	50	0	34.00	
35.00	Total cost to be allocated	33,391	1,055	0	242	0	35.00	
36.00	Unit Cost Multiplier (see instructions)	0.030096	0.192308	0.000000	4.840000	0.000000	36.00	

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 140052

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 141573

To 12/31/2011

Part III  
Date/Time Prepared:  
5/31/2012 12:04 pm

Cost Center Description		Wkst. C. Part I, col. 11 line	Cost to Charge Ratio	Hospice I	
				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	0.136220	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.130558	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.209027	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.195984	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0 5.00
6.00	LABORATORY	60.00	0.152498	0	0 6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0 6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.253380	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			0 8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0 9.00
10.00	THERAPEUTIC ACTIVITIES	76.00	0.000000	0	0 10.00
10.01	ONCOLOGY	76.01	0.397445	0	0 10.01
10.02	DIABETES CENTER	76.02	0.945511	0	0 10.02
10.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.03	0.372619	0	0 10.03
10.04	PAIN CLINIC	76.04	0.129364	0	0 10.04
10.05	WOUND CENTER	76.05	0.309867	0	0 10.05
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140052

Period: From 01/01/2011

Worksheet K-6

Hospice CCN: 141573

To 12/31/2011

Date/Time Prepared: 5/31/2012 12:04 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				800,281	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				11,686	2.00
3.00	Average cost per diem (line 1 divided by line 2)				68.48	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	11,261				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	771,153				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		210			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		14,381			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)			215		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			14,723		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140052	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/31/2012 12:04 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		951,420	1.00
2.00	Capital DRG outlier payments		3,461	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		35.09	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		954,881	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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