

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: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/20/2012 2:35 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 1/20/2012	Time: 2:35 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 MCDONOUGH DISTRICT HOSPITAL for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	28,493	-19,566	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 Skilled Nursing Facility	0	1,014	0	0	0	7.00
8.00 Nursing Facility	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	29,507	-19,566	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: 140089		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/20/2012 1:00 pm		
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 525 E. GRANT			PO Box:				1.00			
2.00	City: MACOMB			State: IL		Zip Code: 61455-		County: MCDONOUGH			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		MCDONOUGH DISTRICT HOSPITAL	140089	99914	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N	N	N	8.00
9.00	Hospital-Based SNF		MDH SKILLED NURSING UNIT	145687	99914		10/04/1990	N	P	N	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		MDH HOME HEALTH	147293	99914		12/14/1984	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		MDH HOSPICE	141524	99914		01/12/1989				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1										17.10
18.00	Renal Dialysis							N	N	N	18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2010	06/30/2011		20.00	
21.00	Type of Control (see instructions)						11			21.00	
Inpatient PPS Information											
22.00	Does this facility qualify for and receive disproportionate share hospital payment in accordance with 42 CFR Section §412.106, or low income payment in accordance with 42 CFR Section §412.624(e)(2)? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 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.			1,115	18	0	0	0	0	24.00	
25.00	If this provider is an IRF then enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid eligible days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0	0	25.00	
									1.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.									2	26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.									2	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.									1	35.00
							Beginning:	Ending:			
							1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							07/01/2010	06/30/2011		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/20/2012 1:00 pm		
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))			
		1.00	2.00	3.00			
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00	
				1.00	2.00	3.00	
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			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
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
				1.00			
Long Term Care Hospital PPS							
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					N	86.00
				V		XIX	
				1.00		2.00	
Title V or XIX Inpatient Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.			0.00		0.00	97.00

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			V	XIX	
			1.00	2.00	
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N	N	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		7,000,000	10,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		Y	Y	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:	Contractor's Number:		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.		N		145.00

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		1.00		2.00									
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00							
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00							
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00							
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00							
		Part A 1.00		Part B 2.00									
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)													
155.00	Hospital	N		N		155.00							
156.00	Subprovider - IPF	N		N		156.00							
157.00	Subprovider - IRF	N		N		157.00							
158.00	Subprovider - Other	N		N		158.00							
159.00	SNF	N		N		159.00							
160.00	HHA	N		N		160.00							
161.00	CMHC			N		161.00							
				1.00									
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00							
		Name		County		State		Zip Code		CBSA		FTE/Campus	
		0		1.00		2.00		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5											0.00	
												1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act													
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			N								167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)											0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)											0.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140089		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part II Date/Time Prepared: 1/20/2012 1:00 pm	
				Y/N	Date		
				1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)			N			1.00
				Y/N	Date	V/I	
				1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.			N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			N			3.00
				Y/N	Type	Date	
				1.00	2.00	3.00	
Financial Data and Reports							
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.			Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			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.			Y			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.			Y			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	11/28/2011		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/20/2012 1:00 pm
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		Part A				
		Description	Y/N	Date		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00		21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
					Y/N	Date
					1.00	2.00
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-2
Part II
Date/Time Prepared:
1/20/2012 1:00 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	11/28/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
1/20/2012 1:00 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	
	Line Number				
	1.00	2.00	3.00	4.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	71	25,915	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)		71	25,915	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,555	0.00	8.00
9.00 CORONARY CARE UNIT					9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		78	28,470	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		17.00
18.00 SUBPROVIDER	42.00	0	0		18.00
19.00 SKILLED NURSING FACILITY	44.00	16	5,840		19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE	116.00	0	0		24.00
25.00 CMHC - CMHC					25.00
25.10 CMHC - CORF	99.10				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)		94			27.00
28.00 Observation Bed Days					28.00
28.02 SUBPROVIDER - IRF	41.00				28.02
28.03 SUBPROVIDER	42.00				28.03
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
1/20/2012 1:00 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	3,351	730	5,786		1.00
2.00 HMO		0	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	3,351	730	5,786		7.00
8.00 INTENSIVE CARE UNIT	0	541	34	781		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		369	762		13.00
14.00 Total (see instructions)	0	3,892	1,133	7,329		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	2,562	0	2,718		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	6,797	354	8,515		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		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	0		85	557		28.00
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
28.03 SUBPROVIDER	0	0	0	0		28.03
29.00 Ambulance Trips		1,088				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: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
1/20/2012 1:00 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	999	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	445.10	0.00	0	999	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	16.40	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	16.70	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	6.70	0.00			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			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)	0.00	484.90	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
1/20/2012 1:00 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)	271	1,924		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)	271	1,924		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/20/2012 1:00 pm
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		Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	
		1.00	2.00	2.50	3.00	4.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	27,329,760	0	0	27,329,760	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		706,146	0	0	706,146	3.00
4.00	Physician-Part A		322,362	0	0	322,362	4.00
5.00	Physician-Part B		1,332,154	0	0	1,332,154	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0	7.00
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	852,265	0	0	852,265	9.00
10.00	Excluded area salaries (see instructions)		5,235,980	0	-2,194	5,233,786	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		138,912	0	0	138,912	11.00
12.00	Management and administrative services		7,110	0	0	7,110	12.00
13.00	Contract labor: physician-Part A		0	0	0	0	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0	14.00
15.00	Home office: physician Part A		0	0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		8,267,444	0	0	8,267,444	17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0	0	18.00
19.00	Excluded areas		1,269,267	0	0	1,269,267	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		87,037	0	0	87,037	21.00
22.00	Physician Part A		33,440	0	0	33,440	22.00
23.00	Physician Part B		151,279	0	0	151,279	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	214,482	0	0	214,482	26.00
27.00	Administrative & General	5.00	3,107,068	0	0	3,107,068	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0	28.00
29.00	Maintenance & Repairs	6.00	565,559	0	0	565,559	29.00
30.00	Operation of Plant	7.00	0	0	0	0	30.00
31.00	Laundry & Linen Service	8.00	192,054	0	0	192,054	31.00
32.00	Housekeeping	9.00	579,876	0	0	579,876	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	276,663	0	102,373	379,036	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	347,388	0	-102,373	245,015	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	463,990	0	0	463,990	38.00
39.00	Central Services and Supply	14.00	200,988	0	17,389	218,377	39.00
40.00	Pharmacy	15.00	564,941	0	0	564,941	40.00
41.00	Medical Records & Medical Records Library	16.00	580,145	0	0	580,145	41.00
42.00	Social Service	17.00	320,745	0	0	320,745	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/20/2012 1:00 pm
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART II - WAGE DATA				
SALARIES				
1.00	Total salaries (see instructions)	1,006,193.00	27.16	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	6,180.00	114.26	3.00
4.00	Physician-Part A	1,329.00	242.56	4.00
5.00	Physician-Part B	8,899.00	149.70	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	0.00	7.00
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	34,095.00	25.00	9.00
10.00	Excluded area salaries (see instructions)	159,111.00	32.89	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	2,107.00	65.93	11.00
12.00	Management and administrative services	120.00	59.25	12.00
13.00	Contract labor: physician-Part A	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs	0.00	0.00	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
WAGE-RELATED COSTS				
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FOHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	7,311.00	29.34	26.00
27.00	Administrative & General	136,011.00	22.84	27.00
28.00	Administrative & General under contract (see inst.)	0.00	0.00	28.00
29.00	Maintenance & Repairs	28,080.00	20.14	29.00
30.00	Operation of Plant	0.00	0.00	30.00
31.00	Laundry & Linen Service	14,789.00	12.99	31.00
32.00	Housekeeping	36,254.00	15.99	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	23,317.00	16.26	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	20,738.00	11.81	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	12,272.00	37.81	38.00
39.00	Central Services and Supply	15,808.00	13.81	39.00
40.00	Pharmacy	14,123.00	40.00	40.00
41.00	Medical Records & Medical Records Library	32,886.00	17.64	41.00
42.00	Social Service	13,042.00	24.59	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
1/20/2012 1:00 pm

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adj usted Sal aries (col . 2 ± col . 3)	
	1.00	2.00	2.50	3.00	4.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	24,969,098	0	0	24,969,098	1.00
2.00	Excluded area salaries (see instructions)	6,088,245	0	-2,194	6,086,051	2.00
3.00	Subtotal salaries (line 1 minus line 2)	18,880,853	0	2,194	18,883,047	3.00
4.00	Subtotal other wages & related costs (see inst.)	146,022	0	0	146,022	4.00
5.00	Subtotal wage-related costs (see inst.)	8,300,884	0	0	8,300,884	5.00
6.00	Total (sum of lines 3 thru 5)	27,327,759	0	2,194	27,329,953	6.00
7.00	Total overhead cost (see instructions)	7,413,899	0	17,389	7,431,288	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
1/20/2012 1:00 pm

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	989,785.00	25.23	1.00
2.00	Excluded area salaries (see instructions)	193,206.00	31.50	2.00
3.00	Subtotal salaries (line 1 minus line 2)	796,579.00	23.71	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,227.00	65.57	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	43.96	5.00
6.00	Total (sum of lines 3 thru 5)	798,806.00	34.21	6.00
7.00	Total overhead cost (see instructions)	354,631.00	20.95	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/20/2012 1:00 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	736,348	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	5,055,701	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	71,664	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	134,454	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)	76,940	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	307,739	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	1,824,459	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	10,822	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	49,317	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	8,267,444	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/20/2012 1:00 pm
Cost Center Description	Contract Labor	Benefit Cost	
	1.00	2.00	

PART V - Contract Labor and Benefit Cost			
Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	146,022	0
2.00	Hospital	146,022	0
3.00	Subprovider - IPF		0
4.00	Subprovider - IRF	0	0
5.00	Subprovider - (Other)	0	0
6.00	Swing Beds - SNF	0	0
7.00	Swing Beds - NF	0	0
8.00	Hospital-Based SNF	0	0
9.00	Hospital-Based NF		0
10.00	Hospital-Based OLTC		0
11.00	Hospital-Based HHA	0	0
12.00	Separately Certified ASC		0
13.00	Hospital-Based Hospice	0	0
14.00	Hospital-Based Health Clinic RHC		0
15.00	Hospital-Based Health Clinic FQHC		0
16.00	Hospital-Based-CMHC		0
16.10	Hospital-Based-CMHC 10	0	0
17.00	Renal Dialysis		0
18.00	OTHER (SPECIFY)	0	0

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140089 Component CCN: 147293		Period: From 07/01/2010 To 06/30/2011		Worksheet S-4 Date/Time Prepared: 1/20/2012 1:00 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			MCDONOUGH		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	0.00	0.00	0.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
				0	1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			8.76	0.00	8.76	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			1.98	0.00	1.98	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.55	0.00	0.55	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.09	0.00	0.09	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.16	0.00	0.16	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.04	0.00	1.04	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).			99914			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,389	522	85	45	4,041	21.00
22.00	Skilled Nursing Visit Charges	541,223	83,419	13,591	7,200	645,433	22.00
23.00	Physical Therapy Visits	1,512	39	32	30	1,613	23.00
24.00	Physical Therapy Visit Charges	241,386	6,231	5,106	4,782	257,505	24.00
25.00	Occupational Therapy Visits	423	21	1	4	449	25.00
26.00	Occupational Therapy Visit Charges	67,620	3,360	155	640	71,775	26.00
27.00	Speech Pathology Visits	47	19	0	0	66	27.00
28.00	Speech Pathology Visit Charges	7,515	3,040	0	0	10,555	28.00
29.00	Medical Social Service Visits	46	3	1	2	52	29.00
30.00	Medical Social Service Visit Charges	7,346	480	160	320	8,306	30.00
31.00	Home Health Aide Visits	551	16	1	8	576	31.00
32.00	Home Health Aide Visit Charges	57,895	1,686	105	843	60,529	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,968	620	120	89	6,797	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)	922,985	98,216	19,117	13,785	1,054,103	35.00
36.00	Total Number of Episodes (standard/non outlier)	355		44	8	407	36.00
37.00	Total Number of Outlier Episodes		12		0	12	37.00
38.00	Total Non-Routine Medical Supply Charges	13,218	1,203	576	56	15,053	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet S-7
Date/Time Prepared:
1/20/2012 1:00 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	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	24	0	24	6.00
7.00	RHX	14	0	14	7.00
8.00	RHL	4	0	4	8.00
9.00	RMX	154	0	154	9.00
10.00	RML	378	0	378	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	13	0	13	12.00
13.00	RUB	0	0	0	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	57	0	57	15.00
16.00	RVB	10	0	10	16.00
17.00	RVA	16	0	16	17.00
18.00	RHC	166	0	166	18.00
19.00	RHB	74	0	74	19.00
20.00	RHA	93	0	93	20.00
21.00	RMC	260	0	260	21.00
22.00	RMB	124	0	124	22.00
23.00	RMA	279	0	279	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	75	0	75	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	12	0	12	30.00
31.00	HD2	12	0	12	31.00
32.00	HD1	7	0	7	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	36	0	36	34.00
35.00	HB2	19	0	19	35.00
36.00	HB1	61	0	61	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	8	0	8	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	21	0	21	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	17	0	17	42.00
43.00	LB2	4	0	4	43.00
44.00	LB1	14	0	14	44.00
45.00	CE2	9	0	9	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	7	0	7	47.00
48.00	CD1	37	0	37	48.00
49.00	CC2	4	0	4	49.00
50.00	CC1	50	0	50	50.00
51.00	CB2	20	0	20	51.00
52.00	CB1	169	0	169	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	33	0	33	54.00
55.00	SE3	29	0	29	55.00
56.00	SE2	158	0	158	56.00
57.00	SE1	5	0	5	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	24	0	24	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	0	0	0	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: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet S-7 Date/Time Prepared: 1/20/2012 1:00 pm
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		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	12	0	12	73.00
74.00		PC1	11	0	11	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	39	0	39	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	3	0	3	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		2,562	0	2,562	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).	99914	99914	201.00
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		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	852,265	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)	41,628	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	2,089,787			207.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 140089	Period:	Worksheet S-9
	Component CCN: 141524	From 07/01/2010 To 06/30/2011	Parts I & II Date/Time Prepared: 1/20/2012 1:00 pm
			Hospice I

	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		
PART I - ENROLLMENT DAYS						
1.00	Continuous Home Care	0	0	0	0	0
2.00	Routine Home Care	5,990	18	0	0	242
3.00	Inpatient Respite Care	8	0	0	0	8
4.00	General Inpatient Care	4	0	0	0	0
5.00	Total Hospice Days	6,002	18	0	0	250
Part II - CENSUS DATA						
6.00	Number of Patients Receiving Hospice Care	90	2	0	0	8
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00		
8.00	Average Length of Stay (line 5/line 6)	66.69	9.00	0.00	0.00	31.25
9.00	Unduplicated Census Count	90	2	0	0	8

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140089 Component CCN: 141524	Period: From 07/01/2010 To 06/30/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 1/20/2012 1:00 pm
			Hospice I	

		Unduplicated Days		
		Total (sum of cols. 1, 2 & 5)		
		6.00		
PART I - ENROLLMENT DAYS				
1.00	Continuous Home Care	0		1.00
2.00	Routine Home Care	6,250		2.00
3.00	Inpatient Respite Care	16		3.00
4.00	General Inpatient Care	4		4.00
5.00	Total Hospice Days	6,270		5.00
Part II - CENSUS DATA				
6.00	Number of Patients Receiving Hospice Care	100		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)	62.70		8.00
9.00	Unduplicated Census Count	100		9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/20/2012 1:00 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.400666	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		3,591,495	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?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		11,415,095	6.00	
7.00	Medicaid cost (line 1 times line 6)		4,573,640	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)		982,145	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		98,256	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		108,388	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		982,145	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,223,314	474,673	1,697,987	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	490,140	190,185	680,325	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	490,140	190,185	680,325	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			2,867,480	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			150,549	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			2,716,931	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			1,088,582	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			1,768,907	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			2,751,052	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet A	Date/Time Prepared: 1/20/2012 1:00 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01 CAP REL COSTS-HOSPITAL		2,851,660	2,851,660	126,457	2,978,117	1.01
1.02 CAP REL COSTS-HSB I		224,336	224,336	7,208	231,544	1.02
1.03 CAP REL COSTS-HSB II		106,718	106,718	3,161	109,879	1.03
1.04 CAP REL COSTS-REHAB CNT		0	0	53,437	53,437	1.04
1.05 CAP REL COSTS-DIAYSIS		87	87	0	87	1.05
1.06 CAP REL COSTS-HOSPITALITY HOUSE		9,602	9,602	262	9,864	1.06
1.07 CAP REL COSTS-MAB		75,673	75,673	699	76,372	1.07
1.08 CAP REL COSTS-ORTHO BLDG		26,497	26,497	648	27,145	1.08
3.00 OTHER CAPITAL RELATED COSTS		990,611	990,611	-912,672	77,939	3.00
4.00 EMPLOYEE BENEFITS	214,482	8,410,229	8,624,711	0	8,624,711	4.00
5.00 ADMIN STRATIVE & GENERAL	3,107,068	3,945,859	7,052,927	32,005	7,084,932	5.00
6.00 MAINTENANCE & REPAIRS	523,552	1,200,624	1,724,176	0	1,724,176	6.00
6.01 MAINTENANCE & REPAIRS-HSB I	25,982	149,747	175,729	0	175,729	6.01
6.02 MAINTENANCE & REPAIRS-HSB II	8,511	76,863	85,374	0	85,374	6.02
6.03 MAINTENANCE & REPAIRS-REHAB CLINIC	0	11,787	11,787	0	11,787	6.03
6.04 MAINTENANCE & REPAIRS-MAB	3,066	15,155	18,221	0	18,221	6.04
6.05 MAINTENANCE & REPAIRS-ORTHO BLDG	4,448	11,466	15,914	0	15,914	6.05
8.00 LAUNDRY & LINEN SERVICE	192,054	93,734	285,788	0	285,788	8.00
9.00 HOUSEKEEPING	470,563	64,276	534,839	0	534,839	9.00
9.01 HOUSEKEEPING-HSB	75,255	12,459	87,714	0	87,714	9.01
9.02 HOUSEKEEPING-HSB II	25,722	5,003	30,725	0	30,725	9.02
9.03 HOUSEKEEPING-ORTHO	1,258	16	1,274	0	1,274	9.03
9.04 HOUSEKEEPING-MAB	7,078	0	7,078	0	7,078	9.04
10.00 DIETARY	276,663	4,691	281,354	283,032	564,386	10.00
11.00 CAFETERIA	347,388	613,042	960,430	-283,032	677,398	11.00
13.00 NURSING ADMINISTRATION	463,990	22,630	486,620	0	486,620	13.00
14.00 CENTRAL SERVICES & SUPPLY	200,988	133,087	334,075	17,389	351,464	14.00
15.00 PHARMACY	564,941	1,529,634	2,094,575	0	2,094,575	15.00
16.00 MEDICAL RECORDS & LIBRARY	580,145	71,847	651,992	-15,016	636,976	16.00
17.00 SOCIAL SERVICE	320,745	19,374	340,119	0	340,119	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	819,755	819,755	19.00
23.00 PARAMED PRGM	71,803	16,956	88,759	0	88,759	23.00
23.01 PARAMED PRGM-PARAMEDIC	762	0	762	0	762	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,979,243	938,442	3,917,685	-569,600	3,348,085	30.00
31.00 INTENSIVE CARE UNIT	724,647	35,701	760,348	0	760,348	31.00
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	230,771	230,771	43.00
44.00 SKILLED NURSING FACILITY	852,265	41,628	893,893	0	893,893	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,043,886	573,512	1,617,398	78,575	1,695,973	50.00
51.00 RECOVERY ROOM	471,341	118,345	589,686	0	589,686	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	116,872	116,872	321,440	438,312	52.00
53.00 ANESTHESIOLOGY	1,061,004	217,637	1,278,641	-808,257	470,384	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,168,960	446,817	1,615,777	-514,651	1,101,126	54.00
57.00 CT SCAN	0	0	0	514,651	514,651	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	715,338	715,338	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,964,665	1,485,220	3,449,885	51,433	3,501,318	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	367,781	367,781	-51,433	316,348	63.00
65.00 RESPIRATORY THERAPY	650,110	69,285	719,395	-203,426	515,969	65.00
66.00 PHYSICAL THERAPY	1,062,384	45,025	1,107,409	0	1,107,409	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	77,755	5,159	82,914	0	82,914	68.00
69.00 ELECTROCARDIOLOGY	0	36,381	36,381	174,548	210,929	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	353	353	7,624	7,977	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	292,011	292,011	21,254	313,265	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	895,634	895,634	0	895,634	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	21,525	21,525	73.00
76.00 BEHAVIORAL HEALTH	472,444	11,072	483,516	0	483,516	76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	453,386	41,374	494,760	0	494,760	76.01
76.02 FLU CLINIC	0	0	0	2,194	2,194	76.02
76.97 CARDIAC REHABILITATION	83,387	2,476	85,863	0	85,863	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	1,614,404	1,095,166	2,709,570	0	2,709,570	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	816,613	90,423	907,036	0	907,036	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Provider CCN: 140089 Period: From 07/01/2010 To 06/30/2011 Worksheet A
 Date/Time Prepared: 1/20/2012 1:00 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	
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	1,023,844	148,027	1,171,871	-23,719	1,148,152	101.00
SPECIAL PURPOSE COST CENTERS						
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		30,557	30,557	0	30,557	113.00
116.00 HOSPICE	401,705	352,766	754,471	3,353	757,824	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	24,408,507	28,151,327	52,559,834	104,953	52,664,787	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 DAY HEALTH	154,503	34,981	189,484	0	189,484	194.00
194.01 OUTREACH SERVICES	96,547	23,874	120,421	0	120,421	194.01
194.02 MSO LOSS	0	0	0	0	0	194.02
194.03 FUND DEVELOPMENT	108,127	122,618	230,745	-104,953	125,792	194.03
194.04 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05 PHYSICIAN SUPPORT	90,202	350,100	440,302	0	440,302	194.05
194.06 HOSPITALITY HOUSE	18,032	5,232	23,264	0	23,264	194.06
194.07 HSK DIALYSIS	9,700	0	9,700	0	9,700	194.07
194.08 LEASED SALARIES	30,672	0	30,672	0	30,672	194.08
194.09 VISITING PHYSICIANS	10,096	149	10,245	0	10,245	194.09
194.10 FARM LAND	0	0	0	0	0	194.10
194.12 MMG-PHYSICIAN OFFICES	2,382,939	567,981	2,950,920	0	2,950,920	194.12
194.13 VALET PARKING SERVICE	20,435	7	20,442	0	20,442	194.13
200.00 TOTAL (SUM OF LINES 118-199)	27,329,760	29,256,269	56,586,029	0	56,586,029	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/20/2012 1:00 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	-12,810	2,965,307	1.01
1.02	CAP REL COSTS-HSB I	0	231,544	1.02
1.03	CAP REL COSTS-HSB II	0	109,879	1.03
1.04	CAP REL COSTS-REHAB CNT	0	53,437	1.04
1.05	CAP REL COSTS-DIAGNOSIS	0	87	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	9,864	1.06
1.07	CAP REL COSTS-MAB	0	76,372	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	27,145	1.08
3.00	OTHER CAPITAL RELATED COSTS	-77,939	0	3.00
4.00	EMPLOYEE BENEFITS	-2,331,148	6,293,563	4.00
5.00	ADMINISTRATIVE & GENERAL	-606,721	6,478,211	5.00
6.00	MAINTENANCE & REPAIRS	0	1,724,176	6.00
6.01	MAINTENANCE & REPAIRS-HSB I	0	175,729	6.01
6.02	MAINTENANCE & REPAIRS-HSB II	0	85,374	6.02
6.03	MAINTENANCE & REPAIRS-REHAB CLINIC	0	11,787	6.03
6.04	MAINTENANCE & REPAIRS-MAB	0	18,221	6.04
6.05	MAINTENANCE & REPAIRS-ORTHO BLDG	0	15,914	6.05
8.00	LAUNDRY & LINEN SERVICE	0	285,788	8.00
9.00	HOUSEKEEPING	0	534,839	9.00
9.01	HOUSEKEEPING-HSB	0	87,714	9.01
9.02	HOUSEKEEPING-HSB II	0	30,725	9.02
9.03	HOUSEKEEPING-ORTHO	0	1,274	9.03
9.04	HOUSEKEEPING-MAB	0	7,078	9.04
10.00	DIETARY	-28,194	536,192	10.00
11.00	CAFETERIA	-367,120	310,278	11.00
13.00	NURSING ADMINISTRATION	0	486,620	13.00
14.00	CENTRAL SERVICES & SUPPLY	-1,230	350,234	14.00
15.00	PHARMACY	0	2,094,575	15.00
16.00	MEDICAL RECORDS & LIBRARY	-12,339	624,637	16.00
17.00	SOCIAL SERVICE	0	340,119	17.00
19.00	NONPHYSICIAN ANESTHETISTS	-819,755	0	19.00
23.00	PARAMED PRGM	-2,500	86,259	23.00
23.01	PARAMED PRGM-PARAMEDIC	0	762	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-749,974	2,598,111	30.00
31.00	INTENSIVE CARE UNIT	0	760,348	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	230,771	43.00
44.00	SKILLED NURSING FACILITY	0	893,893	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	1,695,973	50.00
51.00	RECOVERY ROOM	0	589,686	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-116,872	321,440	52.00
53.00	ANESTHESIOLOGY	-358,240	112,144	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-975	1,100,151	54.00
57.00	CT SCAN	0	514,651	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	715,338	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-312,519	3,188,799	60.00
60.01	BLOOD LABORATORY	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	316,348	63.00
65.00	RESPIRATORY THERAPY	-330	515,639	65.00
66.00	PHYSICAL THERAPY	0	1,107,409	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	-10,791	72,123	68.00
69.00	ELECTROCARDIOLOGY	-14,000	196,929	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	7,977	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	313,265	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	895,634	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	21,525	73.00
76.00	BEHAVIORAL HEALTH	0	483,516	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	0	494,760	76.01
76.02	FLU CLINIC	0	2,194	76.02
76.97	CARDIAC REHABILITATION	0	85,863	76.97
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	-1,607,316	1,102,254	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	-7,565	899,471	95.00
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	0	1,148,152	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/20/2012 1:00 pm
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Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
SPECIAL PURPOSE COST CENTERS				
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	-30,557	0	113.00
116.00	HOSPICE	0	757,824	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-7,468,895	45,195,892	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	DAY HEALTH	0	189,484	194.00
194.01	OUTREACH SERVICES	0	120,421	194.01
194.02	MSO LOSS	0	0	194.02
194.03	FUND DEVELOPMENT	0	125,792	194.03
194.04	OUTSIDE LAUNDRY	0	0	194.04
194.05	PHYSICIAN SUPPORT	0	440,302	194.05
194.06	HOSPITALITY HOUSE	0	23,264	194.06
194.07	HSK DIALYSIS	0	9,700	194.07
194.08	LEASED SALARIES	0	30,672	194.08
194.09	VISITING PHYSICIANS	0	10,245	194.09
194.10	FARM LAND	0	0	194.10
194.12	MMG-PHYSICIAN OFFICES	0	2,950,920	194.12
194.13	VALET PARKING SERVICE	0	20,442	194.13
200.00	TOTAL (SUM OF LINES 118-199)	-7,468,895	49,117,134	200.00

RECLASSIFICATIONS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-6
Date/Time Prepared:
1/20/2012 1:00 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
A - RECLASS CT COSTS					
1.00	CT_SCAN	57.00	0	171,430	1.00
	TOTALS		0	171,430	
B - RECLASS LEASED EXPENSES					
1.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	715,338	1.00
2.00	CAP REL COSTS-REHAB CNT	1.04	0	46,225	2.00
3.00	CAP REL COSTS-HOSPITAL	1.01	0	16,543	3.00
4.00	OPERATING ROOM	50.00	0	78,575	4.00
5.00	CAP REL COSTS-HOSPITAL	1.01	0	27,000	5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	0	21,779	6.00
	TOTALS		0	905,460	
C - RECLASS OB SALARIES					
1.00	NURSERY	43.00	230,771	0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	17,389	0	2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	321,440	0	3.00
	TOTALS		569,600	0	
D - FOOD SERVICE ALLOCATION					
1.00	DIETARY	10.00	102,373	180,659	1.00
	TOTALS		102,373	180,659	
E - RECLASS CARDIO SALARY					
1.00	ELECTROENCEPHALOGRAPHY	70.00	7,624	0	1.00
2.00	ELECTROCARDIOLOGY	69.00	174,548	0	2.00
	TOTALS		182,172	0	
F - RECLASS CRNA SALARIES					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	706,146	113,609	1.00
	TOTALS		706,146	113,609	
G - RECLASS DONATION EXPENSE					
1.00	HOSPICE	116.00	0	3,353	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	101,600	2.00
	TOTALS		0	104,953	
H - RECLASS COPY MACHINE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	15,016	1.00
	TOTALS		0	15,016	
I - RECLASS OXYGEN EXPENSE					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21,254	1.00
	TOTALS		0	21,254	
J - RECLASS NON-BLOOD SUPPLY COST					
1.00	LABORATORY	60.00	0	51,433	1.00
	TOTALS		0	51,433	
K - FLU					
1.00	CAP REL COSTS-HOSPITAL	1.01	0	5,294	1.00
	TOTALS		0	5,294	
L - RECLASS BLDGE INSURANCE					
1.00	CAP REL COSTS-HOSPITAL	1.01	0	72,326	1.00
2.00	CAP REL COSTS-HSB I	1.02	0	7,208	2.00
3.00	CAP REL COSTS-HSB II	1.03	0	3,161	3.00
4.00	CAP REL COSTS-HOSPITALITY HOUSE	1.06	0	262	4.00
5.00	CAP REL COSTS-MAB	1.07	0	699	5.00
6.00	CAP REL COSTS-ORTHO BLDG	1.08	0	648	6.00
	TOTALS		0	84,304	
M - EMPLOYEE PHYSICIAN INSUR					
1.00	ANESTHESIOLOGY	53.00	0	11,498	1.00
	TOTALS		0	11,498	
N - DEFAULT					
1.00	CAP REL COSTS-HOSPITAL	1.01	0	5,294	1.00
	TOTALS		0	5,294	
O - RECLASS REHAB BLDG PROPERTY TAX					
1.00	CAP REL COSTS-REHAB CNT	1.04	0	7,212	1.00
	TOTALS		0	7,212	
P - FLU VACCINE					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	21,525	1.00
2.00	FLU CLINIC	76.02	2,194	0	2.00
	TOTALS		2,194	21,525	
Q - RECLASS CT SALARIES FROM RAD. ADMIN.					
1.00	CT_SCAN	57.00	343,221	0	1.00
	TOTALS		343,221	0	
500.00	Grand Total: Increases		1,905,706	1,698,941	500.00

RECLASSIFICATIONS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-6
Date/Time Prepared:
1/20/2012 1:00 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - RECLASS CT COSTS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	171,430	0		1.00
	TOTALS		0	171,430			
B - RECLASS LEASED EXPENSES							
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	905,460	0		1.00
2.00		0.00	0	0	10		2.00
3.00		0.00	0	0	10		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	10		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		0	905,460			
C - RECLASS OB SALARIES							
1.00	ADULTS & PEDIATRICS	30.00	569,600	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		569,600	0			
D - FOOD SERVICE ALLOCATION							
1.00	CAFETERIA	11.00	102,373	180,659	0		1.00
	TOTALS		102,373	180,659			
E - RECLASS CARDIO SALARY							
1.00	RESPIRATORY THERAPY	65.00	182,172	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		182,172	0			
F - RECLASS CRNA SALARIES							
1.00	ANESTHESIOLOGY	53.00	706,146	113,609	0		1.00
	TOTALS		706,146	113,609			
G - RECLASS DONATION EXPENSE							
1.00	FUND DEVELOPMENT	194.03	0	104,953	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	104,953			
H - RECLASS COPY MACHINE EXPENSE							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	15,016	0		1.00
	TOTALS		0	15,016			
I - RECLASS OXYGEN EXPENSE							
1.00	RESPIRATORY THERAPY	65.00	0	21,254	0		1.00
	TOTALS		0	21,254			
J - RECLASS NON-BLOOD SUPPLY COST							
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	51,433	0		1.00
	TOTALS		0	51,433			
K - FLU							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,294	12		1.00
	TOTALS		0	5,294			
L - RECLASS BLDGE INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	84,304	12		1.00
2.00		0.00	0	0	12		2.00
3.00		0.00	0	0	12		3.00
4.00		0.00	0	0	12		4.00
5.00		0.00	0	0	12		5.00
6.00		0.00	0	0	12		6.00
	TOTALS		0	84,304			
M - EMPLOYEED PHYSICIAN INSUR							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11,498	0		1.00
	TOTALS		0	11,498			
N - DEFAULT							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,294	12		1.00
	TOTALS		0	5,294			
O - RECLASS REHAB BLDG PROPERTY TAX							
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	7,212	13		1.00
	TOTALS		0	7,212			
P - FLU VACCINE							
1.00	HOME HEALTH AGENCY	101.00	2,194	21,525	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		2,194	21,525			
Q - RECLASS CT SALARIES FROM RAD. ADMIN.							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	343,221	0	0		1.00
	TOTALS		343,221	0			
500.00	Grand Total: Decreases		1,905,706	1,698,941			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/20/2012 1:00 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	111,602	0	0	0	1.00
2.00	Land Improvements	1,240,667	682,037	0	682,037	2.00
3.00	Buildings and Fixtures	37,256,517	494,170	0	494,170	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	911,650	12,001	0	12,001	5.00
6.00	Movable Equipment	23,456,176	1,800,239	0	1,800,239	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	62,976,612	2,988,447	0	2,988,447	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	62,976,612	2,988,447	0	2,988,447	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	2,851,660	0	0	0	1.01
1.02	CAP REL COSTS-HSB I	224,336	0	0	0	1.02
1.03	CAP REL COSTS-HSB II	106,718	0	0	0	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	0	1.04
1.05	CAP REL COSTS-DIAYSIS	87	0	0	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	9,602	0	0	0	1.06
1.07	CAP REL COSTS-MAB	75,673	0	0	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	26,497	0	0	0	1.08
3.00	Total (sum of lines 1-2)	3,294,573	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0.000000	0	1.00
1.01	CAP REL COSTS-HOSPITAL	53,309,100	0	0.837632	0	1.01
1.02	CAP REL COSTS-HSB I	5,603,339	0	0.088044	0	1.02
1.03	CAP REL COSTS-HSB II	2,816,918	0	0.044261	0	1.03
1.04	CAP REL COSTS-REHAB CNT	187,231	0	0.002942	0	1.04
1.05	CAP REL COSTS-DIAYSIS	1,518	0	2.4E-5	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	270,566	0	0.004251	0	1.06
1.07	CAP REL COSTS-MAB	919,994	0	0.014456	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	533,969	0	0.008390	0	1.08
3.00	Total (sum of lines 1-2)	63,642,635	0	0.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	111,602	0		1.00		
2.00	Land Improvements	1,912,214	905,286		2.00		
3.00	Buildings and Fixtures	37,613,976	16,675,436		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	922,910	592,162		5.00		
6.00	Movable Equipment	23,146,094	11,016,176		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	63,706,796	29,189,060		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	63,706,796	29,189,060		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0		1.00		
1.01	CAP REL COSTS-HOSPITAL	0	2,851,660		1.01		
1.02	CAP REL COSTS-HSB I	0	224,336		1.02		
1.03	CAP REL COSTS-HSB II	0	106,718		1.03		
1.04	CAP REL COSTS-REHAB CNT	0	0		1.04		
1.05	CAP REL COSTS-DIAYSIS	0	87		1.05		
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	9,602		1.06		
1.07	CAP REL COSTS-MAB	0	75,673		1.07		
1.08	CAP REL COSTS-ORTHO BLDG	0	26,497		1.08		
3.00	Total (sum of lines 1-2)	0	3,294,573		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	0	0	0	2,838,850	43,543	1.01
1.02	CAP REL COSTS-HSB I	0	0	0	224,336	0	1.02
1.03	CAP REL COSTS-HSB II	0	0	0	106,718	0	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	0	0	46,225	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	87	0	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	9,602	0	1.06
1.07	CAP REL COSTS-MAB	0	0	0	75,673	0	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	26,497	0	1.08
3.00	Total (sum of lines 1-2)	0	0	0	3,281,763	89,768	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140089

Period:
From 07/01/2010
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Worksheet A-7
Parts I-III
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-HOSPITAL	0	82,914	0	0	2,965,307	1.01
1.02	CAP REL COSTS-HSB I	0	7,208	0	0	231,544	1.02
1.03	CAP REL COSTS-HSB II	0	3,161	0	0	109,879	1.03
1.04	CAP REL COSTS-REHAB CNT	0	0	7,212	0	53,437	1.04
1.05	CAP REL COSTS-DIAYSIS	0	0	0	0	87	1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	262	0	0	9,864	1.06
1.07	CAP REL COSTS-MAB	0	699	0	0	76,372	1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	648	0	0	27,145	1.08
3.00	Total (sum of lines 1-2)	0	94,892	7,212	0	3,473,635	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8

Date/Time Prepared:
1/20/2012 1:00 pm

	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
1.00			NEW CAP REL COSTS-BLDG & FIXT		1.00	1.00
2.00			*** Cost Center Deleted ***		2.00	2.00
3.00	A	-30,557	INTEREST EXPENSE		113.00	3.00
4.00		0			0.00	4.00
5.00	B	-43,579	ADMINISTRATIVE & GENERAL		5.00	5.00
6.00		0			0.00	6.00
7.00	A	-1,400	CAP REL COSTS-HOSPITAL		1.01	7.00
8.00		0			0.00	8.00
9.00		0			0.00	9.00
10.00	A-8-2	-3,158,939				10.00
11.00		0			0.00	11.00
12.00	A-8-1	0				12.00
13.00		0			0.00	13.00
14.00	B	-367,120	CAFETERIA		11.00	14.00
15.00		0			0.00	15.00
16.00	B	-1,230	CENTRAL SERVICES & SUPPLY		14.00	16.00
17.00		0			0.00	17.00
18.00	B	-12,339	MEDICAL RECORDS & LIBRARY		16.00	18.00
19.00	B	-2,500	PARAMED ED PRGM		23.00	19.00
20.00		0			0.00	20.00
21.00	B	-123,720	ADMINISTRATIVE & GENERAL		5.00	21.00
22.00		0			0.00	22.00
23.00	A-8-3		RESPIRATORY THERAPY		65.00	23.00
24.00	A-8-3		PHYSICAL THERAPY		66.00	24.00
25.00			*** Cost Center Deleted ***		114.00	25.00
26.00			NEW CAP REL COSTS-BLDG & FIXT		1.00	26.00
27.00			*** Cost Center Deleted ***		2.00	27.00
28.00	A	-819,755	NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00		0			0.00	29.00
30.00	A-8-3		OCCUPATIONAL THERAPY		67.00	30.00
31.00	A-8-3		SPEECH PATHOLOGY		68.00	31.00
32.00		0			0.00	32.00
33.00	B	-16,619	DIETARY		10.00	33.00
34.00	B	-64	ADMINISTRATIVE & GENERAL		5.00	34.00
34.50	A	-24,807	ADMINISTRATIVE & GENERAL		5.00	34.50
35.00	A	-32,195	ADMINISTRATIVE & GENERAL		5.00	35.00
35.50	A	-160	ADMINISTRATIVE & GENERAL		5.00	35.50
36.00	A	-7,457	ADMINISTRATIVE & GENERAL		5.00	36.00
36.50	A	-2,083,220	EMPLOYEE BENEFITS		4.00	36.50
37.00	B	-2,625	ADMINISTRATIVE & GENERAL		5.00	37.00
38.00	B	-975	RADIOLOGY-DIAGNOSTIC		54.00	38.00
38.50	B	-7,565	AMBULANCE SERVICES		95.00	38.50
39.00	B	-3,545	CAP REL COSTS-HOSPITAL		1.01	39.00
39.50	B	-11,575	DIETARY		10.00	39.50
40.00	B	-150	ADMINISTRATIVE & GENERAL		5.00	40.00
40.50	B	-1,836	SPEECH PATHOLOGY		68.00	40.50
41.00	B	-1,300	ADMINISTRATIVE & GENERAL		5.00	41.00
41.50	B	-113,076	ADMINISTRATIVE & GENERAL		5.00	41.50
42.00	A	-90,241	EMPLOYEE BENEFITS		4.00	42.00
42.50	A	-157,687	EMPLOYEE BENEFITS		4.00	42.50
43.00	B	-312	ADULTS & PEDIATRICS		30.00	43.00
43.50	B	-8,955	SPEECH PATHOLOGY		68.00	43.50
44.00	A	-248,468	ADMINISTRATIVE & GENERAL		5.00	44.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8

Date/Time Prepared:
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				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
44.01	CEO CAR	A	-360	ADMINISTRATIVE & GENERAL	5.00 44.01
44.03	NON ALLOWABLE PROPERTY TAX	A	-77,939	OTHER CAPITAL RELATED COSTS	3.00 44.03
44.05	IDPA PARTICIPANT FEES	A	-8,760	ADMINISTRATIVE & GENERAL	5.00 44.05
44.06	CEO CAR DEPRECIATION	A	-7,865	CAP REL COSTS-HOSPITAL	1.01 44.06
44.07			0		0.00 44.07
45.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00 45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,468,895		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8

Date/Time Prepared:
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		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	0	1.00
2.00	Investment income - movable equipment (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	9	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 - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	NUTRITION CONSULTING	0	33.00
34.00	COUNTRY CLUB DUES	0	34.00
34.50	IHHA/AHA DUES	0	34.50
35.00	IL HOSPITAL RESEARCH & ED DONATION	0	35.00
35.50	IONL & IONE DUES	0	35.50
36.00	PATIENT TELEPHONE LABOR	0	36.00
36.50	SELF INSURED EMPLOYEE HEALTH INSUR.	0	36.50
37.00	TELEPHONE ANSWERING	0	37.00
38.00	RECLAIMED SILVER	0	38.00
38.50	AMBULANCE STAND BY	0	38.50
39.00	NET CAPITALGAIN ON RETIREMENT	9	39.00
39.50	DAY HEALTH MEALS	0	39.50
40.00	NSF CHECK FEES	0	40.00
40.50	CONSULTING-SPEECH	0	40.50
41.00	SALE OF NON-CAPITAL EQUIPMENT	0	41.00
41.50	RADIOLOGY BILLING	0	41.50
42.00	CRNA EMPLOYEE BENEFITS	0	42.00
42.50	PHYSICIAN PT B BENEFITS--ER, ANTH, P	0	42.50
43.00	KARE-A-LOT	0	43.00
43.50	PT CONSULTING	0	43.50
44.00	ADVERTISING	0	44.00
44.01	CEO CAR	0	44.01
44.03	NON ALLOWABLE PROPERTY TAX	13	44.03
44.05	IDPA PARTICIPANT FEES	0	44.05
44.06	CEO CAR DEPRECIATION	9	44.06
44.07		0	44.07
45.00	OTHER ADJUSTMENTS (SPECIFY)	0	45.00

Provider CCN: 140089

Period:
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Worksheet A-8

Date/Time Prepared:
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		Wkst. A-7 Ref.	
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	5.00	50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:
1/20/2012 1:00 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	60.00	LABORATORY	504,525	207,545	1.00
2.00	53.00	ANESTHESIOLOGY	371,647	277,111	2.00
3.00	91.00	EMERGENCY	1,607,316	1,598,810	3.00
4.00	65.00	RESPIRATORY THERAPY	330	330	4.00
5.00	69.00	ELECTROCARDIOLOGY	14,000	14,000	5.00
6.00	30.00	ADULTS & PEDIATRICS	749,662	749,662	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	116,872	116,872	7.00
8.00	0.00		0	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00		TOTAL (lines 1.00 through 199.00)	3,364,352	2,964,330	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:
1/20/2012 1:00 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	244,293	208,000	1,797	179,700	8,985	1.00
2.00	78,069	167,500	130	10,469	523	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	322,362		1,927	190,169	9,508	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:
1/20/2012 1:00 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	2,695	1,305	22,720	11,001	192,006	1.00
2.00	4,969	1,044	11,498	2,415	13,407	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	7,664	2,349	34,218	13,416	205,413	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet A-8-2

Date/Time Prepared:
1/20/2012 1:00 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	52,287	312,519	1.00
2.00	64,662	358,240	2.00
3.00	0	1,607,316	3.00
4.00	0	330	4.00
5.00	0	14,000	5.00
6.00	0	749,662	6.00
7.00	0	116,872	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	116,949	3,158,939	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
1/20/2012 1:00 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			CAP REL COSTS-HSB II	
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I		
		1.00	1.01	1.02		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01 CAP REL COSTS-HOSPITAL	2,965,307	0	2,965,307	0	0	1.01
1.02 CAP REL COSTS-HSB I	231,544	0	0	231,544	0	1.02
1.03 CAP REL COSTS-HSB II	109,879	0	0	0	109,879	1.03
1.04 CAP REL COSTS-REHAB CNT	53,437	0	0	0	0	1.04
1.05 CAP REL COSTS-DIAGNOSIS	87	0	0	0	0	1.05
1.06 CAP REL COSTS-HOSPITALITY HOUSE	9,864	0	0	0	0	1.06
1.07 CAP REL COSTS-MAB	76,372	0	0	0	0	1.07
1.08 CAP REL COSTS-ORTHO BLDG	27,145	0	0	0	0	1.08
4.00 EMPLOYEE BENEFITS	6,293,563	0	21,296	0	0	4.00
5.00 ADMINISTRATIVE & GENERAL	6,478,211	0	815,730	68,526	42,618	5.00
6.00 MAINTENANCE & REPAIRS	1,724,176	0	220,081	0	0	6.00
6.01 MAINTENANCE & REPAIRS-HSB I	175,729	0	0	8,087	0	6.01
6.02 MAINTENANCE & REPAIRS-HSB II	85,374	0	0	0	16,418	6.02
6.03 MAINTENANCE & REPAIRS-REHAB CLINIC	11,787	0	0	0	0	6.03
6.04 MAINTENANCE & REPAIRS-MAB	18,221	0	0	0	0	6.04
6.05 MAINTENANCE & REPAIRS-ORTHO BLDG	15,914	0	0	0	0	6.05
8.00 LAUNDRY & LINEN SERVICE	285,788	0	66,844	0	0	8.00
9.00 HOUSEKEEPING	534,839	0	35,539	0	0	9.00
9.01 HOUSEKEEPING-HSB	87,714	0	0	0	0	9.01
9.02 HOUSEKEEPING-HSB II	30,725	0	0	0	0	9.02
9.03 HOUSEKEEPING-ORTHO	1,274	0	0	0	0	9.03
9.04 HOUSEKEEPING-MAB	7,078	0	0	0	0	9.04
10.00 DIETARY	536,192	0	46,412	0	0	10.00
11.00 CAFETERIA	310,278	0	117,162	0	0	11.00
13.00 NURSING ADMINISTRATION	486,620	0	1,037	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	350,234	0	110,680	0	0	14.00
15.00 PHARMACY	2,094,575	0	26,914	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	624,637	0	65,962	0	0	16.00
17.00 SOCIAL SERVICE	340,119	0	7,917	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 PARAMEDICAL PRGM	86,259	0	4,408	0	0	23.00
23.01 PARAMEDICAL PRGM-PARAMEDIC	762	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,598,111	0	468,580	0	0	30.00
31.00 INTENSIVE CARE UNIT	760,348	0	74,916	0	0	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	230,771	0	16,335	0	0	43.00
44.00 SKILLED NURSING FACILITY	893,893	0	48,469	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,695,973	0	140,930	0	0	50.00
51.00 RECOVERY ROOM	589,686	0	46,153	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	321,440	0	34,848	0	0	52.00
53.00 ANESTHESIOLOGY	112,144	0	5,531	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,100,151	0	173,116	0	0	54.00
57.00 CT SCAN	514,651	0	7,865	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	715,338	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	3,188,799	0	123,454	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	316,348	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	515,639	0	62,816	0	0	65.00
66.00 PHYSICAL THERAPY	1,107,409	0	57,648	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	72,123	0	2,420	0	0	68.00
69.00 ELECTROCARDIOLOGY	196,929	0	2,420	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	7,977	0	3,734	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	313,265	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	895,634	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	21,525	0	0	0	0	73.00
76.00 BEHAVIORAL HEALTH	483,516	0	0	12,490	0	76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	494,760	0	14,295	0	0	76.01
76.02 FLU CLINIC	2,194	0	0	0	0	76.02
76.97 CARDIAC REHABILITATION	85,863	0	15,211	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	1,102,254	0	89,609	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
1/20/2012 1:00 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				CAP REL COSTS-HSB II	
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I			
		1.00	1.01	1.02	1.03		
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES	899,471	0	23,336	0	0	95.00	
99.10 CORF	0	0	0	0	0	99.10	
101.00 HOME HEALTH AGENCY	1,148,152	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
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	
116.00 HOSPICE	757,824	0	0	0	0	116.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	45,195,892	0	2,951,668	89,103	59,036	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	8,712	0	0	190.00	
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	120,441	25,727	192.00	
194.00 DAY HEALTH	189,484	0	0	12,232	0	194.00	
194.01 OUTREACH SERVICES	120,421	0	2,766	0	0	194.01	
194.02 MSO LOSS	0	0	0	1,247	0	194.02	
194.03 FUND DEVELOPMENT	125,792	0	2,161	0	0	194.03	
194.04 OUTSIDE LAUNDRY	0	0	0	0	0	194.04	
194.05 PHYSICIAN SUPPORT	440,302	0	0	4,755	0	194.05	
194.06 HOSPITALITY HOUSE	23,264	0	0	0	0	194.06	
194.07 HSK DIALYSIS	9,700	0	0	0	0	194.07	
194.08 LEASED SALARIES	30,672	0	0	0	0	194.08	
194.09 VISITING PHYSICIANS	10,245	0	0	0	0	194.09	
194.10 FARM LAND	0	0	0	0	0	194.10	
194.12 MMG-PHYSICIAN OFFICES	2,950,920	0	0	3,766	25,116	194.12	
194.13 VALET PARKING SERVICE	20,442	0	0	0	0	194.13	
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)	49,117,134	0	2,965,307	231,544	109,879	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
1/20/2012 1:00 pm

Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAGNOSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
		1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-HOSPITAL						1.01
1.02	CAP REL COSTS-HSB I						1.02
1.03	CAP REL COSTS-HSB II						1.03
1.04	CAP REL COSTS-REHAB CNT	53,437					1.04
1.05	CAP REL COSTS-DIAGNOSIS	0	87				1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE	0	0	9,864			1.06
1.07	CAP REL COSTS-MAB	0	0	0	76,372		1.07
1.08	CAP REL COSTS-ORTHO BLDG	0	0	0	0	27,145	1.08
4.00	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	26,471	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	DIETARY	0	0	0	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	PARAMED PRGM	0	0	0	0	0	23.00
23.01	PARAMED PRGM-PARAMEDIC	0	0	0	0	0	23.01
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
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
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	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
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
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	53,437	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 PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	BEHAVIORAL HEALTH	0	0	0	0	0	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	0	0	0	0	0	76.01
76.02	FLU CLINIC	0	0	0	0	0	76.02
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	0	0	0	335	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0	339	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
Date/Time Prepared:
1/20/2012 1:00 pm

Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIALYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
		1.04	1.05	1.06	1.07	1.08	
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	17,462	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
116.00	HOSPICE	0	0	0	10,608	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	53,437	0	0	28,070	27,145	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	48,302	0	192.00
194.00	DAY HEALTH	0	0	0	0	0	194.00
194.01	OUTREACH SERVICES	0	0	0	0	0	194.01
194.02	MSO LOSS	0	0	0	0	0	194.02
194.03	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	HOSPITALITY HOUSE	0	0	9,864	0	0	194.06
194.07	HSK DIALYSIS	0	87	0	0	0	194.07
194.08	LEASED SALARIES	0	0	0	0	0	194.08
194.09	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	FARM LAND	0	0	0	0	0	194.10
194.12	MMG-PHYSICIAN OFFICES	0	0	0	0	0	194.12
194.13	VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	53,437	87	9,864	76,372	27,145	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/20/2012 1:00 pm
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Cost Center Description		EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	
		4.00	4A	5.00	6.00	6.01	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-HOSPITAL						1.01
1.02	CAP REL COSTS-HSB I						1.02
1.03	CAP REL COSTS-HSB II						1.03
1.04	CAP REL COSTS-REHAB CNT						1.04
1.05	CAP REL COSTS-DIAGNOSIS						1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	CAP REL COSTS-MAB						1.07
1.08	CAP REL COSTS-ORTHO BLDG						1.08
4.00	EMPLOYEE BENEFITS	6,314,859					4.00
5.00	ADMINISTRATIVE & GENERAL	781,643	8,213,199	8,213,199			5.00
6.00	MAINTENANCE & REPAIRS	131,709	2,075,966	416,837	2,492,803		6.00
6.01	MAINTENANCE & REPAIRS-HSB I	6,536	190,352	38,221	0	228,573	6.01
6.02	MAINTENANCE & REPAIRS-HSB II	2,141	103,933	20,869	0	0	6.02
6.03	MAINTENANCE & REPAIRS-REHAB CLINIC	0	11,787	2,367	0	0	6.03
6.04	MAINTENANCE & REPAIRS-MAB	771	18,992	3,813	0	0	6.04
6.05	MAINTENANCE & REPAIRS-ORTHO BLDG	1,119	17,033	3,420	0	0	6.05
8.00	LAUNDRY & LINEN SERVICE	48,315	400,947	80,507	87,322	0	8.00
9.00	HOUSEKEEPING	118,379	688,757	138,297	46,427	0	9.00
9.01	HOUSEKEEPING-HSB	18,932	106,646	21,414	0	0	9.01
9.02	HOUSEKEEPING-HSB II	6,471	37,196	7,469	0	0	9.02
9.03	HOUSEKEEPING-ORTHO	316	1,590	319	0	0	9.03
9.04	HOUSEKEEPING-MAB	1,781	8,859	1,779	0	0	9.04
10.00	DIETARY	95,353	677,957	136,128	60,631	0	10.00
11.00	CAFETERIA	61,638	489,078	98,203	153,057	0	11.00
13.00	NURSING ADMINISTRATION	116,725	604,382	121,355	1,355	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	54,937	515,851	103,579	144,589	0	14.00
15.00	PHARMACY	142,121	2,263,610	454,515	35,159	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	145,946	836,545	167,972	86,171	0	16.00
17.00	SOCIAL SERVICE	80,689	428,725	86,085	10,342	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	PARAMED PRGM	18,063	108,730	21,832	5,758	0	23.00
23.01	PARAMED PRGM-PARAMEDIC	192	954	192	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	606,189	3,672,880	737,485	612,135	0	30.00
31.00	INTENSIVE CARE UNIT	182,298	1,017,562	204,318	97,868	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	58,055	305,161	61,274	21,339	0	43.00
44.00	SKILLED NURSING FACILITY	214,403	1,156,765	232,269	63,318	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	262,608	2,099,511	421,565	184,106	0	50.00
51.00	RECOVERY ROOM	118,574	754,413	151,480	60,292	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	80,864	437,152	87,777	45,524	0	52.00
53.00	ANESTHESIOLOGY	19,640	137,315	27,572	7,226	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	207,730	1,480,997	297,372	226,152	0	54.00
57.00	CT SCAN	86,343	608,859	122,254	10,275	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	715,338	143,634	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	442,035	3,754,288	753,847	161,276	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	316,348	63,520	0	0	63.00
65.00	RESPIRATORY THERAPY	117,718	696,173	139,786	82,061	0	65.00
66.00	PHYSICAL THERAPY	267,262	1,485,756	298,328	75,309	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	19,561	94,104	18,895	3,161	0	68.00
69.00	ELECTROCARDIOLOGY	43,911	243,260	48,845	3,161	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,918	13,629	2,737	4,878	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	313,265	62,901	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	895,634	179,836	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	21,525	4,322	0	0	73.00
76.00	BEHAVIORAL HEALTH	118,852	614,858	123,459	0	18,427	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	114,057	623,112	125,116	18,675	0	76.01
76.02	FLU CLINIC	552	2,746	551	0	0	76.02
76.97	CARDIAC REHABILITATION	20,978	122,052	24,507	19,872	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	199,137	1,391,335	279,369	117,062	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	205,434	1,128,580	226,610	30,485	0	95.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	257,014	1,422,628	285,652	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
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To 06/30/2011

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Cost Center Description		EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	
		4.00	4A	5.00	6.00	6.01	
SPECIAL PURPOSE COST CENTERS							
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
116.00	HOSPICE	101,056	869,488	174,586	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,579,966	44,195,823	7,225,040	2,474,986	18,427	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,712	1,749	11,381	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	194,470	39,048	0	177,691	192.00
194.00	DAY HEALTH	38,868	240,584	48,307	0	18,046	194.00
194.01	OUTREACH SERVICES	24,288	147,475	29,612	3,613	0	194.01
194.02	MSO LOSS	0	1,247	250	0	1,840	194.02
194.03	FUND DEVELOPMENT	27,201	155,154	31,154	2,823	0	194.03
194.04	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	PHYSICIAN SUPPORT	22,692	467,749	93,920	0	7,014	194.05
194.06	HOSPITALITY HOUSE	4,536	37,664	7,563	0	0	194.06
194.07	HSK DIALYSIS	2,440	12,227	2,455	0	0	194.07
194.08	LEASED SALARIES	7,716	38,388	7,708	0	0	194.08
194.09	VISITING PHYSICIANS	2,540	12,785	2,567	0	0	194.09
194.10	FARM LAND	0	0	0	0	0	194.10
194.12	MMG-PHYSICIAN OFFICES	599,471	3,579,273	718,689	0	5,555	194.12
194.13	VALET PARKING SERVICE	5,141	25,583	5,137	0	0	194.13
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,314,859	49,117,134	8,213,199	2,492,803	228,573	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140089		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/20/2012 1:00 pm	
Cost Center Description		MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	LAUNDRY & LINEN SERVICE	
		6.02	6.03	6.04	6.05	8.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-HOSPITAL						1.01
1.02	CAP REL COSTS-HSB I						1.02
1.03	CAP REL COSTS-HSB II						1.03
1.04	CAP REL COSTS-REHAB CNT						1.04
1.05	CAP REL COSTS-DIAYSIS						1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	CAP REL COSTS-MAB						1.07
1.08	CAP REL COSTS-ORTHO BLDG						1.08
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
6.01	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	MAINTENANCE & REPAIRS-HSB II	124,802					6.02
6.03	MAINTENANCE & REPAIRS-REHAB CLINIC	0	14,154				6.03
6.04	MAINTENANCE & REPAIRS-MAB	0	0	22,805			6.04
6.05	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	20,453		6.05
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	568,776	8.00
9.00	HOUSEKEEPING	0	0	0	0	21,837	9.00
9.01	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	DIETARY	0	0	0	0	1,818	10.00
11.00	CAFETERIA	0	0	0	0	4,461	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	PARAMED PRGM	0	0	0	0	0	23.00
23.01	PARAMED PRGM-PARAMEDIC	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	64,026	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	7,729	31.00
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	3,848	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	25,149	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	54,313	50.00
51.00	RECOVERY ROOM	0	0	0	0	18,792	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	19,104	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	2,409	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	1,851	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	2,911	65.00
66.00	PHYSICAL THERAPY	0	14,154	0	0	15,926	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 PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	BEHAVIORAL HEALTH	0	0	0	0	0	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	0	0	0	0	0	76.01
76.02	FLU CLINIC	0	0	0	0	0	76.02
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	0	0	10,170	27,156	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	10,283	5,922	95.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	5,214	0	234	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

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Cost Center Description	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	LAUNDRY & LINEN SERVICE	
	6.02	6.03	6.04	6.05	8.00	
SPECIAL PURPOSE COST CENTERS						
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
116.00 HOSPICE	0	0	3,168	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	14,154	8,382	20,453	277,486	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	63,151	0	14,423	0	0	192.00
194.00 DAY HEALTH	0	0	0	0	357	194.00
194.01 OUTREACH SERVICES	0	0	0	0	0	194.01
194.02 MSO LOSS	0	0	0	0	0	194.02
194.03 FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04 OUTSIDE LAUNDRY	0	0	0	0	289,729	194.04
194.05 PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06 HOSPITALITY HOUSE	0	0	0	0	1,204	194.06
194.07 HSK DIALYSIS	0	0	0	0	0	194.07
194.08 LEASED SALARIES	0	0	0	0	0	194.08
194.09 VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10 FARM LAND	0	0	0	0	0	194.10
194.12 MMG-PHYSICIAN OFFICES	61,651	0	0	0	0	194.12
194.13 VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	124,802	14,154	22,805	20,453	568,776	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		HOUSEKEEPING	HOUSEKEEPING-HSB	HOUSEKEEPING-HSB II	HOUSEKEEPING-ORTH	HOUSEKEEPING-MAB	
		9.00	9.01	9.02	9.03	9.04	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-HOSPITAL						1.01
1.02	CAP REL COSTS-HSB I						1.02
1.03	CAP REL COSTS-HSB II						1.03
1.04	CAP REL COSTS-REHAB CNT						1.04
1.05	CAP REL COSTS-DIAGNOSIS						1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	CAP REL COSTS-MAB						1.07
1.08	CAP REL COSTS-ORTHO BLDG						1.08
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
6.01	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	MAINTENANCE & REPAIRS-MAB						6.04
6.05	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING	895,318					9.00
9.01	HOUSEKEEPING-HSB	0	128,060				9.01
9.02	HOUSEKEEPING-HSB II	0	0	44,665			9.02
9.03	HOUSEKEEPING-ORTHO	0	0	0	1,909		9.03
9.04	HOUSEKEEPING-MAB	0	0	0	0	10,638	9.04
10.00	DIETARY	15,407	0	0	0	0	10.00
11.00	CAFETERIA	77,475	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	133	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	28,956	0	0	0	0	14.00
15.00	PHARMACY	3,991	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	5,189	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	PARAMED PRGM	0	0	0	0	0	23.00
23.01	PARAMED PRGM-PARAMEDIC	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	261,125	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	34,374	0	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	5,497	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	80,982	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	78,321	0	0	0	0	50.00
51.00	RECOVERY ROOM	25,013	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	10,910	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	42,841	0	0	0	0	54.00
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	43,905	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	2,129	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	21,953	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	31,356	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	3,901	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	1,905	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 PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	BEHAVIORAL HEALTH	0	10,324	0	0	0	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	9,361	0	0	0	0	76.01
76.02	FLU CLINIC	0	0	0	0	0	76.02
76.97	CARDIAC REHABILITATION	5,545	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	98,135	0	0	949	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	3,284	0	0	960	0	95.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	2,432	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	HOUSEKEEPING	HOUSEKEEPING-H	HOUSEKEEPING-H	HOUSEKEEPING-O	HOUSEKEEPING-M	
	9.00	9.01	9.02	9.03	9.04	
SPECIAL PURPOSE COST CENTERS						
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
116.00 HOSPICE	0	0	0	0	1,478	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	891,688	10,324	0	1,909	3,910	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,480	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	99,551	22,601	0	6,728	192.00
194.00 DAY HEALTH	0	10,111	0	0	0	194.00
194.01 OUTREACH SERVICES	442	0	0	0	0	194.01
194.02 MSO LOSS	0	1,031	0	0	0	194.02
194.03 FUND DEVELOPMENT	708	0	0	0	0	194.03
194.04 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05 PHYSICIAN SUPPORT	0	3,930	0	0	0	194.05
194.06 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07 HSK DIALYSIS	0	0	0	0	0	194.07
194.08 LEASED SALARIES	0	0	0	0	0	194.08
194.09 VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10 FARM LAND	0	0	0	0	0	194.10
194.12 MMG-PHYSICIAN OFFICES	0	3,113	22,064	0	0	194.12
194.13 VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	895,318	128,060	44,665	1,909	10,638	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/20/2012 1:00 pm
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08						1.08
4.00						4.00
5.00						5.00
6.00						6.00
6.01						6.01
6.02						6.02
6.03						6.03
6.04						6.04
6.05						6.05
8.00						8.00
9.00						9.00
9.01						9.01
9.02						9.02
9.03						9.03
9.04						9.04
10.00	891,941					10.00
11.00	0	822,274				11.00
13.00	0	14,265	741,490			13.00
14.00	0	18,375	0	811,350		14.00
15.00	0	16,441	0	6,811	2,780,527	15.00
16.00	0	37,717	0	181	0	16.00
17.00	0	15,232	0	252	0	17.00
19.00	0	0	0	0	0	19.00
23.00	0	2,418	0	2	0	23.00
23.01	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	440,789	115,567	375,856	58,651	0	30.00
31.00	52,126	29,255	95,143	9,809	0	31.00
41.00	0	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	0	8,704	28,307	0	0	43.00
44.00	156,989	39,651	128,955	9,839	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	0	44,728	0	139,811	0	50.00
51.00	0	18,133	0	38,458	0	51.00
52.00	0	12,330	0	0	0	52.00
53.00	0	0	0	15,013	0	53.00
54.00	0	58,751	0	20,579	0	54.00
57.00	0	0	0	0	0	57.00
58.00	0	0	0	0	0	58.00
59.00	0	0	0	0	0	59.00
60.00	0	69,389	0	40,144	0	60.00
60.01	0	0	0	0	0	60.01
63.00	0	0	0	0	0	63.00
65.00	0	21,276	0	6,112	0	65.00
66.00	0	30,705	0	2,552	0	66.00
67.00	0	0	0	0	0	67.00
68.00	0	2,660	0	343	0	68.00
69.00	0	7,979	0	2,837	0	69.00
70.00	0	242	0	0	0	70.00
71.00	0	0	0	97,087	0	71.00
72.00	0	0	0	298,952	0	72.00
73.00	0	0	0	0	2,780,527	73.00
76.00	0	23,210	0	436	0	76.00
76.01	0	15,957	0	3,628	0	76.01
76.02	0	0	0	0	0	76.02
76.97	0	4,352	0	248	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	0	34,815	113,229	41,549	0	91.00
92.00						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	0	44,486	0	185	0	95.00
99.10	0	0	0	0	0	99.10
101.00	0	40,376	0	9,669	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part I
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS						
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
116.00 HOSPICE	0	16,199	0	4,309	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	649,904	743,213	741,490	807,457	2,780,527	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 DAY HEALTH	242,037	8,946	0	587	0	194.00
194.01 OUTREACH SERVICES	0	5,319	0	694	0	194.01
194.02 MSO LOSS	0	0	0	0	0	194.02
194.03 FUND DEVELOPMENT	0	5,077	0	21	0	194.03
194.04 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05 PHYSICIAN SUPPORT	0	2,901	0	60	0	194.05
194.06 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07 HSK DIALYSIS	0	0	0	0	0	194.07
194.08 LEASED SALARIES	0	967	0	0	0	194.08
194.09 VISITING PHYSICIANS	0	484	0	50	0	194.09
194.10 FARM LAND	0	0	0	0	0	194.10
194.12 MMG-PHYSICIAN OFFICES	0	52,949	0	2,479	0	194.12
194.13 VALET PARKING SERVICE	0	2,418	0	2	0	194.13
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)	891,941	822,274	741,490	811,350	2,780,527	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

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Part I
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	PARAMED PRGM-PARAMEDIC	
		16.00	17.00	19.00	23.00	23.01	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-HOSPITAL						1.01
1.02	CAP REL COSTS-HSB I						1.02
1.03	CAP REL COSTS-HSB II						1.03
1.04	CAP REL COSTS-REHAB CNT						1.04
1.05	CAP REL COSTS-DIAYSIS						1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	CAP REL COSTS-MAB						1.07
1.08	CAP REL COSTS-ORTHO BLDG						1.08
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
6.01	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	MAINTENANCE & REPAIRS-MAB						6.04
6.05	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING-HSB						9.01
9.02	HOUSEKEEPING-HSB II						9.02
9.03	HOUSEKEEPING-ORTHO						9.03
9.04	HOUSEKEEPING-MAB						9.04
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY	1,133,775					16.00
17.00	SOCIAL SERVICE	0	540,636				17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
23.00	PARAMED PRGM	0	0	0	138,740		23.00
23.01	PARAMED PRGM-PARAMEDIC	0	0	0	0	1,146	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	967,110	380,582	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	10,204	19,552	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	11,338	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	58,956	132,772	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	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	138,740	0	54.00
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
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	BEHAVIORAL HEALTH	0	0	0	0	0	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	0	0	0	0	0	76.01
76.02	FLU CLINIC	0	0	0	0	0	76.02
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	86,167	7,730	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0	1,146	95.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	PARAMED PRGM-PARAMEDIC	
		16.00	17.00	19.00	23.00	23.01	
SPECIAL PURPOSE COST CENTERS							
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
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,133,775	540,636	0	138,740	1,146	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	DAY HEALTH	0	0	0	0	0	194.00
194.01	OUTREACH SERVICES	0	0	0	0	0	194.01
194.02	MSO LOSS	0	0	0	0	0	194.02
194.03	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	LEASED SALARIES	0	0	0	0	0	194.08
194.09	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	FARM LAND	0	0	0	0	0	194.10
194.12	MMG-PHYSICIAN OFFICES	0	0	0	0	0	194.12
194.13	VALET PARKING SERVICE	0	0	0	0	0	194.13
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,133,775	540,636	0	138,740	1,146	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/20/2012 1:00 pm
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Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01 CAP REL COSTS-HOSPITAL				1.01
1.02 CAP REL COSTS-HSB I				1.02
1.03 CAP REL COSTS-HSB II				1.03
1.04 CAP REL COSTS-REHAB CNT				1.04
1.05 CAP REL COSTS-DIAGNOSIS				1.05
1.06 CAP REL COSTS-HOSPITALITY HOUSE				1.06
1.07 CAP REL COSTS-MAB				1.07
1.08 CAP REL COSTS-ORTHO BLDG				1.08
4.00 EMPLOYEE BENEFITS				4.00
5.00 ADMINISTRATIVE & GENERAL				5.00
6.00 MAINTENANCE & REPAIRS				6.00
6.01 MAINTENANCE & REPAIRS-HSB I				6.01
6.02 MAINTENANCE & REPAIRS-HSB II				6.02
6.03 MAINTENANCE & REPAIRS-REHAB CLINIC				6.03
6.04 MAINTENANCE & REPAIRS-MAB				6.04
6.05 MAINTENANCE & REPAIRS-ORTHO BLDG				6.05
8.00 LAUNDRY & LINEN SERVICE				8.00
9.00 HOUSEKEEPING				9.00
9.01 HOUSEKEEPING-HSB				9.01
9.02 HOUSEKEEPING-HSB II				9.02
9.03 HOUSEKEEPING-ORTHO				9.03
9.04 HOUSEKEEPING-MAB				9.04
10.00 DIETARY				10.00
11.00 CAFETERIA				11.00
13.00 NURSING ADMINISTRATION				13.00
14.00 CENTRAL SERVICES & SUPPLY				14.00
15.00 PHARMACY				15.00
16.00 MEDICAL RECORDS & LIBRARY				16.00
17.00 SOCIAL SERVICE				17.00
19.00 NONPHYSICIAN ANESTHETISTS				19.00
23.00 PARAMEDICAL PRGM				23.00
23.01 PARAMEDICAL PRGM-PARAMEDIC				23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	7,686,206	0	7,686,206	30.00
31.00 INTENSIVE CARE UNIT	1,577,940	0	1,577,940	31.00
41.00 SUBPROVIDER - IRF	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	42.00
43.00 NURSERY	445,468	0	445,468	43.00
44.00 SKILLED NURSING FACILITY	2,085,645	0	2,085,645	44.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	3,022,355	0	3,022,355	50.00
51.00 RECOVERY ROOM	1,066,581	0	1,066,581	51.00
52.00 DELIVERY ROOM & LABOR ROOM	593,693	0	593,693	52.00
53.00 ANESTHESIOLOGY	187,126	0	187,126	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,284,536	0	2,284,536	54.00
57.00 CT SCAN	741,388	0	741,388	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	861,381	0	861,381	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	4,824,700	0	4,824,700	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	381,997	0	381,997	63.00
65.00 RESPIRATORY THERAPY	970,272	0	970,272	65.00
66.00 PHYSICAL THERAPY	1,954,086	0	1,954,086	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	123,064	0	123,064	68.00
69.00 ELECTROCARDIOLOGY	307,987	0	307,987	69.00
70.00 ELECTROENCEPHALOGRAPHY	21,486	0	21,486	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	473,253	0	473,253	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,374,422	0	1,374,422	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,806,374	0	2,806,374	73.00
76.00 BEHAVIORAL HEALTH	790,714	0	790,714	76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	795,849	0	795,849	76.01
76.02 FLU CLINIC	3,297	0	3,297	76.02
76.97 CARDIAC REHABILITATION	176,576	0	176,576	76.97
OUTPATIENT SERVICE COST CENTERS				
91.00 EMERGENCY	2,207,666	0	2,207,666	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES	1,451,941	0	1,451,941	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140089

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To 06/30/2011

Worksheet B
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
99.10	CORF	0	0	0	99.10
101.00	HOME HEALTH AGENCY	1,766,205	0	1,766,205	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	113.00
116.00	HOSPICE	1,069,228	0	1,069,228	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	42,051,436	0	42,051,436	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	24,322	0	24,322	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	617,663	0	617,663	192.00
194.00	DAY HEALTH	568,975	0	568,975	194.00
194.01	OUTREACH SERVICES	187,155	0	187,155	194.01
194.02	MSO LOSS	4,368	0	4,368	194.02
194.03	FUND DEVELOPMENT	194,937	0	194,937	194.03
194.04	OUTSIDE LAUNDRY	289,729	0	289,729	194.04
194.05	PHYSICIAN SUPPORT	575,574	0	575,574	194.05
194.06	HOSPITALITY HOUSE	46,431	0	46,431	194.06
194.07	HSK DIALYSIS	14,682	0	14,682	194.07
194.08	LEASED SALARIES	47,063	0	47,063	194.08
194.09	VISITING PHYSICIANS	15,886	0	15,886	194.09
194.10	FARM LAND	0	0	0	194.10
194.12	MMG-PHYSICIAN OFFICES	4,445,773	0	4,445,773	194.12
194.13	VALET PARKING SERVICE	33,140	0	33,140	194.13
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	49,117,134	0	49,117,134	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
1/20/2012 1:00 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				CAP REL COSTS-HSB II
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I		
		1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-HOSPITAL						1.01
1.02 CAP REL COSTS-HSB I						1.02
1.03 CAP REL COSTS-HSB II						1.03
1.04 CAP REL COSTS-REHAB CNT						1.04
1.05 CAP REL COSTS-DIAYSIS						1.05
1.06 CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07 CAP REL COSTS-MAB						1.07
1.08 CAP REL COSTS-ORTHO BLDG						1.08
4.00 EMPLOYEE BENEFITS	0	0	21,296	0	0	4.00
5.00 ADMINISTRATIVE & GENERAL	0	0	815,730	68,526	42,618	5.00
6.00 MAINTENANCE & REPAIRS	0	0	220,081	0	0	6.00
6.01 MAINTENANCE & REPAIRS-HSB I	0	0	0	8,087	0	6.01
6.02 MAINTENANCE & REPAIRS-HSB II	0	0	0	0	16,418	6.02
6.03 MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04 MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05 MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
8.00 LAUNDRY & LINEN SERVICE	0	0	66,844	0	0	8.00
9.00 HOUSEKEEPING	0	0	35,539	0	0	9.00
9.01 HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02 HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03 HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04 HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00 DIETARY	0	0	46,412	0	0	10.00
11.00 CAFETERIA	0	0	117,162	0	0	11.00
13.00 NURSING ADMINISTRATION	0	0	1,037	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	110,680	0	0	14.00
15.00 PHARMACY	0	0	26,914	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	65,962	0	0	16.00
17.00 SOCIAL SERVICE	0	0	7,917	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 PARAMEDICAL PRGM	0	0	4,408	0	0	23.00
23.01 PARAMEDICAL PRGM-PARAMEDICAL	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	468,580	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	74,916	0	0	31.00
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	16,335	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	48,469	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	140,930	0	0	50.00
51.00 RECOVERY ROOM	0	0	46,153	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	34,848	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	5,531	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	173,116	0	0	54.00
57.00 CT SCAN	0	0	7,865	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	123,454	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	62,816	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	57,648	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	2,420	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	2,420	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	3,734	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 BEHAVIORAL HEALTH	0	0	0	12,490	0	76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	0	0	14,295	0	0	76.01
76.02 FLU CLINIC	0	0	0	0	0	76.02
76.97 CARDIAC REHABILITATION	0	0	15,211	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0	0	89,609	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				CAP REL COSTS-HSB II	
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I			
		1.00	1.01	1.02	1.03		
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	23,336	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	2,951,668	89,103	59,036	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	8,712	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	120,441	25,727	192.00
194.00	DAY HEALTH	0	0	0	12,232	0	194.00
194.01	OUTREACH SERVICES	0	0	2,766	0	0	194.01
194.02	MSO LOSS	0	0	0	1,247	0	194.02
194.03	FUND DEVELOPMENT	0	0	2,161	0	0	194.03
194.04	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	PHYSICIAN SUPPORT	0	0	0	4,755	0	194.05
194.06	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	LEASED SALARIES	0	0	0	0	0	194.08
194.09	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	FARM LAND	0	0	0	0	0	194.10
194.12	MMG-PHYSICIAN OFFICES	0	0	0	3,766	25,116	194.12
194.13	VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	0	0	2,965,307	231,544	109,879	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2010
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Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAGNOSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
		1.04	1.05	1.06	1.07	1.08	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-HOSPITAL						1.01
1.02	CAP REL COSTS-HSB I						1.02
1.03	CAP REL COSTS-HSB II						1.03
1.04	CAP REL COSTS-REHAB CNT						1.04
1.05	CAP REL COSTS-DIAGNOSIS						1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	CAP REL COSTS-MAB						1.07
1.08	CAP REL COSTS-ORTHO BLDG						1.08
4.00	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	26,471	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
6.01	MAINTENANCE & REPAIRS-HSB I	0	0	0	0	0	6.01
6.02	MAINTENANCE & REPAIRS-HSB II	0	0	0	0	0	6.02
6.03	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04	MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	DIETARY	0	0	0	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	PARAMED PRGM	0	0	0	0	0	23.00
23.01	PARAMED PRGM-PARAMEDIC	0	0	0	0	0	23.01
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
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
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	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
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
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	53,437	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 PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	BEHAVIORAL HEALTH	0	0	0	0	0	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	0	0	0	0	0	76.01
76.02	FLU CLINIC	0	0	0	0	0	76.02
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	0	0	0	335	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0	339	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

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Cost Center Description		CAPITAL RELATED COSTS					
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIALYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
		1.04	1.05	1.06	1.07	1.08	
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	17,462	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
116.00	HOSPICE	0	0	0	10,608	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	53,437	0	0	28,070	27,145	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	48,302	0	192.00
194.00	DAY HEALTH	0	0	0	0	0	194.00
194.01	OUTREACH SERVICES	0	0	0	0	0	194.01
194.02	MSO LOSS	0	0	0	0	0	194.02
194.03	FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	HOSPITALITY HOUSE	0	0	9,864	0	0	194.06
194.07	HSK DIALYSIS	0	87	0	0	0	194.07
194.08	LEASED SALARIES	0	0	0	0	0	194.08
194.09	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	FARM LAND	0	0	0	0	0	194.10
194.12	MMG-PHYSICIAN OFFICES	0	0	0	0	0	194.12
194.13	VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	53,437	87	9,864	76,372	27,145	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140089		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/20/2012 1:00 pm	
Cost Center Description		Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	
		2A	4.00	5.00	6.00	6.01	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-HOSPITAL						1.01
1.02	CAP REL COSTS-HSB I						1.02
1.03	CAP REL COSTS-HSB II						1.03
1.04	CAP REL COSTS-REHAB CNT						1.04
1.05	CAP REL COSTS-DIAGNOSIS						1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	CAP REL COSTS-MAB						1.07
1.08	CAP REL COSTS-ORTHO BLDG						1.08
4.00	EMPLOYEE BENEFITS	21,296	21,296				4.00
5.00	ADMINISTRATIVE & GENERAL	953,345	2,644	955,989			5.00
6.00	MAINTENANCE & REPAIRS	220,081	444	48,519	269,044		6.00
6.01	MAINTENANCE & REPAIRS-HSB I	8,087	22	4,449	0	12,558	6.01
6.02	MAINTENANCE & REPAIRS-HSB II	16,418	7	2,429	0	0	6.02
6.03	MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	275	0	0	6.03
6.04	MAINTENANCE & REPAIRS-MAB	0	3	444	0	0	6.04
6.05	MAINTENANCE & REPAIRS-ORTHO BLDG	0	4	398	0	0	6.05
8.00	LAUNDRY & LINEN SERVICE	66,844	163	9,371	9,425	0	8.00
9.00	HOUSEKEEPING	35,539	399	16,098	5,011	0	9.00
9.01	HOUSEKEEPING-HSB	0	64	2,493	0	0	9.01
9.02	HOUSEKEEPING-HSB II	0	22	869	0	0	9.02
9.03	HOUSEKEEPING-ORTHO	0	1	37	0	0	9.03
9.04	HOUSEKEEPING-MAB	0	6	207	0	0	9.04
10.00	DIETARY	46,412	321	15,845	6,544	0	10.00
11.00	CAFETERIA	117,162	208	11,431	16,519	0	11.00
13.00	NURSING ADMINISTRATION	1,037	393	14,126	146	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	110,680	185	12,056	15,605	0	14.00
15.00	PHARMACY	26,914	479	52,905	3,795	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	65,962	492	19,552	9,300	0	16.00
17.00	SOCIAL SERVICE	7,917	272	10,020	1,116	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	PARAMED PRGM	4,408	61	2,541	621	0	23.00
23.01	PARAMED PRGM-PARAMEDIC	0	1	22	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	468,580	2,043	85,843	66,068	0	30.00
31.00	INTENSIVE CARE UNIT	74,916	615	23,782	10,563	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	16,335	196	7,132	2,303	0	43.00
44.00	SKILLED NURSING FACILITY	48,469	723	27,036	6,834	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	140,930	885	49,070	19,870	0	50.00
51.00	RECOVERY ROOM	46,153	400	17,632	6,507	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	34,848	273	10,217	4,913	0	52.00
53.00	ANESTHESIOLOGY	5,531	66	3,209	780	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	173,116	700	34,614	24,408	0	54.00
57.00	CT SCAN	7,865	291	14,230	1,109	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	16,719	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	123,454	1,490	87,729	17,406	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	7,394	0	0	63.00
65.00	RESPIRATORY THERAPY	62,816	397	16,271	8,857	0	65.00
66.00	PHYSICAL THERAPY	111,085	901	34,725	8,128	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	2,420	66	2,199	341	0	68.00
69.00	ELECTROCARDIOLOGY	2,420	148	5,685	341	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	3,734	6	319	526	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	7,322	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	20,933	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	503	0	0	73.00
76.00	BEHAVIORAL HEALTH	12,490	401	14,370	0	1,012	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	14,295	384	14,563	2,016	0	76.01
76.02	FLU CLINIC	0	2	64	0	0	76.02
76.97	CARDIAC REHABILITATION	15,211	71	2,853	2,145	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	89,944	671	32,518	12,634	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	23,675	692	26,377	3,290	0	95.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	17,462	866	33,250	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
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Cost Center Description	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	
	2A	4.00	5.00	6.00	6.01	
SPECIAL PURPOSE COST CENTERS						
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
116.00 HOSPICE	10,608	341	20,322	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,208,459	18,819	840,968	267,121	1,012	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,712	0	204	1,228	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	194,470	0	4,545	0	9,764	192.00
194.00 DAY HEALTH	12,232	131	5,623	0	991	194.00
194.01 OUTREACH SERVICES	2,766	82	3,447	390	0	194.01
194.02 MSO LOSS	1,247	0	29	0	101	194.02
194.03 FUND DEVELOPMENT	2,161	92	3,626	305	0	194.03
194.04 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05 PHYSICIAN SUPPORT	4,755	76	10,932	0	385	194.05
194.06 HOSPITALITY HOUSE	9,864	15	880	0	0	194.06
194.07 HSK DIALYSIS	87	8	286	0	0	194.07
194.08 LEASED SALARIES	0	26	897	0	0	194.08
194.09 VISITING PHYSICIANS	0	9	299	0	0	194.09
194.10 FARM LAND	0	0	0	0	0	194.10
194.12 MMG-PHYSICIAN OFFICES	28,882	2,021	83,655	0	305	194.12
194.13 VALET PARKING SERVICE	0	17	598	0	0	194.13
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,473,635	21,296	955,989	269,044	12,558	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140089			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/20/2012 1:00 pm	
Cost Center Description		MAINTENANCE & REPAIRS-HSB I I	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	LAUNDRY & LINEN SERVICE		
		6.02	6.03	6.04	6.05	8.00		
GENERAL SERVICE COST CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01	CAP REL COSTS-HOSPITAL							1.01
1.02	CAP REL COSTS-HSB I							1.02
1.03	CAP REL COSTS-HSB I I							1.03
1.04	CAP REL COSTS-REHAB CNT							1.04
1.05	CAP REL COSTS-DI AYSI S							1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE							1.06
1.07	CAP REL COSTS-MAB							1.07
1.08	CAP REL COSTS-ORTHO BLDG							1.08
4.00	EMPLOYEE BENEFITS							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
6.00	MAINTENANCE & REPAIRS							6.00
6.01	MAINTENANCE & REPAIRS-HSB I							6.01
6.02	MAINTENANCE & REPAIRS-HSB I I	18,854						6.02
6.03	MAINTENANCE & REPAIRS-REHAB CLINIC	0	275					6.03
6.04	MAINTENANCE & REPAIRS-MAB	0	0	447				6.04
6.05	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	402			6.05
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	85,803		8.00
9.00	HOUSEKEEPING	0	0	0	0	3,294		9.00
9.01	HOUSEKEEPING-HSB	0	0	0	0	0		9.01
9.02	HOUSEKEEPING-HSB I I	0	0	0	0	0		9.02
9.03	HOUSEKEEPING-ORTHO	0	0	0	0	0		9.03
9.04	HOUSEKEEPING-MAB	0	0	0	0	0		9.04
10.00	DIETARY	0	0	0	0	274		10.00
11.00	CAFETERIA	0	0	0	0	673		11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	0		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0		14.00
15.00	PHARMACY	0	0	0	0	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0		16.00
17.00	SOCIAL SERVICE	0	0	0	0	0		17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
23.00	PARAMED PRGM	0	0	0	0	0		23.00
23.01	PARAMED PRGM-PARAMEDIC	0	0	0	0	0		23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	0	0	0	0	9,659		30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	1,166		31.00
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	580		43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	3,794		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	0	0	0	8,193		50.00
51.00	RECOVERY ROOM	0	0	0	0	2,835		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	2,882		54.00
57.00	CT SCAN	0	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	363		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00	LABORATORY	0	0	0	0	279		60.00
60.01	BLOOD LABORATORY	0	0	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	439		65.00
66.00	PHYSICAL THERAPY	0	275	0	0	2,402		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 PATIENT	0	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
76.00	BEHAVIORAL HEALTH	0	0	0	0	0		76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	0	0	0	0	0		76.01
76.02	FLU CLINIC	0	0	0	0	0		76.02
76.97	CARDIAC REHABILITATION	0	0	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS								
91.00	EMERGENCY	0	0	0	200	4,097		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES	0	0	0	202	893		95.00
99.10	CORF	0	0	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	0	102	0	35		101.00

ALLOCATION OF CAPITAL RELATED COSTS				Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/20/2012 1:00 pm
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Cost Center Description	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	LAUNDRY & LINEN SERVICE	
	6.02	6.03	6.04	6.05	8.00	
SPECIAL PURPOSE COST CENTERS						
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
116.00	HOSPICE	0	0	62	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	275	164	402	41,858 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	PHYSICIANS' PRIVATE OFFICES	9,540	0	283	0	0 192.00
194.00	DAY HEALTH	0	0	0	0	54 194.00
194.01	OUTREACH SERVICES	0	0	0	0	0 194.01
194.02	MSO LOSS	0	0	0	0	0 194.02
194.03	FUND DEVELOPMENT	0	0	0	0	0 194.03
194.04	OUTSIDE LAUNDRY	0	0	0	0	43,709 194.04
194.05	PHYSICIAN SUPPORT	0	0	0	0	0 194.05
194.06	HOSPITALITY HOUSE	0	0	0	0	182 194.06
194.07	HSK DIALYSIS	0	0	0	0	0 194.07
194.08	LEASED SALARIES	0	0	0	0	0 194.08
194.09	VISITING PHYSICIANS	0	0	0	0	0 194.09
194.10	FARM LAND	0	0	0	0	0 194.10
194.12	MMG-PHYSICIAN OFFICES	9,314	0	0	0	0 194.12
194.13	VALET PARKING SERVICE	0	0	0	0	0 194.13
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)	18,854	275	447	402	85,803 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140089		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/20/2012 1:00 pm	
Cost Center Description		HOUSEKEEPING	HOUSEKEEPING-H-SB	HOUSEKEEPING-H-SB II	HOUSEKEEPING-0-RTHO	HOUSEKEEPING-M-AB	
		9.00	9.01	9.02	9.03	9.04	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-HOSPITAL						1.01
1.02	CAP REL COSTS-HSB I						1.02
1.03	CAP REL COSTS-HSB II						1.03
1.04	CAP REL COSTS-REHAB CNT						1.04
1.05	CAP REL COSTS-DIAGNOSIS						1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	CAP REL COSTS-MAB						1.07
1.08	CAP REL COSTS-ORTHO BLDG						1.08
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
6.01	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	MAINTENANCE & REPAIRS-MAB						6.04
6.05	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING	60,341					9.00
9.01	HOUSEKEEPING-HSB	0	2,557				9.01
9.02	HOUSEKEEPING-HSB II	0	0	891			9.02
9.03	HOUSEKEEPING-ORTHO	0	0	0	38		9.03
9.04	HOUSEKEEPING-MAB	0	0	0	0	213	9.04
10.00	DIETARY	1,038	0	0	0	0	10.00
11.00	CAFETERIA	5,222	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	9	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,952	0	0	0	0	14.00
15.00	PHARMACY	269	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	350	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	PARAMED PRGM	0	0	0	0	0	23.00
23.01	PARAMED PRGM-PARAMEDIC	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	17,597	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	2,317	0	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	371	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	5,458	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	5,279	0	0	0	0	50.00
51.00	RECOVERY ROOM	1,686	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	735	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,887	0	0	0	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	2,959	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	143	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	1,480	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	2,113	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	263	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	128	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 PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	BEHAVIORAL HEALTH	0	206	0	0	0	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	631	0	0	0	0	76.01
76.02	FLU CLINIC	0	0	0	0	0	76.02
76.97	CARDIAC REHABILITATION	374	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	6,614	0	0	19	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	221	0	0	19	0	95.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	49	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
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Cost Center Description	HOUSEKEEPING	HOUSEKEEPING-H	HOUSEKEEPING-H	HOUSEKEEPING-O	HOUSEKEEPING-M	
	9.00	9.01	9.02	9.03	9.04	
SPECIAL PURPOSE COST CENTERS						
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
116.00 HOSPICE	0	0	0	0	30	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	60,096	206	0	38	79	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	167	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	1,988	451	0	134	192.00
194.00 DAY HEALTH	0	202	0	0	0	194.00
194.01 OUTREACH SERVICES	30	0	0	0	0	194.01
194.02 MSO LOSS	0	21	0	0	0	194.02
194.03 FUND DEVELOPMENT	48	0	0	0	0	194.03
194.04 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05 PHYSICIAN SUPPORT	0	78	0	0	0	194.05
194.06 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07 HSK DIALYSIS	0	0	0	0	0	194.07
194.08 LEASED SALARIES	0	0	0	0	0	194.08
194.09 VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10 FARM LAND	0	0	0	0	0	194.10
194.12 MMG-PHYSICIAN OFFICES	0	62	440	0	0	194.12
194.13 VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	60,341	2,557	891	38	213	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/20/2012 1:00 pm
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	CAP REL COSTS-HOSPITAL					1.01
1.02	CAP REL COSTS-HSB I					1.02
1.03	CAP REL COSTS-HSB II					1.03
1.04	CAP REL COSTS-REHAB CNT					1.04
1.05	CAP REL COSTS-DIAYSIS					1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE					1.06
1.07	CAP REL COSTS-MAB					1.07
1.08	CAP REL COSTS-ORTHO BLDG					1.08
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
6.00	MAINTENANCE & REPAIRS					6.00
6.01	MAINTENANCE & REPAIRS-HSB I					6.01
6.02	MAINTENANCE & REPAIRS-HSB II					6.02
6.03	MAINTENANCE & REPAIRS-REHAB CLINIC					6.03
6.04	MAINTENANCE & REPAIRS-MAB					6.04
6.05	MAINTENANCE & REPAIRS-ORTHO BLDG					6.05
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
9.01	HOUSEKEEPING-HSB					9.01
9.02	HOUSEKEEPING-HSB II					9.02
9.03	HOUSEKEEPING-ORTHO					9.03
9.04	HOUSEKEEPING-MAB					9.04
10.00	DIETARY	70,434				10.00
11.00	CAFETERIA	0	151,215			11.00
13.00	NURSING ADMINISTRATION	0	2,623	18,334		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	3,379	0	143,857	14.00
15.00	PHARMACY	0	3,023	0	1,208	88,593
16.00	MEDICAL RECORDS & LIBRARY	0	6,936	0	32	0
17.00	SOCIAL SERVICE	0	2,801	0	45	0
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
23.00	PARAMED PRGM	0	445	0	0	0
23.01	PARAMED PRGM-PARAMEDIC	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	34,808	21,252	9,292	10,399	0
31.00	INTENSIVE CARE UNIT	4,116	5,380	2,353	1,739	0
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	0	1,601	700	0	0
44.00	SKILLED NURSING FACILITY	12,397	7,292	3,189	1,745	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	8,225	0	24,789	0
51.00	RECOVERY ROOM	0	3,335	0	6,819	0
52.00	DELIVERY ROOM & LABOR ROOM	0	2,268	0	0	0
53.00	ANESTHESIOLOGY	0	0	0	2,662	0
54.00	RADIOLOGY-DIAGNOSTIC	0	10,804	0	3,649	0
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	0	12,761	0	7,118	0
60.01	BLOOD LABORATORY	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
65.00	RESPIRATORY THERAPY	0	3,913	0	1,084	0
66.00	PHYSICAL THERAPY	0	5,647	0	453	0
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	SPEECH PATHOLOGY	0	489	0	61	0
69.00	ELECTROCARDIOLOGY	0	1,467	0	503	0
70.00	ELECTROENCEPHALOGRAPHY	0	44	0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,214	0
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	53,004	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	88,593
76.00	BEHAVIORAL HEALTH	0	4,268	0	77	0
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	0	2,934	0	643	0
76.02	FLU CLINIC	0	0	0	0	0
76.97	CARDIAC REHABILITATION	0	800	0	44	0
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	0	6,403	2,800	7,367	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	8,181	0	33	0
99.10	CORF	0	0	0	0	0
101.00	HOME HEALTH AGENCY	0	7,425	0	1,714	0

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/20/2012 1:00 pm
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
SPECIAL PURPOSE COST CENTERS						
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
116.00	HOSPICE	0	2,979	0	764	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	51,321	136,675	18,334	143,166	88,593 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00	DAY HEALTH	19,113	1,645	0	104	0 194.00
194.01	OUTREACH SERVICES	0	978	0	123	0 194.01
194.02	MSO LOSS	0	0	0	0	0 194.02
194.03	FUND DEVELOPMENT	0	934	0	4	0 194.03
194.04	OUTSIDE LAUNDRY	0	0	0	0	0 194.04
194.05	PHYSICIAN SUPPORT	0	534	0	11	0 194.05
194.06	HOSPITALITY HOUSE	0	0	0	0	0 194.06
194.07	HSK DIALYSIS	0	0	0	0	0 194.07
194.08	LEASED SALARIES	0	178	0	0	0 194.08
194.09	VISITING PHYSICIANS	0	89	0	9	0 194.09
194.10	FARM LAND	0	0	0	0	0 194.10
194.12	MMG-PHYSICIAN OFFICES	0	9,737	0	440	0 194.12
194.13	VALET PARKING SERVICE	0	445	0	0	0 194.13
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)	70,434	151,215	18,334	143,857	88,593 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140089		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/20/2012 1:00 pm	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	PARAMED PRGM-PARAMEDIC	
		16.00	17.00	19.00	23.00	23.01	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-HOSPITAL						1.01
1.02	CAP REL COSTS-HSB I						1.02
1.03	CAP REL COSTS-HSB II						1.03
1.04	CAP REL COSTS-REHAB CNT						1.04
1.05	CAP REL COSTS-DIAYSIS						1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	CAP REL COSTS-MAB						1.07
1.08	CAP REL COSTS-ORTHO BLDG						1.08
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
6.01	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04	MAINTENANCE & REPAIRS-MAB						6.04
6.05	MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING-HSB						9.01
9.02	HOUSEKEEPING-HSB II						9.02
9.03	HOUSEKEEPING-ORTHO						9.03
9.04	HOUSEKEEPING-MAB						9.04
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	102,624					16.00
17.00	SOCIAL SERVICE	0	22,171				17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
23.00	PARAMED PRGM	0	0		8,076		23.00
23.01	PARAMED PRGM-PARAMEDIC	0	0			23	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	87,539	15,607				30.00
31.00	INTENSIVE CARE UNIT	924	802				31.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	1,026	0				43.00
44.00	SKILLED NURSING FACILITY	5,336	5,445				44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0				50.00
51.00	RECOVERY ROOM	0	0				51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0				52.00
53.00	ANESTHESIOLOGY	0	0				53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0				54.00
57.00	CT SCAN	0	0				57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00	CARDIAC CATHETERIZATION	0	0				59.00
60.00	LABORATORY	0	0				60.00
60.01	BLOOD LABORATORY	0	0				60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
65.00	RESPIRATORY THERAPY	0	0				65.00
66.00	PHYSICAL THERAPY	0	0				66.00
67.00	OCCUPATIONAL THERAPY	0	0				67.00
68.00	SPEECH PATHOLOGY	0	0				68.00
69.00	ELECTROCARDIOLOGY	0	0				69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0				72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0				73.00
76.00	BEHAVIORAL HEALTH	0	0				76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	0	0				76.01
76.02	FLU CLINIC	0	0				76.02
76.97	CARDIAC REHABILITATION	0	0				76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	7,799	317				91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0				95.00
99.10	CORF	0	0				99.10
101.00	HOME HEALTH AGENCY	0	0				101.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/20/2012 1:00 pm
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	PARAMED PRGM-PARAMEDIC	
		16.00	17.00	19.00	23.00	23.01	
SPECIAL PURPOSE COST CENTERS							
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
116.00	HOSPICE	0	0				116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	102,624	22,171	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0				192.00
194.00	DAY HEALTH	0	0				194.00
194.01	OUTREACH SERVICES	0	0				194.01
194.02	MSO LOSS	0	0				194.02
194.03	FUND DEVELOPMENT	0	0				194.03
194.04	OUTSIDE LAUNDRY	0	0				194.04
194.05	PHYSICIAN SUPPORT	0	0				194.05
194.06	HOSPITALITY HOUSE	0	0				194.06
194.07	HSK DIALYSIS	0	0				194.07
194.08	LEASED SALARIES	0	0				194.08
194.09	VISITING PHYSICIANS	0	0				194.09
194.10	FARM LAND	0	0				194.10
194.12	MMG-PHYSICIAN OFFICES	0	0				194.12
194.13	VALET PARKING SERVICE	0	0				194.13
200.00	Cross Foot Adjustments			0	8,076		23,200.00
201.00	Negative Cost Centers	0	0	0	0		0,201.00
202.00	TOTAL (sum lines 118-201)	102,624	22,171	0	8,076		23,202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/20/2012 1:00 pm
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Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01 CAP REL COSTS-HOSPITAL				1.01
1.02 CAP REL COSTS-HSB I				1.02
1.03 CAP REL COSTS-HSB II				1.03
1.04 CAP REL COSTS-REHAB CNT				1.04
1.05 CAP REL COSTS-DIAGNOSIS				1.05
1.06 CAP REL COSTS-HOSPITALITY HOUSE				1.06
1.07 CAP REL COSTS-MAB				1.07
1.08 CAP REL COSTS-ORTHO BLDG				1.08
4.00 EMPLOYEE BENEFITS				4.00
5.00 ADMINISTRATIVE & GENERAL				5.00
6.00 MAINTENANCE & REPAIRS				6.00
6.01 MAINTENANCE & REPAIRS-HSB I				6.01
6.02 MAINTENANCE & REPAIRS-HSB II				6.02
6.03 MAINTENANCE & REPAIRS-REHAB CLINIC				6.03
6.04 MAINTENANCE & REPAIRS-MAB				6.04
6.05 MAINTENANCE & REPAIRS-ORTHO BLDG				6.05
8.00 LAUNDRY & LINEN SERVICE				8.00
9.00 HOUSEKEEPING				9.00
9.01 HOUSEKEEPING-HSB				9.01
9.02 HOUSEKEEPING-HSB II				9.02
9.03 HOUSEKEEPING-ORTHO				9.03
9.04 HOUSEKEEPING-MAB				9.04
10.00 DIETARY				10.00
11.00 CAFETERIA				11.00
13.00 NURSING ADMINISTRATION				13.00
14.00 CENTRAL SERVICES & SUPPLY				14.00
15.00 PHARMACY				15.00
16.00 MEDICAL RECORDS & LIBRARY				16.00
17.00 SOCIAL SERVICE				17.00
19.00 NONPHYSICIAN ANESTHETISTS				19.00
23.00 PARAMEDICAL PRGM				23.00
23.01 PARAMEDICAL PRGM-PARAMEDIC				23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	828,687	0	828,687	30.00
31.00 INTENSIVE CARE UNIT	128,673	0	128,673	31.00
41.00 SUBPROVIDER - IRF	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	42.00
43.00 NURSERY	30,244	0	30,244	43.00
44.00 SKILLED NURSING FACILITY	127,718	0	127,718	44.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	257,241	0	257,241	50.00
51.00 RECOVERY ROOM	85,367	0	85,367	51.00
52.00 DELIVERY ROOM & LABOR ROOM	53,254	0	53,254	52.00
53.00 ANESTHESIOLOGY	12,248	0	12,248	53.00
54.00 RADIOLOGY-DIAGNOSTIC	253,060	0	253,060	54.00
57.00 CT SCAN	23,495	0	23,495	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	17,082	0	17,082	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	253,196	0	253,196	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	7,537	0	7,537	63.00
65.00 RESPIRATORY THERAPY	95,257	0	95,257	65.00
66.00 PHYSICAL THERAPY	165,729	0	165,729	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	5,839	0	5,839	68.00
69.00 ELECTROCARDIOLOGY	10,692	0	10,692	69.00
70.00 ELECTROENCEPHALOGRAPHY	4,629	0	4,629	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	24,536	0	24,536	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	73,937	0	73,937	72.00
73.00 DRUGS CHARGED TO PATIENTS	89,096	0	89,096	73.00
76.00 BEHAVIORAL HEALTH	32,824	0	32,824	76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	35,466	0	35,466	76.01
76.02 FLU CLINIC	66	0	66	76.02
76.97 CARDIAC REHABILITATION	21,498	0	21,498	76.97
OUTPATIENT SERVICE COST CENTERS				
91.00 EMERGENCY	171,383	0	171,383	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES	63,583	0	63,583	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
99.10	CORF	0	0	0	99.10
101.00	HOME HEALTH AGENCY	60,903	0	60,903	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	113.00
116.00	HOSPICE	35,106	0	35,106	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,968,346	0	2,968,346	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,311	0	10,311	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	221,175	0	221,175	192.00
194.00	DAY HEALTH	40,095	0	40,095	194.00
194.01	OUTREACH SERVICES	7,816	0	7,816	194.01
194.02	MSO LOSS	1,398	0	1,398	194.02
194.03	FUND DEVELOPMENT	7,170	0	7,170	194.03
194.04	OUTSIDE LAUNDRY	43,709	0	43,709	194.04
194.05	PHYSICIAN SUPPORT	16,771	0	16,771	194.05
194.06	HOSPITALITY HOUSE	10,941	0	10,941	194.06
194.07	HSK DIALYSIS	381	0	381	194.07
194.08	LEASED SALARIES	1,101	0	1,101	194.08
194.09	VISITING PHYSICIANS	406	0	406	194.09
194.10	FARM LAND	0	0	0	194.10
194.12	MMG-PHYSICIAN OFFICES	134,856	0	134,856	194.12
194.13	VALET PARKING SERVICE	1,060	0	1,060	194.13
200.00	Cross Foot Adjustments	8,099	0	8,099	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,473,635	0	3,473,635	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/20/2012 1:00 pm

Cost Center Description	CAPITAL RELATED COSTS					CAP REL COSTS-REHAB CNT (PER CENT)
	NEW BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)		
	1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	171,547					1.00
1.01 CAP REL COSTS-HOSPITAL	0	171,547				1.01
1.02 CAP REL COSTS-HSB I	0	0	47,531			1.02
1.03 CAP REL COSTS-HSB II	0	0	0	21,564		1.03
1.04 CAP REL COSTS-REHAB CNT	0	0	0	0	100	1.04
1.05 CAP REL COSTS-DIAGNOSIS	0	0	0	0	0	1.05
1.06 CAP REL COSTS-HOSPITALITY HOUSE	0	0	0	0	0	1.06
1.07 CAP REL COSTS-MAB	0	0	0	0	0	1.07
1.08 CAP REL COSTS-ORTHO BLDG	0	0	0	0	0	1.08
4.00 EMPLOYEE BENEFITS	1,232	1,232	0	0	0	4.00
5.00 ADMINISTRATIVE & GENERAL	47,191	47,191	14,067	8,364	0	5.00
6.00 MAINTENANCE & REPAIRS	12,732	12,732	0	0	0	6.00
6.01 MAINTENANCE & REPAIRS-HSB I	0	0	1,660	0	0	6.01
6.02 MAINTENANCE & REPAIRS-HSB II	0	0	0	3,222	0	6.02
6.03 MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04 MAINTENANCE & REPAIRS-MAB	0	0	0	0	0	6.04
6.05 MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	0	6.05
8.00 LAUNDRY & LINEN SERVICE	3,867	3,867	0	0	0	8.00
9.00 HOUSEKEEPING	2,056	2,056	0	0	0	9.00
9.01 HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02 HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03 HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04 HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00 DIETARY	2,685	2,685	0	0	0	10.00
11.00 CAFETERIA	6,778	6,778	0	0	0	11.00
13.00 NURSING ADMINISTRATION	60	60	0	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	6,403	6,403	0	0	0	14.00
15.00 PHARMACY	1,557	1,557	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,816	3,816	0	0	0	16.00
17.00 SOCIAL SERVICE	458	458	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 PARAMEDICAL PRGM	255	255	0	0	0	23.00
23.01 PARAMEDICAL PRGM-PARAMEDIC	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	27,108	27,108	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	4,334	4,334	0	0	0	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	945	945	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	2,804	2,804	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	8,153	8,153	0	0	0	50.00
51.00 RECOVERY ROOM	2,670	2,670	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,016	2,016	0	0	0	52.00
53.00 ANESTHESIOLOGY	320	320	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	10,015	10,015	0	0	0	54.00
57.00 CT SCAN	455	455	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	7,142	7,142	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	3,634	3,634	0	0	0	65.00
66.00 PHYSICAL THERAPY	3,335	3,335	0	0	100	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	140	140	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	140	140	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	216	216	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 PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 BEHAVIORAL HEALTH	0	0	2,564	0	0	76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	827	827	0	0	0	76.01
76.02 FLU CLINIC	0	0	0	0	0	76.02
76.97 CARDIAC REHABILITATION	880	880	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	5,184	5,184	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/20/2012 1:00 pm

Cost Center Description	CAPITAL RELATED COSTS					CAP REL COSTS-REHAB CNT (PER CENT)	
	NEW BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04		
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES	1,350	1,350	0	0	0	0	95.00
99.10 CORF	0	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
116.00 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	170,758	170,758	18,291	11,586	100	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	504	504	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	24,724	5,049	0	0	192.00
194.00 DAY HEALTH	0	0	2,511	0	0	0	194.00
194.01 OUTREACH SERVICES	160	160	0	0	0	0	194.01
194.02 MSO LOSS	0	0	256	0	0	0	194.02
194.03 FUND DEVELOPMENT	125	125	0	0	0	0	194.03
194.04 OUTSIDE LAUNDRY	0	0	0	0	0	0	194.04
194.05 PHYSICIAN SUPPORT	0	0	976	0	0	0	194.05
194.06 HOSPITALITY HOUSE	0	0	0	0	0	0	194.06
194.07 HSK DIALYSIS	0	0	0	0	0	0	194.07
194.08 LEASED SALARIES	0	0	0	0	0	0	194.08
194.09 VISITING PHYSICIANS	0	0	0	0	0	0	194.09
194.10 FARM LAND	0	0	0	0	0	0	194.10
194.12 MMG-PHYSICIAN OFFICES	0	0	773	4,929	0	0	194.12
194.13 VALET PARKING SERVICE	0	0	0	0	0	0	194.13
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	2,965,307	231,544	109,879	53,437	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	17.285683	4.871431	5.095483	534.370000	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: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (HOURS OF SERVICE)	
	CAP REL COSTS-DIAGNOSIS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)		
	1.05	1.06	1.07	1.08		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-HOSPITAL						1.01
1.02 CAP REL COSTS-HSB I						1.02
1.03 CAP REL COSTS-HSB II						1.03
1.04 CAP REL COSTS-REHAB CNT						1.04
1.05 CAP REL COSTS-DIAGNOSIS	100					1.05
1.06 CAP REL COSTS-HOSPITALITY HOUSE	0	100				1.06
1.07 CAP REL COSTS-MAB	0	0	7,588			1.07
1.08 CAP REL COSTS-ORTHO BLDG	0	0	0	7,296		1.08
4.00 EMPLOYEE BENEFITS	0	0	0	0	25,101,978	4.00
5.00 ADMINISTRATIVE & GENERAL	0	0	0	7,115	3,107,068	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	523,552	6.00
6.01 MAINTENANCE & REPAIRS-HSB I	0	0	0	0	25,982	6.01
6.02 MAINTENANCE & REPAIRS-HSB II	0	0	0	0	8,511	6.02
6.03 MAINTENANCE & REPAIRS-REHAB CLINIC	0	0	0	0	0	6.03
6.04 MAINTENANCE & REPAIRS-MAB	0	0	0	0	3,066	6.04
6.05 MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	0	0	4,448	6.05
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	192,054	8.00
9.00 HOUSEKEEPING	0	0	0	0	470,563	9.00
9.01 HOUSEKEEPING-HSB	0	0	0	0	75,255	9.01
9.02 HOUSEKEEPING-HSB II	0	0	0	0	25,722	9.02
9.03 HOUSEKEEPING-ORTHO	0	0	0	0	1,258	9.03
9.04 HOUSEKEEPING-MAB	0	0	0	0	7,078	9.04
10.00 DIETARY	0	0	0	0	379,036	10.00
11.00 CAFETERIA	0	0	0	0	245,015	11.00
13.00 NURSING ADMINISTRATION	0	0	0	0	463,990	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	218,377	14.00
15.00 PHARMACY	0	0	0	0	564,941	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	580,145	16.00
17.00 SOCIAL SERVICE	0	0	0	0	320,745	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 PARAMEDICAL PRGM	0	0	0	0	71,803	23.00
23.01 PARAMEDICAL PRGM-PARAMEDIC	0	0	0	0	762	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	0	2,409,643	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	724,647	31.00
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	230,771	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	852,265	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	1,043,886	50.00
51.00 RECOVERY ROOM	0	0	0	0	471,341	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	321,440	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	78,069	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	825,739	54.00
57.00 CT SCAN	0	0	0	0	343,221	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	1,757,120	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	467,938	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	1,062,384	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	77,755	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	174,548	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	7,624	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 BEHAVIORAL HEALTH	0	0	0	0	472,444	76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	0	0	0	0	453,386	76.01
76.02 FLU CLINIC	0	0	0	0	2,194	76.02
76.97 CARDIAC REHABILITATION	0	0	0	0	83,387	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0	0	0	90	791,584	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/20/2012 1:00 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (HOURS OF SERVICE)	
	CAP REL COSTS-DIAGNOSIS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)		
	1.05	1.06	1.07	1.08		
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	91	816,613	95.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	1,735	0	1,021,650	101.00
SPECIAL PURPOSE COST CENTERS						
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
116.00 HOSPICE	0	0	1,054	0	401,705	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	2,789	7,296	22,180,725	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	4,799	0	0	192.00
194.00 DAY HEALTH	0	0	0	0	154,503	194.00
194.01 OUTREACH SERVICES	0	0	0	0	96,547	194.01
194.02 MSO LOSS	0	0	0	0	0	194.02
194.03 FUND DEVELOPMENT	0	0	0	0	108,127	194.03
194.04 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05 PHYSICIAN SUPPORT	0	0	0	0	90,202	194.05
194.06 HOSPITALITY HOUSE	0	100	0	0	18,032	194.06
194.07 HSK DIALYSIS	100	0	0	0	9,700	194.07
194.08 LEASED SALARIES	0	0	0	0	30,672	194.08
194.09 VISITING PHYSICIANS	0	0	0	0	10,096	194.09
194.10 FARM LAND	0	0	0	0	0	194.10
194.12 MMG-PHYSICIAN OFFICES	0	0	0	0	2,382,939	194.12
194.13 VALET PARKING SERVICE	0	0	0	0	20,435	194.13
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)	87	9,864	76,372	27,145	6,314,859	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.870000	98.640000	10.064839	3.720532	0.251568	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)					21,296	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)					0.000848	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	
		5A	5.00	6.00	6.01	6.02	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-HOSPITAL						1.01
1.02	CAP REL COSTS-HSB I						1.02
1.03	CAP REL COSTS-HSB II						1.03
1.04	CAP REL COSTS-REHAB CNT						1.04
1.05	CAP REL COSTS-DIAGNOSIS						1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	CAP REL COSTS-MAB						1.07
1.08	CAP REL COSTS-ORTHO BLDG						1.08
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	-8,213,199	40,903,935				5.00
6.00	MAINTENANCE & REPAIRS	0	2,075,966	110,392			6.00
6.01	MAINTENANCE & REPAIRS-HSB I	0	190,352	0	31,804		6.01
6.02	MAINTENANCE & REPAIRS-HSB II	0	103,933	0	0	9,978	6.02
6.03	MAINTENANCE & REPAIRS-REHAB CLINIC	0	11,787	0	0	0	6.03
6.04	MAINTENANCE & REPAIRS-MAB	0	18,992	0	0	0	6.04
6.05	MAINTENANCE & REPAIRS-ORTHO BLDG	0	17,033	0	0	0	6.05
8.00	LAUNDRY & LINEN SERVICE	0	400,947	3,867	0	0	8.00
9.00	HOUSEKEEPING	0	688,757	2,056	0	0	9.00
9.01	HOUSEKEEPING-HSB	0	106,646	0	0	0	9.01
9.02	HOUSEKEEPING-HSB II	0	37,196	0	0	0	9.02
9.03	HOUSEKEEPING-ORTHO	0	1,590	0	0	0	9.03
9.04	HOUSEKEEPING-MAB	0	8,859	0	0	0	9.04
10.00	DIETARY	0	677,957	2,685	0	0	10.00
11.00	CAFETERIA	0	489,078	6,778	0	0	11.00
13.00	NURSING ADMINISTRATION	0	604,382	60	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	515,851	6,403	0	0	14.00
15.00	PHARMACY	0	2,263,610	1,557	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	836,545	3,816	0	0	16.00
17.00	SOCIAL SERVICE	0	428,725	458	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	PARAMEDICAL PRGM	0	108,730	255	0	0	23.00
23.01	PARAMEDICAL PRGM-PARAMEDIC	0	954	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	3,672,880	27,108	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	1,017,562	4,334	0	0	31.00
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	305,161	945	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	1,156,765	2,804	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	2,099,511	8,153	0	0	50.00
51.00	RECOVERY ROOM	0	754,413	2,670	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	437,152	2,016	0	0	52.00
53.00	ANESTHESIOLOGY	0	137,315	320	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,480,997	10,015	0	0	54.00
57.00	CT SCAN	0	608,859	455	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	715,338	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	3,754,288	7,142	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	316,348	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	696,173	3,634	0	0	65.00
66.00	PHYSICAL THERAPY	0	1,485,756	3,335	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	94,104	140	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	243,260	140	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	13,629	216	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	313,265	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	895,634	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	21,525	0	0	0	73.00
76.00	BEHAVIORAL HEALTH	0	614,858	0	2,564	0	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	0	623,112	827	0	0	76.01
76.02	FLU CLINIC	0	2,746	0	0	0	76.02
76.97	CARDIAC REHABILITATION	0	122,052	880	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	1,391,335	5,184	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	1,128,580	1,350	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	
		5A	5.00	6.00	6.01	6.02	
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	1,422,628	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
116.00	HOSPICE	0	869,488	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-8,213,199	35,982,624	109,603	2,564	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,712	504	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	194,470	0	24,724	5,049	192.00
194.00	DAY HEALTH	0	240,584	0	2,511	0	194.00
194.01	OUTREACH SERVICES	0	147,475	160	0	0	194.01
194.02	MSO LOSS	0	1,247	0	256	0	194.02
194.03	FUND DEVELOPMENT	0	155,154	125	0	0	194.03
194.04	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	PHYSICIAN SUPPORT	0	467,749	0	976	0	194.05
194.06	HOSPITALITY HOUSE	0	37,664	0	0	0	194.06
194.07	HSK DIALYSIS	0	12,227	0	0	0	194.07
194.08	LEASED SALARIES	0	38,388	0	0	0	194.08
194.09	VISITING PHYSICIANS	0	12,785	0	0	0	194.09
194.10	FARM LAND	0	0	0	0	0	194.10
194.12	MMG-PHYSICIAN OFFICES	0	3,579,273	0	773	4,929	194.12
194.13	VALET PARKING SERVICE	0	25,583	0	0	0	194.13
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)		8,213,199	2,492,803	228,573	124,802	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.200792	22.581374	7.186926	12.507717	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		955,989	269,044	12,558	18,854	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.023372	2.437169	0.394856	1.889557	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	
		6.03	6.04	6.05	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-HOSPITAL						1.01
1.02	CAP REL COSTS-HSB I						1.02
1.03	CAP REL COSTS-HSB II						1.03
1.04	CAP REL COSTS-REHAB CNT						1.04
1.05	CAP REL COSTS-DIAGNOSIS						1.05
1.06	CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07	CAP REL COSTS-MAB						1.07
1.08	CAP REL COSTS-ORTHO BLDG						1.08
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
6.01	MAINTENANCE & REPAIRS-HSB I						6.01
6.02	MAINTENANCE & REPAIRS-HSB II						6.02
6.03	MAINTENANCE & REPAIRS-REHAB CLINIC	100					6.03
6.04	MAINTENANCE & REPAIRS-MAB	0	7,588				6.04
6.05	MAINTENANCE & REPAIRS-ORTHO BLDG	0	0	181			6.05
8.00	LAUNDRY & LINEN SERVICE	0	0	0	51,000		8.00
9.00	HOUSEKEEPING	0	0	0	1,958	168,235	9.00
9.01	HOUSEKEEPING-HSB	0	0	0	0	0	9.01
9.02	HOUSEKEEPING-HSB II	0	0	0	0	0	9.02
9.03	HOUSEKEEPING-ORTHO	0	0	0	0	0	9.03
9.04	HOUSEKEEPING-MAB	0	0	0	0	0	9.04
10.00	DIETARY	0	0	0	163	2,895	10.00
11.00	CAFETERIA	0	0	0	400	14,558	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	25	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	5,441	14.00
15.00	PHARMACY	0	0	0	0	750	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	975	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00	PARAMED PRGM	0	0	0	0	0	23.00
23.01	PARAMED PRGM-PARAMEDIC	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	5,741	49,067	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	693	6,459	31.00
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	345	1,033	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	2,255	15,217	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	4,870	14,717	50.00
51.00	RECOVERY ROOM	0	0	0	1,685	4,700	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	2,050	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,713	8,050	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	216	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	166	8,250	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	400	63.00
65.00	RESPIRATORY THERAPY	0	0	0	261	4,125	65.00
66.00	PHYSICAL THERAPY	100	0	0	1,428	5,892	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	733	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	358	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 PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	BEHAVIORAL HEALTH	0	0	0	0	0	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	0	0	0	0	1,759	76.01
76.02	FLU CLINIC	0	0	0	0	0	76.02
76.97	CARDIAC REHABILITATION	0	0	0	0	1,042	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	0	90	2,435	18,440	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	91	531	617	95.00

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description		MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	
		6.03	6.04	6.05	8.00	9.00	
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	1,735	0	21	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
116.00	HOSPICE	0	1,054	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	2,789	181	24,881	167,553	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	466	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	4,799	0	0	0	192.00
194.00	DAY HEALTH	0	0	0	32	0	194.00
194.01	OUTREACH SERVICES	0	0	0	0	83	194.01
194.02	MSO LOSS	0	0	0	0	0	194.02
194.03	FUND DEVELOPMENT	0	0	0	0	133	194.03
194.04	OUTSIDE LAUNDRY	0	0	0	25,979	0	194.04
194.05	PHYSICIAN SUPPORT	0	0	0	0	0	194.05
194.06	HOSPITALITY HOUSE	0	0	0	108	0	194.06
194.07	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	LEASED SALARIES	0	0	0	0	0	194.08
194.09	VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10	FARM LAND	0	0	0	0	0	194.10
194.12	MMG-PHYSICIAN OFFICES	0	0	0	0	0	194.12
194.13	VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	14,154	22,805	20,453	568,776	895,318	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	141.540000	3.005403	113.000000	11.152471	5.321830	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	275	447	402	85,803	60,341	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.750000	0.058909	2.220994	1.682412	0.358671	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	HOUSEKEEPING-H	HOUSEKEEPING-H	HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	
	SB (SQUARE FEET)	SB II (SQUARE FEET)	RTHO (SQUARE FEET)	AB (SQUARE FEET)	(MEALS SERVED)	
	9.01	9.02	9.03	9.04	10.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-HOSPITAL						1.01
1.02 CAP REL COSTS-HSB I						1.02
1.03 CAP REL COSTS-HSB II						1.03
1.04 CAP REL COSTS-REHAB CNT						1.04
1.05 CAP REL COSTS-DIAGNOSIS						1.05
1.06 CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07 CAP REL COSTS-MAB						1.07
1.08 CAP REL COSTS-ORTHO BLDG						1.08
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
6.01 MAINTENANCE & REPAIRS-HSB I						6.01
6.02 MAINTENANCE & REPAIRS-HSB II						6.02
6.03 MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04 MAINTENANCE & REPAIRS-MAB						6.04
6.05 MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
9.01 HOUSEKEEPING-HSB	31,804					9.01
9.02 HOUSEKEEPING-HSB II	0	9,978				9.02
9.03 HOUSEKEEPING-ORTHO	0	0	181			9.03
9.04 HOUSEKEEPING-MAB	0	0	0	7,588		9.04
10.00 DIETARY	0	0	0	0	2,926	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 PARAMEDICAL PRGM	0	0	0	0	0	23.00
23.01 PARAMEDICAL PRGM-PARAMEDIC	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	0	1,446	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	171	31.00
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	515	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 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
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
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 BEHAVIORAL HEALTH	2,564	0	0	0	0	76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	0	0	0	0	0	76.01
76.02 FLU CLINIC	0	0	0	0	0	76.02
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0	0	90	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	91	0	0	95.00
99.10 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

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Cost Center Description	HOUSEKEEPING-H	HOUSEKEEPING-H	HOUSEKEEPING-O	HOUSEKEEPING-M	DIETARY	
	SB (SQUARE FEET)	SB II (SQUARE FEET)	RTHO (SQUARE FEET)	AB (SQUARE FEET)	(MEALS SERVED)	
	9.01	9.02	9.03	9.04	10.00	
101.00 HOME HEALTH AGENCY	0	0	0	1,735	0	101.00
SPECIAL PURPOSE COST CENTERS						
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
116.00 HOSPICE	0	0	0	1,054	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,564	0	181	2,789	2,132	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	24,724	5,049	0	4,799	0	192.00
194.00 DAY HEALTH	2,511	0	0	0	794	194.00
194.01 OUTREACH SERVICES	0	0	0	0	0	194.01
194.02 MSO LOSS	256	0	0	0	0	194.02
194.03 FUND DEVELOPMENT	0	0	0	0	0	194.03
194.04 OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05 PHYSICIAN SUPPORT	976	0	0	0	0	194.05
194.06 HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07 HSK DIALYSIS	0	0	0	0	0	194.07
194.08 LEASED SALARIES	0	0	0	0	0	194.08
194.09 VISITING PHYSICIANS	0	0	0	0	0	194.09
194.10 FARM LAND	0	0	0	0	0	194.10
194.12 MMG-PHYSICIAN OFFICES	773	4,929	0	0	0	194.12
194.13 VALET PARKING SERVICE	0	0	0	0	0	194.13
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)	128,060	44,665	1,909	10,638	891,941	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.026538	4.476348	10.546961	1.401950	304.832878	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	2,557	891	38	213	70,434	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.080399	0.089296	0.209945	0.028071	24.071770	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2010
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Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-HOSPITAL						1.01
1.02 CAP REL COSTS-HSB I						1.02
1.03 CAP REL COSTS-HSB II						1.03
1.04 CAP REL COSTS-REHAB CNT						1.04
1.05 CAP REL COSTS-DIAYSI S						1.05
1.06 CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07 CAP REL COSTS-MAB						1.07
1.08 CAP REL COSTS-ORTHO BLDG						1.08
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATION & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
6.01 MAINTENANCE & REPAIRS-HSB I						6.01
6.02 MAINTENANCE & REPAIRS-HSB II						6.02
6.03 MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04 MAINTENANCE & REPAIRS-MAB						6.04
6.05 MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
9.01 HOUSEKEEPING-HSB						9.01
9.02 HOUSEKEEPING-HSB II						9.02
9.03 HOUSEKEEPING-ORTHO						9.03
9.04 HOUSEKEEPING-MAB						9.04
10.00 DIETARY						10.00
11.00 CAFETERIA	3,401					11.00
13.00 NURSING ADMINISTRATION	59	943				13.00
14.00 CENTRAL SERVICES & SUPPLY	76	0	2,430,741			14.00
15.00 PHARMACY	68	0	20,406	100		15.00
16.00 MEDICAL RECORDS & LIBRARY	156	0	543	0	1,000	16.00
17.00 SOCIAL SERVICE	63	0	756	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
23.00 PARAMED PRGM	10	0	5	0	0	23.00
23.01 PARAMED PRGM-PARAMEDIC	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	478	478	175,714	0	853	30.00
31.00 INTENSIVE CARE UNIT	121	121	29,387	0	9	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	36	36	0	0	10	43.00
44.00 SKILLED NURSING FACILITY	164	164	29,477	0	52	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	185	0	418,863	0	0	50.00
51.00 RECOVERY ROOM	75	0	115,217	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	51	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	44,978	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	243	0	61,654	0	0	54.00
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	287	0	120,268	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	88	0	18,310	0	0	65.00
66.00 PHYSICAL THERAPY	127	0	7,646	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	11	0	1,027	0	0	68.00
69.00 ELECTROCARDIOLOGY	33	0	8,499	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	1	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	290,865	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	895,634	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	100	0	73.00
76.00 BEHAVIORAL HEALTH	96	0	1,305	0	0	76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	66	0	10,870	0	0	76.01
76.02 FLU CLINIC	0	0	0	0	0	76.02
76.97 CARDIAC REHABILITATION	18	0	742	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	144	144	124,479	0	76	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	184	0	553	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

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Date/Time Prepared:
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Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	167	0	28,968	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
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
116.00	HOSPICE	67	0	12,910	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,074	943	2,419,076	100	1,000	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	DAY HEALTH	37	0	1,759	0	0	194.00
194.01	OUTREACH SERVICES	22	0	2,078	0	0	194.01
194.02	MSO LOSS	0	0	0	0	0	194.02
194.03	FUND DEVELOPMENT	21	0	64	0	0	194.03
194.04	OUTSIDE LAUNDRY	0	0	0	0	0	194.04
194.05	PHYSICIAN SUPPORT	12	0	181	0	0	194.05
194.06	HOSPITALITY HOUSE	0	0	0	0	0	194.06
194.07	HSK DIALYSIS	0	0	0	0	0	194.07
194.08	LEASED SALARIES	4	0	0	0	0	194.08
194.09	VISITING PHYSICIANS	2	0	149	0	0	194.09
194.10	FARM LAND	0	0	0	0	0	194.10
194.12	MMG-PHYSICIAN OFFICES	219	0	7,427	0	0	194.12
194.13	VALET PARKING SERVICE	10	0	7	0	0	194.13
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)	822,274	741,490	811,350	2,780,527	1,133,775	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	241.774184	786.309650	0.333787	27,805.270000	1,133.775000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	151,215	18,334	143,857	88,593	102,624	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	44.461923	19.442206	0.059182	885.930000	102.624000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM-PARAMEDIC (ASSIGNED TIME)		
	(TIME SPENT)					
	17.00	19.00	23.00	23.01		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-HOSPITAL						1.01
1.02 CAP REL COSTS-HSB I						1.02
1.03 CAP REL COSTS-HSB II						1.03
1.04 CAP REL COSTS-REHAB CNT						1.04
1.05 CAP REL COSTS-DIAGNOSIS						1.05
1.06 CAP REL COSTS-HOSPITALITY HOUSE						1.06
1.07 CAP REL COSTS-MAB						1.07
1.08 CAP REL COSTS-ORTHO BLDG						1.08
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
6.01 MAINTENANCE & REPAIRS-HSB I						6.01
6.02 MAINTENANCE & REPAIRS-HSB II						6.02
6.03 MAINTENANCE & REPAIRS-REHAB CLINIC						6.03
6.04 MAINTENANCE & REPAIRS-MAB						6.04
6.05 MAINTENANCE & REPAIRS-ORTHO BLDG						6.05
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
9.01 HOUSEKEEPING-HSB						9.01
9.02 HOUSEKEEPING-HSB II						9.02
9.03 HOUSEKEEPING-ORTHO						9.03
9.04 HOUSEKEEPING-MAB						9.04
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	29,725					17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	100				19.00
23.00 PARAMED PRGM	0		100			23.00
23.01 PARAMED PRGM-PARAMEDIC	0		0	100		23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	20,925		0	0		30.00
31.00 INTENSIVE CARE UNIT	1,075		0	0		31.00
41.00 SUBPROVIDER - IRF	0		0	0		41.00
42.00 SUBPROVIDER	0		0	0		42.00
43.00 NURSERY	0		0	0		43.00
44.00 SKILLED NURSING FACILITY	7,300		0	0		44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	100	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	100	0		54.00
57.00 CT SCAN	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 LABORATORY	0	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00 RESPIRATORY THERAPY	0	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
76.00 BEHAVIORAL HEALTH	0	0	0	0		76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	0	0	0	0		76.01
76.02 FLU CLINIC	0	0	0	0		76.02
76.97 CARDIAC REHABILITATION	0	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	425	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	100		95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet B-1

Date/Time Prepared:
1/20/2012 1:00 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM-PARAMEDIC (ASSIGNED TIME)		
		17.00	19.00	23.00	23.01		
99.10	CORF	0	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
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
116.00	HOSPICE	0	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	29,725	100	100	100		118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
194.00	DAY HEALTH	0	0	0	0		194.00
194.01	OUTREACH SERVICES	0	0	0	0		194.01
194.02	MSO LOSS	0	0	0	0		194.02
194.03	FUND DEVELOPMENT	0	0	0	0		194.03
194.04	OUTSIDE LAUNDRY	0	0	0	0		194.04
194.05	PHYSICIAN SUPPORT	0	0	0	0		194.05
194.06	HOSPITALITY HOUSE	0	0	0	0		194.06
194.07	HSK DIALYSIS	0	0	0	0		194.07
194.08	LEASED SALARIES	0	0	0	0		194.08
194.09	VISITING PHYSICIANS	0	0	0	0		194.09
194.10	FARM LAND	0	0	0	0		194.10
194.12	MMG-PHYSICIAN OFFICES	0	0	0	0		194.12
194.13	VALET PARKING SERVICE	0	0	0	0		194.13
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)	540,636	0	138,740	1,146		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	18.187923	0.000000	1,387.400000	11.460000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	22,171	0	8,076	23		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.745870	0.000000	80.760000	0.230000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/20/2012 1:00 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		7,686,206	0	7,686,206	30.00
31.00	INTENSIVE CARE UNIT		1,577,940	0	1,577,940	31.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		445,468	0	445,468	43.00
44.00	SKILLED NURSING FACILITY		2,085,645	0	2,085,645	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		3,022,355	0	3,022,355	50.00
51.00	RECOVERY ROOM		1,066,581	0	1,066,581	51.00
52.00	DELIVERY ROOM & LABOR ROOM		593,693	0	593,693	52.00
53.00	ANESTHESIOLOGY		187,126	64,662	251,788	53.00
54.00	RADIOLOGY-DIAGNOSTIC		2,284,536	0	2,284,536	54.00
57.00	CT SCAN		741,388	0	741,388	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		861,381	0	861,381	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		4,824,700	52,287	4,876,987	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.		381,997	0	381,997	63.00
65.00	RESPIRATORY THERAPY	0	970,272	0	970,272	65.00
66.00	PHYSICAL THERAPY	0	1,954,086	0	1,954,086	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	123,064	0	123,064	68.00
69.00	ELECTROCARDIOLOGY		307,987	0	307,987	69.00
70.00	ELECTROENCEPHALOGRAPHY		21,486	0	21,486	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		473,253	0	473,253	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		1,374,422	0	1,374,422	72.00
73.00	DRUGS CHARGED TO PATIENTS		2,806,374	0	2,806,374	73.00
76.00	BEHAVIORAL HEALTH		790,714	0	790,714	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER		795,849	0	795,849	76.01
76.02	FLU CLINIC		3,297	0	3,297	76.02
76.97	CARDIAC REHABILITATION		176,576	0	176,576	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY		2,207,666	0	2,207,666	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		674,950	0	674,950	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES		1,451,941	0	1,451,941	95.00
99.10	CORF		0	0	0	99.10
101.00	HOME HEALTH AGENCY		1,766,205	0	1,766,205	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
113.00	INTEREST EXPENSE		0	0	0	113.00
116.00	HOSPICE		1,069,228	0	1,069,228	116.00
200.00	Subtotal (see instructions)	0	42,726,386	116,949	42,843,335	200.00
201.00	Less Observation Beds		674,950	0	674,950	201.00
202.00	Total (see instructions)	0	42,051,436	116,949	42,168,385	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/20/2012 1:00 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	5,934,810		5,934,810			30.00
31.00 INTENSIVE CARE UNIT	1,584,071		1,584,071			31.00
41.00 SUBPROVIDER - IRF	0		0			41.00
42.00 SUBPROVIDER	0		0			42.00
43.00 NURSERY	740,411		740,411			43.00
44.00 SKILLED NURSING FACILITY	2,080,800		2,080,800			44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,350,855	6,290,116	8,640,971	0.349770	0.000000	50.00
51.00 RECOVERY ROOM	679,315	3,495,740	4,175,055	0.255465	0.000000	51.00
52.00 DELIVERY ROOM & LABOR ROOM	315,700	10,780	326,480	1.818467	0.000000	52.00
53.00 ANESTHESIOLOGY	670,843	1,036,693	1,707,536	0.109588	0.000000	53.00
54.00 RADIOLOGY-DIAGNOSTIC	717,140	5,634,336	6,351,476	0.359686	0.000000	54.00
57.00 CT SCAN	1,335,511	8,020,297	9,355,808	0.079244	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	176,800	4,531,608	4,708,408	0.182945	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 LABORATORY	4,742,119	17,792,122	22,534,241	0.214105	0.000000	60.00
60.01 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	340,922	445,310	786,232	0.485858	0.000000	63.00
65.00 RESPIRATORY THERAPY	1,010,569	1,694,985	2,705,554	0.358622	0.000000	65.00
66.00 PHYSICAL THERAPY	714,710	1,833,795	2,548,505	0.766758	0.000000	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00 SPEECH PATHOLOGY	90,166	342,230	432,396	0.284609	0.000000	68.00
69.00 ELECTROCARDIOLOGY	805,623	2,132,442	2,938,065	0.104826	0.000000	69.00
70.00 ELECTROENCEPHALOGRAPHY	13,935	80,823	94,758	0.226746	0.000000	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,763,441	1,855,039	3,618,480	0.130788	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,729,279	848,117	2,577,396	0.533260	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,981,602	2,937,686	5,919,288	0.474107	0.000000	73.00
76.00 BEHAVIORAL HEALTH	3,913	647,001	650,914	1.214775	0.000000	76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	2,478	423,338	425,816	1.868997	0.000000	76.01
76.02 FLU CLINIC	0	27,902	27,902	0.118164	0.000000	76.02
76.97 CARDIAC REHABILITATION	0	314,904	314,904	0.560730	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	1,089,268	7,210,742	8,300,010	0.265984	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	179,117	1,666,853	1,845,970	0.365634	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	2,644,400	2,644,400	0.549063	0.000000	95.00
99.10 CORF	0	0	0			99.10
101.00 HOME HEALTH AGENCY	0	1,329,353	1,329,353			101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	1,338,397	1,338,397			116.00
200.00 Subtotal (see instructions)	32,053,398	74,585,009	106,638,407			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	32,053,398	74,585,009	106,638,407			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/20/2012 1:00 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.349770		50.00
51.00	RECOVERY ROOM	0.255465		51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.818467		52.00
53.00	ANESTHESIOLOGY	0.147457		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.359686		54.00
57.00	CT SCAN	0.079244		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.182945		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.216426		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.485858		63.00
65.00	RESPIRATORY THERAPY	0.358622		65.00
66.00	PHYSICAL THERAPY	0.766758		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.284609		68.00
69.00	ELECTROCARDIOLOGY	0.104826		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.226746		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.130788		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.533260		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.474107		73.00
76.00	BEHAVIORAL HEALTH	1.214775		76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	1.868997		76.01
76.02	FLU CLINIC	0.118164		76.02
76.97	CARDIAC REHABILITATION	0.560730		76.97
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	0.265984		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.365634		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0.549063		95.00
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/20/2012 1:00 pm	
		Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		7,686,206	0	0
31.00	INTENSIVE CARE UNIT		1,577,940	0	0
41.00	SUBPROVIDER - IRF		0	0	0
42.00	SUBPROVIDER		0	0	0
43.00	NURSERY		445,468	0	0
44.00	SKILLED NURSING FACILITY		2,085,645	0	0
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM		3,022,355	0	0
51.00	RECOVERY ROOM		1,066,581	0	0
52.00	DELIVERY ROOM & LABOR ROOM		593,693	0	0
53.00	ANESTHESIOLOGY		187,126	0	0
54.00	RADIOLOGY-DIAGNOSTIC		2,284,536	0	0
57.00	CT SCAN		741,388	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)		861,381	0	0
59.00	CARDIAC CATHETERIZATION		0	0	0
60.00	LABORATORY		4,824,700	0	0
60.01	BLOOD LABORATORY		0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.		381,997	0	0
65.00	RESPIRATORY THERAPY	0	970,272	0	0
66.00	PHYSICAL THERAPY	0	1,954,086	0	0
67.00	OCCUPATIONAL THERAPY	0	0	0	0
68.00	SPEECH PATHOLOGY	0	123,064	0	0
69.00	ELECTROCARDIOLOGY		307,987	0	0
70.00	ELECTROENCEPHALOGRAPHY		21,486	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		473,253	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT		1,374,422	0	0
73.00	DRUGS CHARGED TO PATIENTS		2,806,374	0	0
76.00	BEHAVIORAL HEALTH		790,714	0	0
76.01	DIABETES/WOUND CARE/COUMADIN CENTER		795,849	0	0
76.02	FLU CLINIC		3,297	0	0
76.97	CARDIAC REHABILITATION		176,576	0	0
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY		2,207,666	0	0
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		674,950	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES		1,451,941	0	0
99.10	CORF		0	0	0
101.00	HOME HEALTH AGENCY		1,766,205	0	0
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION		0	0	0
110.00	INTESTINAL ACQUISITION		0	0	0
111.00	ISLET ACQUISITION		0	0	0
113.00	INTEREST EXPENSE				113.00
116.00	HOSPICE		1,069,228		0
200.00	Subtotal (see instructions)	0	42,726,386	0	0
201.00	Less Observation Beds		674,950		0
202.00	Total (see instructions)	0	42,051,436	0	0

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/20/2012 1:00 pm
		Title XIX	Hospital	Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	5,934,810		5,934,810		30.00
31.00	INTENSIVE CARE UNIT	1,584,071		1,584,071		31.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	740,411		740,411		43.00
44.00	SKILLED NURSING FACILITY	2,080,800		2,080,800		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,350,855	6,290,116	8,640,971	0.349770	50.00
51.00	RECOVERY ROOM	679,315	3,495,740	4,175,055	0.255465	51.00
52.00	DELIVERY ROOM & LABOR ROOM	315,700	10,780	326,480	1.818467	52.00
53.00	ANESTHESIOLOGY	670,843	1,036,693	1,707,536	0.109588	53.00
54.00	RADIOLOGY-DIAGNOSTIC	717,140	5,634,336	6,351,476	0.359686	54.00
57.00	CT SCAN	1,335,511	8,020,297	9,355,808	0.079244	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	176,800	4,531,608	4,708,408	0.182945	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	4,742,119	17,792,122	22,534,241	0.214105	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	340,922	445,310	786,232	0.485858	63.00
65.00	RESPIRATORY THERAPY	1,010,569	1,694,985	2,705,554	0.358622	65.00
66.00	PHYSICAL THERAPY	714,710	1,833,795	2,548,505	0.766758	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	90,166	342,230	432,396	0.284609	68.00
69.00	ELECTROCARDIOLOGY	805,623	2,132,442	2,938,065	0.104826	69.00
70.00	ELECTROENCEPHALOGRAPHY	13,935	80,823	94,758	0.226746	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,763,441	1,855,039	3,618,480	0.130788	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,729,279	848,117	2,577,396	0.533260	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,981,602	2,937,686	5,919,288	0.474107	73.00
76.00	BEHAVIORAL HEALTH	3,913	647,001	650,914	1.214775	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	2,478	423,338	425,816	1.868997	76.01
76.02	FLU CLINIC	0	27,902	27,902	0.118164	76.02
76.97	CARDIAC REHABILITATION	0	314,904	314,904	0.560730	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00	EMERGENCY	1,089,268	7,210,742	8,300,010	0.265984	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	179,117	1,666,853	1,845,970	0.365634	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	2,644,400	2,644,400	0.549063	95.00
99.10	CORF	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	1,329,353	1,329,353		101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	0	1,338,397	1,338,397		116.00
200.00	Subtotal (see instructions)	32,053,398	74,585,009	106,638,407		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	32,053,398	74,585,009	106,638,407		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/20/2012 1:00 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
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
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
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
65.00	RESPIRATORY THERAPY	0.000000		65.00
66.00	PHYSICAL THERAPY	0.000000		66.00
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 PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
76.00	BEHAVIORAL HEALTH	0.000000		76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	0.000000		76.01
76.02	FLU CLINIC	0.000000		76.02
76.97	CARDIAC REHABILITATION	0.000000		76.97
OUTPATIENT SERVICE COST CENTERS				
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0.000000		95.00
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140089		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part I Date/Time Prepared: 1/20/2012 1:00 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	828,687	0	828,687	6,343	130.65	30.00
31.00	INTENSIVE CARE UNIT	128,673		128,673	781	164.75	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	30,244		30,244	762	39.69	43.00
44.00	SKILLED NURSING FACILITY	127,718		127,718	2,718	46.99	44.00
200.00	Total (lines 30-199)	1,115,322		1,115,322	10,604		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/20/2012 1:00 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	3,351	437,808		30.00
31.00 INTENSIVE CARE UNIT	541	89,130		31.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	2,562	120,388		44.00
200.00 Total (lines 30-199)	6,454	647,326		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/20/2012 1:00 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	257,241	8,640,971	0.029770	1,162,078	34,595	50.00
51.00	RECOVERY ROOM	85,367	4,175,055	0.020447	331,842	6,785	51.00
52.00	DELIVERY ROOM & LABOR ROOM	53,254	326,480	0.163116	1,540	251	52.00
53.00	ANESTHESIOLOGY	12,248	1,707,536	0.007173	170,012	1,219	53.00
54.00	RADIOLOGY-DIAGNOSTIC	253,060	6,351,476	0.039843	518,968	20,677	54.00
57.00	CT SCAN	23,495	9,355,808	0.002511	890,685	2,237	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	17,082	4,708,408	0.003628	144,346	524	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	253,196	22,534,241	0.011236	2,894,051	32,518	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	7,537	786,232	0.009586	279,400	2,678	63.00
65.00	RESPIRATORY THERAPY	95,257	2,705,554	0.035208	590,504	20,790	65.00
66.00	PHYSICAL THERAPY	165,729	2,548,505	0.065030	224,718	14,613	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	5,839	432,396	0.013504	56,350	761	68.00
69.00	ELECTROCARDIOLOGY	10,692	2,938,065	0.003639	645,357	2,348	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,629	94,758	0.048851	8,361	408	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,536	3,618,480	0.006781	969,686	6,575	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	73,937	2,577,396	0.028687	1,272,338	36,500	72.00
73.00	DRUGS CHARGED TO PATIENTS	89,096	5,919,288	0.015052	1,547,897	23,299	73.00
76.00	BEHAVIORAL HEALTH	32,824	650,914	0.050428	255	13	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	35,466	425,816	0.083289	1,948	162	76.01
76.02	FLU CLINIC	66	27,902	0.002365	0	0	76.02
76.97	CARDIAC REHABILITATION	21,498	314,904	0.068268	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	171,383	8,300,010	0.020649	694,368	14,338	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	72,770	1,845,970	0.039421	104,211	4,108	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	1,766,202	90,986,165		12,508,915	225,399	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140089		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/20/2012 1:00 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
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
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/20/2012 1:00 pm
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Title XVIII		Hospital	PPS
			Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
	6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,343	0.00	3,351	0		30.00
31.00 INTENSIVE CARE UNIT	781	0.00	541	0		31.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00 SUBPROVIDER	0	0.00	0	0		42.00
43.00 NURSERY	762	0.00	0	0		43.00
44.00 SKILLED NURSING FACILITY	2,718	0.00	2,562	0		44.00
200.00 Total (lines 30-199)	10,604		6,454	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 1:00 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	138,740	0	0	138,740	0	54.00
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
76.00 BEHAVIORAL HEALTH	0	0	0	0	0	0	0	76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	0	0	0	0	0	0	0	76.01
76.02 FLU CLINIC	0	0	0	0	0	0	0	76.02
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00 AMBULANCE SERVICES								95.00
200.00 Total (Lines 50-199)	0	0	138,740	0	0	138,740	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 1:00 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	8,640,971	0.000000	0.000000	1,162,078	50.00
51.00	RECOVERY ROOM	0	4,175,055	0.000000	0.000000	331,842	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	326,480	0.000000	0.000000	1,540	52.00
53.00	ANESTHESIOLOGY	0	1,707,536	0.000000	0.000000	170,012	53.00
54.00	RADIOLOGY-DIAGNOSTIC	138,740	6,351,476	0.021844	0.021844	518,968	54.00
57.00	CT SCAN	0	9,355,808	0.000000	0.000000	890,685	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	4,708,408	0.000000	0.000000	144,346	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	22,534,241	0.000000	0.000000	2,894,051	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	786,232	0.000000	0.000000	279,400	63.00
65.00	RESPIRATORY THERAPY	0	2,705,554	0.000000	0.000000	590,504	65.00
66.00	PHYSICAL THERAPY	0	2,548,505	0.000000	0.000000	224,718	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	SPEECH PATHOLOGY	0	432,396	0.000000	0.000000	56,350	68.00
69.00	ELECTROCARDIOLOGY	0	2,938,065	0.000000	0.000000	645,357	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	94,758	0.000000	0.000000	8,361	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,618,480	0.000000	0.000000	969,686	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	2,577,396	0.000000	0.000000	1,272,338	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,919,288	0.000000	0.000000	1,547,897	73.00
76.00	BEHAVIORAL HEALTH	0	650,914	0.000000	0.000000	255	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	0	425,816	0.000000	0.000000	1,948	76.01
76.02	FLU CLINIC	0	27,902	0.000000	0.000000	0	76.02
76.97	CARDIAC REHABILITATION	0	314,904	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
91.00	EMERGENCY	0	8,300,010	0.000000	0.000000	694,368	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,845,970	0.000000	0.000000	104,211	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	138,740	90,986,165			12,508,915	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 1:00 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)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	2,644,289	0	50.00
51.00 RECOVERY ROOM	0	1,260,486	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	376,090	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,336	1,598,298	34,913	54.00
57.00 CT SCAN	0	2,955,436	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	1,476,111	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	1,130,940	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	290,844	0	63.00
65.00 RESPIRATORY THERAPY	0	764,654	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	986,219	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	15,307	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	418,429	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	478,983	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,539,671	0	73.00
76.00 BEHAVIORAL HEALTH	0	96,349	0	76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	0	226,460	0	76.01
76.02 FLU CLINIC	0	0	0	76.02
76.97 CARDIAC REHABILITATION	0	194,582	0	76.97
OUTPATIENT SERVICE COST CENTERS				
91.00 EMERGENCY	0	1,644,254	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	619,549	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	11,336	18,716,951	34,913	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/20/2012 1:00 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.349770	2,644,289	0	0		50.00
51.00 RECOVERY ROOM	0.255465	1,260,486	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	1.818467	0	0	0		52.00
53.00 ANESTHESIOLOGY	0.109588	376,090	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.359686	1,598,298	0	0		54.00
57.00 CT SCAN	0.079244	2,955,436	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.182945	1,476,111	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00 LABORATORY	0.214105	1,130,940	0	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0.485858	290,844	0	0		63.00
65.00 RESPIRATORY THERAPY	0.358622	764,654	0	0		65.00
66.00 PHYSICAL THERAPY	0.766758	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.000000	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0.284609	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.104826	986,219	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.226746	15,307	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.130788	418,429	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.533260	478,983	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.474107	1,539,671	0	6,707		73.00
76.00 BEHAVIORAL HEALTH	1.214775	96,349	0	0		76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	1.868997	226,460	0	0		76.01
76.02 FLU CLINIC	0.118164	0	0	17,487		76.02
76.97 CARDIAC REHABILITATION	0.560730	194,582	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0.265984	1,644,254	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.365634	619,549	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0.549063		0			95.00
200.00 Subtotal (see instructions)		18,716,951	0	24,194		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		18,716,951	0	24,194		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/20/2012 1:00 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	924,893	0	0		50.00
51.00 RECOVERY ROOM	322,010	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	41,215	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	574,885	0	0		54.00
57.00 CT SCAN	234,201	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	270,047	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	242,140	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	141,309	0	0		63.00
65.00 RESPIRATORY THERAPY	274,222	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	103,381	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	3,471	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	54,725	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	255,422	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	729,969	0	3,180		73.00
76.00 BEHAVIORAL HEALTH	117,042	0	0		76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	423,253	0	0		76.01
76.02 FLU CLINIC	0	0	2,066		76.02
76.97 CARDIAC REHABILITATION	109,108	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
91.00 EMERGENCY	437,345	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	226,528	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	5,485,166	0	5,246		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	5,485,166	0	5,246		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 1:00 pm
	Component CCN: 145687	Title XVIII	Skilled Nursing Facility PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 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	138,740	0	138,740	54.00
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
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
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 PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 BEHAVIORAL HEALTH	0	0	0	0	0	76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	0	0	0	0	0	76.01
76.02 FLU CLINIC	0	0	0	0	0	76.02
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	0	138,740	0	138,740	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140089 Component CCN: 145687	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 1:00 pm PPS
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Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	8,640,971	0.000000	0.000000	670	50.00
51.00 RECOVERY ROOM	0	4,175,055	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	326,480	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	1,707,536	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	138,740	6,351,476	0.021844	0.021844	46,400	54.00
57.00 CT SCAN	0	9,355,808	0.000000	0.000000	3,930	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	4,708,408	0.000000	0.000000	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	22,534,241	0.000000	0.000000	524,421	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	786,232	0.000000	0.000000	10,253	63.00
65.00 RESPIRATORY THERAPY	0	2,705,554	0.000000	0.000000	180,507	65.00
66.00 PHYSICAL THERAPY	0	2,548,505	0.000000	0.000000	413,700	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	432,396	0.000000	0.000000	29,664	68.00
69.00 ELECTROCARDIOLOGY	0	2,938,065	0.000000	0.000000	18,502	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	94,758	0.000000	0.000000	3,716	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,618,480	0.000000	0.000000	184,852	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	2,577,396	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	5,919,288	0.000000	0.000000	513,413	73.00
76.00 BEHAVIORAL HEALTH	0	650,914	0.000000	0.000000	509	76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	0	425,816	0.000000	0.000000	0	76.01
76.02 FLU CLINIC	0	27,902	0.000000	0.000000	0	76.02
76.97 CARDIAC REHABILITATION	0	314,904	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS						
91.00 EMERGENCY	0	8,300,010	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,845,970	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	138,740	90,986,165			1,930,537	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 1:00 pm
	Component CCN: 145687	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	
ANCILLARY SERVICE COST CENTERS				
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	1,014	0	0	54.00
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
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
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 PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00 BEHAVIORAL HEALTH	0	0	0	76.00
76.01 DIABETES/WOUND CARE/COUMADIN CENTER	0	0	0	76.01
76.02 FLU CLINIC	0	0	0	76.02
76.97 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (Lines 50-199)	1,014	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/20/2012 1:00 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,343	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,343	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		1,361	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,982	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)		3,351	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)		968	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		7,686,206	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)		7,686,206	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		5,383,970	28.00
29.00	Private room charges (excluding swing-bed charges)		1,340,585	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,043,385	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.427609	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		985.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		811.60	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		173.40	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		247.55	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		336,916	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,349,290	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,211.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,060,608	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)		4,060,608	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/20/2012 1:00 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	1,577,940	781	2,020.41	541	1,093,042	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)					3,800,434	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,954,084	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)					526,938	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					236,735	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					763,673	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,190,411	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)					557	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,211.76	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					674,950	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/20/2012 1:00 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	828,687	7,686,206	0.107815	674,950	72,770	90.00
91.00	Nursing School cost	0	7,686,206	0.000000	674,950	0	91.00
92.00	Allied health cost	0	7,686,206	0.000000	674,950	0	92.00
93.00	All other Medical Education	0	7,686,206	0.000000	674,950	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Component CCN: 145687		Date/Time Prepared: 1/20/2012 1:00 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,718	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,718	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		34	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,684	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,562	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		25	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,085,645	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)		2,085,645	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,080,800	28.00
29.00	Private room charges (excluding swing-bed charges)		27,540	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,053,260	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.002328	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		810.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		765.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		45.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		45.10	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		1,533	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,084,112	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
				Component CCN: 145687		Date/Time Prepared: 1/20/2012 1:00 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 anesthesiologist, 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)					2,084,112	70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					766.78	71.00
72.00 Program routine service cost (line 9 x line 71)					1,964,490	72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					1,128	73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					1,965,618	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)					1,965,618	83.00
84.00 Program inpatient ancillary services (see instructions)					795,871	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)					2,761,489	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: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Component CCN: 145687		Date/Time Prepared: 1/20/2012 1:00 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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/20/2012 1:00 pm
Cost Center Description		Title XIX	Hospital	Cost
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			6,343 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			6,343 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			1,361 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			4,982 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)			730 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)			61 14.00
15.00	Total nursery days (title V or XIX only)			762 15.00
16.00	Nursery days (title V or XIX only)			369 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			7,686,206 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)			7,686,206 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			5,383,970 28.00
29.00	Private room charges (excluding swing-bed charges)			1,340,585 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			4,043,385 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			1.427609 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			985.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			811.60 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			173.40 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			247.55 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			336,916 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			7,349,290 37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			1,158.65 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			845,815 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			15,101 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			860,916 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/20/2012 1:00 pm		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	445,468	762	584.60	369	215,717	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	1,577,940	781	2,020.41	34	68,694	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)					900,901	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,046,228	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					557	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,211.76	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					674,950	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140089		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/20/2012 1:00 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/20/2012 1:00 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		3,485,580		30.00
31.00	INTENSIVE CARE UNIT		1,097,540		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.349770	1,162,078	406,460	50.00
51.00	RECOVERY ROOM	0.255465	331,842	84,774	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.818467	1,540	2,800	52.00
53.00	ANESTHESIOLOGY	0.147457	170,012	25,069	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.359686	518,968	186,666	54.00
57.00	CT SCAN	0.079244	890,685	70,581	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.182945	144,346	26,407	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.216426	2,894,051	626,348	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.485858	279,400	135,749	63.00
65.00	RESPIRATORY THERAPY	0.358622	590,504	211,768	65.00
66.00	PHYSICAL THERAPY	0.766758	224,718	172,304	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.284609	56,350	16,038	68.00
69.00	ELECTROCARDIOLOGY	0.104826	645,357	67,650	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.226746	8,361	1,896	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.130788	969,686	126,823	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.533260	1,272,338	678,487	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.474107	1,547,897	733,869	73.00
76.00	BEHAVIORAL HEALTH	1.214775	255	310	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	1.868997	1,948	3,641	76.01
76.02	FLU CLINIC	0.118164	0	0	76.02
76.97	CARDIAC REHABILITATION	0.560730	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0.265984	694,368	184,691	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.365634	104,211	38,103	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		12,508,915	3,800,434	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)		12,508,915		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3	
		Component CCN: 145687		Date/Time Prepared: 1/20/2012 1:00 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.349770	670	234	50.00
51.00	RECOVERY ROOM	0.255465	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.818467	0	0	52.00
53.00	ANESTHESIOLOGY	0.109588	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.359686	46,400	16,689	54.00
57.00	CT SCAN	0.079244	3,930	311	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.182945	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.214105	524,421	112,281	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.485858	10,253	4,982	63.00
65.00	RESPIRATORY THERAPY	0.358622	180,507	64,734	65.00
66.00	PHYSICAL THERAPY	0.766758	413,700	317,208	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.284609	29,664	8,443	68.00
69.00	ELECTROCARDIOLOGY	0.104826	18,502	1,939	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.226746	3,716	843	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.130788	184,852	24,176	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.533260	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.474107	513,413	243,413	73.00
76.00	BEHAVIORAL HEALTH	1.214775	509	618	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	1.868997	0	0	76.01
76.02	FLU CLINIC	0.118164	0	0	76.02
76.97	CARDIAC REHABILITATION	0.560730	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0.265984	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.365634	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		1,930,537	795,871	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)		1,930,537		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/20/2012 1:00 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		671,945		30.00
31.00	INTENSIVE CARE UNIT		69,020		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		252,190		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.349770	383,436	134,114	50.00
51.00	RECOVERY ROOM	0.255465	63,476	16,216	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1.818467	199,716	363,177	52.00
53.00	ANESTHESIOLOGY	0.109588	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.359686	129,855	46,707	54.00
57.00	CT SCAN	0.079244	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.182945	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.214105	426,308	91,275	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.485858	0	0	63.00
65.00	RESPIRATORY THERAPY	0.358622	71,428	25,616	65.00
66.00	PHYSICAL THERAPY	0.766758	6,875	5,271	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.284609	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.104826	17,700	1,855	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.226746	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.130788	103,562	13,545	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.533260	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.474107	331,274	157,059	73.00
76.00	BEHAVIORAL HEALTH	1.214775	0	0	76.00
76.01	DIABETES/WOUND CARE/COUMADIN CENTER	1.868997	0	0	76.01
76.02	FLU CLINIC	0.118164	0	0	76.02
76.97	CARDIAC REHABILITATION	0.560730	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
91.00	EMERGENCY	0.265984	86,297	22,954	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.365634	63,211	23,112	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		1,883,138	900,901	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)		1,883,138		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/20/2012 1:00 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		5,364,698	1.00
2.00	Outlier payments for discharges. (see instructions)		27,892	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)		76.47	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.66	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		15.46	31.00
32.00	Sum of lines 30 and 31		19.12	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.37	33.00
34.00	Disproportionate share adjustment (see instructions)		288,084	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		5,680,674	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		7,290,753	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		7,290,753	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/20/2012 1:00 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
			1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		434,141		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		11,336		58.00
59.00	Total (sum of amounts on lines 49 through 58)		7,736,230		59.00
60.00	Primary payer payments		8,868		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		7,727,362		61.00
62.00	Deductibles billed to program beneficiaries		770,724		62.00
63.00	Coinsurance billed to program beneficiaries		849		63.00
64.00	Allowable bad debts (see instructions)		111,229		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		77,860		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		7,033,649		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)		7,033,649		71.00
72.00	Interim payments		7,005,156		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)		28,493		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/20/2012 1:00 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			5,246 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			5,450,253 2.00
3.00	PPS payments			4,297,416 3.00
4.00	Outlier payment (see instructions)			4,390 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.822 5.00
6.00	Line 2 times line 5			4,480,108 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			96.02 7.00
8.00	Transitional corridor payment (see instructions)			151,557 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			34,913 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			5,246 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			24,194 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)			24,194 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			1 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)			1 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			1.000000 17.00
18.00	Total customary charges (see instructions)			24,194 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			18,948 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)			5,246 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			4,488,276 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			1,141 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,089,740 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)			3,402,641 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			3,402,641 30.00
31.00	Primary payer payments			81 31.00
32.00	Subtotal (line 30 minus line 31)			3,402,560 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)			103,842 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			72,689 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)			3,475,249 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			3,475,249 40.00
41.00	Interim payments			3,494,815 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)			-19,566 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089 Component CCN: 145687	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/20/2012 1:00 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (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: 140089		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/20/2012 1:00 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		6,728,702		3,485,005	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	02/11/2011	168,758	02/11/2011	9,810	3.01	
3.02		05/27/2011	107,696		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)		276,454		9,810	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)		7,005,156		3,494,815	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		28,493		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		19,566	6.02	
7.00	Total Medicare program liability (see instructions)		7,033,649		3,475,249	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: 140089 Component CCN: 145687		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/20/2012 1:00 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		764,771		0		1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0		2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0		3.01
3.02			0		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0		3.50
3.51			0		0		3.51
3.52			0		0		3.52
3.53			0		0		3.53
3.54			0		0		3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0		3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		764,771		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		1,014		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		765,785		0		7.00
		0		Contractor Number	Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor						

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140089 Component CCN: 145687	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VI Date/Time Prepared: 1/20/2012 1:00 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)		863,140	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		1,014	3.00
4.00	Subtotal (sum of lines 1 through 3)		864,154	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		98,369	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	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)		765,785	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)		765,785	15.00
16.00	Interim payments		764,771	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)		1,014	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: 140089 Period: From 07/01/2010 To 06/30/2011 Worksheet G
 Date/Time Prepared: 1/20/2012 1:00 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,726,116	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	27,275,827	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-14,368,606	0	0	0	6.00
7.00	Inventory	1,350,706	0	0	0	7.00
8.00	Prepaid expenses	2,799,142	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	18,783,185	0	0	0	11.00
FIXED ASSETS						
12.00	Land	111,602	0	0	0	12.00
13.00	Land improvements	1,963,256	0	0	0	13.00
14.00	Accumulated depreciation	-1,084,650	0	0	0	14.00
15.00	Buildings	18,055,584	0	0	0	15.00
16.00	Accumulated depreciation	-13,610,759	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	43,576,357	0	0	0	23.00
24.00	Accumulated depreciation	-32,386,800	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	2,153,186	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	18,777,776	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	40,033,537	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	1,615,962	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	41,649,499	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	79,210,460	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	9,919,809	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	775,689	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	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	10,695,498	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	2,471,519	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,471,519	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	13,167,017	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	66,043,443				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)	66,043,443	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	79,210,460	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet G-1

Date/Time Prepared:
1/20/2012 1:00 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		58,985,766		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,894,300			2.00
3.00	Total (sum of line 1 and line 2)		65,880,066		0	3.00
4.00	CAPITAL GRANTS & GIFTS	163,377		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)		163,377		0	10.00
11.00	Subtotal (line 3 plus line 10)		66,043,443		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		66,043,443		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet G-1

Date/Time Prepared:
1/20/2012 1:00 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140089

Period:
From 07/01/2010
To 06/30/2011

Worksheet G-2 Parts

Date/Time Prepared:
1/20/2012 1:00 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	6,845,350		6,845,350	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	2,089,787		2,089,787	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	8,935,137		8,935,137	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,584,071		1,584,071	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	1,584,071		1,584,071	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	10,519,208		10,519,208	17.00
18.00	Ancillary services	23,382,208	76,845,261	100,227,469	18.00
19.00	Outpatient services	0	6,025,102	6,025,102	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	1,329,745	1,329,745	22.00
23.00	AMBULANCE SERVICES	0	2,648,742	2,648,742	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,338,958	1,338,958	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	33,901,416	88,187,808	122,089,224	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		56,586,029		29.00
30.00	MISCELLANEOUS	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	HEALTH SERVICE BUILDING EXPENSE	542,264			37.00
38.00	HEALTH SERVICE BUILDING II EXPENSE	252,901			38.00
39.00	OTHER BUILDING EXPENSES	191,981			39.00
40.00	OTHER	41,361			40.00
41.00	INTEREST EXPENSE	30,557			41.00
42.00	Total deductions (sum of lines 37-41)		1,059,064		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		55,526,965		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet G-3 Date/Time Prepared: 1/20/2012 1:00 pm
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	122,089,224	1.00
2.00	Less contractual allowances and discounts on patients' accounts	61,585,408	2.00
3.00	Net patient revenues (line 1 minus line 2)	60,503,816	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	55,526,965	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,976,851	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	242,395	6.00
7.00	Income from investments	747,825	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	43,579	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	151,739	13.00
14.00	Revenue from meals sold to employees and guests	367,119	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	1,230	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	4,218	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	2,500	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	611,350	22.00
23.00	Governmental appropriations	65,486	23.00
24.00	FELLHEIMER FUND REIMBURSEMENT	275,863	24.00
24.01	BILLING SERVICES	113,076	24.01
24.02	CONSULTING	245,965	24.02
24.03	MISCELLANEOUS	104,135	24.03
25.00	Total other income (sum of lines 6-24)	2,976,480	25.00
26.00	Total (line 5 plus line 25)	7,953,331	26.00
27.00	NON-OPERATING EXPENSES	1,059,031	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,059,031	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,894,300	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS	Provider CCN: 140089	Period: From 07/01/2010	Worksheet H
	HHA CCN: 147293	To 06/30/2011	
		Home Health Agency I	PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures		0		0	1.00
2.00	Capital Related - Movable Equipment		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	243,529	0	0	13,360	50,747
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	565,622	0	36,524	0	25,488
7.00	Physical Therapy	130,545	0	11,881	1,125	0
8.00	Occupational Therapy	41,804	0	4,686	0	0
9.00	Speech Pathology	7,558	0	391	0	0
10.00	Medical Social Services	9,888	0	550	0	5
11.00	Home Health Aide	24,898	0	3,270	0	0
12.00	Supplies (see instructions)	0	0	0	0	0
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others	0	0	0	0	0
24.00	Total (sum of lines 1-23)	1,023,844	0	57,302	14,485	76,240

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: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet H
		HHA CCN: 147293		Date/Time Prepared: 1/20/2012 1:00 pm
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		Total (sum of col. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	307,636	-23,719	283,917	0	283,917	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	627,634	0	627,634	0	627,634	6.00
7.00	Physical Therapy	143,551	0	143,551	0	143,551	7.00
8.00	Occupational Therapy	46,490	0	46,490	0	46,490	8.00
9.00	Speech Pathology	7,949	0	7,949	0	7,949	9.00
10.00	Medical Social Services	10,443	0	10,443	0	10,443	10.00
11.00	Home Health Aide	28,168	0	28,168	0	28,168	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,171,871	-23,719	1,148,152	0	1,148,152	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: 140089	Period: From 07/01/2010	Worksheet H-1 Part I Date/Time Prepared: 1/20/2012 1:00 pm
	HHA CCN: 147293	To 06/30/2011	
		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			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	283,917	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	627,634	0	0	0	6.00
7.00	Physical Therapy	143,551	0	0	0	7.00
8.00	Occupational Therapy	46,490	0	0	0	8.00
9.00	Speech Pathology	7,949	0	0	0	9.00
10.00	Medical Social Services	10,443	0	0	0	10.00
11.00	Home Health Aide	28,168	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,148,152	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140089	Period: From 07/01/2010	Worksheet H-1
		HHA CCN: 147293	To 06/30/2011	Part I
			Home Health Agency I	Date/Time Prepared: 1/20/2012 1:00 pm
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	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operations & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	283,917	283,917	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	627,634	206,189	833,823
7.00	Physical Therapy	143,551	47,159	190,710
8.00	Occupational Therapy	46,490	15,273	61,763
9.00	Speech Pathology	7,949	2,611	10,560
10.00	Medical Social Services	10,443	3,431	13,874
11.00	Home Health Aide	28,168	9,254	37,422
12.00	Supplies (see instructions)	0	0	0
13.00	Drugs	0	0	0
14.00	DME	0	0	0
HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others	0	0	0
24.00	Total (sum of lines 1-23)	864,235		1,148,152

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140089	Period: From 07/01/2010	Worksheet H-1 Part II Date/Time Prepared: 1/20/2012 1:00 pm
	HHA CCN: 147293	To 06/30/2011	
		Home Health Agency I	PPS

	Capital Related Costs				Transportation (MILEAGE)	Reconciliation	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)				
	1.00	2.00	3.00	4.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-283,917	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-283,917	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: 140089	Period:	Worksheet H-1
	HHA CCN: 147293	From 07/01/2010 To 06/30/2011	Part II Date/Time Prepared: 1/20/2012 1:00 pm
		Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	864,235	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	627,634	6.00
7.00	Physical Therapy	143,551	7.00
8.00	Occupational Therapy	46,490	8.00
9.00	Speech Pathology	7,949	9.00
10.00	Medical Social Services	10,443	10.00
11.00	Home Health Aide	28,168	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others	0	23.00
24.00	Total (sum of lines 1-23)	864,235	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	283,917	25.00
26.00	Unit Cost Multiplier	0.328518	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	Provider CCN: 140089 HHA CCN: 147293	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part I Date/Time Prepared: 1/20/2012 1:00 pm PPS
		Home Health Agency I	

	HHA Trial Balance (1)	CAPITAL RELATED COSTS			CAP REL COSTS-HSB II	
		NEW BLDG & FIXT 1.00	CAP REL COSTS-HOSPITAL 1.01	CAP REL COSTS-HSB I 1.02		
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	833,823	0	0	0	0	2.00
3.00 Physical Therapy	190,710	0	0	0	0	3.00
4.00 Occupational Therapy	61,763	0	0	0	0	4.00
5.00 Speech Pathology	10,560	0	0	0	0	5.00
6.00 Medical Social Services	13,874	0	0	0	0	6.00
7.00 Home Health Aide	37,422	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,148,152	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	Provider CCN: 140089	Period: From 07/01/2010	Worksheet H-2
	HHA CCN: 147293	To 06/30/2011	Part I Date/Time Prepared: 1/20/2012 1:00 pm
		Home Health Agency I	PPS

		CAPITAL RELATED COSTS					
		CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAYSIS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
		1.04	1.05	1.06	1.07	1.08	
1.00	Administrative and General	0	0	0	17,462	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	17,462	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: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part I Date/Time Prepared: 1/20/2012 1:00 pm
		HHA CCN: 147293	Home Health Agency I	PPS

	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSBI	
	4.00	4A	5.00	6.00	6.01	
1.00	Administrative and General	60,712	78,174	15,697	0	0 1.00
2.00	Skilled Nursing Care	142,291	976,114	195,996	0	0 2.00
3.00	Physical Therapy	32,841	223,551	44,887	0	0 3.00
4.00	Occupational Therapy	10,517	72,280	14,513	0	0 4.00
5.00	Speech Pathology	1,901	12,461	2,502	0	0 5.00
6.00	Medical Social Services	2,488	16,362	3,285	0	0 6.00
7.00	Home Health Aide	6,264	43,686	8,772	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	0	0	0	0	0 19.00
20.00	Total (sum of lines 1-19) (2)	257,014	1,422,628	285,652	0	0 20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140089	Period: From 07/01/2010	Worksheet H-2
		HHA CCN: 147293	To 06/30/2011	Part I
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	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG	LAUNDRY & LINEN SERVICE	
	6.02	6.03	6.04	6.05	8.00	
1.00 Administrative and General	0	0	5,214	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	234	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	5,214	0	234	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: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part I Date/Time Prepared: 1/20/2012 1:00 pm
		HHA CCN: 147293	Home Health Agency I	PPS

		HOUSEKEEPING	HOUSEKEEPING-H SB	HOUSEKEEPING-H SB II	HOUSEKEEPING-O RTHO	HOUSEKEEPING-M AB	
		9.00	9.01	9.02	9.03	9.04	
1.00	Administrative and General	0	0	0	0	2,432	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	2,432	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: 140089	Period: From 07/01/2010	Worksheet H-2 Part I Date/Time Prepared: 1/20/2012 1:00 pm
	HHA CCN: 147293	To 06/30/2011	
		Home Health Agency I	PPS

	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	0	9,913	0	0	0	1.00
2.00 Skilled Nursing Care	0	21,275	0	9,669	0	2.00
3.00 Physical Therapy	0	4,835	0	0	0	3.00
4.00 Occupational Therapy	0	1,209	0	0	0	4.00
5.00 Speech Pathology	0	242	0	0	0	5.00
6.00 Medical Social Services	0	484	0	0	0	6.00
7.00 Home Health Aide	0	2,418	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	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	40,376	0	9,669	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: 140089 HHA CCN: 147293		Period: From 07/01/2010 To 06/30/2011		Worksheet H-2 Part I Date/Time Prepared: 1/20/2012 1:00 pm PPS	
		Home Health Agency I					
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED ED PRGM	PARAMED ED PRGM-PARAMEDIC	
		16.00	17.00	19.00	23.00	23.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140089 HHA CCN: 147293		Period: From 07/01/2010 To 06/30/2011		Worksheet H-2 Part I Date/Time Prepared: 1/20/2012 1:00 pm PPS	
		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	111,430	0	111,430			1.00
2.00	Skilled Nursing Care	1,203,288	0	1,203,288	81,027	1,284,315	2.00
3.00	Physical Therapy	273,273	0	273,273	18,402	291,675	3.00
4.00	Occupational Therapy	88,002	0	88,002	5,926	93,928	4.00
5.00	Speech Pathology	15,205	0	15,205	1,024	16,229	5.00
6.00	Medical Social Services	20,131	0	20,131	1,356	21,487	6.00
7.00	Home Health Aide	54,876	0	54,876	3,695	58,571	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	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,766,205	0	1,766,205	111,430	1,766,205	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.				0.067338		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140089	Period: From 07/01/2010	Worksheet H-2 Part II Date/Time Prepared: 1/20/2012 1:00 pm
	HHA CCN: 147293	To 06/30/2011	
		Home Health Agency I	PPS

		CAPITAL RELATED COSTS				CAP REL COSTS-REHAB CNT (PER CENT)	
		NEW BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)		
		1.00	1.01	1.02	1.03		
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140089	Period: From 07/01/2010	Worksheet H-2 Part II Date/Time Prepared: 1/20/2012 1:00 pm
	HHA CCN: 147293	To 06/30/2011	
		Home Health Agency I	PPS

		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (HOURS OF SERVICE)	
		CAP REL COSTS-DIAYSIS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)		
		1.05	1.06	1.07	1.08		
1.00	Administrative and General	0	0	1,735	0	241,335	1.00
2.00	Skilled Nursing Care	0	0	0	0	565,622	2.00
3.00	Physical Therapy	0	0	0	0	130,545	3.00
4.00	Occupational Therapy	0	0	0	0	41,804	4.00
5.00	Speech Pathology	0	0	0	0	7,558	5.00
6.00	Medical Social Services	0	0	0	0	9,888	6.00
7.00	Home Health Aide	0	0	0	0	24,898	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	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	1,735	0	1,021,650	20.00
21.00	Total cost to be allocated	0	0	17,462	0	257,014	21.00
22.00	Unit cost multiplier	0.000000	0.000000	10.064553	0.000000	0.251568	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140089 HHA CCN: 147293	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/20/2012 1:00 pm PPS
		Home Health Agency I	

		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)	
		5A	5.00	6.00	6.01	6.02	
1.00	Administrative and General	0	78,174	0	0	0	1.00
2.00	Skilled Nursing Care	0	976,114	0	0	0	2.00
3.00	Physical Therapy	0	223,551	0	0	0	3.00
4.00	Occupational Therapy	0	72,280	0	0	0	4.00
5.00	Speech Pathology	0	12,461	0	0	0	5.00
6.00	Medical Social Services	0	16,362	0	0	0	6.00
7.00	Home Health Aide	0	43,686	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	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)		1,422,628	0	0	0	20.00
21.00	Total cost to be allocated		285,652	0	0	0	21.00
22.00	Unit cost multiplier		0.200792	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140089	Period: From 07/01/2010	Worksheet H-2 Part II Date/Time Prepared: 1/20/2012 1:00 pm
	HHA CCN: 147293	To 06/30/2011	
		Home Health Agency I	PPS

	MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	
	6.03	6.04	6.05	8.00	9.00	
1.00 Administrative and General	0	1,735	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	21	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	1,735	0	21	0	20.00
21.00 Total cost to be allocated	0	5,214	0	234	0	21.00
22.00 Unit cost multiplier	0.000000	3.005187	0.000000	11.142857	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140089 HHA CCN: 147293	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/20/2012 1:00 pm PPS
		Home Health Agency I	

	HOUSEKEEPING-H SB (SQUARE FEET) 9.01	HOUSEKEEPING-H SB II (SQUARE FEET) 9.02	HOUSEKEEPING-O RTHO (SQUARE FEET) 9.03	HOUSEKEEPING-M AB (SQUARE FEET) 9.04	DIETARY (MEALS SERVED) 10.00	
1.00 Administrative and General	0	0	0	1,735	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	1,735	0	20.00
21.00 Total cost to be allocated	0	0	0	2,432	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	1.401729	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140089	Period: From 07/01/2010	Worksheet H-2
	HHA CCN: 147293	To 06/30/2011	Part II Date/Time Prepared: 1/20/2012 1:00 pm
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	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	41	0	0	0	0	1.00
2.00 Skilled Nursing Care	88	0	28,968	0	0	2.00
3.00 Physical Therapy	20	0	0	0	0	3.00
4.00 Occupational Therapy	5	0	0	0	0	4.00
5.00 Speech Pathology	1	0	0	0	0	5.00
6.00 Medical Social Services	2	0	0	0	0	6.00
7.00 Home Health Aide	10	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	167	0	28,968	0	0	20.00
21.00 Total cost to be allocated	40,376	0	9,669	0	0	21.00
22.00 Unit cost multiplier	241.772455	0.000000	0.333782	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140089	Period: From 07/01/2010	Worksheet H-2 Part II Date/Time Prepared: 1/20/2012 1:00 pm
	HHA CCN: 147293	To 06/30/2011	
		Home Health Agency I	PPS

	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM-PARAMEDIC (ASSIGNED TIME)		
	17.00	19.00	23.00	23.01		
1.00	Administrative and General	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0		2.00
3.00	Physical Therapy	0	0	0		3.00
4.00	Occupational Therapy	0	0	0		4.00
5.00	Speech Pathology	0	0	0		5.00
6.00	Medical Social Services	0	0	0		6.00
7.00	Home Health Aide	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0		8.00
9.00	Drugs	0	0	0		9.00
10.00	DME	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0		13.00
14.00	Clinic	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0		15.00
16.00	Day Care Program	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0		17.00
18.00	Homemaker Service	0	0	0		18.00
19.00	All Others	0	0	0		19.00
20.00	Total (sum of lines 1-19)	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 140089 HHA CCN: 147293	Period: From 07/01/2010 To 06/30/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 1/20/2012 1:00 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	1,284,315		1,284,315	5,487 1.00
2.00	Physical Therapy	3.00	291,675	0	291,675	1,819 2.00
3.00	Occupational Therapy	4.00	93,928	0	93,928	504 3.00
4.00	Speech Pathology	5.00	16,229	0	16,229	108 4.00
5.00	Medical Social Services	6.00	21,487		21,487	55 5.00
6.00	Home Health Aide	7.00	58,571		58,571	542 6.00
7.00	Total (sum of lines 1-6)		1,766,205	0	1,766,205	8,515 7.00
Program Visits						
Part B						
Not Subject to Deductibles & Coinsurance						
Subject to Deductibles						
Cost Center Description						
Cost Limits		CBSA No. (1)	Part A			
0		1.00	2.00	3.00		4.00
Limitation Cost Computation						
8.00	Skilled Nursing Care		99914	1,965	2,076	8.00
9.00	Physical Therapy		99914	888	725	9.00
10.00	Occupational Therapy		99914	227	222	10.00
11.00	Speech Pathology		99914	31	35	11.00
12.00	Medical Social Services		99914	25	27	12.00
13.00	Home Health Aide		99914	217	359	13.00
14.00	Total (sum of lines 8-13)			3,353	3,444	14.00
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	8.00	0	3,037	3,037	23,217 15.00
16.00	Cost of Drugs	9.00	0	0	0	0 16.00
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
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.766758	0	0	1.00
2.00	Occupational Therapy	67.00	0.000000	0	0	2.00
3.00	Speech Pathology	68.00	0.284609	0	0	3.00
4.00	Cost of Medical Supplies	71.00	0.130788	23,217	3,037	4.00
5.00	Cost of Drugs	73.00	0.474107	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140089 HHA CCN: 147293	Period: From 07/01/2010 To 06/30/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 1/20/2012 1:00 pm PPS	
		Title XVII I	Home Health Agency I		
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits		
			Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance	
			Part B		
			7.00	8.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION					
Cost Per Visit Computation					
1.00	Skilled Nursing Care	234.07	1,965	2,076	1.00
2.00	Physical Therapy	160.35	888	725	2.00
3.00	Occupational Therapy	186.37	227	222	3.00
4.00	Speech Pathology	150.27	31	35	4.00
5.00	Medical Social Services	390.67	25	27	5.00
6.00	Home Health Aide	108.06	217	359	6.00
7.00	Total (sum of lines 1-6)		3,353	3,444	7.00
Cost Center Description		5.00	6.00	7.00	8.00
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
9.00	Physical Therapy				9.00
10.00	Occupational Therapy				10.00
11.00	Speech Pathology				11.00
12.00	Medical Social Services				12.00
13.00	Home Health Aide				13.00
14.00	Total (sum of lines 8-13)				14.00
Cost Center Description		5.00	6.00	7.00	8.00
Program Covered Charges					
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B		
			Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance	
			7.00	8.00	
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	0.130809	4,331	10,722	15.00
16.00	Cost of Drugs	0.000000	0	0	16.00
Cost Center Description		Transfer to Part I as Indicated			
		4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS					
1.00	Physical Therapy	col. 2, line 2.00		1.00	
2.00	Occupational Therapy	col. 2, line 3.00		2.00	
3.00	Speech Pathology	col. 2, line 4.00		3.00	
4.00	Cost of Medical Supplies	col. 2, line 15.00		4.00	
5.00	Cost of Drugs	col. 2, line 16.00		5.00	

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 140089	Period: From 07/01/2010	Worksheet H-3 Parts I-III Date/Time Prepared: 1/20/2012 1:00 pm
	HHA CCN: 147293	To 06/30/2011	
	Title XVIII	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	459,948	485,929		945,877	1.00
2.00	Physical Therapy	142,391	116,254		258,645	2.00
3.00	Occupational Therapy	42,306	41,374		83,680	3.00
4.00	Speech Pathology	4,658	5,259		9,917	4.00
5.00	Medical Social Services	9,767	10,548		20,315	5.00
6.00	Home Health Aide	23,449	38,794		62,243	6.00
7.00	Total (sum of lines 1-6)	682,519	698,158		1,380,677	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00
Cost of Services						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	567	1,403	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140089 HHA CCN: 147293	Period: From 07/01/2010 To 06/30/2011	Worksheet H-4 Part I-II Date/Time Prepared: 1/20/2012 1:00 pm	
		Title XVII	Home Health Agency I	PPS	
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	1	1	0	3.00
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)	1	1	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	1.000000	1.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		454,591	442,663	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		6,401	23,949	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		9,100	5,978	13.00
14.00	Total PPS Reimbursement - PEP Episodes		5,576	1,728	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		3,666	9,166	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		479,334	483,484	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		479,334	483,484	24.00
25.00	Coinsurance billed to program patients (from your records)			0	25.00
26.00	Net cost (line 24 minus line 25)		479,334	483,484	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		479,334	483,484	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)		479,334	483,484	31.00
32.00	Interim payments (see instructions)		479,334	483,484	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140089	Period: From 07/01/2010	Worksheet H-5
	HHA CCN: 147293	To 06/30/2011	Date/Time Prepared: 1/20/2012 1:00 pm
		Home Health Agency I	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		479,334		483,484	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		479,334		483,484	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)		479,334		483,484	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: 140089

Period: From 07/01/2010

Worksheet K

Hospice CCN: 141524

To 06/30/2011

Date/Time Prepared: 1/20/2012 1:00 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	697	3.00
4.00	Transportation - Staff	0	0	23,559	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	34,834	0	0	3,623	22,560	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	34,082	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	22,915	0	0	342	0	9.00
10.00	Nursing Care	261,004	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	33	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	37,517	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	38,919	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	116,690	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	50,091	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	21,589	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	6,483	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	79,533	0	38.00
39.00	Total (sum of lines 1 thru 38)	401,705	0	23,559	139,169	190,038	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140089

Period: From 07/01/2010

Worksheet K

Hospice CCN: 141524

To 06/30/2011

Date/Time Prepared: 1/20/2012 1:00 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	697	0	697	0	697	3.00
4.00	Transportation - Staff	23,559	0	23,559	0	23,559	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	61,017	3,076	64,093	0	64,093	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	34,082	0	34,082	0	34,082	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	23,257	0	23,257	0	23,257	9.00
10.00	Nursing Care	261,004	0	261,004	0	261,004	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	33	0	33	0	33	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	37,517	0	37,517	0	37,517	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	38,919	0	38,919	0	38,919	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	116,690	0	116,690	0	116,690	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	50,091	0	50,091	0	50,091	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.)	21,589	0	21,589	0	21,589	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	6,483	277	6,760	0	6,760	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	79,533	0	79,533	0	79,533	38.00
39.00	Total (sum of lines 1 thru 38)	754,471	3,353	757,824	0	757,824	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140089

Period: From 07/01/2010

Worksheet K-1

Hospice CCN: 141524

To 06/30/2011

Date/Time Prepared: 1/20/2012 1:00 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	34,834	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	12,797	248,207	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	37,517	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	6,483	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	34,834	44,000	12,797	248,207	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140089

Period: From 07/01/2010

Worksheet K-1

Hospice CCN: 141524

To 06/30/2011

Date/Time Prepared: 1/20/2012 1:00 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	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	34,834	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	22,915	22,915	9.00
10.00	Nursing Care		0	0	261,004	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	33	0	0	33	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	37,517	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		38,919	0	38,919	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	6,483	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)	33	38,919	22,915	401,705	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet K-3
		Hospice CCN: 141524		Date/Time Prepared: 1/20/2012 1:00 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	680	0	0	2,943	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	680	0	0	2,943	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet K-3
	Hospice CCN: 141524		Date/Time Prepared: 1/20/2012 1:00 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	3,623	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	34,082	34,082	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	342	342	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	0	0	0	0	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
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	21,589	21,589	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	79,533	79,533	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	135,546	139,169	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140089

Period: From 07/01/2010

Worksheet K-4

Hospice CCN: 141524

To 06/30/2011

Part I
Date/Time Prepared:
1/20/2012 1:00 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUI LDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	697	0	0	697		3.00
4.00	Transportation - Staff	23,559	0	0	0	23,559	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	64,093	0	0	697	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	34,082	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	23,257	0	0	0	21	9.00
10.00	Nursing Care	261,004	0	0	0	13,343	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	33	0	0	0	23	12.00
13.00	Occupational Therapy	0	0	0	0	14	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	37,517	0	0	0	1,561	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	38,919	0	0	0	8,327	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	116,690	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	50,091	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	21,589	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	6,760	0	0	0	270	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	79,533	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	757,824	0	0	697	23,559	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140089

Period: From 07/01/2010

Worksheet K-4

Hospice CCN: 141524

To 06/30/2011

Part I
Date/Time Prepared:
1/20/2012 1:00 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.		0			1.00
2.00	Capital Related Costs-Movable Equip.		0			2.00
3.00	Plant Operation and Maintenance		0			3.00
4.00	Transportation - Staff		0			4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	64,790			6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	34,082	3,186	37,268	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	23,278	2,176	25,454	9.00
10.00	Nursing Care	0	274,347	25,650	299,997	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	56	5	61	12.00
13.00	Occupational Therapy	0	14	1	15	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	39,078	3,653	42,731	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	47,246	4,417	51,663	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
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	116,690	10,909	127,599	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	50,091	4,683	54,774	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	21,589	2,018	23,607	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
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	7,030	657	7,687	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	79,533	7,435	86,968	38.00
39.00	Total (sum of lines 1 thru 38)	0	693,034	64,790	757,824	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140089

Period: From 07/01/2010

Worksheet K-4

Hospice CCN: 141524

To 06/30/2011

Part II
Date/Time Prepared:
1/20/2012 1:00 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	100			3.00
4.00	Transportation - Staff	0	0	0	52,751		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	100	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	47	0	9.00
10.00	Nursing Care	0	0	0	29,875	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	52	0	12.00
13.00	Occupational Therapy	0	0	0	31	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	3,496	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	18,646	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	604	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	697	23,559	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	6.970000	0.446608	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 140089	Period: From 07/01/2010	Worksheet K-4 Part II Date/Time Prepared: 1/20/2012 1:00 pm
	Hospice CCN: 141524	To 06/30/2011	

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-64,790	693,034	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	34,082	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	23,278	9.00
10.00	Nursing Care	0	274,347	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	56	12.00
13.00	Occupational Therapy	0	14	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	39,078	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	47,246	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	116,690	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	50,091	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	21,589	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	7,030	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	79,533	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		64,790	39.00
40.00	Unit Cost Multiplier		0.093487	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 140089	Period: From 07/01/2010	Worksheet K-5 Part I Date/Time Prepared: 1/20/2012 1:00 pm
	Hospice CCN: 141524	To 06/30/2011	

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS			CAP REL COSTS-HSB I I	
		NEW BLDG & FIXT	CAP REL COSTS-HOSPITAL	CAP REL COSTS-HSB I		
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	37,268	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	25,454	0	0	0	0	4.00
5.00 Nursing Care	299,997	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	61	0	0	0	0	7.00
8.00 Occupational Therapy	15	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	42,731	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	51,663	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	127,599	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	54,774	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.)	23,607	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	7,687	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	86,968	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	757,824	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 140089	Period:	Worksheet K-5
	Hospice CCN: 141524	From 07/01/2010 To 06/30/2011	Part I Date/Time Prepared: 1/20/2012 1:00 pm
			Hospice I

Cost Center Description	CAPITAL RELATED COSTS					
	CAP REL COSTS-REHAB CNT	CAP REL COSTS-DIAGNOS	CAP REL COSTS-HOSPITALITY HOUSE	CAP REL COSTS-MAB	CAP REL COSTS-ORTHO BLDG	
	1.04	1.05	1.06	1.07	1.08	
1.00 Administrative and General	0	0	0	10,608	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	10,608	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 140089	Period: From 07/01/2010	Worksheet K-5 Part I Date/Time Prepared: 1/20/2012 1:00 pm
	Hospice CCN: 141524	To 06/30/2011	

Cost Center Description		EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	MAINTENANCE & REPAIRS-HSB I	
		4.00	4A	5.00	6.00	6.01	
1.00	Administrative and General	8,763	19,371	3,890	0	0	1.00
2.00	Inpatient - General Care	0	37,268	7,483	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	5,765	31,219	6,269	0	0	4.00
5.00	Nursing Care	65,660	365,657	73,420	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	8	69	14	0	0	7.00
8.00	Occupational Therapy	0	15	3	0	0	8.00
9.00	Speech/ Language Pathology	9,438	9,438	1,895	0	0	9.00
10.00	Medical Social Services	0	42,731	8,580	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	9,791	9,791	1,966	0	0	13.00
14.00	Home Health Aide and Homemaker	0	51,663	10,374	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	127,599	25,621	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 - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	54,774	10,998	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	23,607	4,740	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	1,631	9,318	1,871	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	86,968	17,462	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	101,056	869,488	174,586	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)		0.000000				35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 140089	Period: From 07/01/2010	Worksheet K-5 Part I Date/Time Prepared: 1/20/2012 1:00 pm
	Hospice CCN: 141524	To 06/30/2011	

Cost Center Description	Hospice I					LAUNDRY & LINEN SERVICE	
	MAINTENANCE & REPAIRS-HSB II	MAINTENANCE & REPAIRS-REHAB CLINIC	MAINTENANCE & REPAIRS-MAB	MAINTENANCE & REPAIRS-ORTHO BLDG			
	6.02	6.03	6.04	6.05	8.00		
1.00 Administrative and General	0	0	3,168	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	3,168	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 140089	Period: From 07/01/2010	Worksheet K-5 Part I Date/Time Prepared: 1/20/2012 1:00 pm
	Hospice CCN: 141524	To 06/30/2011	

Cost Center Description		Hospice I					
		HOUSEKEEPING	HOUSEKEEPING-H	HOUSEKEEPING-H	HOUSEKEEPING-O	HOUSEKEEPING-M	
		9.00	9.01	9.02	9.03	9.04	
1.00	Administrative and General	0	0	0	0	1,478	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	1,478	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 140089	Period: From 07/01/2010	Worksheet K-5 Part I Date/Time Prepared: 1/20/2012 1:00 pm
	Hospice CCN: 141524	To 06/30/2011	

Cost Center Description	Hospice I						
	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
	10.00	11.00	13.00	14.00	15.00		
1.00 Administrative and General	0	967	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	9,429	0	4,309	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	1,934	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	3,627	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	242	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	16,199	0	4,309	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provi der CCN: 140089	Peri od:	Worksheet K-5
	Hospi ce CCN: 141524	From 07/01/2010 To 06/30/2011	Part I Date/Time Prepared: 1/20/2012 1:00 pm

Cost Center Description	Hospi ce I						
	MEDI CAL RECORDS & LI BRARY	SOCI AL SERVI CE	NONPHYSI CI AN ANESTHETI STS	PARAMED ED PRGM	PARAMED ED PRGM-PARAMEDI C		
	16.00	17.00	19.00	23.00	23.01		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physi ci an Servi ces	0	0	0	0	0	0	4.00
5.00 Nursi ng Care	0	0	0	0	0	0	5.00
6.00 Nursi ng Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physi cal Therapy	0	0	0	0	0	0	7.00
8.00 Occupati onal Therapy	0	0	0	0	0	0	8.00
9.00 Spee ch/ Language Pathol ogy	0	0	0	0	0	0	9.00
10.00 Medi cal Soci al Servi ces	0	0	0	0	0	0	10.00
11.00 Spi ri tual Counseli ng	0	0	0	0	0	0	11.00
12.00 Di etary Counseli ng	0	0	0	0	0	0	12.00
13.00 Counseli ng - Other	0	0	0	0	0	0	13.00
14.00 Home Heal th Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Bi ol ogi cal and Infusi on Therapy	0	0	0	0	0	0	17.00
18.00 Anal gesi cs	0	0	0	0	0	0	18.00
19.00 Sedati ves / Hypnoti cs	0	0	0	0	0	0	19.00
20.00 Other - Speci fy	0	0	0	0	0	0	20.00
21.00 Durabl e Medi cal Equipm ent/Oxygen	0	0	0	0	0	0	21.00
22.00 Pati ent Transportati on	0	0	0	0	0	0	22.00
23.00 Imagi ng Servi ces	0	0	0	0	0	0	23.00
24.00 Labs and Di agnosti cs	0	0	0	0	0	0	24.00
25.00 Medi cal Suppl i es	0	0	0	0	0	0	25.00
26.00 Outpati ent Servi ces (i ncl udi ng E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radi ati on Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereave ment Program Costs	0	0	0	0	0	0	30.00
31.00 Vol unteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundrai si ng	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	0	34.00
35.00 Unit Cost Multi pl i er (see i nstructi ons)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet K-5 Part I Date/Time Prepared: 1/20/2012 1:00 pm
	Hospice CCN: 141524		

Cost Center Description	Subtotal (col.s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)	
	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	28,874					1.00
2.00 Inpatient - General Care	44,751	0	44,751	1,242	45,993	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	37,488	0	37,488	1,040	38,528	4.00
5.00 Nursing Care	452,815	0	452,815	12,570	465,385	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	83	0	83	2	85	7.00
8.00 Occupational Therapy	18	0	18	0	18	8.00
9.00 Speech/ Language Pathology	11,333	0	11,333	315	11,648	9.00
10.00 Medical Social Services	53,245	0	53,245	1,478	54,723	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	11,757	0	11,757	326	12,083	13.00
14.00 Home Health Aide and Homemaker	65,664	0	65,664	1,822	67,486	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	153,220	0	153,220	4,252	157,472	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 - Specif y	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	65,772	0	65,772	1,825	67,597	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.)	28,347	0	28,347	787	29,134	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	11,431	0	11,431	317	11,748	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	104,430	0	104,430	2,898	107,328	33.00
34.00 Total (sum of lines 1 thru 33) (2)	1,069,228	0	1,069,228		1,069,228	34.00
35.00 Unit Cost Multiplier (see instructions)				0.027754		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/20/2012 1:00 pm

Cost Center Description	CAPITAL RELATED COSTS					CAP REL COSTS-REHAB CNT (PER CENT)	
	NEW BLDG & FIXT (SQUARE FEET)	CAP REL COSTS-HOSPITAL (SQUARE FEET)	CAP REL COSTS-HSB I (SQUARE FEET)	CAP REL COSTS-HSB II (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/20/2012 1:00 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (HOURS OF SERVICE)	
	CAP REL COSTS-DAYSIS (PER CENT)	CAP REL COSTS-HOSPITALITY HOUSE (PER CENT)	CAP REL COSTS-MAB (SQUARE FEET)	CAP REL COSTS-ORTHO BLDG (SQUARE FEET)		
	1.05	1.06	1.07	1.08		
1.00 Administrative and General	0	0	1,054	0	34,834	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	22,915	4.00
5.00 Nursing Care	0	0	0	0	261,004	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	33	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	37,517	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	38,919	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	6,483	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	1,054	0	401,705	34.00
35.00 Total cost to be allocated	0	0	10,608	0	101,056	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	10.064516	0.000000	0.251568	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS STATISTICAL BASIS	Provider CCN: 140089	Period: From 07/01/2010	Worksheet K-5 Part II Date/Time Prepared: 1/20/2012 1:00 pm
	Hospice CCN: 141524	To 06/30/2011	

Cost Center Description	Reconciliation	Hospice I					
		ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB I (SQUARE FEET)	MAINTENANCE & REPAIRS-HSB II (SQUARE FEET)		
	5A	5.00	6.00	6.01	6.02		
1.00 Administrative and General	0	19,371	0	0	0	1.00	
2.00 Inpatient - General Care	0	37,268	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	0	31,219	0	0	0	4.00	
5.00 Nursing Care	0	365,657	0	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	69	0	0	0	7.00	
8.00 Occupational Therapy	0	15	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	9,438	0	0	0	9.00	
10.00 Medical Social Services	0	42,731	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	9,791	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	51,663	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	127,599	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	54,774	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	23,607	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	9,318	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	86,968	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)		869,488	0	0	0	34.00	
35.00 Total cost to be allocated		174,586	0	0	0	35.00	
36.00 Unit Cost Multiplier (see instructions)		0.200792	0.000000	0.000000	0.000000	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/20/2012 1:00 pm

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS-REHAB CLINIC (PER CENT)	MAINTENANCE & REPAIRS-MAB (SQUARE FEET)	MAINTENANCE & REPAIRS-ORTHO BLDG (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LINEN)	HOUSEKEEPING (TIME SPENT)	
		6.03	6.04	6.05	8.00	9.00	
1.00	Administrative and General	0	1,054	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	1,054	0	0	0	34.00
35.00	Total cost to be allocated	0	3,168	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	3.005693	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS STATISTICAL BASIS	Provider CCN: 140089 Hospice CCN: 141524	Period: From 07/01/2010 To 06/30/2011	Worksheet K-5 Part II Date/Time Prepared: 1/20/2012 1:00 pm
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Cost Center Description	Hospice I				DIETARY (MEALS SERVED)	
	HOUSEKEEPING-H SB (SQUARE FEET)	HOUSEKEEPING-H SB II (SQUARE FEET)	HOUSEKEEPING-O RTHO (SQUARE FEET)	HOUSEKEEPING-M AB (SQUARE FEET)		
	9.01	9.02	9.03	9.04		
1.00 Administrative and General	0	0	0	1,054	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	1,054	0	34.00
35.00 Total cost to be allocated	0	0	0	1,478	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	1.402277	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/20/2012 1:00 pm

Cost Center Description		Hospice I					
		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	4	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	39	0	12,910	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	8	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	15	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	1	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)	67	0	12,910	0	0	34.00
35.00	Total cost to be allocated	16,199	0	4,309	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	241.776119	0.000000	0.333772	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140089
Hospice CCN: 141524

Period:
From 07/01/2010
To 06/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
1/20/2012 1:00 pm

Cost Center Description	Hospice I					
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	PARAMED PRGM	PARAMED PRGM-PARAMEDIC		
	(TIME SPENT)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)		
	17.00	19.00	23.00	23.01		
1.00 Administrative and General	0	0	0	0	1.00	
2.00 Inpatient - General Care	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	4.00	
5.00 Nursing Care	0	0	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	15.00	
16.00 Other	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	24.00	
25.00 Medical Supplies	0	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	28.00	
29.00 Other	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	34.00	
35.00 Total cost to be allocated	0	0	0	0	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	36.00	

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140089	Period: From 07/01/2010	Worksheet K-5 Part III Date/Time Prepared: 1/20/2012 1:00 pm
		Hospice CCN: 141524	To 06/30/2011	

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	0.766758	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.284609	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.474107	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.216426	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.130788	0	7.00
7.30	IMPL. DEV. CHARGED TO PATIENT	71.30			7.30
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00			9.00
10.00	BEHAVIORAL HEALTH	76.00	1.214775	0	10.00
10.01	DIABETES/WOUND CARE/COUMADIN CENTER	76.01	1.868997	0	10.01
10.02	FLU CLINIC	76.02	0.118164	0	10.02
10.97	CARDIAC REHABILITATION	76.97	0.560730	0	10.97
11.00	Totals (sum of lines 1-10)				11.00

CALCULATION OF HOSPICE PER DIEM COST	Provider CCN: 140089	Period: From 07/01/2010	Worksheet K-6
	Hospice CCN: 141524	To 06/30/2011	Date/Time Prepared: 1/20/2012 1:00 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				961,900	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				6,270	2.00
3.00	Average cost per diem (line 1 divided by line 2)				153.41	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	6,002				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	920,767				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		18			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		2,761			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)			250		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			38,352		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140089	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/20/2012 1:00 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		431,116	1.00
2.00	Capital DRG outlier payments		3,025	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		17.99	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)		434,141	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00