

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: 140122 Period: From 01/01/2011 To 12/31/2011 worksheet 5 Parts I-III Date/Time Prepared: 5/25/2012 2:09 pm

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 5/25/2012 Time: 2:09 pm
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received:
 (1) As Submitted 7. Contractor No. 10. NPR Date:
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 04
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

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 ADVENTIST HINSDALE HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/25/2012 Time: 2:09 pm
 1Eje0cRqmgIQilqUXBRXWYCEjwqfd0
 CNjxm048evfvrnListI4:xEZJ5sqyQ
 u.t.1gn1740zvipa
 PI: Date: 5/25/2012 Time: 2:09 pm
 fv8js459mdfLsoueis::Q2zae2oAA1
 ZFzMN030:RwkvbyPJdgtf:9ps6G3r9
 ok2qGU:ONT0N8oss

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	357,256	-19,888	1,825,706	0	1.00
2.00 Subprovider - IPF	0	28,960	0	0	0	2.00
3.00 Subprovider - IRF	0	13,985	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	400,201	-19,888	1,825,706	0	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Provider CCN: 140122

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

Worksheet S Parts I-III Date/Time Prepared: 5/25/2012 2:09 pm

PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report

2. Manually submitted cost report

3. If this is an amended report enter the number of times the provider resubmitted this cost report

4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status

(1) As Submitted

(2) Settled without Audit

(3) Settled with Audit

(4) Reopened

(5) Amended

6. Date Received:

7. Contractor No.

8. Initial Report for this Provider CCN

9. Final Report for this Provider CCN

10. NPR Date:

11. Contractor's Vendor Code: 04

12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/25/2012 Time: 2:09 pm

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 lEje0cRqmgIQilqUXBRXWycEjwqfd0
 CNjXm048evfvRnListI4:xEZJ5sqyQ
 u.t.lgnl740zvipa
 PI: Date: 5/25/2012 Time: 2:09 pm
 fv8js459mdflsoueis::Q2zae2oAA1
 ZFzMN030:RwkvbyPjdtgf:9ps6G3r9
 Ok2qGU:ONT0N8oss

(Signed) _____
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	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
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200.00 Total	0	400,201	-19,888	1,825,706	0	200.00

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FORM APPROVED
OMB NO. 0938-0050
Worksheet 5
Parts I-III
Date/Time Prepared:
5/25/2012 2:09 pm

Provider CCN: 140122

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

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

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		Part A 2.00	Part B 3.00			
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Provider CCN: 140122

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Worksheet S Parts I-III Date/Time Prepared: 5/25/2012 2:09 pm

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 CNjXm048evfvRnListI4:xEZJ5sqyQ
 u.t.lgnl740zVipa
 PI: Date: 5/25/2012 Time: 2:09 pm
 fv8js459mdflsoueiS::Q2Zae2oAA1
 ZFzMNO30:RwkvbyPJdgtrf:9ps6G3r9
 Ok2qGU:ONT0N8oss

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

Title _____

Date _____

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
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10.00 RURAL HEALTH CLINIC I	0	0	0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00 CMHC I	0	0	0		0	12.00
200.00 Total	0	400,201	-19,888	1,825,706	0	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/25/2012 1:57 pm
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1.00	2.00		3.00		4.00				1.00	
Hospital and Hospital Health Care Complex Address:										
1.00	Street:120 NORTH OAK STREET			PO Box:		1.00				
2.00	City: HINSDALE		State: IL		Zip Code: 60521-		County: DUPAGE			2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ADVENTIST HINSDALE HOSPITAL	140122	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	HINSDALE HOSPITAL PSYCH SUB	14S122	16974	4	01/01/1984	N	P	O	4.00
5.00	Subprovider - IRF	HINSDALE HOSPITAL REHAB SUB II	14T122	16974	5	01/01/1987	N	P	O	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						N	N	N	9.00
10.00	Hospital-Based NF						N	N	N	10.00
11.00	Hospital-Based OLTC						N	N	N	11.00
12.00	Hospital-Based HHA	HEALTH CARE AT HOME	147207	16974		01/01/1994	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	ST THOMAS HOSPIECE	141507	16974		01/01/2004				14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC						N	N	N	16.00
17.00	Hospital-Based (CMHC) 1						N	N	N	17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:		
		1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2011	12/31/2011	20.00	
21.00	Type of Control (see instructions)	1		21.00	

Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					N		N		22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					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.	5,271	1,290	8	0	5	637	24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	100	0	0	0	9	25.00

	Urban/Rural S	Date of Geogr	
	1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.	1	26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).	1	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0	35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet 5-2 Part I Date/Time Prepared: 5/25/2012 1:57 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
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	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	Y	Y		57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00		62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00		62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	Y			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	1.50	25.77	0.055006	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.	FAMILY PRACTICE	1350	1.33	26.05	0.048576	65.00
				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)			1.50	25.77	0.055006	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)	FAMILY PRACTICE	1350	1.33	26.08	0.048522	67.00
				1.00	2.00	3.00	
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	0	71.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/25/2012 1:57 pm	
		1.00	2.00	3.00	
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.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0	76.00
		1.00			
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
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&RS in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	Y	N	N	Y
		1.00		2.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2		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.	15,000,000			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140122		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/25/2012 1:57 pm	
		1.00	2.00				
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.						134.00
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		108013			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: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 0			141.00
142.00	Street: 111 NORTH ORLANDO AVE	PO Box:		Zip Code: 32789			142.00
143.00	City: WINTER PARK	State: FL					143.00
						1.00	
144.00	Are provider based physicians' costs included in worksheet A?			Y			144.00
145.00	If costs for renal services are claimed on worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y			145.00
						1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N					146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N					147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N					148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N					149.00
						Part A 1.00	Part B 2.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N			155.00
156.00	Subprovider - IPF	N		N			156.00
157.00	Subprovider - IRF	N		N			157.00
158.00	SUBPROVIDER	N		N			158.00
159.00	SNF	N		N			159.00
160.00	HOME HEALTH AGENCY	N		N			160.00
161.00	CMHC			N			161.00
161.10	CORF			N			161.10
						1.00	
Multicampus							
165.00	Is this hospital part of a Multicampus 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.			Y			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)						0.168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					1.00	169.00

		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	03/01/2012
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/03/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

		Part A		
Description		Y/N	Date	
	0	1.00	2.00	
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed 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

		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	04/03/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
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: 140122

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

Worksheet S-3
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center	Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
		Line Number		Available		
		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	194	70,810	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)		194	70,810	0.00	7.00
8.00	INTENSIVE CARE UNIT	31.00	35	12,775	0.00	8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00	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)		229	83,585	0.00	14.00
15.00	CAH visits					15.00
16.00	SUBPROVIDER - IPF	40.00	17	6,205		16.00
17.00	SUBPROVIDER - IRF	41.00	23	8,395		17.00
18.00	SUBPROVIDER	42.00	0	0		18.00
19.00	SKILLED NURSING FACILITY	44.00	0	0		19.00
20.00	NURSING FACILITY	45.00	0	0		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	99.00				25.00
25.10	CMHC - CORF	99.10				25.10
26.00	RURAL HEALTH CLINIC	88.00				26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00	Total (sum of lines 14-26)		269			27.00
28.00	Observation Bed Days					28.00
28.01	SUBPROVIDER - IPF	40.00				28.01
28.02	SUBPROVIDER - IRF	41.00				28.02
28.03	SUBPROVIDER	42.00				28.03
29.00	Ambulance Trips					29.00
30.00	Employee discount days (see instruction)					30.00
31.00	Employee discount days - IRF					31.00
32.00	Labor & delivery days (see instructions)					32.00
33.00	LTCH non-covered days					33.00

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	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	17,267	5,271		37,796	1.00
2.00 HMO		769	1,940			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		68	109			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	17,267	5,271		37,796	7.00
8.00 INTENSIVE CARE UNIT	0	3,347	0		11,006	8.00
9.00 CORONARY CARE UNIT	0	0	0		0	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		0		4,143	13.00
14.00 Total (see instructions)	0	20,614	5,271		52,945	14.00
15.00 CAH visits	0	0	0		0	15.00
16.00 SUBPROVIDER - IPF	0	1,426	0		5,336	16.00
17.00 SUBPROVIDER - IRF	0	2,343	0		3,789	17.00
18.00 SUBPROVIDER	0	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	0	0	0		0	19.00
20.00 NURSING FACILITY	0		0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	44,262	0		57,152	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0		0	24.00
25.00 CMHC - CMHC	0	0	0		0	25.00
25.10 CMHC - CORF	0	0	0		0	25.10
26.00 RURAL HEALTH CLINIC	0	0	0		0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		0	26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		291		3,534	28.00
28.01 SUBPROVIDER - IPF					0	28.01
28.02 SUBPROVIDER - IRF					0	28.02
28.03 SUBPROVIDER					0	28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)					0	30.00
31.00 Employee discount days - IRF					0	31.00
32.00 Labor & delivery days (see instructions)			0		0	32.00
33.00 LTCH non-covered days		0				33.00

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	4,368	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)	26.08	1,762.55	0.00	0	4,368	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	29.42	0.00	0	156	16.00
17.00 SUBPROVIDER - IRF	0.00	18.24	0.00	0	200	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	90.21	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	40.11	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	26.08	1,940.53	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

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)	1,612	11,722	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)	1,612	11,722	14.00
15.00 CAH visits			15.00
16.00 SUBPROVIDER - IPF	0	789	16.00
17.00 SUBPROVIDER - IRF	0	340	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
28.01 SUBPROVIDER - IPF			28.01
28.02 SUBPROVIDER - IRF			28.02
28.03 SUBPROVIDER			28.03
29.00 Ambulance Trips			29.00
30.00 Employee discount days (see instruction)			30.00
31.00 Employee discount days - IRF			31.00
32.00 Labor & delivery days (see instructions)			32.00
33.00 LTCH non-covered days			33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140122

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2012 1:57 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	109,532,027	106,200	109,638,227	4,017,648.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00
4.00	Physician-Part A		45,772	0	45,772	1,088.00
4.01	Physicians - Part A - direct teaching		1,227,693	0	1,227,693	16,674.00
5.00	Physician-Part B		967,460	0	967,460	3,764.00
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	1,436,174	0	1,436,174	58,336.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00
8.00	Home office personnel		892,740	0	892,740	11,509.00
9.00	SNF	44.00	0	0	0	0.00
10.00	Excluded area salaries (see instructions)		13,036,255	3,500	13,039,755	421,293.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		845,300	0	845,300	15,988.00
12.00	Management and administrative services		0	0	0	0.00
13.00	Contract labor: physician-Part A		743,975	0	743,975	7,091.00
14.00	Home office salaries & wage-related costs		14,834,943	0	14,834,943	191,249.00
15.00	Home office: physician Part A		0	0	0	0.00
16.00	Teaching physician salaries (see instructions)		187,054	0	187,054	5,772.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		21,103,809	0	21,103,809	17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		0	0	0	18.00
19.00	Excluded areas		2,962,420	0	2,962,420	19.00
20.00	Non-physician anesthetist Part A		0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	21.00
22.00	Physician Part A		289,387	0	289,387	22.00
23.00	Physician Part B		219,850	0	219,850	23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0	24.00
25.00	Interns & residents (in an approved program)		315,115	0	315,115	25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	351,124	0	351,124	9,515.00
27.00	Administrative & General	5.00	13,956,254	-333,553	13,622,701	806,161.00
28.00	Administrative & General under contract (see inst.)		50,160	0	50,160	223.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00
30.00	Operation of Plant	7.00	1,775,001	0	1,775,001	99,343.00
31.00	Laundry & Linen Service	8.00	148,266	0	148,266	8,414.00
32.00	Housekeeping	9.00	1,591,963	0	1,591,963	133,386.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00
34.00	Dietary	10.00	1,674,207	-872,842	801,365	46,285.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00
36.00	Cafeteria	11.00	291,319	872,842	1,164,161	78,252.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	2,588,004	6,000	2,594,004	64,378.00
39.00	Central Services and Supply	14.00	1,064,598	338,503	1,403,101	63,367.00
40.00	Pharmacy	15.00	3,668,092	0	3,668,092	89,614.00
41.00	Medical Records & Medical Records Library	16.00	1,705,018	0	1,705,018	82,846.00
42.00	Social Service	17.00	1,344,143	0	1,344,143	40,077.00
43.00	Other General Service	18.00	0	0	0	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140122

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

Worksheet S-3
Part II
Date/Time Prepared:
5/25/2012 1:57 pm

		Average Hourly Wage (col. 4 + col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	27.29	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	42.07	4.00
4.01	Physicians - Part A - direct teaching	73.63	4.01
5.00	Physician-Part B	257.03	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	24.62	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	77.57	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	30.95	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	52.87	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	104.92	13.00
14.00	Home office salaries & wage-related costs	77.57	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	32.41	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/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	36.90	26.00
27.00	Administrative & General	16.90	27.00
28.00	Administrative & General under contract (see inst.)	224.93	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	17.87	30.00
31.00	Laundry & Linen Service	17.62	31.00
32.00	Housekeeping	11.94	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	17.31	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	14.88	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	40.29	38.00
39.00	Central Services and Supply	22.14	39.00
40.00	Pharmacy	40.93	40.00
41.00	Medical Records & Medical Records Library	20.58	41.00
42.00	Social Service	33.54	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140122

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2012 1:57 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	105,058,120	106,200	105,164,320	3,927,588.00	1.00
2.00	Excluded area salaries (see instructions)	13,036,255	3,500	13,039,755	421,293.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	92,021,865	102,700	92,124,565	3,506,295.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	16,424,218	0	16,424,218	214,328.00	4.00
5.00	Subtotal wage-related costs (see inst.)	21,393,196	0	21,393,196	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	129,839,279	102,700	129,941,979	3,720,623.00	6.00
7.00	Total overhead cost (see instructions)	30,208,149	10,950	30,219,099	1,521,861.00	7.00

Provider CCN: 140122

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2012 1:57 pm

		Average Hourly wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	26.78	1.00
2.00	Excluded area salaries (see instructions)	30.95	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26.27	3.00
4.00	Subtotal other wages & related costs (see inst.)	76.63	4.00
5.00	Subtotal wage-related costs (see inst.)	23.22	5.00
6.00	Total (sum of lines 3 thru 5)	34.92	6.00
7.00	Total overhead cost (see instructions)	19.86	7.00

		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	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401k/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	0	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	0	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	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	0	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	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	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	0	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: 140122

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

Worksheet S-3
Part V
Date/Time Prepared:
5/25/2012 1:57 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	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet S-4
		Component CCN: 147207		Date/Time Prepared: 5/25/2012 1:57 pm
			Home Health Agency I	PPS

					1.00			
0.00	County				Other	Total	0.00	
		Title V	Title XVIII	Title XIX				
		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	0	0	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	2,405.00	128.00	872.00	3,405.00	2.00			
					Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total			
		0			1.00	2.00	3.00			

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES									
3.00	Administrator and Assistant Administrator(s)	0.00			0.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				0.00	0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel				35.26	0.00	35.26	5.00	
6.00	Direct Nursing Service				31.16	0.00	31.16	6.00	
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00	
8.00	Physical Therapy Service				17.19	0.00	17.19	8.00	
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00	
10.00	Occupational Therapy Service				2.53	0.00	2.53	10.00	
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00	
12.00	Speech Pathology Service				0.32	0.00	0.32	12.00	
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00	
14.00	Medical Social Service				1.34	0.00	1.34	14.00	
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00	
16.00	Home Health Aide				2.42	0.00	2.42	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).				16974				20.00

						Full Episodes			
		without Outliers	with Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)			
		1.00	2.00	3.00	4.00	5.00			

PPS ACTIVITY DATA									
21.00	Skilled Nursing Visits	20,425	1,952	937	544	23,858	21.00		
22.00	Skilled Nursing Visit Charges	4,186,190	400,070	191,400	111,430	4,889,090	22.00		
23.00	Physical Therapy Visits	14,483	68	192	428	15,171	23.00		
24.00	Physical Therapy Visit Charges	2,971,150	13,930	39,420	87,690	3,112,190	24.00		
25.00	Occupational Therapy Visits	2,151	5	4	69	2,229	25.00		
26.00	Occupational Therapy Visit Charges	441,130	1,010	810	14,130	457,080	26.00		
27.00	Speech Pathology Visits	414	7	1	11	433	27.00		
28.00	Speech Pathology Visit Charges	84,560	1,400	200	2,270	88,430	28.00		
29.00	Medical Social Service Visits	570	20	17	17	624	29.00		
30.00	Medical Social Service Visit Charges	116,820	4,090	3,510	3,470	127,890	30.00		
31.00	Home Health Aide Visits	1,885	32	2	28	1,947	31.00		
32.00	Home Health Aide Visit Charges	212,145	3,680	230	3,165	219,220	32.00		
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	39,928	2,084	1,153	1,097	44,262	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)	8,011,995	424,180	235,570	222,155	8,893,900	35.00		
36.00	Total Number of Episodes (standard/non outlier)	2,527		399	89	3,015	36.00		
37.00	Total Number of Outlier Episodes		44		0	44	37.00		
38.00	Total Non-Routine Medical Supply Charges	448,016	50,546	20,693	13,175	532,430	38.00		

Provider CCN: 140122
Component CCN: 141507
Period:
From 01/01/2011
To 12/31/2011
Worksheet S-9
Parts I & II
Date/Time Prepared:
5/25/2012 1:57 pm

		Unduplicated Days				Hospice I	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All other	
		1.00	2.00	3.00	4.00	5.00	
PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	2	1.00
2.00	Routine Home Care	35,659	379	0	0	37,927	2.00
3.00	Inpatient Respite Care	5	0	0	0	5	3.00
4.00	General Inpatient Care	653	4	0	0	729	4.00
5.00	Total Hospice Days	36,317	383	0	0	38,663	5.00
Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	815	13	0	0	73	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00			7.00
8.00	Average Length of Stay (line 5/line 6)	44.56	29.46	0.00	0.00	529.63	8.00
9.00	Unduplicated Census Count	786	13	0	0	70	9.00

Provider CCN: 140122
Component CCN:141507

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/25/2012 1:57 pm

		Unduplicated Days	
		Total (sum of cols. 1, 2 & 5)	
		6.00	
PART I - ENROLLMENT DAYS			
1.00	Continuous Home Care	2	1.00
2.00	Routine Home Care	73,965	2.00
3.00	Inpatient Respite Care	10	3.00
4.00	General Inpatient Care	1,386	4.00
5.00	Total Hospice Days	75,363	5.00
Part II - CENSUS DATA			
6.00	Number of Patients Receiving Hospice Care	901	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)	83.64	8.00
9.00	Unduplicated Census Count	869	9.00

		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)	0.252647			1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	1,431,681			2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y			3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	6,354,000			5.00
6.00	Medicaid charges	71,432,070			6.00
7.00	Medicaid cost (line 1 times line 6)	18,047,098			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)	10,261,417			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)	8,905			13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	1,903,128			14.00
15.00	State or local indigent care program cost (line 1 times line 14)	480,820			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)	471,915			16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care	0			17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0			18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	10,733,332			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		11,286,720	873,795	12,160,515
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		2,851,556	220,762	3,072,318
22.00	Partial payment by patients approved for charity care		5,346	0	5,346
23.00	Cost of charity care (line 21 minus line 22)		2,846,210	220,762	3,066,972
					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?				Y
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				1,017,721
26.00	Total bad debt expense for the entire hospital complex (see instructions)				4,858,091
27.00	Medicare bad debts for the entire hospital complex (see instructions)				392,543
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)				4,465,548
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)				1,128,207
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				4,195,179
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				14,928,511

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140122

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

Worksheet A

Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT		0	0	18,162,280	18,162,280	1.00
2.00	CAP REL COSTS-MVBLE EQUIP		0	0	9,506,853	9,506,853	2.00
4.00	EMPLOYEE BENEFITS	351,124	5,321,793	5,672,917	-120	5,672,797	4.00
5.01	SHARED SERVICES	8,229,002	32,583,556	40,812,558	-694,888	40,117,670	5.01
5.02	OTHER A&G	569,714	116,771	686,485	-904	685,581	5.02
5.03	A&G	5,157,538	23,769,394	28,926,932	-489,121	28,437,811	5.03
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	1,775,001	5,976,562	7,751,563	-3,354	7,748,209	7.00
8.00	LAUNDRY & LINEN SERVICE	148,266	24,353	172,619	-204	172,415	8.00
9.00	HOUSEKEEPING	1,591,963	349,986	1,941,949	-3,662	1,938,287	9.00
10.00	DIETARY	1,674,207	1,046,027	2,720,234	-1,548,259	1,171,975	10.00
11.00	CAFETERIA	291,319	97,644	388,963	1,545,067	1,934,030	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	2,588,004	533,951	3,121,955	-23,721	3,098,234	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,064,598	1,035,912	2,100,510	58,103	2,158,613	14.00
15.00	PHARMACY	3,668,092	12,715,648	16,383,740	-12,780,215	3,603,525	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,705,018	744,986	2,450,004	-440	2,449,564	16.00
17.00	SOCIAL SERVICE	1,344,143	745,431	2,089,574	-912	2,088,662	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	1,436,174	105,470	1,541,644	0	1,541,644	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	1,655,643	954,795	2,610,438	-5,126	2,605,312	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	14,006,592	2,939,895	16,946,487	-666,772	16,279,715	30.00
31.00	INTENSIVE CARE UNIT	10,550,684	1,886,187	12,436,871	-14,057	12,422,814	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	SUBPROVIDER - IPF	2,021,522	362,700	2,384,222	-434	2,383,788	40.00
41.00	SUBPROVIDER - IRF	1,215,290	406,756	1,622,046	-324	1,621,722	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	60	60	1,315,059	1,315,119	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	6,747,688	2,232,763	8,980,451	-122,678	8,857,773	50.00
51.00	RECOVERY ROOM	849,158	86,763	935,921	-368	935,553	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,826,248	1,113,896	3,940,144	-667,628	3,272,516	52.00
53.00	ANESTHESIOLOGY	154,168	575,519	729,687	-3,803	725,884	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,802,855	1,805,988	6,608,843	-496,658	6,112,185	54.00
55.00	RADIOLOGY-THERAPEUTIC	846,526	762,515	1,609,041	-324	1,608,717	55.00
56.00	RADIOISOTOPE	290,453	33,602	324,055	-372	323,683	56.00
57.00	CT SCAN	464,582	87,190	551,772	-840	550,932	57.00
58.00	MRI	837,410	171,183	1,008,593	-336	1,008,257	58.00
59.00	CARDIAC CATHETERIZATION	751,589	126,352	877,941	-1,641	876,300	59.00
60.00	LABORATORY	7,043,507	6,559,591	13,603,098	-505,016	13,098,082	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	2,127,794	612,943	2,740,737	-136,496	2,604,241	65.00
66.00	PHYSICAL THERAPY	1,766,250	444,555	2,210,805	-226,815	1,983,990	66.00
67.00	OCCUPATIONAL THERAPY	542,075	56,485	598,560	-120	598,440	67.00
68.00	SPEECH PATHOLOGY	308,320	63,494	371,814	-612	371,202	68.00
69.00	ELECTROCARDIOLOGY	717,123	292,149	1,009,272	-732	1,008,540	69.00
69.01	CARDIAC REHAB	519,617	253,148	772,765	-186,668	586,097	69.01
70.00	ELECTROENCEPHALOGRAPHY	192,594	601,567	794,161	-181	793,980	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,532,927	10,532,927	-2,624,659	7,908,268	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	15,070,555	15,070,555	2,763,775	17,834,330	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	191,727	191,727	12,681,888	12,873,615	73.00
74.00	RENAL DIALYSIS	0	294,084	294,084	0	294,084	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	SLEEP LAB	0	0	0	0	0	76.00
76.01	HRT & VASC CTR	968,531	4,104,522	5,073,053	-317,727	4,755,326	76.01
76.02	OP DIABETES EDUC	3,323	3,142	6,465	0	6,465	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	1,915,799	330,569	2,246,368	-12,364	2,234,004	90.00
91.00	EMERGENCY	3,012,653	1,861,004	4,873,657	-740	4,872,917	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	PARTIAL HOSP	1,000,427	451,378	1,451,805	-264,051	1,187,754	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	CMHC	0	0	0	0	0	99.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet A Date/Time Prepared: 5/25/2012 1:57 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	6,079,538	1,771,614	7,851,152	-454,646	7,396,506	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		27,093,905	27,093,905	-23,096,674	3,997,231	113.00
116.00 HOSPICE	2,463,047	2,996,059	5,459,106	-630,949	4,828,157	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	108,275,169	172,299,066	280,574,235	47,414	280,621,649	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	140,382	75,419	215,801	-120	215,681	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	682,339	3,066,568	3,748,907	-47,174	3,701,733	192.00
194.00 FOUNDATION	356,461	285,837	642,298	0	642,298	194.00
194.01 MARKETING	77,676	1,230,037	1,307,713	-120	1,307,593	194.01
200.00 TOTAL (SUM OF LINES 118-199)	109,532,027	176,956,927	286,488,954	0	286,488,954	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140122

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

Worksheet A

Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	-1,057,789	17,104,491	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-403,520	9,103,333	2.00
4.00	EMPLOYEE BENEFITS	437,467	6,110,264	4.00
5.01	SHARED SERVICES	-6,518,927	33,598,743	5.01
5.02	OTHER A&G	-35	685,546	5.02
5.03	A&G	-3,980,021	24,457,790	5.03
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	-760,929	6,987,280	7.00
8.00	LAUNDRY & LINEN SERVICE	0	172,415	8.00
9.00	HOUSEKEEPING	0	1,938,287	9.00
10.00	DIETARY	-10	1,171,965	10.00
11.00	CAFETERIA	-1,029,536	904,494	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	-177,524	2,920,710	13.00
14.00	CENTRAL SERVICES & SUPPLY	-63,891	2,094,722	14.00
15.00	PHARMACY	-4,929,966	-1,326,441	15.00
16.00	MEDICAL RECORDS & LIBRARY	-23,873	2,425,691	16.00
17.00	SOCIAL SERVICE	0	2,088,662	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	1,541,644	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	-218,356	2,386,956	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-1,215,143	15,064,572	30.00
31.00	INTENSIVE CARE UNIT	-251,215	12,171,599	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
40.00	SUBPROVIDER - IPF	-12,083	2,371,705	40.00
41.00	SUBPROVIDER - IRF	0	1,621,722	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	-180	1,314,939	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-34,673	8,823,100	50.00
51.00	RECOVERY ROOM	-4,600	930,953	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-629,625	2,642,891	52.00
53.00	ANESTHESIOLOGY	0	725,884	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-31,031	6,081,154	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	1,608,717	55.00
56.00	RADIOISOTOPE	0	323,683	56.00
57.00	CT SCAN	0	550,932	57.00
58.00	MRI	-800	1,007,457	58.00
59.00	CARDIAC CATHETERIZATION	-2,750	873,550	59.00
60.00	LABORATORY	-61,010	13,037,072	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00	RESPIRATORY THERAPY	0	2,604,241	65.00
66.00	PHYSICAL THERAPY	-13,804	1,970,186	66.00
67.00	OCCUPATIONAL THERAPY	0	598,440	67.00
68.00	SPEECH PATHOLOGY	-750	370,452	68.00
69.00	ELECTROCARDIOLOGY	-100,269	908,271	69.00
69.01	CARDIAC REHAB	-108,661	477,436	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	793,980	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,908,268	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	17,834,330	72.00
73.00	DRUGS CHARGED TO PATIENTS	-3,241,687	9,631,928	73.00
74.00	RENAL DIALYSIS	0	294,084	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	SLEEP LAB	0	0	76.00
76.01	HRT & VASC CTR	0	4,755,326	76.01
76.02	OP DIABETES EDUC	-400	6,065	76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	-949,936	1,284,068	90.00
91.00	EMERGENCY	-738,216	4,134,701	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	PARTIAL HOSP	-5,377	1,182,377	93.00
OTHER REIMBURSABLE COST CENTERS				
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	-61,491	7,335,015	101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140122

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

Worksheet A

Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	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	-3,997,231	0	113.00
116.00	HOSPICE	-275,598	4,552,559	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-30,463,440	250,158,209	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	215,681	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	-84,996	3,616,737	192.00
194.00	FOUNDATION	0	642,298	194.00
194.01	MARKETING	0	1,307,593	194.01
200.00	TOTAL (SUM OF LINES 118-199)	-30,548,436	255,940,518	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - NURSERY RECLASS					
1.00	NURSERY	43.00	1,045,403	269,656	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	162,044	2.00
TOTALS			1,045,403	431,700	
B - RECRUITMENT BONUSES					
1.00	SHARED SERVICES	5.01	4,950	0	1.00
2.00	NURSING ADMINISTRATION	13.00	6,000	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	17,000	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	14,700	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	14,300	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	3,000	0	6.00
7.00	PHYSICAL THERAPY	66.00	28,500	0	7.00
8.00	OCCUPATIONAL THERAPY	67.00	11,750	0	8.00
9.00	EMERGENCY	91.00	2,500	0	9.00
10.00	HOME HEALTH AGENCY	101.00	1,500	0	10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	2,000	0	11.00
TOTALS			106,200	0	
C - BILLABLE DRUG EXPENSES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	12,681,888	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
TOTALS			0	12,681,888	
D - BILLABLE MEDICAL SUPPLY EXPENSES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	338,692	1.00
2.00	OPERATING ROOM	50.00	0	50	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
TOTALS			0	338,742	
E - CAFETERIA EXPENSES					
1.00	CAFETERIA	11.00	872,842	673,185	1.00
TOTALS			872,842	673,185	
F - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	161,521	1.00
TOTALS			0	161,521	
G - DEPRECIATION EXPENSES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,883,726	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,802,030	2.00
TOTALS			0	19,685,756	
I - NURSING ADMINISTRATION EXPENSES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	338,503	0	1.00
TOTALS			338,503	0	
K - INTEREST EXPENSES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,225,983	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,827,280	2.00
3.00	A&G	5.03	0	237,002	3.00
TOTALS			0	3,290,265	
L - STATE ASSEMENT FEE					
1.00	A&G	5.03	0	62,000	1.00
TOTALS			0	62,000	
N - PEROPERTY AND AUTO INSURANCE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	301,449	1.00
TOTALS			0	301,449	
O - RENT AND LEASE EXPENSES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,589,601	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,877,543	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00

	Increases					
	Cost Center 2.00	Line # 3.00	Salary 4.00	Other 5.00		
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
46.00		0.00	0	0		46.00
47.00		0.00	0	0		47.00
48.00		0.00	0	0		48.00
49.00		0.00	0	0		49.00
TOTALS			0	4,467,144		
P - IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,790,857		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
TOTALS			0	2,790,857		
500.00	Grand Total: Increases		2,362,948	44,884,507		500.00

		Decreases				
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - NURSERY RECLASS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	224,888	431,700	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	820,515	0	0	2.00
	TOTALS		1,045,403	431,700		
B - RECRUITMENT BONUSES						
1.00	SHARED SERVICES	5.01	0	4,950	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	6,000	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	17,000	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	14,700	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	14,300	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	3,000	0	6.00
7.00	PHYSICAL THERAPY	66.00	0	28,500	0	7.00
8.00	OCCUPATIONAL THERAPY	67.00	0	11,750	0	8.00
9.00	EMERGENCY	91.00	0	2,500	0	9.00
10.00	HOME HEALTH AGENCY	101.00	0	1,500	0	10.00
11.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,000	0	11.00
	TOTALS		0	106,200		
C - BILLABLE DRUG EXPENSES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,443	0	1.00
2.00	PHARMACY	15.00	0	12,454,619	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	169	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	768	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	197	0	5.00
6.00	LABORATORY	60.00	0	89	0	6.00
7.00	LABORATORY	60.00	0	5,934	0	7.00
8.00	LABORATORY	60.00	0	492	0	8.00
9.00	PHYSICAL THERAPY	66.00	0	13	0	9.00
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	218,029	0	10.00
11.00	HOME HEALTH AGENCY	101.00	0	135	0	11.00
	TOTALS		0	12,681,888		
D - BILLABLE MEDICAL SUPPLY EXPENSES						
1.00	A&G	5.03	0	70,000	0	1.00
2.00	PHARMACY	15.00	0	524	0	2.00
3.00	LABORATORY	60.00	0	26,993	0	3.00
4.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	27,082	0	4.00
5.00	CLINIC	90.00	0	11,434	0	5.00
6.00	HOME HEALTH AGENCY	101.00	0	202,648	0	6.00
7.00	HOSPICE	116.00	0	61	0	7.00
	TOTALS		0	338,742		
E - CAFETERIA EXPENSES						
1.00	DIETARY	10.00	872,842	673,185	0	1.00
	TOTALS		872,842	673,185		
F - PROPERTY TAXES						
1.00	INTEREST EXPENSE	113.00	0	161,521	13	1.00
	TOTALS		0	161,521		
G - DEPRECIATION EXPENSES						
1.00	INTEREST EXPENSE	113.00	0	19,582,888	9	1.00
2.00	SHARED SERVICES	5.01	0	102,868	9	2.00
	TOTALS		0	19,685,756		
I - NURSING ADMINISTRATION EXPENSES						
1.00	A&G	5.03	338,503	0	0	1.00
	TOTALS		338,503	0		
K - INTEREST EXPENSES						
1.00	INTEREST EXPENSE	113.00	0	3,290,265	11	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	3,290,265		
L - STATE ASSEMENT FEE						
1.00	INTEREST EXPENSE	113.00	0	62,000	0	1.00
	TOTALS		0	62,000		
N - PEROPERTY AND AUTO INSURANCE						
1.00	A&G	5.03	0	301,449	12	1.00
	TOTALS		0	301,449		
O - RENT AND LEASE EXPENSES						
1.00	EMPLOYEE BENEFITS	4.00	0	120	10	1.00
2.00	A&G	5.03	0	37,471	10	2.00
3.00	SHARED SERVICES	5.01	0	592,020	0	3.00
4.00	OTHER A&G	5.02	0	904	0	4.00
5.00	OPERATION OF PLANT	7.00	0	3,354	0	5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	204	0	6.00
7.00	HOUSEKEEPING	9.00	0	3,662	0	7.00
8.00	CAFETERIA	11.00	0	960	0	8.00

RECLASSIFICATIONS

Provider CCN: 140122

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

Worksheet A-6

Date/Time Prepared:
5/25/2012 1:57 pm

		Decreases			wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other			
6.00	7.00	8.00	9.00	10.00		
9.00	NURSING ADMINISTRATION	13.00	0	23,721	0	9.00
10.00	CENTRAL SERVICES & SUPPLY	14.00	0	278,957	0	10.00
11.00	PHARMACY	15.00	0	321,982	0	11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	440	0	12.00
13.00	SOCIAL SERVICE	17.00	0	912	0	13.00
14.00	I&R SERVICES-OTHER PRGM	22.00	0	5,126	0	14.00
	COSTS APPRV					
15.00	ADULTS & PEDIATRICS	30.00	0	8,110	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	0	8,329	0	16.00
17.00	INTENSIVE CARE UNIT	31.00	0	3,462	0	17.00
18.00	SUBPROVIDER - IPF	40.00	0	434	0	18.00
19.00	SUBPROVIDER - IRF	41.00	0	324	0	19.00
20.00	OPERATING ROOM	50.00	0	122,306	0	20.00
21.00	RECOVERY ROOM	51.00	0	368	0	21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11,040	0	22.00
23.00	ANESTHESIOLOGY	53.00	0	3,803	0	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	496,658	0	24.00
25.00	RADIOLOGY-THERAPEUTIC	55.00	0	324	0	25.00
26.00	RADIOISOTOPE	56.00	0	372	0	26.00
27.00	CT SCAN	57.00	0	840	0	27.00
28.00	MRI	58.00	0	336	0	28.00
29.00	CARDIAC CATHETERIZATION	59.00	0	1,641	0	29.00
30.00	LABORATORY	60.00	0	470,342	0	30.00
31.00	LABORATORY	60.00	0	878	0	31.00
32.00	LABORATORY	60.00	0	288	0	32.00
33.00	RESPIRATORY THERAPY	65.00	0	136,496	0	33.00
34.00	PHYSICAL THERAPY	66.00	0	226,802	0	34.00
35.00	OCCUPATIONAL THERAPY	67.00	0	120	0	35.00
36.00	SPEECH PATHOLOGY	68.00	0	612	0	36.00
37.00	ELECTROCARDIOLOGY	69.00	0	732	0	37.00
38.00	ELECTROENCEPHALOGRAPHY	70.00	0	181	0	38.00
39.00	HRT & VASC CTR	76.01	0	317,727	0	39.00
40.00	CARDIAC REHAB	69.01	0	186,668	0	40.00
41.00	CLINIC	90.00	0	930	0	41.00
42.00	EMERGENCY	91.00	0	740	0	42.00
43.00	PARTIAL HOSP	93.00	0	264,051	0	43.00
44.00	HOME HEALTH AGENCY	101.00	0	251,863	0	44.00
45.00	HOSPICE	116.00	0	630,888	0	45.00
46.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	120	0	46.00
47.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	47,174	0	47.00
48.00	MARKETING	194.01	0	120	0	48.00
49.00	DIETARY	10.00	0	2,232	0	49.00
	TOTALS		0	4,467,144		
P - IMPLANTABLE DEVICES						
1.00	A&G	5.03	0	40,700	0	1.00
2.00	PHARMACY	15.00	0	3,090	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	22	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	873	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	428	0	5.00
6.00	OPERATING ROOM	50.00	0	422	0	6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,745,322	0	7.00
	TOTALS		0	2,790,857		
500.00	Grand Total: Decreases		2,256,748	44,990,707		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140122

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/25/2012 1:57 pm

	Beginning Balances 1.00	Acquisitions			Disposals and Retirements 5.00	
		Purchases 2.00	Donation 3.00	Total 4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	13,051,326	0	0	0	1.00
2.00	Land Improvements	574,140	2,559	0	2,559	2.00
3.00	Buildings and Fixtures	227,985,451	1,391,791	0	1,391,791	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	29,957,192	2,201,336	0	2,201,336	5.00
6.00	Movable Equipment	72,773,229	6,783,009	0	6,783,009	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	344,341,338	10,378,695	0	10,378,695	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	344,341,338	10,378,695	0	10,378,695	10.00
SUMMARY OF CAPITAL						
Cost Center Description		Depreciation 9.00	Lease 10.00	Interest 11.00	Insurance (see instructions) 12.00	Taxes (see instructions) 13.00
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description		Gross Assets 1.00	Capitalized Leases 2.00	Gross Assets for Ratio (col. 1 - col. 2) 3.00	ALLOCATION OF OTHER CAPITAL Ratio (see instructions) 4.00	Insurance 5.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140122

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/25/2012 1:57 pm

		Ending Balance	Fully Depreciated Assets					
		6.00	7.00					
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES								
1.00	Land	13,051,326	0					1.00
2.00	Land Improvements	576,699	0					2.00
3.00	Buildings and Fixtures	229,377,242	0					3.00
4.00	Building Improvements	0	0					4.00
5.00	Fixed Equipment	32,158,528	0					5.00
6.00	Movable Equipment	79,061,933	0					6.00
7.00	HIT designated Assets	0	0					7.00
8.00	Subtotal (sum of lines 1-7)	354,225,728	0					8.00
9.00	Reconciling Items	0	0					9.00
10.00	Total (line 8 minus line 9)	354,225,728	0					10.00
SUMMARY OF CAPITAL								
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)					
		14.00	15.00					
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2								
1.00	CAP REL COSTS-BLDG & FIXT	0	0					1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0					2.00
3.00	Total (sum of lines 1-2)	0	0					3.00
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease		
		6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	14,051,920	2,589,601	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	7,225,790	1,877,543	2.00	
3.00	Total (sum of lines 1-2)	0	0	0	21,277,710	4,467,144	3.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140122

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	301,449	161,521	0	17,104,491	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	9,103,333	2.00
3.00	Total (sum of lines 1-2)	0	301,449	161,521	0	26,207,824	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140122

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

Worksheet A-8

Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted	
				Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,225,983	CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-1,827,280	CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00	Investment income - other (chapter 2)	B	-237,002	A&G	5.03 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-401,390	OPERATION OF PLANT	7.00 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-128,650	A&G	5.03 7.00
8.00	Television and radio service (chapter 21)	A	-12,356	A&G	5.03 8.00
9.00	Parking lot (chapter 21)		0		0.00 9.00
10.00	Provider-based physician adjustment	A-8-2	-3,977,008		10.00 10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-5,888,707		12.00 12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Cafeteria-employees and guests	B	-1,029,536	CAFETERIA	11.00 14.00
15.00	Rental of quarters to employee and others		0		0.00 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00	Sale of drugs to other than patients	B	-3,241,687	DRUGS CHARGED TO PATIENTS	73.00 17.00
18.00	Sale of medical records and abstracts	B	-14,527	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00	Vending machines	B	-10	DIETARY	10.00 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00 25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00	Physicians' assistant		0		0.00 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00	OTHER OPERATING REVENUE	B	-2,181	EMPLOYEE BENEFITS	4.00 33.00
33.01	OTHER OPERATING REVENUE	B	-388,988	A&G	5.03 33.01
33.02	OTHER OPERATING REVENUE	B	-87,141	SHARED SERVICES	5.01 33.02
34.00	OTHER OPERATING REVENUE	B	-35	OTHER A&G	5.02 34.00
34.01	OTHER OPERATING REVENUE	B	-288,060	OPERATION OF PLANT	7.00 34.01
34.02	OTHER OPERATING REVENUE	B	-166,907	NURSING ADMINISTRATION	13.00 34.02
34.03	OTHER OPERATING REVENUE	B	-141,251	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00 34.03
34.04	OTHER OPERATING REVENUE	B	-7,245	ADULTS & PEDIATRICS	30.00 34.04
34.05	OTHER OPERATING REVENUE	B	-23,020	INTENSIVE CARE UNIT	31.00 34.05
34.06	OTHER OPERATING REVENUE	B	-1,695	INTENSIVE CARE UNIT	31.00 34.06
34.07	OTHER OPERATING REVENUE	B	-180	NURSERY	43.00 34.07
34.08	OTHER OPERATING REVENUE	B	-45	OPERATING ROOM	50.00 34.08
34.09	OTHER OPERATING REVENUE	B	-31,031	RADIOLOGY-DIAGNOSTIC	54.00 34.09
34.10	OTHER OPERATING REVENUE	B	-800	MRI	58.00 34.10
34.11	OTHER OPERATING REVENUE	B	-2,750	CARDIAC CATHETERIZATION	59.00 34.11
34.12	OTHER OPERATING REVENUE	B	-125	LABORATORY	60.00 34.12
34.13	OTHER OPERATING REVENUE	B	-13,804	PHYSICAL THERAPY	66.00 34.13
34.14	OTHER OPERATING REVENUE	B	-750	SPEECH PATHOLOGY	68.00 34.14
34.15	OTHER OPERATING REVENUE	B	-400	OP DIABETES EDUC	76.02 34.15
34.16	OTHER OPERATING REVENUE	B	-56,073	CLINIC	90.00 34.16
34.17	OTHER OPERATING REVENUE	B	-22,486	EMERGENCY	91.00 34.17

ADJUSTMENTS TO EXPENSES

Provider CCN: 140122

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

Worksheet A-8

Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on worksheet A To/From which the Amount is to be Adjusted	
				Cost Center	Line #
		1.00	2.00	3.00	4.00
34.18	OTHER OPERATING REVENUE	B	-2,367	HOME HEALTH AGENCY	101.00 34.18
34.19	OTHER OPERATING REVENUE	B	-335,702	HOSPICE	116.00 34.19
34.20	OTHER OPERATING REVENUE	B	-5,377	PARTIAL HOSP	93.00 34.20
34.21	OTHER OPERATING REVENUE	B	-108,661	CARDIAC REHAB	69.01 34.21
34.22	BAD DEBT	A	-4,858,089	A&G	5.03 34.22
34.23	FEDERAL INCOME TAXES	A	-458,962	INTEREST EXPENSE	113.00 34.23
34.24	OFFSET BANK FEES	A	-29,459	INTEREST EXPENSE	113.00 34.24
34.25	NON ALLOWABLE LEGAL EXPENSES	A	-337,330	A&G	5.03 34.25
34.26	OFFSET NON ALLOW INTEREST	A	-1,575,243	INTEREST EXPENSE	113.00 34.26
35.00	NON ALLOWABLE IHA DUES	A	-32,407	A&G	5.03 35.00
35.01	NON ALLOWABLE MCHC DUES	A	-7,717	A&G	5.03 35.01
35.02	NON ALLOWABLE AHA DUES	A	-3,950	A&G	5.03 35.02
35.03	NON ALLOWABLE OTHER DUES	A	-36,705	A&G	5.03 35.03
35.04	MISC DUES	A	-3,211	A&G	5.03 35.04
36.00	OP PHARMACY SALARY	A	-480,994	PHARMACY	15.00 36.00
37.00	OP PHARMACY OTHER EXPENSES	A	-4,447,465	PHARMACY	15.00 37.00
38.00	TELEPHONE DEPRECIATION	A	-5,597	CAP REL COSTS-MVBLE EQUIP	2.00 38.00
39.00	TELEVISION DEPRECIATION	A	-20,172	CAP REL COSTS-MVBLE EQUIP	2.00 39.00
40.00	PHY COLLECTION FEES	A	-26,023	ADULTS & PEDIATRICS	30.00 40.00
41.00	PHY COLLECTION FEES	A	-69,490	ELECTROCARDIOLOGY	69.00 41.00
42.00	PHY COLLECTION FEES	A	-113,457	CLINIC	90.00 42.00
43.00	PHY COLLECTION FEES	A	-667	HOSPICE	116.00 43.00
44.00	INTERNAL BORROWING INTEREST EXPENSE	A	1,629,712	INTEREST EXPENSE	113.00 44.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-30,548,436		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140122

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

Worksheet A-8

Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	11	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OTHER OPERATING REVENUE	0	33.00
33.01	OTHER OPERATING REVENUE	0	33.01
33.02	OTHER OPERATING REVENUE	0	33.02
34.00	OTHER OPERATING REVENUE	0	34.00
34.01	OTHER OPERATING REVENUE	0	34.01
34.02	OTHER OPERATING REVENUE	0	34.02
34.03	OTHER OPERATING REVENUE	0	34.03
34.04	OTHER OPERATING REVENUE	0	34.04
34.05	OTHER OPERATING REVENUE	0	34.05
34.06	OTHER OPERATING REVENUE	0	34.06
34.07	OTHER OPERATING REVENUE	0	34.07
34.08	OTHER OPERATING REVENUE	0	34.08
34.09	OTHER OPERATING REVENUE	0	34.09
34.10	OTHER OPERATING REVENUE	0	34.10
34.11	OTHER OPERATING REVENUE	0	34.11
34.12	OTHER OPERATING REVENUE	0	34.12
34.13	OTHER OPERATING REVENUE	0	34.13
34.14	OTHER OPERATING REVENUE	0	34.14
34.15	OTHER OPERATING REVENUE	0	34.15
34.16	OTHER OPERATING REVENUE	0	34.16
34.17	OTHER OPERATING REVENUE	0	34.17
34.18	OTHER OPERATING REVENUE	0	34.18
34.19	OTHER OPERATING REVENUE	0	34.19
34.20	OTHER OPERATING REVENUE	0	34.20
34.21	OTHER OPERATING REVENUE	0	34.21
34.22	BAD DEBT	0	34.22
34.23	FEDERAL INCOME TAXES	11	34.23
34.24	OFFSET BANK FEES	11	34.24

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Provider CCN: 140122

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

Worksheet A-8

Date/Time Prepared:
 5/25/2012 1:57 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
34.25	NON ALLOWABLE LEGAL EXPENSES	0	34.25
34.26	OFFSET NON ALLOW INTEREST	11	34.26
35.00	NON ALLOWABLE IHA DUES	0	35.00
35.01	NON ALLOWABLE MCHC DUES	0	35.01
35.02	NON ALLOWABLE AHA DUES	0	35.02
35.03	NON ALLOWABLE OTHER DUES	0	35.03
35.04	MISC DUES	0	35.04
36.00	OP PHARMACY SALARY	0	36.00
37.00	OP PHARMACY OTHER EXPENSES	0	37.00
38.00	TELEPHONE DEPRECIATION	9	38.00
39.00	TELEVISION DEPRECIATION	9	39.00
40.00	PHY COLLECTION FEES	0	40.00
41.00	PHY COLLECTION FEES	0	41.00
42.00	PHY COLLECTION FEES	0	42.00
43.00	PHY COLLECTION FEES	0	43.00
44.00	INTERNAL BORROWING INTEREST EXPENSE	11	44.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140122

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2012 1:57 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	4.00	EMPLOYEE BENEFITS	SHARED SERVICES	1.00
2.00	5.03	A&G	SHARED SERVICES	2.00
3.00	7.00	OPERATION OF PLANT	SHARED SERVICES	3.00
4.00	13.00	NURSING ADMINISTRATION	SHARED SERVICES	4.00
4.04	14.00	CENTRAL SERVICES & SUPPLY	SHARED SERVICES	4.04
4.05	15.00	PHARMACY	SHARED SERVICES	4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY	SHARED SERVICES	4.06
4.07	51.00	RECOVERY ROOM	SHARED SERVICES	4.07
4.08	60.00	LABORATORY	SHARED SERVICES	4.08
4.09	1.00	CAP REL COSTS-BLDG & FIXT	AHS HOME OFFICE	4.09
4.10	2.00	CAP REL COSTS-MVBLE EQUIP	AHS HOME OFFICE	4.10
4.11	4.00	EMPLOYEE BENEFITS	AHS HOME OFFICE	4.11
4.12	5.03	A&G	AHS HOME OFFICE	4.12
4.13	5.01	SHARED SERVICES	AHS HOME OFFICE	4.13
4.14	16.00	MEDICAL RECORDS & LIBRARY	AHS HOME OFFICE	4.14
4.15	101.00	HOME HEALTH AGENCY	AHS HOME OFFICE	4.15
4.16	113.00	INTEREST EXPENSE	AHS HOME OFFICE	4.16
4.17	116.00	HOSPICE	AHS HOME OFFICE	4.17
4.18	192.00	PHYSICIANS' PRIVATE OFFICES	AHS HOME OFFICE	4.18
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.			5.00

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

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

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

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

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

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

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

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

Provider CCN: 140122

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

Worksheet A-8-1

Date/Time Prepared:
5/25/2012 1:57 pm

	Amount of Allowable Cost	Amount Included in wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	10,842,607	11,403,677	-561,070	0	1.00
2.00	14,318,795	13,247,408	1,071,387	0	2.00
3.00	1,537,872	1,609,351	-71,479	0	3.00
4.00	287,759	298,376	-10,617	0	4.00
4.04	1,349,876	1,413,767	-63,891	0	4.04
4.05	42,314	43,821	-1,507	0	4.05
4.06	1,026,379	1,070,138	-43,759	0	4.06
4.07	129,606	134,206	-4,600	0	4.07
4.08	371,269	386,974	-15,705	0	4.08
4.09	168,194	0	168,194	9	4.09
4.10	1,449,529	0	1,449,529	9	4.10
4.11	1,076,913	76,195	1,000,718	0	4.11
4.12	6,443,508	5,400,471	1,043,037	0	4.12
4.13	8,887,548	15,124,277	-6,236,729	0	4.13
4.14	246,463	212,050	34,413	0	4.14
4.15	390,541	449,665	-59,124	0	4.15
4.16	4,860,397	8,423,676	-3,563,279	0	4.16
4.17	256,908	196,137	60,771	0	4.17
4.18	0	84,996	-84,996	0	4.18
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	53,686,478	59,575,185	-5,888,707	5.00

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

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

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

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

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

6.00	AHS	0.00	MANAGEMENT COMPANY	6.00
7.00	SUNBELT	0.00	MANAGEMENT COMP - HOME HL	7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140122

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2012 1:57 pm

	1.00	2.00	3.00	4.00	
	5.03	A&G	48,040	48,040	1.00
1.00	5.01	SHARED SERVICES	195,057	195,057	2.00
2.00	22.00	I&R SERVICES-OTHER PRGM	1,415,886	77,105	3.00
3.00		COSTS APPRV			
4.00	30.00	ADULTS & PEDIATRICS	1,181,875	1,181,875	4.00
5.00	31.00	INTENSIVE CARE UNIT	226,500	226,500	5.00
6.00	40.00	SUBPROVIDER - IPF	12,083	12,083	6.00
7.00	50.00	OPERATING ROOM	34,628	34,628	7.00
8.00	52.00	DELIVERY ROOM & LABOR ROOM	629,625	629,625	8.00
9.00	60.00	LABORATORY	45,180	45,180	9.00
10.00	69.00	ELECTROCARDIOLOGY	30,779	30,779	10.00
11.00	90.00	CLINIC	780,406	780,406	11.00
12.00	91.00	EMERGENCY	715,730	715,730	12.00
200.00			5,315,789	3,977,008	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140122

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

worksheet A-8-2

Date/Time Prepared:
5/25/2012 1:57 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	1,338,781	177,200	22,349	1,903,963	95,198	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	96	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	3,764	0	0	11.00
12.00	0	0	0	0	0	12.00
200.00	1,338,781		26,209	1,903,963	95,198	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140122

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

Worksheet A-8-2

Date/Time Prepared:
5/25/2012 1:57 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	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	1,903,963	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
200.00	0	0	0	0	1,903,963	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140122

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

worksheet A-8-2

Date/Time Prepared:
5/25/2012 1:57 pm

	RCE Disallowance	Adjustment	
	17.00	18.00	
1.00	0	48,040	1.00
2.00	0	195,057	2.00
3.00	0	77,105	3.00
4.00	0	1,181,875	4.00
5.00	0	226,500	5.00
6.00	0	12,083	6.00
7.00	0	34,628	7.00
8.00	0	629,625	8.00
9.00	0	45,180	9.00
10.00	0	30,779	10.00
11.00	0	780,406	11.00
12.00	0	715,730	12.00
200.00	0	3,977,008	200.00

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	17,104,491	17,104,491			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,103,333		9,103,333		2.00
4.00	EMPLOYEE BENEFITS	6,110,264	657,821	350,105	7,118,190	4.00
5.01	SHARED SERVICES	33,598,743	0	0	536,302	5.01
5.02	OTHER A&G	685,546	0	0	37,107	5.02
5.03	A&G	24,457,790	0	0	313,878	5.03
6.00	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	OPERATION OF PLANT	6,987,280	0	0	115,611	7.00
8.00	LAUNDRY & LINEN SERVICE	172,415	0	0	9,657	8.00
9.00	HOUSEKEEPING	1,938,287	195,981	104,305	103,689	9.00
10.00	DIETARY	1,171,965	514,886	274,032	52,195	10.00
11.00	CAFETERIA	904,494	353,890	188,347	75,825	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	2,920,710	166,078	88,390	168,955	13.00
14.00	CENTRAL SERVICES & SUPPLY	2,094,722	914,016	486,457	91,388	14.00
15.00	PHARMACY	-1,326,441	244,443	130,097	238,914	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,425,691	531,947	283,112	111,053	16.00
17.00	SOCIAL SERVICE	2,088,662	95,290	50,715	87,548	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	1,541,644	0	0	93,542	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	2,386,956	0	0	107,837	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	15,064,572	3,912,306	2,082,203	859,953	30.00
31.00	INTENSIVE CARE UNIT	12,171,599	745,352	396,691	689,087	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	SUBPROVIDER - IPF	2,371,705	456,396	242,902	131,668	40.00
41.00	SUBPROVIDER - IRF	1,621,722	423,089	225,176	79,155	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	1,314,939	193,349	102,904	68,090	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	8,823,100	1,360,611	724,143	439,497	50.00
51.00	RECOVERY ROOM	930,953	148,063	78,802	55,308	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,642,891	482,714	256,909	169,434	52.00
53.00	ANESTHESIOLOGY	725,884	36,755	19,562	10,041	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,081,154	780,746	415,528	312,824	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,608,717	365,598	194,578	55,137	55.00
56.00	RADIOISOTOPE	323,683	215,311	114,593	18,918	56.00
57.00	CT SCAN	550,932	99,284	52,841	30,260	57.00
58.00	MRI	1,007,457	293,177	156,034	54,543	58.00
59.00	CARDIAC CATHETERIZATION	873,550	228,652	121,693	49,149	59.00
60.00	LABORATORY	13,037,072	698,660	371,840	458,765	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	2,604,241	93,838	49,943	138,590	65.00
66.00	PHYSICAL THERAPY	1,970,186	398,677	212,183	116,897	66.00
67.00	OCCUPATIONAL THERAPY	598,440	0	0	36,072	67.00
68.00	SPEECH PATHOLOGY	370,452	0	0	20,082	68.00
69.00	ELECTROCARDIOLOGY	908,271	12,705	6,762	46,708	69.00
69.01	CARDIAC REHAB	477,436	4,265	2,270	33,844	69.01
70.00	ELECTROENCEPHALOGRAPHY	793,980	120,883	64,336	12,544	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	7,908,268	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	17,834,330	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	9,631,928	0	0	0	73.00
74.00	RENAL DIALYSIS	294,084	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	SLEEP LAB	0	0	0	0	76.00
76.01	HRT & VASC CTR	4,755,326	192,577	102,493	63,083	76.01
76.02	OP DIABETES EDUC	6,065	0	0	216	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	CLINIC	1,284,068	197,115	104,908	124,782	90.00
91.00	EMERGENCY	4,134,701	1,113,945	592,862	196,386	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
93.00 PARTIAL HOSP	1,182,377	409,885	218,148	65,161	1,875,571	93.00
OTHER REIMBURSABLE COST CENTERS						
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	7,335,015	0	0	396,076	7,731,091	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						113.00
116.00 HOSPICE	4,552,559	0	0	160,426	4,712,985	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	250,158,209	16,658,305	8,865,864	7,036,197	249,392,561	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	215,681	42,790	22,774	9,144	290,389	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	3,616,737	0	0	44,573	3,661,310	192.00
194.00 FOUNDATION	642,298	76,051	40,476	23,217	782,042	194.00
194.01 MARKETING	1,307,593	327,345	174,219	5,059	1,814,216	194.01
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)	255,940,518	17,104,491	9,103,333	7,118,190	255,940,518	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		SHARED SERVICES	Subtotal	OTHER A&G	Subtotal	A&G	
		5.01	5A.01	5.02	5A.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	SHARED SERVICES	34,135,045					5.01
5.02	OTHER A&G	110,857	833,510	833,510			5.02
5.03	A&G	3,800,093	28,571,761	93,135	28,664,896	28,664,896	5.03
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	1,089,605	8,192,496	26,691	8,219,187	1,033,398	7.00
8.00	LAUNDRY & LINEN SERVICE	27,930	210,002	684	210,686	26,490	8.00
9.00	HOUSEKEEPING	359,310	2,701,572	8,802	2,710,374	340,775	9.00
10.00	DIETARY	308,812	2,321,890	7,565	2,329,455	292,882	10.00
11.00	CAFETERIA	233,565	1,756,121	5,721	1,761,842	221,516	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	513,000	3,857,133	12,567	3,869,700	486,537	13.00
14.00	CENTRAL SERVICES & SUPPLY	550,193	4,136,776	13,478	4,150,254	521,811	14.00
15.00	PHARMACY	0	-712,987	0	-712,987	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	514,177	3,865,980	12,595	3,878,575	487,653	16.00
17.00	SOCIAL SERVICE	356,235	2,678,450	8,726	2,687,176	337,859	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	250,842	1,886,028	6,145	1,892,173	237,903	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	382,709	2,877,502	9,375	2,886,877	362,967	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,362,446	25,281,480	82,367	25,363,847	3,188,885	30.00
31.00	INTENSIVE CARE UNIT	2,148,061	16,150,790	52,619	16,203,409	2,037,255	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	SUBPROVIDER - IPF	491,299	3,693,970	12,035	3,706,005	465,956	40.00
41.00	SUBPROVIDER - IRF	360,365	2,709,507	8,828	2,718,335	341,776	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	257,607	1,936,889	6,310	1,943,199	244,318	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,740,718	13,088,069	42,641	13,130,710	1,650,924	50.00
51.00	RECOVERY ROOM	186,097	1,399,223	4,559	1,403,782	176,498	51.00
52.00	DELIVERY ROOM & LABOR ROOM	544,879	4,096,827	13,347	4,110,174	516,772	52.00
53.00	ANESTHESIOLOGY	121,532	913,774	2,977	916,751	115,263	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,164,367	8,754,619	28,523	8,783,142	1,104,304	54.00
55.00	RADIOLOGY-THERAPEUTIC	341,173	2,565,203	8,357	2,573,560	323,574	55.00
56.00	RADIOISOTOPE	103,164	775,669	2,527	778,196	97,843	56.00
57.00	CT SCAN	112,493	845,810	2,756	848,566	106,690	57.00
58.00	MRI	231,824	1,743,035	5,679	1,748,714	219,866	58.00
59.00	CARDIAC CATHETERIZATION	195,289	1,468,333	4,784	1,473,117	185,215	59.00
60.00	LABORATORY	2,234,520	16,800,857	54,737	16,855,594	2,119,254	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	442,815	3,329,427	10,847	3,340,274	419,973	65.00
66.00	PHYSICAL THERAPY	413,873	3,111,816	10,138	3,121,954	392,523	66.00
67.00	OCCUPATIONAL THERAPY	97,336	731,848	2,384	734,232	92,315	67.00
68.00	SPEECH PATHOLOGY	59,909	450,443	1,468	451,911	56,819	68.00
69.00	ELECTROCARDIOLOGY	149,483	1,123,929	3,662	1,127,591	141,772	69.00
69.01	CARDIAC REHAB	79,434	597,249	1,946	599,195	75,337	69.01
70.00	ELECTROENCEPHALOGRAPHY	152,136	1,143,879	3,727	1,147,606	144,289	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	1,213,152	9,121,420	29,718	9,151,138	1,150,573	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	2,735,840	20,570,170	67,018	20,637,188	2,594,714	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,477,567	11,109,495	36,195	11,145,690	1,401,348	73.00
74.00	RENAL DIALYSIS	45,113	339,197	1,105	340,302	42,786	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	SLEEP LAB	0	0	0	0	0	76.00
76.01	HRT & VASC CTR	784,423	5,897,902	19,215	5,917,117	743,959	76.01
76.02	OP DIABETES EDUC	964	7,245	24	7,269	914	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	262,453	1,973,326	6,429	1,979,755	248,915	90.00
91.00	EMERGENCY	926,231	6,964,125	22,689	6,986,814	878,452	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	PARTIAL HOSP	287,718	2,163,289	7,048	2,170,337	272,876	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	1,185,973	8,917,064	29,052	8,946,116	1,124,795	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		SHARED SERVICES	Subtotal	OTHER A&G	Subtotal	A&G	
		5.01	5A.01	5.02	5A.02	5.03	
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						113.00
116.00	HOSPICE	722,986	5,435,971	17,710	5,453,681	685,691	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	33,130,568	248,388,084	808,905	248,363,479	27,712,235	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	44,547	334,936	1,091	336,027	42,249	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	561,656	4,222,966	13,758	4,236,724	532,683	192.00
194.00	FOUNDATION	119,968	902,010	2,939	904,949	113,779	194.00
194.01	MARKETING	278,306	2,092,522	6,817	2,099,339	263,950	194.01
200.00	Cross Foot Adjustments		0		0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	34,135,045	255,940,518	833,510	255,940,518	28,664,896	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
6.00	0					6.00
7.00	0	9,252,585				7.00
8.00	0	0	237,176			8.00
9.00	0	110,255	0	3,161,404		9.00
10.00	0	289,665	0	100,166	3,012,168	10.00
11.00	0	199,092	0	68,846	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	93,432	0	32,309	0	13.00
14.00	0	514,208	0	177,812	0	14.00
15.00	0	137,519	0	47,554	0	15.00
16.00	0	299,264	0	103,485	0	16.00
17.00	0	53,609	0	18,538	0	17.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
23.00	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	0	2,200,988	144,429	761,097	1,965,470	30.00
31.00	0	419,321	42,046	145,001	572,179	31.00
32.00	0	0	0	0	0	32.00
40.00	0	256,760	20,390	88,787	277,483	40.00
41.00	0	238,022	14,479	82,308	197,036	41.00
42.00	0	0	0	0	0	42.00
43.00	0	108,774	15,832	37,614	0	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	0	765,454	0	264,693	0	50.00
51.00	0	83,298	0	28,804	0	51.00
52.00	0	271,566	0	93,907	0	52.00
53.00	0	20,678	0	7,150	0	53.00
54.00	0	439,233	0	151,886	0	54.00
55.00	0	205,678	0	71,123	0	55.00
56.00	0	121,130	0	41,887	0	56.00
57.00	0	55,855	0	19,315	0	57.00
58.00	0	164,936	0	57,035	0	58.00
59.00	0	128,635	0	44,482	0	59.00
60.00	0	393,053	0	135,917	0	60.00
62.00	0	0	0	0	0	62.00
63.00	0	0	0	0	0	63.00
65.00	0	52,792	0	18,255	0	65.00
66.00	0	224,288	0	77,558	0	66.00
67.00	0	0	0	0	0	67.00
68.00	0	0	0	0	0	68.00
69.00	0	7,148	0	2,472	0	69.00
69.01	0	2,400	0	830	0	69.01
70.00	0	68,006	0	23,516	0	70.00
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	0	0	0	0	0	73.00
74.00	0	0	0	0	0	74.00
75.00	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01	0	108,340	0	37,464	0	76.01
76.02	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
90.00	0	110,893	0	38,347	0	90.00
91.00	0	626,684	0	216,706	0	91.00
92.00	0	0	0	0	0	92.00
93.00	0	230,593	0	79,739	0	93.00
OTHER REIMBURSABLE COST CENTERS						
99.00	0	0	0	0	0	99.00
99.10	0	0	0	0	0	99.10
101.00	0	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
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						113.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	9,001,569	237,176	3,074,603	3,012,168	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,073	0	8,324	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	FOUNDATION	0	42,785	0	14,795	0	194.00
194.01	MARKETING	0	184,158	0	63,682	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	9,252,585	237,176	3,161,404	3,012,168	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 SHARED SERVICES						5.01
5.02 OTHER A&G						5.02
5.03 A&G						5.03
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	2,251,296					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	56,091		4,538,069			13.00
14.00 CENTRAL SERVICES & SUPPLY	55,221		0	5,419,306		14.00
15.00 PHARMACY	78,074		0	384	-449,456	15.00
16.00 MEDICAL RECORDS & LIBRARY	72,184		0	0	0	16.00
17.00 SOCIAL SERVICE	34,923		0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0		0	0	0	19.00
20.00 NURSING SCHOOL	0		0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	50,835		0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	24,375		0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0		0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	377,829	0	1,582,233	0	0	30.00
31.00 INTENSIVE CARE UNIT	268,674	0	1,125,107	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 SUBPROVIDER - IPF	53,318	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	33,056	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	25,300	0	105,982	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	182,009	0	762,239	0	0	50.00
51.00 RECOVERY ROOM	19,972	0	83,629	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	62,977	0	263,728	0	0	52.00
53.00 ANESTHESIOLOGY	6,615	0	27,734	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	135,234	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	19,120	0	0	0	0	55.00
56.00 RADIOISOTOPE	5,654	0	0	0	0	56.00
57.00 CT SCAN	11,128	0	0	0	0	57.00
58.00 MRI	19,192	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	16,148	0	0	0	0	59.00
60.00 LABORATORY	275,289	0	0	19,794	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	57,957	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	43,930	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	13,538	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	7,340	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	21,023	0	0	0	0	69.00
69.01 CARDIAC REHAB	13,520	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	6,162	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,222,240	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	19,859	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.01 HRT & VASC CTR	19,754	0	0	0	0	76.01
76.02 OP DIABETES EDUC	91	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	25,843	0	108,233	8,384	0	90.00
91.00 EMERGENCY	81,046	0	339,400	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 PARTIAL HOSP	33,383	0	139,784	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
101.00	HOME HEALTH AGENCY	0	0	0	148,600	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						113.00
116.00	HOSPICE	0	0	0	45	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,206,805	0	4,538,069	5,419,306	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,509	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	29,214	0	0	0	0	192.00
194.00	FOUNDATION	7,974	0	0	0	0	194.00
194.01	MARKETING	1,794	0	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	-449,456	201.00
202.00	TOTAL (sum lines 118-201)	2,251,296	0	4,538,069	5,419,306	-449,456	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
	16.00	17.00	19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 SHARED SERVICES						5.01
5.02 OTHER A&G						5.02
5.03 A&G						5.03
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	4,841,161					16.00
17.00 SOCIAL SERVICE	0	3,132,105				17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 NURSING SCHOOL	0	0	0	0		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	244,910	1,907,311	0	0		30.00
31.00 INTENSIVE CARE UNIT	160,885	555,248	0	0		31.00
32.00 CORONARY CARE UNIT	0	0	0	0		32.00
40.00 SUBPROVIDER - IPF	40,457	269,272	0	0		40.00
41.00 SUBPROVIDER - IRF	25,765	191,205	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0		42.00
43.00 NURSERY	47,861	209,069	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	349,030	0	0	0		50.00
51.00 RECOVERY ROOM	66,765	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	31,998	0	0	0		52.00
53.00 ANESTHESIOLOGY	118,454	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	432,401	0	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	73,087	0	0	0		55.00
56.00 RADIOISOTOPE	101,949	0	0	0		56.00
57.00 CT SCAN	292,783	0	0	0		57.00
58.00 MRI	117,811	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	120,270	0	0	0		59.00
60.00 LABORATORY	837,222	0	0	0		60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00 RESPIRATORY THERAPY	120,469	0	0	0		65.00
66.00 PHYSICAL THERAPY	35,624	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	21,294	0	0	0		67.00
68.00 SPEECH PATHOLOGY	22,636	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	98,567	0	0	0		69.00
69.01 CARDIAC REHAB	684	0	0	0		69.01
70.00 ELECTROENCEPHALOGRAPHY	40,611	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	205,011	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	364,637	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	373,496	0	0	0		73.00
74.00 RENAL DIALYSIS	5,405	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00 SLEEP LAB	0	0	0	0		76.00
76.01 HRT & VASC CTR	64,889	0	0	0		76.01
76.02 OP DIABETES EDUC	15	0	0	0		76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 CLINIC	20,017	0	0	0		90.00
91.00 EMERGENCY	270,186	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 PARTIAL HOSP	43,298	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
99.00 CMHC	0	0	0	0		99.00
99.10 CORF	0	0	0	0		99.10

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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
101.00	HOME HEALTH AGENCY	55,843	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						113.00
116.00	HOSPICE	36,831	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,841,161	3,132,105	0	0		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	FOUNDATION	0	0	0	0		194.00
194.01	MARKETING	0	0	0	0		194.01
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)	4,841,161	3,132,105	0	0		202.00

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Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	SHARED SERVICES						5.01
5.02	OTHER A&G						5.02
5.03	A&G						5.03
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
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
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	2,180,911					21.00
22.00	T&R SERVICES-OTHER PRGM COSTS APPRV	0	3,274,219				22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,785,168	2,680,087	0	42,202,254	-4,465,255	30.00
31.00	INTENSIVE CARE UNIT	132,702	199,226	0	21,861,053	-331,928	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	SUBPROVIDER - IPF	0	0	0	5,178,428	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	3,841,982	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	2,737,949	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	109,411	164,259	0	17,378,729	-273,670	50.00
51.00	RECOVERY ROOM	0	0	0	1,862,748	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	5,351,122	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	1,212,645	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	11,046,200	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	3,266,142	0	55.00
56.00	RADIOISOTOPE	0	0	0	1,146,659	0	56.00
57.00	CT SCAN	0	0	0	1,334,337	0	57.00
58.00	MRI	0	0	0	2,327,554	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	1,967,867	0	59.00
60.00	LABORATORY	0	0	0	20,636,123	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	4,009,720	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	3,895,877	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	861,379	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	538,706	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	1,398,573	0	69.00
69.01	CARDIAC REHAB	0	0	0	691,966	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	1,430,190	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	15,728,962	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	23,616,398	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	12,920,534	0	73.00
74.00	RENAL DIALYSIS	0	0	0	388,493	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	SLEEP LAB	0	0	0	0	0	76.00
76.01	HRT & VASC CTR	0	0	0	6,891,523	0	76.01
76.02	OP DIABETES EDUC	0	0	0	8,289	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	2,540,387	0	90.00
91.00	EMERGENCY	153,630	230,647	0	9,783,565	-384,277	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00

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Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
	21.00	22.00	23.00				
93.00 PARTIAL HOSP	0	0	0	0	2,970,010	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00 CMHC	0	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	10,275,354	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	6,176,248	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,180,911	3,274,219	0	0	247,477,966	-5,455,130	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	416,182	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	4,798,621	0	192.00
194.00 FOUNDATION	0	0	0	0	1,084,282	0	194.00
194.01 MARKETING	0	0	0	0	2,612,923	0	194.01
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	-449,456	0	201.00
202.00 TOTAL (sum lines 118-201)	2,180,911	3,274,219	0	0	255,940,518	-5,455,130	202.00

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	SHARED SERVICES		5.01
5.02	OTHER A&G		5.02
5.03	A&G		5.03
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
12.00	MAINTENANCE OF PERSONNEL		12.00
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
20.00	NURSING SCHOOL		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	37,736,999	30.00
31.00	INTENSIVE CARE UNIT	21,529,125	31.00
32.00	CORONARY CARE UNIT	0	32.00
40.00	SUBPROVIDER - IPF	5,178,428	40.00
41.00	SUBPROVIDER - IRF	3,841,982	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	2,737,949	43.00
44.00	SKILLED NURSING FACILITY	0	44.00
45.00	NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	17,105,059	50.00
51.00	RECOVERY ROOM	1,862,748	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,351,122	52.00
53.00	ANESTHESIOLOGY	1,212,645	53.00
54.00	RADIOLOGY-DIAGNOSTIC	11,046,200	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,266,142	55.00
56.00	RADIOISOTOPE	1,146,659	56.00
57.00	CT SCAN	1,334,337	57.00
58.00	MRI	2,327,554	58.00
59.00	CARDIAC CATHETERIZATION	1,967,867	59.00
60.00	LABORATORY	20,636,123	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00	RESPIRATORY THERAPY	4,009,720	65.00
66.00	PHYSICAL THERAPY	3,895,877	66.00
67.00	OCCUPATIONAL THERAPY	861,379	67.00
68.00	SPEECH PATHOLOGY	538,706	68.00
69.00	ELECTROCARDIOLOGY	1,398,573	69.00
69.01	CARDIAC REHAB	691,966	69.01
70.00	ELECTROENCEPHALOGRAPHY	1,430,190	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	15,728,962	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	23,616,398	72.00
73.00	DRUGS CHARGED TO PATIENTS	12,920,534	73.00
74.00	RENAL DIALYSIS	388,493	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
76.00	SLEEP LAB	0	76.00
76.01	HRT & VASC CTR	6,891,523	76.01
76.02	OP DIABETES EDUC	8,289	76.02
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	2,540,387	90.00
91.00	EMERGENCY	9,399,288	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
93.00	PARTIAL HOSP	2,970,010	93.00
OTHER REIMBURSABLE COST CENTERS			
99.00	CMHC	0	99.00
99.10	CORF	0	99.10
101.00	HOME HEALTH AGENCY	10,275,354	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

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

Worksheet B
Part I
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Cost Center Description		Total	
		26.00	
SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE		113.00
116.00	HOSPICE	6,176,248	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	242,022,836	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	416,182	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	4,798,621	192.00
194.00	FOUNDATION	1,084,282	194.00
194.01	MARKETING	2,612,923	194.01
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	-449,456	201.00
202.00	TOTAL (sum lines 118-201)	250,485,388	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
Part II
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01	0	657,821	350,105	1,007,926	1,007,926	4.00
5.02	0	0	0	0	75,942	5.01
5.03	0	0	0	0	5,254	5.02
6.00	0	0	0	0	44,446	5.03
7.00	0	0	0	0	0	6.00
8.00	0	0	0	0	16,371	7.00
9.00	0	0	0	0	1,367	8.00
10.00	0	195,981	104,305	300,286	14,683	9.00
11.00	0	514,886	274,032	788,918	7,391	10.00
12.00	0	353,890	188,347	542,237	10,737	11.00
13.00	0	0	0	0	0	12.00
14.00	21,492	166,078	88,390	275,960	23,924	13.00
15.00	0	914,016	486,457	1,400,473	12,941	14.00
16.00	0	244,443	130,097	374,540	33,831	15.00
17.00	0	531,947	283,112	815,059	15,725	16.00
18.00	0	95,290	50,715	146,005	12,397	17.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	13,246	21.00
22.00	0	0	0	0	15,270	22.00
23.00	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	0	3,912,306	2,082,203	5,994,509	121,742	30.00
31.00	0	745,352	396,691	1,142,043	97,576	31.00
32.00	0	0	0	0	0	32.00
40.00	0	456,396	242,902	699,298	18,644	40.00
41.00	0	423,089	225,176	648,265	11,209	41.00
42.00	0	0	0	0	0	42.00
43.00	0	193,349	102,904	296,253	9,642	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	64,360	1,360,611	724,143	2,149,114	62,234	50.00
51.00	0	148,063	78,802	226,865	7,832	51.00
52.00	0	482,714	256,909	739,623	23,992	52.00
53.00	0	36,755	19,562	56,317	1,422	53.00
54.00	0	780,746	415,528	1,196,274	44,297	54.00
55.00	0	365,598	194,578	560,176	7,808	55.00
56.00	0	215,311	114,593	329,904	2,679	56.00
57.00	0	99,284	52,841	152,125	4,285	57.00
58.00	0	293,177	156,034	449,211	7,723	58.00
59.00	0	228,652	121,693	350,345	6,960	59.00
60.00	0	698,660	371,840	1,070,500	64,962	60.00
62.00	0	0	0	0	0	62.00
63.00	0	0	0	0	0	63.00
65.00	0	93,838	49,943	143,781	19,625	65.00
66.00	0	398,677	212,183	610,860	16,553	66.00
67.00	0	0	0	0	5,108	67.00
68.00	0	0	0	0	2,844	68.00
69.00	0	12,705	6,762	19,467	6,614	69.00
69.01	0	4,265	2,270	6,535	4,792	69.01
70.00	0	120,883	64,336	185,219	1,776	70.00
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	0	0	0	0	0	73.00
74.00	0	0	0	0	0	74.00
75.00	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01	0	192,577	102,493	295,070	8,933	76.01
76.02	0	0	0	0	31	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
90.00	0	197,115	104,908	302,023	17,669	90.00
91.00	0	1,113,945	592,862	1,706,807	27,809	91.00
92.00	0	0	0	0	0	92.00
93.00	0	409,885	218,148	628,033	9,227	93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	56,085	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						113.00
116.00 HOSPICE	0	0	0	0	22,717	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	85,852	16,658,305	8,865,864	25,610,021	996,315	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42,790	22,774	65,564	1,295	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	6,312	192.00
194.00 FOUNDATION	0	76,051	40,476	116,527	3,288	194.00
194.01 MARKETING	0	327,345	174,219	501,564	716	194.01
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	85,852	17,104,491	9,103,333	26,293,676	1,007,926	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
Part II
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Cost-Center Description	SHARED	OTHER A&G	A&G	MAINTENANCE &	OPERATION OF	
	SERVICES			REPAIRS	PLANT	
	5.01	5.02	5.03	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 SHARED SERVICES	75,942					5.01
5.02 OTHER A&G	246	5,500				5.02
5.03 A&G	8,513	728	53,687			5.03
6.00 MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00 OPERATION OF PLANT	2,422	172	1,932		20,897	7.00
8.00 LAUNDRY & LINEN SERVICE	62	4	50	0	0	8.00
9.00 HOUSEKEEPING	799	57	637	0	249	9.00
10.00 DIETARY	686	49	547	0	654	10.00
11.00 CAFETERIA	519	37	414	0	450	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,140	81	909	0	211	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,223	87	975	0	1,161	14.00
15.00 PHARMACY	0	0	0	0	311	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,143	81	911	0	676	16.00
17.00 SOCIAL SERVICE	792	56	631	0	121	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	558	40	445	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	851	60	678	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,474	531	6,068	0	4,968	30.00
31.00 INTENSIVE CARE UNIT	4,775	339	3,808	0	947	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 SUBPROVIDER - IPF	1,092	78	871	0	580	40.00
41.00 SUBPROVIDER - IRF	801	57	639	0	538	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	573	41	457	0	246	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,869	275	3,086	0	1,729	50.00
51.00 RECOVERY ROOM	414	29	330	0	188	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,211	86	966	0	613	52.00
53.00 ANESTHESIOLOGY	270	19	215	0	47	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,588	184	2,064	0	992	54.00
55.00 RADIOLOGY-THERAPEUTIC	758	54	605	0	465	55.00
56.00 RADIOISOTOPE	229	16	183	0	274	56.00
57.00 CT SCAN	250	18	199	0	126	57.00
58.00 MRI	515	37	411	0	373	58.00
59.00 CARDIAC CATHETERIZATION	434	31	346	0	291	59.00
60.00 LABORATORY	4,967	353	3,961	0	888	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	984	70	785	0	119	65.00
66.00 PHYSICAL THERAPY	920	65	734	0	507	66.00
67.00 OCCUPATIONAL THERAPY	216	15	173	0	0	67.00
68.00 SPEECH PATHOLOGY	133	9	106	0	0	68.00
69.00 ELECTROCARDIOLOGY	332	24	265	0	16	69.00
69.01 CARDIAC REHAB	177	13	141	0	5	69.01
70.00 ELECTROENCEPHALOGRAPHY	338	24	270	0	154	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	2,697	192	2,151	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	6,082	432	4,850	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	3,284	233	2,619	0	0	73.00
74.00 RENAL DIALYSIS	100	7	80	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.01 HRT & VASC CTR	1,744	124	1,391	0	245	76.01
76.02 OP DIABETES EDUC	2	0	2	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	583	41	465	0	250	90.00
91.00 EMERGENCY	2,059	146	1,642	0	1,415	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 PARTIAL HOSP	640	45	510	0	521	93.00
OTHER REIMBURSABLE COST CENTERS						
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	2,636	187	2,102	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
Part II
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Cost Center Description		SHARED SERVICES	OTHER A&G	A&G	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.01	5.02	5.03	6.00	7.00	
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						113.00
116.00	HOSPICE	1,607	114	1,282	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	73,708	5,341	51,906	0	20,330	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	99	7	79	0	54	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,249	89	996	0	0	192.00
194.00	FOUNDATION	267	19	213	0	97	194.00
194.01	MARKETING	619	44	493	0	416	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	75,942	5,500	53,687	0	20,897	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
Part II
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Cost Center Description		LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINTENANCE OF PERSONNEL 12.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	SHARED SERVICES						5.01
5.02	OTHER A&G						5.02
5.03	A&G						5.03
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE	1,483					8.00
9.00	HOUSEKEEPING	0	316,711				9.00
10.00	DIETARY	0	10,035	808,280			10.00
11.00	CAFETERIA	0	6,897	0	561,291		11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	3,237	0	13,984	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	17,813	0	13,768	0	14.00
15.00	PHARMACY	0	4,764	0	19,465	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	10,367	0	17,997	0	16.00
17.00	SOCIAL SERVICE	0	1,857	0	8,707	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	12,674	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	6,077	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	903	76,246	527,412	94,202	0	30.00
31.00	INTENSIVE CARE UNIT	263	14,526	153,537	66,985	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	SUBPROVIDER - IPF	127	8,895	74,459	13,293	0	40.00
41.00	SUBPROVIDER - IRF	91	8,246	52,872	8,242	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	99	3,768	0	6,308	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	26,517	0	45,378	0	50.00
51.00	RECOVERY ROOM	0	2,886	0	4,979	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	9,408	0	15,701	0	52.00
53.00	ANESTHESIOLOGY	0	716	0	1,649	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	15,216	0	33,716	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	7,125	0	4,767	0	55.00
56.00	RADIOISOTOPE	0	4,196	0	1,410	0	56.00
57.00	CT SCAN	0	1,935	0	2,774	0	57.00
58.00	MRI	0	5,714	0	4,785	0	58.00
59.00	CARDIAC CATHETERIZATION	0	4,456	0	4,026	0	59.00
60.00	LABORATORY	0	13,616	0	68,635	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	1,829	0	14,450	0	65.00
66.00	PHYSICAL THERAPY	0	7,770	0	10,953	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	3,375	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	1,830	0	68.00
69.00	ELECTROCARDIOLOGY	0	248	0	5,241	0	69.00
69.01	CARDIAC REHAB	0	83	0	3,371	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	2,356	0	1,536	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	SLEEP LAB	0	0	0	0	0	76.00
76.01	HRT & VASC CTR	0	3,753	0	4,925	0	76.01
76.02	OP DIABETES EDUC	0	0	0	23	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	3,842	0	6,443	0	90.00
91.00	EMERGENCY	0	21,710	0	20,206	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	PARTIAL HOSP	0	7,988	0	8,323	0	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
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Cost-Center Description		LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	CAFETERIA 11.00	MAINTENANCE OF PERSONNEL 12.00	
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						113.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,483	308,015	808,280	550,198	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	834	0	1,374	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	7,284	0	192.00
194.00	FOUNDATION	0	1,482	0	1,988	0	194.00
194.01	MARKETING	0	6,380	0	447	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,483	316,711	808,280	561,291	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
Part II
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Cost Center Description	NURSING	CENTRAL	PHARMACY	MEDICAL	SOCIAL SERVICE	
	ADMINISTRATION	SERVICES & SUPPLY		RECORDS & LIBRARY		
	13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 SHARED SERVICES						5.01
5.02 OTHER A&G						5.02
5.03 A&G						5.03
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION	319,446					13.00
14.00 CENTRAL SERVICES & SUPPLY	0	1,448,441				14.00
15.00 PHARMACY	0	103	433,014			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	861,959		16.00
17.00 SOCIAL SERVICE	0	0	0	0	170,566	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	111,378	0	0	43,609	103,867	30.00
31.00 INTENSIVE CARE UNIT	79,199	0	0	28,648	30,237	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 SUBPROVIDER - IPF	0	0	0	7,204	14,664	40.00
41.00 SUBPROVIDER - IRF	0	0	0	4,588	10,413	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	7,460	0	0	8,522	11,385	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	53,656	0	0	62,149	0	50.00
51.00 RECOVERY ROOM	5,887	0	0	11,888	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	18,564	0	0	5,698	0	52.00
53.00 ANESTHESIOLOGY	1,952	0	0	21,092	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	76,995	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	13,014	0	55.00
56.00 RADIOISOTOPE	0	0	0	18,153	0	56.00
57.00 CT SCAN	0	0	0	52,134	0	57.00
58.00 MRI	0	0	0	20,978	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	21,416	0	59.00
60.00 LABORATORY	0	5,290	0	149,006	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	21,451	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	6,343	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	3,792	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	4,031	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	17,551	0	69.00
69.01 CARDIAC REHAB	0	0	0	122	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	7,231	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,395,770	0	36,505	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	5,308	0	64,928	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	66,506	0	73.00
74.00 RENAL DIALYSIS	0	0	0	962	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.01 HRT & VASC CTR	0	0	0	11,554	0	76.01
76.02 OP DIABETES EDUC	0	0	0	3	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	7,619	2,241	0	3,564	0	90.00
91.00 EMERGENCY	23,891	0	0	48,110	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 PARTIAL HOSP	9,840	0	0	7,710	0	93.00
OTHER REIMBURSABLE COST CENTERS						
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

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Part II
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Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
101.00	HOME HEALTH AGENCY	13.00	14.00	15.00	16.00	17.00	0
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	0
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	0
111.00	ISLET ACQUISITION	0	0	0	0	0	0
113.00	INTEREST EXPENSE						
116.00	HOSPICE	0	12	0	6,558	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	319,446	1,448,441	0	861,959	170,566	0
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0
194.00	FOUNDATION	0	0	0	0	0	0
194.01	MARKETING	0	0	0	0	0	0
200.00	Cross Foot Adjustments						
201.00	Negative Cost Centers	0	0	433,014	0	0	0
202.00	TOTAL (sum lines 118-201)	319,446	1,448,441	433,014	861,959	170,566	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS					PARAMED ED PRGM
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
	19.00	20.00	21.00	22.00	23.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
19.00	0					19.00
20.00		0				20.00
21.00			26,963			21.00
22.00				22,936		22.00
23.00					0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00						30.00
31.00						31.00
32.00						32.00
40.00						40.00
41.00						41.00
42.00						42.00
43.00						43.00
44.00						44.00
45.00						45.00
ANCILLARY SERVICE COST CENTERS						
50.00						50.00
51.00						51.00
52.00						52.00
53.00						53.00
54.00						54.00
55.00						55.00
56.00						56.00
57.00						57.00
58.00						58.00
59.00						59.00
60.00						60.00
62.00						62.00
63.00						63.00
65.00						65.00
66.00						66.00
67.00						67.00
68.00						68.00
69.00						69.00
69.01						69.01
70.00						70.00
71.00						71.00
72.00						72.00
73.00						73.00
74.00						74.00
75.00						75.00
76.00						76.00
76.01						76.01
76.02						76.02
OUTPATIENT SERVICE COST CENTERS						
88.00						88.00
89.00						89.00
90.00						90.00
91.00						91.00
92.00						92.00
93.00						93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV		
			19.00	20.00		
OTHER REIMBURSABLE COST CENTERS						
99.00 CMHC						99.00
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
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
192.00 PHYSICIANS' PRIVATE OFFICES						192.00
194.00 FOUNDATION						194.00
194.01 MARKETING						194.01
200.00 Cross Foot Adjustments	0	0	26,963	22,936	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	26,963	22,936	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

Period:
From 01/01/2011
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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	CAP REL COSTS-BLDG & FIXT			1.00	
2.00	CAP REL COSTS-MVBLE EQUIP			2.00	
4.00	EMPLOYEE BENEFITS			4.00	
5.01	SHARED SERVICES			5.01	
5.02	OTHER A&G			5.02	
5.03	A&G			5.03	
6.00	MAINTENANCE & REPAIRS			6.00	
7.00	OPERATION OF PLANT			7.00	
8.00	LAUNDRY & LINEN SERVICE			8.00	
9.00	HOUSEKEEPING			9.00	
10.00	DIETARY			10.00	
11.00	CAFETERIA			11.00	
12.00	MAINTENANCE OF PERSONNEL			12.00	
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	
20.00	NURSING SCHOOL			20.00	
21.00	I&R SERVICES-SALARY & FRINGES APPRV			21.00	
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV			22.00	
23.00	PARAMED ED PRGM-(SPECIFY)			23.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	7,092,909	0	7,092,909	30.00
31.00	INTENSIVE CARE UNIT	1,622,883	0	1,622,883	31.00
32.00	CORONARY CARE UNIT	0	0	0	32.00
40.00	SUBPROVIDER - IPF	839,205	0	839,205	40.00
41.00	SUBPROVIDER - IRF	745,961	0	745,961	41.00
42.00	SUBPROVIDER	0	0	0	42.00
43.00	NURSERY	344,754	0	344,754	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	2,408,007	0	2,408,007	50.00
51.00	RECOVERY ROOM	261,298	0	261,298	51.00
52.00	DELIVERY ROOM & LABOR ROOM	815,862	0	815,862	52.00
53.00	ANESTHESIOLOGY	83,699	0	83,699	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,372,326	0	1,372,326	54.00
55.00	RADIOLOGY-THERAPEUTIC	594,772	0	594,772	55.00
56.00	RADIOISOTOPE	357,044	0	357,044	56.00
57.00	CT SCAN	213,846	0	213,846	57.00
58.00	MRI	489,747	0	489,747	58.00
59.00	CARDIAC CATHETERIZATION	388,305	0	388,305	59.00
60.00	LABORATORY	1,382,178	0	1,382,178	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00	RESPIRATORY THERAPY	203,094	0	203,094	65.00
66.00	PHYSICAL THERAPY	654,705	0	654,705	66.00
67.00	OCCUPATIONAL THERAPY	12,679	0	12,679	67.00
68.00	SPEECH PATHOLOGY	8,953	0	8,953	68.00
69.00	ELECTROCARDIOLOGY	49,758	0	49,758	69.00
69.01	CARDIAC REHAB	15,239	0	15,239	69.01
70.00	ELECTROENCEPHALOGRAPHY	198,904	0	198,904	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	1,437,315	0	1,437,315	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	81,600	0	81,600	72.00
73.00	DRUGS CHARGED TO PATIENTS	72,642	0	72,642	73.00
74.00	RENAL DIALYSIS	1,149	0	1,149	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	SLEEP LAB	0	0	0	76.00
76.01	HRT & VASC CTR	327,739	0	327,739	76.01
76.02	OP DIABETES EDUC	61	0	61	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	CLINIC	344,740	0	344,740	90.00
91.00	EMERGENCY	1,853,795	0	1,853,795	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	PARTIAL HOSP	672,837	0	672,837	93.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

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

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	
OTHER REIMBURSABLE COST CENTERS					
99.00	CMHC	0	0	0	99.00
99.10	CORF	0	0	0	99.10
101.00	HOME HEALTH AGENCY	110,671	0	110,671	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	32,290	0	32,290	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	25,090,967	0	25,090,967	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	69,306	0	69,306	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	15,930	0	15,930	192.00
194.00	FOUNDATION	123,881	0	123,881	194.00
194.01	MARKETING	510,679	0	510,679	194.01
200.00	Cross Foot Adjustments	49,899	0	49,899	200.00
201.00	Negative Cost Centers	433,014	0	433,014	201.00
202.00	TOTAL (sum lines 118-201)	26,293,676	0	26,293,676	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	376,947					1.00
2.00		376,947				2.00
4.00	14,497	14,497	109,287,103			4.00
5.01	0	0	8,233,952	-34,135,045	222,518,460	5.01
5.02	0	0	569,714	0	722,653	5.02
5.03	0	0	4,819,035	0	24,771,668	5.03
6.00	0	0	0	0	0	6.00
7.00	0	0	1,775,001	0	7,102,891	7.00
8.00	0	0	148,266	0	182,072	8.00
9.00	4,319	4,319	1,591,963	0	2,342,262	9.00
10.00	11,347	11,347	801,365	0	2,013,078	10.00
11.00	7,799	7,799	1,164,161	0	1,522,556	11.00
12.00	0	0	0	0	0	12.00
13.00	3,660	3,660	2,594,004	0	3,344,133	13.00
14.00	20,143	20,143	1,403,101	0	3,586,583	14.00
15.00	5,387	5,387	3,668,092	712,987	0	15.00
16.00	11,723	11,723	1,705,018	0	3,351,803	16.00
17.00	2,100	2,100	1,344,143	0	2,322,215	17.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	1,436,174	0	1,635,186	21.00
22.00	0	0	1,655,643	0	2,494,793	22.00
23.00	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	86,219	86,219	13,203,077	0	21,919,034	30.00
31.00	16,426	16,426	10,579,684	0	14,002,729	31.00
32.00	0	0	0	0	0	32.00
40.00	10,058	10,058	2,021,522	0	3,202,671	40.00
41.00	9,324	9,324	1,215,290	0	2,349,142	41.00
42.00	0	0	0	0	0	42.00
43.00	4,261	4,261	1,045,403	0	1,679,282	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	29,985	29,985	6,747,688	0	11,347,351	50.00
51.00	3,263	3,263	849,158	0	1,213,126	51.00
52.00	10,638	10,638	2,601,360	0	3,551,948	52.00
53.00	810	810	154,168	0	792,242	53.00
54.00	17,206	17,206	4,802,855	0	7,590,252	54.00
55.00	8,057	8,057	846,526	0	2,224,030	55.00
56.00	4,745	4,745	290,453	0	672,505	56.00
57.00	2,188	2,188	464,582	0	733,317	57.00
58.00	6,461	6,461	837,410	0	1,511,211	58.00
59.00	5,039	5,039	754,589	0	1,273,044	59.00
60.00	15,397	15,397	7,043,507	0	14,566,337	60.00
62.00	0	0	0	0	0	62.00
63.00	0	0	0	0	0	63.00
65.00	2,068	2,068	2,127,794	0	2,886,612	65.00
66.00	8,786	8,786	1,794,750	0	2,697,943	66.00
67.00	0	0	553,825	0	634,512	67.00
68.00	0	0	308,320	0	390,534	68.00
69.00	280	280	717,123	0	974,446	69.00
69.01	94	94	519,617	0	517,815	69.01
70.00	2,664	2,664	192,594	0	991,743	70.00
71.00	0	0	0	0	7,908,268	71.00
72.00	0	0	0	0	17,834,330	72.00
73.00	0	0	0	0	9,631,928	73.00
74.00	0	0	0	0	294,084	74.00
75.00	0	0	0	0	0	75.00
76.00	0	0	0	0	0	76.00
76.01	4,244	4,244	968,531	0	5,113,479	76.01
76.02	0	0	3,323	0	6,281	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
90.00	4,344	4,344	1,915,799	0	1,710,873	90.00
91.00	24,549	24,549	3,015,153	0	6,037,894	91.00
92.00	0	0	0	0	0	92.00
93.00	9,033	9,033	1,000,427	0	1,875,571	93.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

worksheet B-1

Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
OTHER REIMBURSABLE COST CENTERS						
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	6,081,038	0	7,731,091	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						113.00
116.00 HOSPICE	0	0	2,463,047	0	4,712,985	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	367,114	367,114	108,028,245	-33,422,058	215,970,503	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	943	943	140,382	0	290,389	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	684,339	0	3,661,310	192.00
194.00 FOUNDATION	1,676	1,676	356,461	0	782,042	194.00
194.01 MARKETING	7,214	7,214	77,676	0	1,814,216	194.01
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)	17,104,491	9,103,333	7,118,190		34,135,045	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	45.376382	24.150167	0.065133		0.153403	203.00
204.00 Cost to be allocated (per wkst. B, Part II)			1,007,926		75,942	204.00
205.00 unit cost multiplier (wkst. B, Part II)			0.009223		0.000341	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	Reconciliation	OTHER A&G (ACCUM. COST)	Reconciliation	A&G (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	5A.02	5.02	5A.03	5.03	6.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02	-833,510	255,819,995				5.02
5.03		28,571,761	-28,664,896	227,988,609		5.03
6.00		0	0	0	362,450	6.00
7.00		8,192,496	0	8,219,187	0	7.00
8.00		210,002	0	210,686	0	8.00
9.00		2,701,572	0	2,710,374	4,319	9.00
10.00		2,321,890	0	2,329,455	11,347	10.00
11.00		1,756,121	0	1,761,842	7,799	11.00
12.00		0	0	0	0	12.00
13.00		3,857,133	0	3,869,700	3,660	13.00
14.00		4,136,776	0	4,150,254	20,143	14.00
15.00	712,987	0	712,987	0	5,387	15.00
16.00		3,865,980	0	3,878,575	11,723	16.00
17.00		2,678,450	0	2,687,176	2,100	17.00
19.00		0	0	0	0	19.00
20.00		0	0	0	0	20.00
21.00		1,886,028	0	1,892,173	0	21.00
22.00		2,877,502	0	2,886,877	0	22.00
23.00		0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00		25,281,480	0	25,363,847	86,219	30.00
31.00		16,150,790	0	16,203,409	16,426	31.00
32.00		0	0	0	0	32.00
40.00		3,693,970	0	3,706,005	10,058	40.00
41.00		2,709,507	0	2,718,335	9,324	41.00
42.00		0	0	0	0	42.00
43.00		1,936,889	0	1,943,199	4,261	43.00
44.00		0	0	0	0	44.00
45.00		0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00		13,088,069	0	13,130,710	29,985	50.00
51.00		1,399,223	0	1,403,782	3,263	51.00
52.00		4,096,827	0	4,110,174	10,638	52.00
53.00		913,774	0	916,751	810	53.00
54.00		8,754,619	0	8,783,142	17,206	54.00
55.00		2,565,203	0	2,573,560	8,057	55.00
56.00		775,669	0	778,196	4,745	56.00
57.00		845,810	0	848,566	2,188	57.00
58.00		1,743,035	0	1,748,714	6,461	58.00
59.00		1,468,333	0	1,473,117	5,039	59.00
60.00		16,800,857	0	16,855,594	15,397	60.00
62.00		0	0	0	0	62.00
63.00		0	0	0	0	63.00
65.00		3,329,427	0	3,340,274	2,068	65.00
66.00		3,111,816	0	3,121,954	8,786	66.00
67.00		731,848	0	734,232	0	67.00
68.00		450,443	0	451,911	0	68.00
69.00		1,123,929	0	1,127,591	280	69.00
69.01		597,249	0	599,195	94	69.01
70.00		1,143,879	0	1,147,606	2,664	70.00
71.00		9,121,420	0	9,151,138	0	71.00
72.00		20,570,170	0	20,637,188	0	72.00
73.00		11,109,495	0	11,145,690	0	73.00
74.00		339,197	0	340,302	0	74.00
75.00		0	0	0	0	75.00
76.00		0	0	0	0	76.00
76.01		5,897,902	0	5,917,117	4,244	76.01
76.02		7,245	0	7,269	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00		0	0	0	0	88.00
89.00		0	0	0	0	89.00
90.00		1,973,326	0	1,979,755	4,344	90.00
91.00		6,964,125	0	6,986,814	24,549	91.00
92.00		0	0	0	0	92.00
93.00		2,163,289	0	2,170,337	9,033	93.00
OTHER REIMBURSABLE COST CENTERS						
99.00		0	0	0	0	99.00
99.10		0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	Reconciliation	OTHER A&G (ACCUM. COST)	Reconciliation	A&G (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	5A.02	5.02	5A.03	5.03	6.00	
101.00 HOME HEALTH AGENCY	0	8,917,064	0	8,946,116	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						113.00
116.00 HOSPICE	0	5,435,971	0	5,453,681	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-120,523	248,267,561	-27,951,909	220,411,570	352,617	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	334,936	0	336,027	943	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	4,222,966	0	4,236,724	0	192.00
194.00 FOUNDATION	0	902,010	0	904,949	1,676	194.00
194.01 MARKETING	0	2,092,522	0	2,099,339	7,214	194.01
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)		833,510		28,664,896	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)		0.003258		0.125730	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		5,500		53,687	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.000021		0.000235	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 SHARED SERVICES						5.01
5.02 OTHER A&G						5.02
5.03 A&G						5.03
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT	362,450					7.00
8.00 LAUNDRY & LINEN SERVICE	0	62,067				8.00
9.00 HOUSEKEEPING	4,319	0	358,131			9.00
10.00 DIETARY	11,347	0	11,347	57,924		10.00
11.00 CAFETERIA	7,799	0	7,799	0	124,223	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	3,660	0	3,660	0	3,095	13.00
14.00 CENTRAL SERVICES & SUPPLY	20,143	0	20,143	0	3,047	14.00
15.00 PHARMACY	5,387	0	5,387	0	4,308	15.00
16.00 MEDICAL RECORDS & LIBRARY	11,723	0	11,723	0	3,983	16.00
17.00 SOCIAL SERVICE	2,100	0	2,100	0	1,927	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	2,805	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1,345	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	86,219	37,796	86,219	37,796	20,848	30.00
31.00 INTENSIVE CARE UNIT	16,426	11,003	16,426	11,003	14,825	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00 SUBPROVIDER - IPF	10,058	5,336	10,058	5,336	2,942	40.00
41.00 SUBPROVIDER - IRF	9,324	3,789	9,324	3,789	1,824	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	4,261	4,143	4,261	0	1,396	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	29,985	0	29,985	0	10,043	50.00
51.00 RECOVERY ROOM	3,263	0	3,263	0	1,102	51.00
52.00 DELIVERY ROOM & LABOR ROOM	10,638	0	10,638	0	3,475	52.00
53.00 ANESTHESIOLOGY	810	0	810	0	365	53.00
54.00 RADIOLOGY-DIAGNOSTIC	17,206	0	17,206	0	7,462	54.00
55.00 RADIOLOGY-THERAPEUTIC	8,057	0	8,057	0	1,055	55.00
56.00 RADIOISOTOPE	4,745	0	4,745	0	312	56.00
57.00 CT SCAN	2,188	0	2,188	0	614	57.00
58.00 MRI	6,461	0	6,461	0	1,059	58.00
59.00 CARDIAC CATHETERIZATION	5,039	0	5,039	0	891	59.00
60.00 LABORATORY	15,397	0	15,397	0	15,190	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	2,068	0	2,068	0	3,198	65.00
66.00 PHYSICAL THERAPY	8,786	0	8,786	0	2,424	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	747	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	405	68.00
69.00 ELECTROCARDIOLOGY	280	0	280	0	1,160	69.00
69.01 CARDIAC REHAB	94	0	94	0	746	69.01
70.00 ELECTROENCEPHALOGRAPHY	2,664	0	2,664	0	340	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.01 HRT & VASC CTR	4,244	0	4,244	0	1,090	76.01
76.02 OP DIABETES EDUC	0	0	0	0	5	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	4,344	0	4,344	0	1,426	90.00
91.00 EMERGENCY	24,549	0	24,549	0	4,472	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 PARTIAL HOSP	9,033	0	9,033	0	1,842	93.00
OTHER REIMBURSABLE COST CENTERS						
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

worksheet B-1

Date/Time Prepared:
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Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
	7.00	8.00	9.00	10.00	11.00	
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						113.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	352,617	62,067	348,298	57,924	121,768	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	943	0	943	0	304	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,612	192.00
194.00 FOUNDATION	1,676	0	1,676	0	440	194.00
194.01 MARKETING	7,214	0	7,214	0	99	194.01
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)	9,252,585	237,176	3,161,404	3,012,168	2,251,296	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	25.527894	3.821290	8.827507	52.002072	18.123021	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	20,897	1,483	316,711	808,280	561,291	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.057655	0.023894	0.884344	13.954147	4.518414	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
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Cost-Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	SHARED SERVICES						5.01
5.02	OTHER A&G						5.02
5.03	A&G						5.03
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL	0					12.00
13.00	NURSING ADMINISTRATION	0	1,243,732				13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	7,390,400			14.00
15.00	PHARMACY	0	0	524	417,227		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	970,720,832	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	433,637	0	169	49,109,703	30.00
31.00	INTENSIVE CARE UNIT	0	308,354	0	965	32,260,851	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	8,112,425	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	5,166,367	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	29,046	0	0	9,597,078	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	208,904	0	0	69,988,046	50.00
51.00	RECOVERY ROOM	0	22,920	0	0	13,387,746	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	72,279	0	0	6,416,297	52.00
53.00	ANESTHESIOLOGY	0	7,601	0	0	23,752,620	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	86,705,540	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	14,655,532	55.00
56.00	RADIOISOTOPE	0	0	0	0	20,443,015	56.00
57.00	CT SCAN	0	0	0	0	58,709,280	57.00
58.00	MRI	0	0	0	0	23,623,671	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	24,116,656	59.00
60.00	LABORATORY	0	0	26,993	6,515	167,845,556	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	24,156,677	65.00
66.00	PHYSICAL THERAPY	0	0	0	13	7,143,399	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	4,269,828	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	4,538,904	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	19,764,709	69.00
69.01	CARDIAC REHAB	0	0	0	0	137,135	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	8,143,284	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	7,121,657	218,029	41,109,153	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	27,082	0	73,117,567	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	191,400	74,893,891	73.00
74.00	RENAL DIALYSIS	0	0	0	0	1,083,837	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	SLEEP LAB	0	0	0	0	0	76.00
76.01	HRT & VASC CTR	0	0	0	0	13,011,718	76.01
76.02	OP DIABETES EDUC	0	0	0	0	3,105	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	29,663	11,434	0	4,013,837	90.00
91.00	EMERGENCY	0	93,018	0	0	54,178,051	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	PARTIAL HOSP	0	38,310	0	0	8,682,244	93.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSGING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		12.00	13.00	14.00	15.00	16.00	
OTHER REIMBURSABLE COST CENTERS							
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	202,649	136	11,197,796	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						113.00
116.00	HOSPICE	0	0	61	0	7,385,314	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,243,732	7,390,400	417,227	970,720,832	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	FOUNDATION	0	0	0	0	0	194.00
194.01	MARKETING	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	4,538,069	5,419,306	-449,456	4,841,161	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	3.648751	0.733290	0.000000	0.004987	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	319,446	1,448,441	433,014	861,959	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.256845	0.195990	1.037838	0.000888	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	INTERNS & RESIDENTS					
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER	
	(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ASSIGNED TIME)	
	17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 SHARED SERVICES						5.01
5.02 OTHER A&G						5.02
5.03 A&G						5.03
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
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	62,067					17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 NURSING SCHOOL	0		0			20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV	0			51,687		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV	0				51,687	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	37,796		0	42,308	42,308	30.00
31.00 INTENSIVE CARE UNIT	11,003		0	3,145	3,145	31.00
32.00 CORONARY CARE UNIT	0		0	0	0	32.00
40.00 SUBPROVIDER - IPF	5,336		0	0	0	40.00
41.00 SUBPROVIDER - IRF	3,789		0	0	0	41.00
42.00 SUBPROVIDER	0		0	0	0	42.00
43.00 NURSERY	4,143		0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00 NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	2,593	2,593	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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
69.01 CARDIAC REHAB	0	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.01 HRT & VASC CTR	0	0	0	0	0	76.01
76.02 OP DIABETES EDUC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	3,641	3,641	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
				17.00	19.00	
93.00 PARTIAL HOSP	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
99.00 CMHC	0	0	0	0	0	99.00
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)	62,067	0	0	51,687	51,687	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 FOUNDATION	0	0	0	0	0	194.00
194.01 MARKETING	0	0	0	0	0	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,132,105	0	0	2,180,911	3,274,219	202.00
203.00 unit cost multiplier (Wkst. B, Part I)	50.463290	0.000000	0.000000	42.194575	63.347051	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	170,566	0	0	26,963	22,936	204.00
205.00 unit cost multiplier (Wkst. B, Part II)	2.748095	0.000000	0.000000	0.521659	0.443748	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)	
GENERAL SERVICE COST CENTERS		
1.00 CAP REL COSTS-BLDG & FIXT		1.00
2.00 CAP REL COSTS-MVBLE EQUIP		2.00
4.00 EMPLOYEE BENEFITS		4.00
5.01 SHARED SERVICES		5.01
5.02 OTHER A&G		5.02
5.03 A&G		5.03
6.00 MAINTENANCE & REPAIRS		6.00
7.00 OPERATION OF PLANT		7.00
8.00 LAUNDRY & LINEN SERVICE		8.00
9.00 HOUSEKEEPING		9.00
10.00 DIETARY		10.00
11.00 CAFETERIA		11.00
12.00 MAINTENANCE OF PERSONNEL		12.00
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
20.00 NURSING SCHOOL		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS		
30.00 ADULTS & PEDIATRICS	0	30.00
31.00 INTENSIVE CARE UNIT	0	31.00
32.00 CORONARY CARE UNIT	0	32.00
40.00 SUBPROVIDER - IPF	0	40.00
41.00 SUBPROVIDER - IRF	0	41.00
42.00 SUBPROVIDER	0	42.00
43.00 NURSERY	0	43.00
44.00 SKILLED NURSING FACILITY	0	44.00
45.00 NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS		
50.00 OPERATING ROOM	0	50.00
51.00 RECOVERY ROOM	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	52.00
53.00 ANESTHESIOLOGY	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	55.00
56.00 RADIOISOTOPE	0	56.00
57.00 CT SCAN	0	57.00
58.00 MRI	0	58.00
59.00 CARDIAC CATHETERIZATION	0	59.00
60.00 LABORATORY	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	63.00
65.00 RESPIRATORY THERAPY	0	65.00
66.00 PHYSICAL THERAPY	0	66.00
67.00 OCCUPATIONAL THERAPY	0	67.00
68.00 SPEECH PATHOLOGY	0	68.00
69.00 ELECTROCARDIOLOGY	0	69.00
69.01 CARDIAC REHAB	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	73.00
74.00 RENAL DIALYSIS	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	75.00
76.00 SLEEP LAB	0	76.00
76.01 HRT & VASC CTR	0	76.01
76.02 OP DIABETES EDUC	0	76.02
OUTPATIENT SERVICE COST CENTERS		
88.00 RURAL HEALTH CLINIC	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00 CLINIC	0	90.00
91.00 EMERGENCY	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
93.00 PARTIAL HOSP	0	93.00
OTHER REIMBURSABLE COST CENTERS		
99.00 CMHC	0	99.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

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

Worksheet B-1

Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)		
		23.00		
99.10	CORF	0		99.10
101.00	HOME HEALTH AGENCY	0		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0		109.00
110.00	INTESTINAL ACQUISITION	0		110.00
111.00	ISLET ACQUISITION	0		111.00
113.00	INTEREST EXPENSE			113.00
116.00	HOSPICE	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0		118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0		192.00
194.00	FOUNDATION	0		194.00
194.01	MARKETING	0		194.01
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		202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.000000		203.00
204.00	Cost to be allocated (per wkst. B, Part II)	0		204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140122

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Hospital		PPS	
			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	37,736,999		37,736,999	0	37,736,999	30.00
31.00 INTENSIVE CARE UNIT	21,529,125		21,529,125	0	21,529,125	31.00
32.00 CORONARY CARE UNIT	0		0	0	0	32.00
40.00 SUBPROVIDER - IPF	5,178,428		5,178,428	0	5,178,428	40.00
41.00 SUBPROVIDER - IRF	3,841,982		3,841,982	0	3,841,982	41.00
42.00 SUBPROVIDER	0		0	0	0	42.00
43.00 NURSERY	2,737,949		2,737,949	0	2,737,949	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00 NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	17,105,059		17,105,059	0	17,105,059	50.00
51.00 RECOVERY ROOM	1,862,748		1,862,748	0	1,862,748	51.00
52.00 DELIVERY ROOM & LABOR ROOM	5,351,122		5,351,122	0	5,351,122	52.00
53.00 ANESTHESIOLOGY	1,212,645		1,212,645	0	1,212,645	53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,046,200		11,046,200	0	11,046,200	54.00
55.00 RADIOLOGY-THERAPEUTIC	3,266,142		3,266,142	0	3,266,142	55.00
56.00 RADIOISOTOPE	1,146,659		1,146,659	0	1,146,659	56.00
57.00 CT SCAN	1,334,337		1,334,337	0	1,334,337	57.00
58.00 MRI	2,327,554		2,327,554	0	2,327,554	58.00
59.00 CARDIAC CATHETERIZATION	1,967,867		1,967,867	0	1,967,867	59.00
60.00 LABORATORY	20,636,123		20,636,123	0	20,636,123	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
65.00 RESPIRATORY THERAPY	4,009,720	0	4,009,720	0	4,009,720	65.00
66.00 PHYSICAL THERAPY	3,895,877	0	3,895,877	0	3,895,877	66.00
67.00 OCCUPATIONAL THERAPY	861,379	0	861,379	0	861,379	67.00
68.00 SPEECH PATHOLOGY	538,706	0	538,706	0	538,706	68.00
69.00 ELECTROCARDIOLOGY	1,398,573		1,398,573	0	1,398,573	69.00
69.01 CARDIAC REHAB	691,966		691,966	0	691,966	69.01
70.00 ELECTROENCEPHALOGRAPHY	1,430,190		1,430,190	0	1,430,190	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	15,728,962		15,728,962	0	15,728,962	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	23,616,398		23,616,398	0	23,616,398	72.00
73.00 DRUGS CHARGED TO PATIENTS	12,920,534		12,920,534	0	12,920,534	73.00
74.00 RENAL DIALYSIS	388,493		388,493	0	388,493	74.00
75.00 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00 SLEEP LAB	0		0	0	0	76.00
76.01 HRT & VASC CTR	6,891,523		6,891,523	0	6,891,523	76.01
76.02 OP DIABETES EDUC	8,289		8,289	0	8,289	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00 CLINIC	2,540,387		2,540,387	0	2,540,387	90.00
91.00 EMERGENCY	9,399,288		9,399,288	0	9,399,288	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	3,226,789		3,226,789	0	3,226,789	92.00
93.00 PARTIAL HOSP	2,970,010		2,970,010	0	2,970,010	93.00
OTHER REIMBURSABLE COST CENTERS						
99.00 CMHC	0		0	0	0	99.00
99.10 CORF	0		0	0	0	99.10
101.00 HOME HEALTH AGENCY	10,275,354		10,275,354	0	10,275,354	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						113.00
116.00 HOSPICE	6,176,248		6,176,248	0	6,176,248	116.00
200.00 Subtotal (see instructions)	245,249,625	0	245,249,625	0	245,249,625	200.00
201.00 Less Observation Beds	3,226,789		3,226,789	0	3,226,789	201.00
202.00 Total (see instructions)	242,022,836	0	242,022,836	0	242,022,836	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140122

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2012 1:57 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	41,942,337		41,942,337			30.00
31.00	INTENSIVE CARE UNIT	32,260,851		32,260,851			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
40.00	SUBPROVIDER - IPF	8,112,425		8,112,425			40.00
41.00	SUBPROVIDER - IRF	5,166,367		5,166,367			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	9,597,078		9,597,078			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
45.00	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	35,452,560	34,535,486	69,988,046	0.244400	0.000000	50.00
51.00	RECOVERY ROOM	6,759,031	6,628,715	13,387,746	0.139138	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,171,146	1,245,151	6,416,297	0.833989	0.000000	52.00
53.00	ANESTHESIOLOGY	13,197,393	10,555,227	23,752,620	0.051053	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	23,014,070	63,691,470	86,705,540	0.127399	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,055,381	13,600,151	14,655,532	0.222861	0.000000	55.00
56.00	RADIOISOTOPE	3,532,578	16,910,437	20,443,015	0.056091	0.000000	56.00
57.00	CT SCAN	19,273,760	39,435,520	58,709,280	0.022728	0.000000	57.00
58.00	MRI	6,529,928	17,093,743	23,623,671	0.098526	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	12,262,858	11,853,798	24,116,656	0.081598	0.000000	59.00
60.00	LABORATORY	64,128,547	103,717,009	167,845,556	0.122947	0.000000	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
65.00	RESPIRATORY THERAPY	22,497,120	1,659,557	24,156,677	0.165988	0.000000	65.00
66.00	PHYSICAL THERAPY	5,858,053	1,285,346	7,143,399	0.545381	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	3,060,742	1,209,086	4,269,828	0.201736	0.000000	67.00
68.00	SPEECH PATHOLOGY	2,240,627	2,298,277	4,538,904	0.118686	0.000000	68.00
69.00	ELECTROCARDIOLOGY	9,678,544	10,086,165	19,764,709	0.070761	0.000000	69.00
69.01	CARDIAC REHAB	199	136,936	137,135	5.045875	0.000000	69.01
70.00	ELECTROENCEPHALOGRAPHY	2,113,323	6,029,961	8,143,284	0.175628	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	23,616,588	17,492,565	41,109,153	0.382615	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	47,715,708	25,401,859	73,117,567	0.322992	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	52,151,640	22,742,251	74,893,891	0.172518	0.000000	73.00
74.00	RENAL DIALYSIS	1,071,462	12,375	1,083,837	0.358442	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	SLEEP LAB	0	0	0	0.000000	0.000000	76.00
76.01	HRT & VASC CTR	33,311	12,978,407	13,011,718	0.529640	0.000000	76.01
76.02	OP DIABETES EDUC	422	2,683	3,105	2.669565	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	138,637	3,875,200	4,013,837	0.632907	0.000000	90.00
91.00	EMERGENCY	18,289,982	35,888,069	54,178,051	0.173489	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	1,232,595	5,934,771	7,167,366	0.450206	0.000000	92.00
93.00	PARTIAL HOSP	1,136	8,681,108	8,682,244	0.342079	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
101.00	HOME HEALTH AGENCY	0	11,197,796	11,197,796			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	7,385,314	7,385,314			116.00
200.00	Subtotal (see instructions)	477,156,399	493,564,433	970,720,832			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	477,156,399	493,564,433	970,720,832			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140122

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
45.00	NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.244400			50.00
51.00	RECOVERY ROOM	0.139138			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.833989			52.00
53.00	ANESTHESIOLOGY	0.051053			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.127399			54.00
55.00	RADIOLOGY-THERAPEUTIC	0.222861			55.00
56.00	RADIOISOTOPE	0.056091			56.00
57.00	CT SCAN	0.022728			57.00
58.00	MRI	0.098526			58.00
59.00	CARDIAC CATHETERIZATION	0.081598			59.00
60.00	LABORATORY	0.122947			60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
65.00	RESPIRATORY THERAPY	0.165988			65.00
66.00	PHYSICAL THERAPY	0.545381			66.00
67.00	OCCUPATIONAL THERAPY	0.201736			67.00
68.00	SPEECH PATHOLOGY	0.118686			68.00
69.00	ELECTROCARDIOLOGY	0.070761			69.00
69.01	CARDIAC REHAB	5.045875			69.01
70.00	ELECTROENCEPHALOGRAPHY	0.175628			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.382615			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.322992			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.172518			73.00
74.00	RENAL DIALYSIS	0.358442			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	SLEEP LAB	0.000000			76.00
76.01	HRT & VASC CTR	0.529640			76.01
76.02	OP DIABETES EDUC	2.669565			76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	CLINIC	0.632907			90.00
91.00	EMERGENCY	0.173489			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.450206			92.00
93.00	PARTIAL HOSP	0.342079			93.00
OTHER REIMBURSABLE COST CENTERS					
99.00	CMHC				99.00
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: 140122

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Hospital		Cost
			Total Costs	Costs	
				RCE Disallowance	
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	37,736,999		37,736,999	0	0 30.00
31.00 INTENSIVE CARE UNIT	21,529,125		21,529,125	0	0 31.00
32.00 CORONARY CARE UNIT	0		0	0	0 32.00
40.00 SUBPROVIDER - IPF	5,178,428		5,178,428	0	0 40.00
41.00 SUBPROVIDER - IRF	3,841,982		3,841,982	0	0 41.00
42.00 SUBPROVIDER	0		0	0	0 42.00
43.00 NURSERY	2,737,949		2,737,949	0	0 43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0 44.00
45.00 NURSING FACILITY	0		0	0	0 45.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	17,105,059		17,105,059	0	0 50.00
51.00 RECOVERY ROOM	1,862,748		1,862,748	0	0 51.00
52.00 DELIVERY ROOM & LABOR ROOM	5,351,122		5,351,122	0	0 52.00
53.00 ANESTHESIOLOGY	1,212,645		1,212,645	0	0 53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,046,200		11,046,200	0	0 54.00
55.00 RADIOLOGY-THERAPEUTIC	3,266,142		3,266,142	0	0 55.00
56.00 RADIOISOTOPE	1,146,659		1,146,659	0	0 56.00
57.00 CT SCAN	1,334,337		1,334,337	0	0 57.00
58.00 MRI	2,327,554		2,327,554	0	0 58.00
59.00 CARDIAC CATHETERIZATION	1,967,867		1,967,867	0	0 59.00
60.00 LABORATORY	20,636,123		20,636,123	0	0 60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0		0	0	0 62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0 63.00
65.00 RESPIRATORY THERAPY	4,009,720	0	4,009,720	0	0 65.00
66.00 PHYSICAL THERAPY	3,895,877	0	3,895,877	0	0 66.00
67.00 OCCUPATIONAL THERAPY	861,379	0	861,379	0	0 67.00
68.00 SPEECH PATHOLOGY	538,706	0	538,706	0	0 68.00
69.00 ELECTROCARDIOLOGY	1,398,573		1,398,573	0	0 69.00
69.01 CARDIAC REHAB	691,966		691,966	0	0 69.01
70.00 ELECTROENCEPHALOGRAPHY	1,430,190		1,430,190	0	0 70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	15,728,962		15,728,962	0	0 71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	23,616,398		23,616,398	0	0 72.00
73.00 DRUGS CHARGED TO PATIENTS	12,920,534		12,920,534	0	0 73.00
74.00 RENAL DIALYSIS	388,493		388,493	0	0 74.00
75.00 ASC (NON-DISTINCT PART)	0		0	0	0 75.00
76.00 SLEEP LAB	0		0	0	0 76.00
76.01 HRT & VASC CTR	6,891,523		6,891,523	0	0 76.01
76.02 OP DIABETES EDUC	8,289		8,289	0	0 76.02
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0		0	0	0 88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0 89.00
90.00 CLINIC	2,540,387		2,540,387	0	0 90.00
91.00 EMERGENCY	9,399,288		9,399,288	0	0 91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	3,226,789		3,226,789	0	0 92.00
93.00 PARTIAL HOSP	2,970,010		2,970,010	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
99.00 CMHC	0		0		0 99.00
99.10 CORF	0		0		0 99.10
101.00 HOME HEALTH AGENCY	10,275,354		10,275,354		0 101.00
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	6,176,248		6,176,248		0 116.00
200.00 Subtotal (see instructions)	245,249,625	0	245,249,625	0	0 200.00
201.00 Less Observation Beds	3,226,789		3,226,789		0 201.00
202.00 Total (see instructions)	242,022,836	0	242,022,836	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140122

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	Title XIX			Hospital	Cost	
	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	41,942,337		41,942,337		30.00
31.00	INTENSIVE CARE UNIT	32,260,851		32,260,851		31.00
32.00	CORONARY CARE UNIT	0		0		32.00
40.00	SUBPROVIDER - IPF	8,112,425		8,112,425		40.00
41.00	SUBPROVIDER - IRF	5,166,367		5,166,367		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	9,597,078		9,597,078		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	35,452,560	34,535,486	69,988,046	0.244400	50.00
51.00	RECOVERY ROOM	6,759,031	6,628,715	13,387,746	0.139138	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,171,146	1,245,151	6,416,297	0.833989	52.00
53.00	ANESTHESIOLOGY	13,197,393	10,555,227	23,752,620	0.051053	53.00
54.00	RADIOLOGY-DIAGNOSTIC	23,014,070	63,691,470	86,705,540	0.127399	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,055,381	13,600,151	14,655,532	0.222861	55.00
56.00	RADIOISOTOPE	3,532,578	16,910,437	20,443,015	0.056091	56.00
57.00	CT SCAN	19,273,760	39,435,520	58,709,280	0.022728	57.00
58.00	MRI	6,529,928	17,093,743	23,623,671	0.098526	58.00
59.00	CARDIAC CATHETERIZATION	12,262,858	11,853,798	24,116,656	0.081598	59.00
60.00	LABORATORY	64,128,547	103,717,009	167,845,556	0.122947	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
65.00	RESPIRATORY THERAPY	22,497,120	1,659,557	24,156,677	0.165988	65.00
66.00	PHYSICAL THERAPY	5,858,053	1,285,346	7,143,399	0.545381	66.00
67.00	OCCUPATIONAL THERAPY	3,060,742	1,209,086	4,269,828	0.201736	67.00
68.00	SPEECH PATHOLOGY	2,240,627	2,298,277	4,538,904	0.118686	68.00
69.00	ELECTROCARDIOLOGY	9,678,544	10,086,165	19,764,709	0.070761	69.00
69.01	CARDIAC REHAB	199	136,936	137,135	5.045875	69.01
70.00	ELECTROENCEPHALOGRAPHY	2,113,323	6,029,961	8,143,284	0.175628	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	23,616,588	17,492,565	41,109,153	0.382615	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	47,715,708	25,401,859	73,117,567	0.322992	72.00
73.00	DRUGS CHARGED TO PATIENTS	52,151,640	22,742,251	74,893,891	0.172518	73.00
74.00	RENAL DIALYSIS	1,071,462	12,375	1,083,837	0.358442	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	SLEEP LAB	0	0	0	0.000000	76.00
76.01	HRT & VASC CTR	33,311	12,978,407	13,011,718	0.529640	76.01
76.02	OP DIABETES EDUC	422	2,683	3,105	2.669565	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	138,637	3,875,200	4,013,837	0.632907	90.00
91.00	EMERGENCY	18,289,982	35,888,069	54,178,051	0.173489	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,232,595	5,934,771	7,167,366	0.450206	92.00
93.00	PARTIAL HOSP	1,136	8,681,108	8,682,244	0.342079	93.00
OTHER REIMBURSABLE COST CENTERS						
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	11,197,796	11,197,796		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	7,385,314	7,385,314		116.00
200.00	Subtotal (see instructions)	477,156,399	493,564,433	970,720,832		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	477,156,399	493,564,433	970,720,832		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140122

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

Worksheet C
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
45.00	NURSING FACILITY				45.00
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
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	RADIOISOTOPE	0.000000			56.00
57.00	CT SCAN	0.000000			57.00
58.00	MRI	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000			62.00
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
69.01	CARDIAC REHAB	0.000000			69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	SLEEP LAB	0.000000			76.00
76.01	HRT & VASC CTR	0.000000			76.01
76.02	OP DIABETES EDUC	0.000000			76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	CLINIC	0.000000			90.00
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	PARTIAL HOSP	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS					
99.00	CMHC				99.00
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: 140122

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

Worksheet D
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	Title XVIII			Hospital	PPS		
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	7,092,909	0	7,092,909	41,330	171.62	30.00
31.00	INTENSIVE CARE UNIT	1,622,883		1,622,883	11,006	147.45	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	839,205	0	839,205	5,336	157.27	40.00
41.00	SUBPROVIDER - IRF	745,961	0	745,961	3,789	196.88	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	344,754		344,754	4,143	83.21	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	10,645,712		10,645,712	65,604		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140122

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

Worksheet D
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

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	17,267	2,963,363	30.00
31.00	INTENSIVE CARE UNIT	3,347	493,515	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
40.00	SUBPROVIDER - IPF	1,426	224,267	40.00
41.00	SUBPROVIDER - IRF	2,343	461,290	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	24,383	4,142,435	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140122

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

Worksheet D
Part II
Date/Time Prepared:
5/25/2012 1:57 pm

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	2,408,007	69,988,046	0.034406	16,071,395	552,952	50.00
51.00 RECOVERY ROOM	261,298	13,387,746	0.019518	2,260,653	44,123	51.00
52.00 DELIVERY ROOM & LABOR ROOM	815,862	6,416,297	0.127155	4,406	560	52.00
53.00 ANESTHESIOLOGY	83,699	23,752,620	0.003524	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,372,326	86,705,540	0.015827	17,159,671	271,586	54.00
55.00 RADIOLOGY-THERAPEUTIC	594,772	14,655,532	0.040583	458,981	18,627	55.00
56.00 RADIOISOTOPE	357,044	20,443,015	0.017465	2,185,651	38,172	56.00
57.00 CT SCAN	213,846	58,709,280	0.003642	10,596,703	38,593	57.00
58.00 MRI	489,747	23,623,671	0.020731	3,288,297	68,170	58.00
59.00 CARDIAC CATHETERIZATION	388,305	24,116,656	0.016101	6,424,549	103,442	59.00
60.00 LABORATORY	1,382,178	167,845,556	0.008235	30,841,298	253,978	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
65.00 RESPIRATORY THERAPY	203,094	24,156,677	0.008407	12,168,262	102,299	65.00
66.00 PHYSICAL THERAPY	654,705	7,143,399	0.091652	2,346,328	215,046	66.00
67.00 OCCUPATIONAL THERAPY	12,679	4,269,828	0.002969	980,268	2,910	67.00
68.00 SPEECH PATHOLOGY	8,953	4,538,904	0.001973	579,183	1,143	68.00
69.00 ELECTROCARDIOLOGY	49,758	19,764,709	0.002518	1,936,553	4,876	69.00
69.01 CARDIAC REHAB	15,239	137,135	0.111124	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	198,904	8,143,284	0.024426	523,969	12,798	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	1,437,315	41,109,153	0.034963	7,622,955	266,521	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	81,600	73,117,567	0.001116	21,758,624	24,283	72.00
73.00 DRUGS CHARGED TO PATIENTS	72,642	74,893,891	0.000970	23,934,574	23,217	73.00
74.00 RENAL DIALYSIS	1,149	1,083,837	0.001060	328,900	349	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00 SLEEP LAB	0	0	0.000000	0	0	76.00
76.01 HRT & VASC CTR	327,739	13,011,718	0.025188	0	0	76.01
76.02 OP DIABETES EDUC	61	3,105	0.019646	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 CLINIC	344,740	4,013,837	0.085888	86,136	7,398	90.00
91.00 EMERGENCY	1,853,795	54,178,051	0.034217	9,214,934	315,307	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	606,494	7,167,366	0.084619	345	29	92.00
93.00 PARTIAL HOSP	672,837	8,682,244	0.077496	0	0	93.00
200.00 Total (lines 50-199)	14,908,788	855,058,664		170,772,635	2,366,379	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/25/2012 1:57 pm
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Cost Center Description	Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)		
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	0	0	0 30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	0 31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	0 32.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	0 40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	0 41.00
42.00 SUBPROVIDER	0	0	0	0	0	0 42.00
43.00 NURSERY	0	0	0	0	0	0 43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	0 44.00
45.00 NURSING FACILITY	0	0	0	0	0	0 45.00
200.00 Total (lines 30-199)	0	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/25/2012 1:57 pm
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Cost Center Description	Total Patient Days	Title XVIII		Hospital	PPS	
		Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	41,330	0.00	17,267	0	0	30.00
31.00	INTENSIVE CARE UNIT	11,006	0.00	3,347	0	0	31.00
32.00	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
40.00	SUBPROVIDER - IPF	5,336	0.00	1,426	0	0	40.00
41.00	SUBPROVIDER - IRF	3,789	0.00	2,343	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	NURSERY	4,143	0.00	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00	Total (lines 30-199)	65,604		24,383	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/25/2012 1:57 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj.	PSA Adj. All	
	Allied Health Cost	Other Medical Education Cost	
	12.00	13.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
45.00 NURSING FACILITY	0	0	45.00
200.00 Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140122

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MRI	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01 CARDIAC REHAB	0	0	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	0	76.00
76.01 HRT & VASC CTR	0	0	0	0	0	0	76.01
76.02 OP DIABETES EDUC	0	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00 PARTIAL HOSP	0	0	0	0	0	0	93.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140122

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	Title XVIII			Hospital	PPS		
	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient		
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 ÷ col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	Program Charges		
	6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	69,988,046	0.000000	0.000000	16,071,395	50.00
51.00	RECOVERY ROOM	0	13,387,746	0.000000	0.000000	2,260,653	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	6,416,297	0.000000	0.000000	4,406	52.00
53.00	ANESTHESIOLOGY	0	23,752,620	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	86,705,540	0.000000	0.000000	17,159,671	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	14,655,532	0.000000	0.000000	458,981	55.00
56.00	RADIOISOTOPE	0	20,443,015	0.000000	0.000000	2,185,651	56.00
57.00	CT SCAN	0	58,709,280	0.000000	0.000000	10,596,703	57.00
58.00	MRI	0	23,623,671	0.000000	0.000000	3,288,297	58.00
59.00	CARDIAC CATHETERIZATION	0	24,116,656	0.000000	0.000000	6,424,549	59.00
60.00	LABORATORY	0	167,845,556	0.000000	0.000000	30,841,298	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
65.00	RESPIRATORY THERAPY	0	24,156,677	0.000000	0.000000	12,168,262	65.00
66.00	PHYSICAL THERAPY	0	7,143,399	0.000000	0.000000	2,346,328	66.00
67.00	OCCUPATIONAL THERAPY	0	4,269,828	0.000000	0.000000	980,268	67.00
68.00	SPEECH PATHOLOGY	0	4,538,904	0.000000	0.000000	579,183	68.00
69.00	ELECTROCARDIOLOGY	0	19,764,709	0.000000	0.000000	1,936,553	69.00
69.01	CARDIAC REHAB	0	137,135	0.000000	0.000000	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	8,143,284	0.000000	0.000000	523,969	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	41,109,153	0.000000	0.000000	7,622,955	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	73,117,567	0.000000	0.000000	21,758,624	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	74,893,891	0.000000	0.000000	23,934,574	73.00
74.00	RENAL DIALYSIS	0	1,083,837	0.000000	0.000000	328,900	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	SLEEP LAB	0	0	0.000000	0.000000	0	76.00
76.01	HRT & VASC CTR	0	13,011,718	0.000000	0.000000	0	76.01
76.02	OP DIABETES EDUC	0	3,105	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	4,013,837	0.000000	0.000000	86,136	90.00
91.00	EMERGENCY	0	54,178,051	0.000000	0.000000	9,214,934	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,167,366	0.000000	0.000000	345	92.00
93.00	PARTIAL HOSP	0	8,682,244	0.000000	0.000000	0	93.00
200.00	Total (Lines 50-199)	0	855,058,664			170,772,635	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140122

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	Title XVIII			Hospital	PPS
	Inpatient Program	Outpatient Program	Outpatient Program	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School
	Pass-Through Costs (col. 8 x col. 10)	Charges	Pass-Through Costs (col. 9 x col. 12)		
	11.00	12.00	13.00	21.00	22.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	8,329,064	0	0	0 50.00
51.00 RECOVERY ROOM	0	924,030	0	0	0 51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	485	0	0	0 52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	18,592,330	0	0	0 54.00
55.00 RADIOLOGY-THERAPEUTIC	0	5,706,414	0	0	0 55.00
56.00 RADIOISOTOPE	0	9,036,876	0	0	0 56.00
57.00 CT SCAN	0	12,862,281	0	0	0 57.00
58.00 MRI	0	4,086,604	0	0	0 58.00
59.00 CARDIAC CATHETERIZATION	0	7,779,509	0	0	0 59.00
60.00 LABORATORY	0	2,781,979	0	0	0 60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00 RESPIRATORY THERAPY	0	393,427	0	0	0 65.00
66.00 PHYSICAL THERAPY	0	128,447	0	0	0 66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 SPEECH PATHOLOGY	0	42,236	0	0	0 68.00
69.00 ELECTROCARDIOLOGY	0	3,868,787	0	0	0 69.00
69.01 CARDIAC REHAB	0	0	0	0	0 69.01
70.00 ELECTROENCEPHALOGRAPHY	0	1,621,180	0	0	0 70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,612,898	0	0	0 71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	12,531,335	0	0	0 72.00
73.00 DRUGS CHARGED TO PATIENTS	0	7,623,698	0	0	0 73.00
74.00 RENAL DIALYSIS	0	8,850	0	0	0 74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 SLEEP LAB	0	0	0	0	0 76.00
76.01 HRT & VASC CTR	0	0	0	0	0 76.01
76.02 OP DIABETES EDUC	0	0	0	0	0 76.02
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 CLINIC	0	527,222	0	0	0 90.00
91.00 EMERGENCY	0	8,276,485	0	0	0 91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,622,992	0	0	0 92.00
93.00 PARTIAL HOSP	0	358,720	0	0	0 93.00
200.00 Total (lines 50-199)	0	109,715,849	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140122

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0			50.00
51.00	RECOVERY ROOM	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	ANESTHESIOLOGY	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	RADIOISOTOPE	0	0			56.00
57.00	CT SCAN	0	0			57.00
58.00	MRI	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0			59.00
60.00	LABORATORY	0	0			60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0			62.00
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
69.01	CARDIAC REHAB	0	0			69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	RENAL DIALYSIS	0	0			74.00
75.00	ASC (NON-DISTINCT PART)	0	0			75.00
76.00	SLEEP LAB	0	0			76.00
76.01	HRT & VASC CTR	0	0			76.01
76.02	OP DIABETES EDUC	0	0			76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	CLINIC	0	0			90.00
91.00	EMERGENCY	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
93.00	PARTIAL HOSP	0	0			93.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/25/2012 1:57 pm
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Title XVIII		Hospital		PPS
		PPS Reimbursed Services (see instructions)	Charges		PPS	
			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	0.244400	8,329,064	0	0	50.00
51.00	RECOVERY ROOM	0.139138	924,030	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.833989	485	0	0	52.00
53.00	ANESTHESIOLOGY	0.051053	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.127399	18,592,330	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.222861	5,706,414	0	0	55.00
56.00	RADIOISOTOPE	0.056091	9,036,876	0	0	56.00
57.00	CT SCAN	0.022728	12,862,281	0	0	57.00
58.00	MRI	0.098526	4,086,604	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.081598	7,779,509	0	0	59.00
60.00	LABORATORY	0.122947	2,781,979	0	0	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0.165988	393,427	0	0	65.00
66.00	PHYSICAL THERAPY	0.545381	128,447	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.201736	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.118686	42,236	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.070761	3,868,787	0	0	69.00
69.01	CARDIAC REHAB	5.045875	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.175628	1,621,180	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.382615	2,612,898	1,460	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.322992	12,531,335	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.172518	7,623,698	0	42,746	73.00
74.00	RENAL DIALYSIS	0.358442	8,850	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00	SLEEP LAB	0.000000	0	0	0	76.00
76.01	HRT & VASC CTR	0.529640	0	0	0	76.01
76.02	OP DIABETES EDUC	2.669565	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.632907	527,222	0	0	90.00
91.00	EMERGENCY	0.173489	8,276,485	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.450206	1,622,992	0	0	92.00
93.00	PARTIAL HOSP	0.342079	358,720	0	0	93.00
200.00	Subtotal (see instructions)		109,715,849	1,460	42,746	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		109,715,849	1,460	42,746	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/25/2012 1:57 pm
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Cost Center Description	Costs			Hospital	PPS
	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	2,035,623	0	0		50.00
51.00 RECOVERY ROOM	128,568	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	404	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,368,644	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	1,271,737	0	0		55.00
56.00 RADIOISOTOPE	506,887	0	0		56.00
57.00 CT SCAN	292,334	0	0		57.00
58.00 MRI	402,637	0	0		58.00
59.00 CARDIAC CATHETERIZATION	634,792	0	0		59.00
60.00 LABORATORY	342,036	0	0		60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00 RESPIRATORY THERAPY	65,304	0	0		65.00
66.00 PHYSICAL THERAPY	70,053	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	5,013	0	0		68.00
69.00 ELECTROCARDIOLOGY	273,759	0	0		69.00
69.01 CARDIAC REHAB	0	0	0		69.01
70.00 ELECTROENCEPHALOGRAPHY	284,725	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	999,734	559	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	4,047,521	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,315,225	0	7,374		73.00
74.00 RENAL DIALYSIS	3,172	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 SLEEP LAB	0	0	0		76.00
76.01 HRT & VASC CTR	0	0	0		76.01
76.02 OP DIABETES EDUC	0	0	0		76.02
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	333,682	0	0		90.00
91.00 EMERGENCY	1,435,879	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	730,681	0	0		92.00
93.00 PARTIAL HOSP	122,711	0	0		93.00
200.00 Subtotal (see instructions)	17,671,121	559	7,374		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	17,671,121	559	7,374		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140122

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

Worksheet D
Part II
Date/Time Prepared:
5/25/2012 1:57 pm

Component CCN:14S122

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,408,007	69,988,046	0.034406	147,589	5,078	50.00
51.00	RECOVERY ROOM	261,298	13,387,746	0.019518	187,872	3,667	51.00
52.00	DELIVERY ROOM & LABOR ROOM	815,862	6,416,297	0.127155	0	0	52.00
53.00	ANESTHESIOLOGY	83,699	23,752,620	0.003524	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,372,326	86,705,540	0.015827	34,193	541	54.00
55.00	RADIOLOGY-THERAPEUTIC	594,772	14,655,532	0.040583	0	0	55.00
56.00	RADIOISOTOPE	357,044	20,443,015	0.017465	5,637	98	56.00
57.00	CT SCAN	213,846	58,709,280	0.003642	50,455	184	57.00
58.00	MRI	489,747	23,623,671	0.020731	10,515	218	58.00
59.00	CARDIAC CATHETERIZATION	388,305	24,116,656	0.016101	12,903	208	59.00
60.00	LABORATORY	1,382,178	167,845,556	0.008235	322,882	2,659	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
65.00	RESPIRATORY THERAPY	203,094	24,156,677	0.008407	151,855	1,277	65.00
66.00	PHYSICAL THERAPY	654,705	7,143,399	0.091652	22,928	2,101	66.00
67.00	OCCUPATIONAL THERAPY	12,679	4,269,828	0.002969	4,294	13	67.00
68.00	SPEECH PATHOLOGY	8,953	4,538,904	0.001973	363	1	68.00
69.00	ELECTROCARDIOLOGY	49,758	19,764,709	0.002518	15,689	40	69.00
69.01	CARDIAC REHAB	15,239	137,135	0.111124	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	198,904	8,143,284	0.024426	2,274	56	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	1,437,315	41,109,153	0.034963	3,135	110	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	81,600	73,117,567	0.001116	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	72,642	74,893,891	0.000970	429,261	416	73.00
74.00	RENAL DIALYSIS	1,149	1,083,837	0.001060	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	SLEEP LAB	0	0	0.000000	0	0	76.00
76.01	HRT & VASC CTR	327,739	13,011,718	0.025188	0	0	76.01
76.02	OP DIABETES EDUC	61	3,105	0.019646	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	344,740	4,013,837	0.085888	0	0	90.00
91.00	EMERGENCY	1,853,795	54,178,051	0.034217	135,725	4,644	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	606,494	7,167,366	0.084619	0	0	92.00
93.00	PARTIAL HOSP	672,837	8,682,244	0.077496	1,136	88	93.00
200.00	Total (lines 50-199)	14,908,788	855,058,664		1,538,706	21,399	200.00

APPORIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140122
Component CCN:14S122

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2012 1:57 pm

		Title XVIII			Subprovider - IPF	PPS	
Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	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
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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
69.01	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	SLEEP LAB	0	0	0	0	0	76.00
76.01	HRT & VASC CTR	0	0	0	0	0	76.01
76.02	OP DIABETES EDUC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	PARTIAL HOSP	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140122
Component CCN: 14S122

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2012 1:57 pm

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	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	69,988,046	0.000000	0.000000	147,589	50.00
51.00	RECOVERY ROOM	0	13,387,746	0.000000	0.000000	187,872	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	6,416,297	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	23,752,620	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	86,705,540	0.000000	0.000000	34,193	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	14,655,532	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	20,443,015	0.000000	0.000000	5,637	56.00
57.00	CT SCAN	0	58,709,280	0.000000	0.000000	50,455	57.00
58.00	MRI	0	23,623,671	0.000000	0.000000	10,515	58.00
59.00	CARDIAC CATHETERIZATION	0	24,116,656	0.000000	0.000000	12,903	59.00
60.00	LABORATORY	0	167,845,556	0.000000	0.000000	322,882	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
65.00	RESPIRATORY THERAPY	0	24,156,677	0.000000	0.000000	151,855	65.00
66.00	PHYSICAL THERAPY	0	7,143,399	0.000000	0.000000	22,928	66.00
67.00	OCCUPATIONAL THERAPY	0	4,269,828	0.000000	0.000000	4,294	67.00
68.00	SPEECH PATHOLOGY	0	4,538,904	0.000000	0.000000	363	68.00
69.00	ELECTROCARDIOLOGY	0	19,764,709	0.000000	0.000000	15,689	69.00
69.01	CARDIAC REHAB	0	137,135	0.000000	0.000000	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	8,143,284	0.000000	0.000000	2,274	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	41,109,153	0.000000	0.000000	3,135	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	73,117,567	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	74,893,891	0.000000	0.000000	429,261	73.00
74.00	RENAL DIALYSIS	0	1,083,837	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	SLEEP LAB	0	0	0.000000	0.000000	0	76.00
76.01	HRT & VASC CTR	0	13,011,718	0.000000	0.000000	0	76.01
76.02	OP DIABETES EDUC	0	3,105	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	4,013,837	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	54,178,051	0.000000	0.000000	135,725	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	0	7,167,366	0.000000	0.000000	0	92.00
93.00	PARTIAL HOSP	0	8,682,244	0.000000	0.000000	1,136	93.00
200.00	Total (lines 50-199)	0	855,058,664			1,538,706	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140122
Component CCN: 14S122

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	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
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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
69.01	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	SLEEP LAB	0	0	0	0	0	76.00
76.01	HRT & VASC CTR	0	0	0	0	0	76.01
76.02	OP DIABETES EDUC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	PARTIAL HOSP	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN:14S122	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/25/2012 1:57 pm
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	Title XVIII	Subprovider - IPF	PPS
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Cost Center Description	PSA Adj.	PSA Adj. All		
	Allied Health	Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 RADIOISOTOPE	0	0		56.00
57.00 CT SCAN	0	0		57.00
58.00 MRI	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
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
69.01 CARDIAC REHAB	0	0		69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 SLEEP LAB	0	0		76.00
76.01 HRT & VASC CTR	0	0		76.01
76.02 OP DIABETES EDUC	0	0		76.02
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 CLINIC	0	0		90.00
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00 PARTIAL HOSP	0	0		93.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140122 Component CCN: 14T122	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/25/2012 1:57 pm
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	Title XVIII	Subprovider - IRF	PPS			
Cost Center Description	Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	

ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,408,007	69,988,046	0.034406	20,255	697	50.00
51.00	RECOVERY ROOM	261,298	13,387,746	0.019518	1,148	22	51.00
52.00	DELIVERY ROOM & LABOR ROOM	815,862	6,416,297	0.127155	0	0	52.00
53.00	ANESTHESIOLOGY	83,699	23,752,620	0.003524	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,372,326	86,705,540	0.015827	121,060	1,916	54.00
55.00	RADIOLOGY-THERAPEUTIC	594,772	14,655,532	0.040583	0	0	55.00
56.00	RADIOISOTOPE	357,044	20,443,015	0.017465	12,334	215	56.00
57.00	CT SCAN	213,846	58,709,280	0.003642	100,170	365	57.00
58.00	MRI	489,747	23,623,671	0.020731	27,308	566	58.00
59.00	CARDIAC CATHETERIZATION	388,305	24,116,656	0.016101	16,074	259	59.00
60.00	LABORATORY	1,382,178	167,845,556	0.008235	777,542	6,403	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
65.00	RESPIRATORY THERAPY	203,094	24,156,677	0.008407	318,972	2,682	65.00
66.00	PHYSICAL THERAPY	654,705	7,143,399	0.091652	1,014,192	92,953	66.00
67.00	OCCUPATIONAL THERAPY	12,679	4,269,828	0.002969	895,175	2,658	67.00
68.00	SPEECH PATHOLOGY	8,953	4,538,904	0.001973	484,833	957	68.00
69.00	ELECTROCARDIOLOGY	49,758	19,764,709	0.002518	15,889	40	69.00
69.01	CARDIAC REHAB	15,239	137,135	0.111124	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	198,904	8,143,284	0.024426	9,955	243	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	1,437,315	41,109,153	0.034963	59,292	2,073	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	81,600	73,117,567	0.001116	12,203	14	72.00
73.00	DRUGS CHARGED TO PATIENTS	72,642	74,893,891	0.000970	964,733	936	73.00
74.00	RENAL DIALYSIS	1,149	1,083,837	0.001060	26,550	28	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	SLEEP LAB	0	0	0.000000	0	0	76.00
76.01	HRT & VASC CTR	327,739	13,011,718	0.025188	0	0	76.01
76.02	OP DIABETES EDUC	61	3,105	0.019646	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	344,740	4,013,837	0.085888	0	0	90.00
91.00	EMERGENCY	1,853,795	54,178,051	0.034217	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	606,494	7,167,366	0.084619	0	0	92.00
93.00	PARTIAL HOSP	672,837	8,682,244	0.077496	0	0	93.00
200.00	Total (lines 50-199)	14,908,788	855,058,664		4,877,685	113,027	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140122
Component CCN: 141122

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2012 1:57 pm

		Title XVIII			Subprovider - IRF	PPS
Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
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
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 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
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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
69.01 CARDIAC REHAB	0	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 SLEEP LAB	0	0	0	0	0	76.00
76.01 HRT & VASC CTR	0	0	0	0	0	76.01
76.02 OP DIABETES EDUC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 PARTIAL HOSP	0	0	0	0	0	93.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140122
Component CCN: 14T122

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2012 1:57 pm

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	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	69,988,046	0.000000	0.000000	20,255	50.00
51.00	RECOVERY ROOM	0	13,387,746	0.000000	0.000000	1,148	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	6,416,297	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	23,752,620	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	86,705,540	0.000000	0.000000	121,060	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	14,655,532	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	20,443,015	0.000000	0.000000	12,334	56.00
57.00	CT SCAN	0	58,709,280	0.000000	0.000000	100,170	57.00
58.00	MRI	0	23,623,671	0.000000	0.000000	27,308	58.00
59.00	CARDIAC CATHETERIZATION	0	24,116,656	0.000000	0.000000	16,074	59.00
60.00	LABORATORY	0	167,845,556	0.000000	0.000000	777,542	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
65.00	RESPIRATORY THERAPY	0	24,156,677	0.000000	0.000000	318,972	65.00
66.00	PHYSICAL THERAPY	0	7,143,399	0.000000	0.000000	1,014,192	66.00
67.00	OCCUPATIONAL THERAPY	0	4,269,828	0.000000	0.000000	895,175	67.00
68.00	SPEECH PATHOLOGY	0	4,538,904	0.000000	0.000000	484,833	68.00
69.00	ELECTROCARDIOLOGY	0	19,764,709	0.000000	0.000000	15,889	69.00
69.01	CARDIAC REHAB	0	137,135	0.000000	0.000000	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	8,143,284	0.000000	0.000000	9,955	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	41,109,153	0.000000	0.000000	59,292	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	73,117,567	0.000000	0.000000	12,203	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	74,893,891	0.000000	0.000000	964,733	73.00
74.00	RENAL DIALYSIS	0	1,083,837	0.000000	0.000000	26,550	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	SLEEP LAB	0	0	0.000000	0.000000	0	76.00
76.01	HRT & VASC CTR	0	13,011,718	0.000000	0.000000	0	76.01
76.02	OP DIABETES EDUC	0	3,105	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	4,013,837	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	54,178,051	0.000000	0.000000	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	7,167,366	0.000000	0.000000	0	92.00
93.00	PARTIAL HOSP	0	8,682,244	0.000000	0.000000	0	93.00
200.00	Total (Lines 50-199)	0	855,058,664			4,877,685	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140122
Component CCN:14T122

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	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
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
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
69.01	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	SLEEP LAB	0	0	0	0	0	76.00
76.01	HRT & VASC CTR	0	0	0	0	0	76.01
76.02	OP DIABETES EDUC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	PARTIAL HOSP	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14T122	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/25/2012 1:57 pm
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	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MRI	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	62.00
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
69.01 CARDIAC REHAB	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 SLEEP LAB	0	0	76.00
76.01 HRT & VASC CTR	0	0	76.01
76.02 OP DIABETES EDUC	0	0	76.02
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00 PARTIAL HOSP	0	0	93.00
200.00 Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/25/2012 1:57 pm
Cost Center Description		Title XVIII	Hospital	PPS
PART I - ALL PROVIDER COMPONENTS				1.00
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			41,330 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			41,330 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			41,330 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)			17,267 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING-BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			37,736,999 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)			37,736,999 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			41,942,337 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			41,942,337 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.899735 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,014.82 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			37,736,999 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)			913.07 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			15,765,980 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)			15,765,980 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140122

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

Worksheet D-1

Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Total	Total	Average Per	Program Days	Program Cost	
	Inpatient Cost	Inpatient Days	Diem (col. 1 + col. 2)		(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	21,529,125	11,006	1,956.13	3,347	6,547,167	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	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)					31,177,872	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					53,491,019	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)					3,456,878	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,366,379	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,823,257	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					47,667,762	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)					3,534	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					913.07	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,226,789	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140122

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

Worksheet D-1

Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	Cost	Title XVIII		Hospital	PPS		
		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	7,092,909	37,736,999	0.187956	3,226,789	606,494	90.00
91.00	Nursing School cost	0	37,736,999	0.000000	3,226,789	0	91.00
92.00	Allied health cost	0	37,736,999	0.000000	3,226,789	0	92.00
93.00	All other Medical Education	0	37,736,999	0.000000	3,226,789	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/25/2012 1:57 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,336	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,336	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,336	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,426	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	5,178,428	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	5,178,428	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	8,112,425	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	8,112,425	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.638333	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,520.32	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	5,178,428	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)	970.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,383,890	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,383,890	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122 Component CCN: 145122		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/25/2012 1:57 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					249,134	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,633,024	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)					224,267	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					21,399	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					245,666	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,387,358	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
	Component CCN: 14S122	Date/Time Prepared: 5/25/2012 1:57 pm	
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	839,205	5,178,428	0.162058	0	0	90.00
91.00 Nursing School cost	0	5,178,428	0.000000	0	0	91.00
92.00 Allied health cost	0	5,178,428	0.000000	0	0	92.00
93.00 All other Medical Education	0	5,178,428	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140122 Component CCN:14T122	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/25/2012 1:57 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,789	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,789	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,789	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)	2,343	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING-BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,841,982	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,841,982	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	5,166,367	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	5,166,367	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.743653	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,363.52	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,841,982	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)	1,013.98	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,375,755	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,375,755	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140122
Component CCN: 14T122

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

Worksheet D-1
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (Col. 1 ÷ Col. 2)	Program Days	Program Cost (Col. 3 x Col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT						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)	1,172,750						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,548,505						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)	461,290						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)	113,027						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	574,317						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,974,188						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)	0						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	0						71.00
72.00	Program routine service cost (line 9 x line 71)	0						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	0						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						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						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)	0						83.00
84.00	Program inpatient ancillary services (see instructions)	0						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)	0						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: 140122 Component CCN: 14T122	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/25/2012 1:57 pm
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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	745,961	3,841,982	0.194160	0	0	90.00
91.00	Nursing School cost	0	3,841,982	0.000000	0	0	91.00
92.00	Allied health cost	0	3,841,982	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,841,982	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/25/2012 1:57 pm
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Cost Center Description		Title XVIII Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		10,017,605		30.00
31.00	INTENSIVE CARE UNIT		22,866,447		31.00
32.00	CORONARY CARE UNIT		0		32.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.244400	16,071,395	3,927,849	50.00
51.00	RECOVERY ROOM	0.139138	2,260,653	314,543	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.833989	4,406	3,675	52.00
53.00	ANESTHESIOLOGY	0.051053	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.127399	17,159,671	2,186,125	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.222861	458,981	102,289	55.00
56.00	RADIOISOTOPE	0.056091	2,185,651	122,595	56.00
57.00	CT SCAN	0.022728	10,596,703	240,842	57.00
58.00	MRI	0.098526	3,288,297	323,983	58.00
59.00	CARDIAC CATHETERIZATION	0.081598	6,424,549	524,230	59.00
60.00	LABORATORY	0.122947	30,841,298	3,791,845	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
65.00	RESPIRATORY THERAPY	0.165988	12,168,262	2,019,785	65.00
66.00	PHYSICAL THERAPY	0.545381	2,346,328	1,279,643	66.00
67.00	OCCUPATIONAL THERAPY	0.201736	980,268	197,755	67.00
68.00	SPEECH PATHOLOGY	0.118686	579,183	68,741	68.00
69.00	ELECTROCARDIOLOGY	0.070761	1,936,553	137,032	69.00
69.01	CARDIAC REHAB	5.045875	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.175628	523,969	92,024	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.382615	7,622,955	2,916,657	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.322992	21,758,624	7,027,861	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.172518	23,934,574	4,129,145	73.00
74.00	RENAL DIALYSIS	0.358442	328,900	117,892	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	SLEEP LAB	0.000000	0	0	76.00
76.01	HRT & VASC CTR	0.529640	0	0	76.01
76.02	OP DIABETES EDUC	2.669565	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.632907	86,136	54,516	90.00
91.00	EMERGENCY	0.173489	9,214,934	1,598,690	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.450206	345	155	92.00
93.00	PARTIAL HOSP	0.342079	0	0	93.00
200.00	Total (sum of lines 50-94 and 96-98)		170,772,635	31,177,872	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)		170,772,635		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140122

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

Worksheet D-3

Component CCN: 145122

Date/Time Prepared:
5/25/2012 1:57 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		2,249		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
40.00	SUBPROVIDER - IPF		2,165,184		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.244400	147,589	36,071	50.00
51.00	RECOVERY ROOM	0.139138	187,872	26,140	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.833989	0	0	52.00
53.00	ANESTHESIOLOGY	0.051053	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.127399	34,193	4,356	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.222861	0	0	55.00
56.00	RADIOISOTOPE	0.056091	5,637	316	56.00
57.00	CT SCAN	0.022728	50,455	1,147	57.00
58.00	MRI	0.098526	10,515	1,036	58.00
59.00	CARDIAC CATHETERIZATION	0.081598	12,903	1,053	59.00
60.00	LABORATORY	0.122947	322,882	39,697	60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
65.00	RESPIRATORY THERAPY	0.165988	151,855	25,206	65.00
66.00	PHYSICAL THERAPY	0.545381	22,928	12,504	66.00
67.00	OCCUPATIONAL THERAPY	0.201736	4,294	866	67.00
68.00	SPEECH PATHOLOGY	0.118686	363	43	68.00
69.00	ELECTROCARDIOLOGY	0.070761	15,689	1,110	69.00
69.01	CARDIAC REHAB	5.045875	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.175628	2,274	399	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.382615	3,135	1,199	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.322992	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.172518	429,261	74,055	73.00
74.00	RENAL DIALYSIS	0.358442	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	SLEEP LAB	0.000000	0	0	76.00
76.01	HRT & VASC CTR	0.529640	0	0	76.01
76.02	OP DIABETES EDUC	2.669565	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.632907	0	0	90.00
91.00	EMERGENCY	0.173489	135,725	23,547	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.450206	0	0	92.00
93.00	PARTIAL HOSP	0.342079	1,136	389	93.00
200.00	Total (sum of lines 50-94 and 96-98)		1,538,706	249,134	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net charges (line 200 minus line 201)		1,538,706		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3
	Component CCN: 14T122		Date/Time Prepared: 5/25/2012 1:57 pm

	Title XVIII	Subprovider - IRF	PPS
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Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
	1.00	2.00	3.00	

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
32.00	CORONARY CARE UNIT		0	32.00
40.00	SUBPROVIDER - IPF		0	40.00
41.00	SUBPROVIDER - IRF		3,193,511	41.00
42.00	SUBPROVIDER		0	42.00
43.00	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.244400	20,255	4,950 50.00
51.00	RECOVERY ROOM	0.139138	1,148	160 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.833989	0	0 52.00
53.00	ANESTHESIOLOGY	0.051053	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.127399	121,060	15,423 54.00
55.00	RADIOLOGY-THERAPEUTIC	0.222861	0	0 55.00
56.00	RADIOISOTOPE	0.056091	12,334	692 56.00
57.00	CT SCAN	0.022728	100,170	2,277 57.00
58.00	MRI	0.098526	27,308	2,691 58.00
59.00	CARDIAC CATHETERIZATION	0.081598	16,074	1,312 59.00
60.00	LABORATORY	0.122947	777,542	95,596 60.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELL	0.000000	0	0 62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
65.00	RESPIRATORY THERAPY	0.165988	318,972	52,946 65.00
66.00	PHYSICAL THERAPY	0.545381	1,014,192	553,121 66.00
67.00	OCCUPATIONAL THERAPY	0.201736	895,175	180,589 67.00
68.00	SPEECH PATHOLOGY	0.118686	484,833	57,543 68.00
69.00	ELECTROCARDIOLOGY	0.070761	15,889	1,124 69.00
69.01	CARDIAC REHAB	5.045875	0	0 69.01
70.00	ELECTROENCEPHALOGRAPHY	0.175628	9,955	1,748 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	0.382615	59,292	22,686 71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.322992	12,203	3,941 72.00
73.00	DRUGS CHARGED TO PATIENTS	0.172518	964,733	166,434 73.00
74.00	RENAL DIALYSIS	0.358442	26,550	9,517 74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	SLEEP LAB	0.000000	0	0 76.00
76.01	HRT & VASC CTR	0.529640	0	0 76.01
76.02	OP DIABETES EDUC	2.669565	0	0 76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	CLINIC	0.632907	0	0 90.00
91.00	EMERGENCY	0.173489	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.450206	0	0 92.00
93.00	PARTIAL HOSP	0.342079	0	0 93.00
200.00	Total (sum of lines 50-94 and 96-98)		4,877,685	1,172,750 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		4,877,685	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/25/2012 1:57 pm
		Title XVIII	Hospital	PPS
				1.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		36,167,504	1.00
2.00	Outlier payments for discharges. (see instructions)		920,010	2.00
3.00	Managed Care Simulated Payments		1,400,130	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		219.32	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)		25.56	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)		0.00	7.01
8.00	If the cost report straddles July 1, 2011 then see instructions. 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)		25.56	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		27.27	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)		25.56	12.00
13.00	Total allowable FTE count for the prior year.		25.56	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.		24.85	14.00
15.00	Sum of lines 12 through 14 divided by 3.		25.32	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		25.32	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.115448	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.107386	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.107386	21.00
22.00	IME payment adjustment (see instructions)		2,139,026	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)		1.71	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)		2,139,026	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	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)		39,226,540	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		39,226,540	49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		3,448,269	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).		1,115,013	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/25/2012 1:57 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			43,789,822 59.00
60.00	Primary payer payments			5,933 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			43,783,889 61.00
62.00	Deductibles billed to program beneficiaries			3,321,140 62.00
63.00	Coinsurance billed to program beneficiaries			288,281 63.00
64.00	Allowable bad debts (see instructions)			311,102 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			217,771 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			204,243 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			40,392,239 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)			40,392,239 71.00
72.00	Interim payments			40,034,983 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)			357,256 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			144,200 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: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/25/2012 1:57 pm
	Title XVIII	Hospital	PPS

		1.00	
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PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)	7,933	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	17,671,121	2.00
3.00	PPS payments	16,996,016	3.00
4.00	Outlier payment (see instructions)	97,450	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	7,933	11.00

COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable charges			
12.00	Ancillary service charges	44,206	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)	44,206	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)	44,206	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	36,273	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)	7,933	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)	17,093,466	24.00

COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25.00	Deductibles and coinsurance (for CAH, see instructions)	292	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	3,537,699	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)	13,563,408	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)	335,911	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)	13,899,319	30.00
31.00	Primary payer payments	124	31.00
32.00	Subtotal (line 30 minus line 31)	13,899,195	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)	204,090	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	142,863	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	144,301	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	14,042,058	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)	14,042,058	40.00
41.00	Interim payments	14,061,946	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)	-19,888	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: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/25/2012 1:57 pm
Title XVIII		Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	override of Ancillary service charges (line 12)		0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/25/2012 1:57 pm
		Component CCN:14S122	Title XVIII	Subprovider - IPF
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/25/2012 1:57 pm
	Title XVIII	Subprovider - IPF	PPS
			overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	override of Ancillary service charges (line 12)		0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140122 Component CCN: 14T122	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/25/2012 1:57 pm
	Title XVIII	Subprovider - IRF	PPS

	1.00	
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PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	0	2.00
3.00	PPS payments	0	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable charges			
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
Customary charges			
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	0	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	0	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	0	40.00
41.00	Interim payments	0	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)	0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
TO BE COMPLETED BY CONTRACTOR			
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140122 Component CCN: 14T122	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/25/2012 1:57 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	override of Ancillary service charges (line 12)		0 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140122		Period: From 01/01/2011 To 12/31/2011		Worksheet E-1 Part I Date/Time Prepared: 5/25/2012 1:57 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		38,575,071		13,559,981	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	12/31/2011	1,225,664		434,079	3.01	
3.02		10/14/2011	343,392		97,279	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	09/09/2011	109,144		29,393	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)		1,459,912		501,965	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)		40,034,983		14,061,946	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		357,256		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		19,888	6.02	
7.00	Total Medicare program liability (see instructions)		40,392,239		14,042,058	7.00	
			0				
				Contractor Number	Date (Mo/Day/Yr)		
				1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140122
Component CCN: 14S122

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,201,228		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)		1,201,228		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		28,960		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		1,230,188		0		7.00
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140122
Component CCN: 14T122

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

		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		3,110,154		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)		3,110,154		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		13,985		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,124,139		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140122

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

Worksheet E-1
Part II
Date/Time Prepared:
5/25/2012 1:57 pm

		Title XVIII	Hospital	PPS	
				1.00	
DATA COLLECTION NEEDED FOR THE HIT CALCULATION					
1.00	Total hospital discharges as defined in AARA §4102 from wkst S-3, Part I column 15 line 14			11,722	1.00
2.00	Medicare days from wkst S-3, Part I, column 6 sum of lines 1, 8-12			20,614	2.00
3.00	Medicare HMO days from wkst S-3, Part I, column 6. line 2			769	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			48,802	4.00
5.00	Total hospital charges from wkst C, Part I, column 8 line 200			970,720,832	5.00
6.00	Total hospital charity care charges from wkst S-10, column 3 line 20			12,160,515	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology worksheet S-2, Part I line 168			0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,825,706	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH					
30.00	Initial/interim HIT payment(s)			0	30.00
31.00	Other Adjustment (specify)			0	31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			1,825,706	32.00
				overrides	
				1.00	
CONTRACTOR OVERRIDES					
108.00	override of HIT payment			0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/25/2012 1:57 pm
		Component CCN: 14S122	Title XVIII	Subprovider - IPF
				PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,150,728 1.00
2.00	Net IPF PPS Outlier Payments			113,689 2.00
3.00	Net IPF PPS ECT Payments			28,060 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			14.619178 9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,292,477 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,292,477 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,292,477 18.00
19.00	Deductibles			84,740 19.00
20.00	Subtotal (line 18 minus line 19)			1,207,737 20.00
21.00	Coinsurance			6,509 21.00
22.00	Subtotal (line 20 minus line 21)			1,201,228 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			41,371 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			28,960 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			24,808 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,230,188 26.00
27.00	Direct graduate medical education payments (from worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,230,188 31.00
32.00	Interim payments			1,201,228 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			28,960 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/25/2012 1:57 pm
		Component CCN: 14T122	Title XVIII	Subprovider - IRF
				PPS
				1.00
PART III -- MEDICARE PART A SERVICES -- IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,007,988 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0000 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			39,612 3.00
4.00	Outlier Payments			120,141 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			10.380822 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			3,167,741 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,167,741 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,167,741 19.00
20.00	Deductibles			21,508 20.00
21.00	Subtotal (line 19 minus line 20)			3,146,233 21.00
22.00	Coinsurance			25,043 22.00
23.00	Subtotal (line 21 minus line 22)			3,121,190 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			4,213 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,949 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			4,213 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,124,139 27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,124,139 32.00
33.00	Interim payments			3,110,154 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			13,985 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4
	Title XVIII	Hospital	Date/Time Prepared: 5/25/2012 1:57 pm

			PPS
			1.00

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			25.75	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-1.21	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			24.54	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			27.27	6.00
7.00	Enter the lesser of line 5 or line 6			24.54	7.00

		Primary Care	Other	Total	
		1.00	2.00	3.00	

8.00	weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	27.27	0.00	27.27	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	24.54	0.00	24.54	9.00
10.00	weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	24.54	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	24.54	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	24.54	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	24.54	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	24.54	0.00		17.00
18.00	Per resident amount	136,442.00	0.00		18.00
19.00	Approved amount for resident costs	3,348,287	0	3,348,287	19.00

				1.00	
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20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			2.73	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,348,287	25.00

		Inpatient Part A	Managed care		
		1.00	2.00	3.00	

COMPUTATION OF PROGRAM PATIENT LOAD

26.00	Inpatient Days	24,383	837		26.00
27.00	Total Inpatient Days	57,927	57,927		27.00
28.00	Ratio of inpatient days to total inpatient days	0.420926	0.014449		28.00
29.00	Program direct GME amount	1,409,381	48,379		29.00
30.00	Reduction for nursing/allied health		6,836		30.00
31.00	Net Program direct GME amount			1,450,924	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/25/2012 1:57 pm
	Title XVIII	Hospital	PPS

		1.00	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)	0	32.00
33.00	Renal dialysis and home dialysis total charges (worksheet C, Part I, column 8, sum of lines 74 and 94)	1,083,837	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
Part A Reasonable Cost			
37.00	Reasonable cost (see instructions)	58,672,548	37.00
38.00	Organ acquisition costs (worksheet D-4, Part III, column 1, line 69)	0	38.00
39.00	Cost of teaching physicians (worksheet D-5, Part II, column 3, line 20)	0	39.00
40.00	Primary payer payments (see instructions)	5,933	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	58,666,615	41.00
Part B Reasonable Cost			
42.00	Reasonable cost (see instructions)	17,679,054	42.00
43.00	Primary payer payments (see instructions)	5,080	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	17,673,974	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	76,340,589	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.768485	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.231515	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48.00	Total program GME payment (line 31)	1,450,924	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(title XVIII only)(see instructions)	1,115,013	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	335,911	50.00

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

Provider CCN: 140122

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

Worksheet G

Date/Time Prepared:
5/25/2012 1:57 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	114,734,773	0	0	0	1.00
2.00	Temporary investments	19,727,760	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	23,716,464	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-7,416,356	0	0	0	6.00
7.00	Inventory	8,357,312	0	0	0	7.00
8.00	Prepaid expenses	4,762,546	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)	163,882,499	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,051,326	0	0	0	12.00
13.00	Land improvements	576,699	0	0	0	13.00
14.00	Accumulated depreciation	-413,683	0	0	0	14.00
15.00	Buildings	229,377,242	0	0	0	15.00
16.00	Accumulated depreciation	-141,567,786	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	32,158,528	0	0	0	19.00
20.00	Accumulated depreciation	-26,215,340	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	79,061,934	0	0	0	23.00
24.00	Accumulated depreciation	-64,006,193	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	122,022,727	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	20,030,560	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	68,910,028	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	88,940,588	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	374,845,814	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,498,185	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,415,372	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	11,283,726	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	7,072,393	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	50,269,676	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,476,231	0	0	0	46.00
47.00	Notes payable	154,613,335	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,002,476	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	163,092,042	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	213,361,718	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	161,484,096	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	161,484,096	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	374,845,814	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140122

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

Worksheet G-1

Date/Time Prepared:
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	General Fund		Special Purpose Fund			
	1.00	2.00	3.00	4.00		
1.00 Fund balances at beginning of period		139,946,362		0		1.00
2.00 Net income (loss) (from wkst. G-3, line 29)		10,883,983				2.00
3.00 Total (sum of line 1 and line 2)		150,830,345		0		3.00
4.00 DONOR RESTRICTED FUND BAL	10,653,752		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)		10,653,752		0		10.00
11.00 Subtotal (line 3 plus line 10)		161,484,097		0		11.00
12.00 Deductions (debit adjustments) (specify)	1		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)		1		0		18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		161,484,096		0		19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140122

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

Worksheet G-1

Date/Time Prepared:
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	Endowment Fund		Plant Fund		
	5.00	6.00	7.00	8.00	
1.00 Fund balances at beginning of period			0	0	1.00
2.00 Net income (loss) (from wkst. G-3, line 29)					2.00
3.00 Total (sum of line 1 and line 2)		0		0	3.00
4.00 DONOR RESTRICTED FUND BAL	0		0		4.00
5.00	0		0		5.00
6.00	0		0		6.00
7.00	0		0		7.00
8.00	0		0		8.00
9.00	0		0		9.00
10.00 Total additions (sum of line 4-9)		0		0	10.00
11.00 Subtotal (line 3 plus line 10)		0		0	11.00
12.00 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)		0		0	19.00

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	41,942,337		41,942,337	1.00
2.00	SUBPROVIDER - IPF	8,112,425		8,112,425	2.00
3.00	SUBPROVIDER - IRF	5,166,367		5,166,367	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	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	55,221,129		55,221,129	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	32,260,851		32,260,851	11.00
12.00	CORONARY CARE UNIT	0		0	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)	32,260,851		32,260,851	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	87,481,980		87,481,980	17.00
18.00	Ancillary services	381,677,338	473,381,321	855,058,659	18.00
19.00	Outpatient services	0	0	0	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		11,197,795	11,197,795	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	7,385,314	7,385,314	26.00
27.00	PHY PRIVATE OFFICE	0	5,208,922	5,208,922	27.00
27.01	NURSERY	9,597,078	0	9,597,078	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	478,756,396	497,173,352	975,929,748	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		286,488,954		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		286,488,954		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140122

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

Worksheet G-3

Date/Time Prepared:
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	975,929,748	1.00
2.00	Less contractual allowances and discounts on patients' accounts	690,706,741	2.00
3.00	Net patient revenues (line 1 minus line 2)	285,223,007	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	286,488,954	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-1,265,947	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	3,535,718	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	15,090	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,029,536	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	3,241,687	17.00
18.00	Revenue from sale of medical records and abstracts	14,527	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	73,374	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	401,390	22.00
23.00	Governmental appropriations	0	23.00
24.00	HOSPICE	335,702	24.00
24.01	CARDIAC REHAB	108,661	24.01
24.02	A&G	476,163	24.02
24.03	HEALTH EDUCATION	400	24.03
24.04	ALL OTHER MISC REVENUE	861,787	24.04
24.05	EHR PAYMENTS	2,055,895	24.05
25.00	Total other income (sum of lines 6-24)	12,149,930	25.00
26.00	Total (line 5 plus line 25)	10,883,983	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	10,883,983	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140122
HHA CCN: 147207

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

Worksheet H
Date/Time Prepared:
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Home Health
Agency I

PPS

	Salaries 1.00	Employee Benefits 2.00	Transportation (see instructions) 3.00	Contracted/Pur- chased Services 4.00	Other Costs 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	2,391,873	0	0	1,016,377	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	2,099,052	0	0	323,480	6.00
7.00	Physical Therapy	1,257,348	0	0	171,962	7.00
8.00	Occupational Therapy	167,922	0	0	27,291	8.00
9.00	Speech Pathology	29,626	0	0	4,226	9.00
10.00	Medical Social Services	71,586	0	0	9,544	10.00
11.00	Home Health Aide	62,131	0	0	16,085	11.00
12.00	Supplies (see instructions)	0	0	0	202,649	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	6,079,538	0	0	1,771,614	24.00

Column, 6 line 24 should agree with the worksheet A, column 7, line 101, or subscript as applicable.
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140122
HHA CCN: 147207

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

Worksheet H
Date/Time Prepared:
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Home Health
Agency I

PPS

	Total (sum of cols. 1 thru 5)	Reclassificati on	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	3,408,250	-454,646	2,953,604	-61,491	2,892,113	5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	2,422,532	0	2,422,532	0	2,422,532	6.00
7.00 Physical Therapy	1,429,310	0	1,429,310	0	1,429,310	7.00
8.00 Occupational Therapy	195,213	0	195,213	0	195,213	8.00
9.00 Speech Pathology	33,852	0	33,852	0	33,852	9.00
10.00 Medical Social Services	81,130	0	81,130	0	81,130	10.00
11.00 Home Health Aide	78,216	0	78,216	0	78,216	11.00
12.00 Supplies (see instructions)	202,649	0	202,649	0	202,649	12.00
13.00 Drugs	0	0	0	0	0	13.00
14.00 DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	22.00
23.00 All others (specify)	0	0	0	0	0	23.00
24.00 Total (sum of lines 1-23)	7,851,152	-454,646	7,396,506	-61,491	7,335,015	24.00

Column, 6 line 24 should agree with the worksheet A, column 7, line 101, or subscript as applicable.
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COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 140122

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

Worksheet H-1
Part I
Date/Time Prepared:
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HHA CCN: 147207

Home Health
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	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		0	1.00			
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	2,892,113	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	2,422,532	0	0	0	6.00
7.00	Physical Therapy	1,429,310	0	0	0	7.00
8.00	Occupational Therapy	195,213	0	0	0	8.00
9.00	Speech Pathology	33,852	0	0	0	9.00
10.00	Medical Social Services	81,130	0	0	0	10.00
11.00	Home Health Aide	78,216	0	0	0	11.00
12.00	Supplies (see instructions)	202,649	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	7,335,015	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST	Provider CCN: 140122	Period: From 01/01/2011	Worksheet H-1 Part I
	HHA CCN: 147207	To 12/31/2011	Date/Time Prepared: 5/25/2012 1:57 pm
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	Subtotal (cols. 0-4) 4A.00	Administrative & General 5.00	Total (cols. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	2,892,113	2,892,113	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	2,422,532	1,576,950	3,999,482
7.00	Physical Therapy	1,429,310	930,411	2,359,721
8.00	Occupational Therapy	195,213	127,074	322,287
9.00	Speech Pathology	33,852	22,036	55,888
10.00	Medical Social Services	81,130	52,812	133,942
11.00	Home Health Aide	78,216	50,915	129,131
12.00	Supplies (see instructions)	202,649	131,915	334,564
13.00	Drugs	0	0	0
14.00	DME	0	0	0
HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others (specify)	0	0	0
24.00	Total (sum of lines 1-23)	4,442,902		7,335,015

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet H-1 Part II Date/Time Prepared: 5/25/2012 1:57 pm
	HHA CCN: 147207	Home Health Agency I	PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
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	-2,892,113	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,892,113	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: 140122

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

Worksheet H-1
Part II
Date/Time Prepared:
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HHA CCN: 147207

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		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	4,442,902	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	2,422,532	6.00
7.00	Physical Therapy	1,429,310	7.00
8.00	Occupational Therapy	195,213	8.00
9.00	Speech Pathology	33,852	9.00
10.00	Medical Social Services	81,130	10.00
11.00	Home Health Aide	78,216	11.00
12.00	Supplies (see instructions)	202,649	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	4,442,902	24.00
25.00	Cost To Be Allocated (per worksheet H-1, Part I)	2,892,113	25.00
26.00	Unit Cost Multiplier	0.650951	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140122
HHA CCN: 147207

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

Worksheet H-2
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

Home Health
Agency I

PPS

	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00	4.00			
	0	1.00	2.00	4.00	4A		
1.00 Administrative and General	0	0	0	396,076	396,076	1.00	
2.00 Skilled Nursing Care	3,999,482	0	0	0	3,999,482	2.00	
3.00 Physical Therapy	2,359,721	0	0	0	2,359,721	3.00	
4.00 Occupational Therapy	322,287	0	0	0	322,287	4.00	
5.00 Speech Pathology	55,888	0	0	0	55,888	5.00	
6.00 Medical Social Services	133,942	0	0	0	133,942	6.00	
7.00 Home Health Aide	129,131	0	0	0	129,131	7.00	
8.00 Supplies (see instructions)	334,564	0	0	0	334,564	8.00	
9.00 Drugs	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	18.00	
19.00 All others (specify)	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	7,335,015	0	0	396,076	7,731,091	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: 140122

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

Worksheet H-2
Part I
Date/Time Prepared:
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HHA CCN: 147207

Home Health
Agency I

PPS

		SHARED SERVICES	Subtotal	OTHER A&G	Subtotal	A&G	
		5.01	5A.01	5.02	5A.02	5.03	
1.00	Administrative and General	60,759	456,835	1,488	458,323	57,625	1.00
2.00	Skilled Nursing Care	613,534	4,613,016	15,031	4,628,047	581,885	2.00
3.00	Physical Therapy	361,988	2,721,709	8,867	2,730,576	343,315	3.00
4.00	Occupational Therapy	49,440	371,727	1,211	372,938	46,889	4.00
5.00	Speech Pathology	8,573	64,461	210	64,671	8,131	5.00
6.00	Medical Social Services	20,547	154,489	503	154,992	19,487	6.00
7.00	Home Health Aide	19,809	148,940	485	149,425	18,787	7.00
8.00	Supplies (see instructions)	51,323	385,887	1,257	387,144	48,676	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,185,973	8,917,064	29,052	8,946,116	1,124,795	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		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: 140122

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

Worksheet H-2
Part I
Date/Time Prepared:
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Home Health
Agency I

PPS

	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	6.00	7.00	8.00	9.00	10.00	
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 (specify)	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: 140122

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 147207

To 12/31/2011

Part I
Date/Time Prepared:
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					Home Health Agency I	PPS	
		CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		11.00	12.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	148,600	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 (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	148,600	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: 140122

Period: From 01/01/2011

Worksheet H-2 Part I

HHA CCN: 147207

To 12/31/2011

Date/Time Prepared: 5/25/2012 1:57 pm

Home Health Agency I

PPS

	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
	16.00	17.00	19.00	20.00		
1.00 Administrative and General	55,843	0	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All others (specify)	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	55,843	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: 140122

HHA CCN: 147207

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

Worksheet H-2
Part I
Date/Time Prepared:
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		INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
1.00	Administrative and General	0	0	0	720,391	0	1.00
2.00	Skilled Nursing Care	0	0	0	5,209,932	0	2.00
3.00	Physical Therapy	0	0	0	3,073,891	0	3.00
4.00	Occupational Therapy	0	0	0	419,827	0	4.00
5.00	Speech Pathology	0	0	0	72,802	0	5.00
6.00	Medical Social Services	0	0	0	174,479	0	6.00
7.00	Home Health Aide	0	0	0	168,212	0	7.00
8.00	Supplies (see instructions)	0	0	0	435,820	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	10,275,354	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: 140122

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

Worksheet H-2
Part I
Date/Time Prepared:
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HHA CCN: 147207

Home Health
Agency I

PPS

		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		26.00	27.00	28.00	
1.00	Administrative and General	720,391			1.00
2.00	Skilled Nursing Care	5,209,932	392,802	5,602,734	2.00
3.00	Physical Therapy	3,073,891	231,753	3,305,644	3.00
4.00	Occupational Therapy	419,827	31,652	451,479	4.00
5.00	Speech Pathology	72,802	5,489	78,291	5.00
6.00	Medical Social Services	174,479	13,155	187,634	6.00
7.00	Home Health Aide	168,212	12,682	180,894	7.00
8.00	Supplies (see instructions)	435,820	32,858	468,678	8.00
9.00	Drugs	0	0	0	9.00
10.00	DME	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	13.00
14.00	Clinic	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	15.00
16.00	Day Care Program	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	17.00
18.00	Homemaker Service	0	0	0	18.00
19.00	All Others (specify)	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	10,275,354	720,391	10,275,354	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.		0.075394		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: 140122
HHA CCN: 147207

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

worksheet H-2
Part II
Date/Time Prepared:
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Home Health
Agency I

PPS

		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5A.01	5.01	
1.00	Administrative and General	0	0	6,081,038	0	396,076	1.00
2.00	Skilled Nursing Care	0	0	0	0	3,999,482	2.00
3.00	Physical Therapy	0	0	0	0	2,359,721	3.00
4.00	Occupational Therapy	0	0	0	0	322,287	4.00
5.00	Speech Pathology	0	0	0	0	55,888	5.00
6.00	Medical Social Services	0	0	0	0	133,942	6.00
7.00	Home Health Aide	0	0	0	0	129,131	7.00
8.00	Supplies (see instructions)	0	0	0	0	334,564	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	6,081,038		7,731,091	20.00
21.00	Total cost to be allocated	0	0	396,076		1,185,973	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.065133		0.153403	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140122 HHA CCN: 147207	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/25/2012 1:57 pm
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		Reconciliation	OTHER A&G (ACCUM. COST)	Reconciliation	A&G (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5A.02	5.02	5A.03	5.03	6.00	
1.00	Administrative and General	0	456,835	0	458,323	0	1.00
2.00	skilled Nursing Care	0	4,613,016	0	4,628,047	0	2.00
3.00	Physical Therapy	0	2,721,709	0	2,730,576	0	3.00
4.00	Occupational Therapy	0	371,727	0	372,938	0	4.00
5.00	Speech Pathology	0	64,461	0	64,671	0	5.00
6.00	Medical Social Services	0	154,489	0	154,992	0	6.00
7.00	Home Health Aide	0	148,940	0	149,425	0	7.00
8.00	Supplies (see instructions)	0	385,887	0	387,144	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)		8,917,064		8,946,116		20.00
21.00	Total cost to be allocated		29,052		1,124,795		21.00
22.00	Unit cost multiplier		0.003258		0.125730	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140122
HHA CCN: 147207

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

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Part II
Date/Time Prepared:
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		Home Health Agency I		PPS			
		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
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 (specify)	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: 140122
HHA CCN: 147207

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

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Part II
Date/Time Prepared:
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		Home Health Agency I		PPS			
	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)		
	12.00	13.00	14.00	15.00	16.00		
1.00	Administrative and General	0	0	202,649	136	11,197,796	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 (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	202,649	136	11,197,796	20.00
21.00	Total cost to be allocated	0	0	148,600	0	55,843	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.733288	0.000000	0.004987	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140122
HHA CCN: 147207

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

Worksheet H-2
Part II
Date/Time Prepared:
5/25/2012 1:57 pm

Home Health Agency I

PPS

		INTERNS & RESIDENTS					
		SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER	
		(PATIENT DAYS)	(ASSIGNED TIME)	(ASSIGNED TIME)	APPRV (ASSIGNED TIME)	PRGM COSTS APPRV (ASSIGNED TIME)	
		17.00	19.00	20.00	21.00	22.00	
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 (specify)	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: 140122
HHA CCN: 147207

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

Worksheet H-2
Part II
Date/Time Prepared:
5/25/2012 1:57 pm

Home Health
Agency I

PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140122
HHA CCN: 147207

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

Worksheet H-3
Parts I-II
Date/Time Prepared:
5/25/2012 1:57 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	5,602,734		5,602,734	31,695	1.00
2.00	Physical Therapy	3.00	3,305,644	0	3,305,644	19,450	2.00
3.00	Occupational Therapy	4.00	451,479	0	451,479	2,667	3.00
4.00	Speech Pathology	5.00	78,291	0	78,291	524	4.00
5.00	Medical Social Services	6.00	187,634		187,634	650	5.00
6.00	Home Health Aide	7.00	180,894		180,894	2,166	6.00
7.00	Total (sum of lines 1-6)		9,806,676	0	9,806,676	57,152	7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits	
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles
	0	1.00	2.00	3.00	4.00

Limitation Cost Computation

8.00	Skilled Nursing Care	16974	15,465	8,393	8.00
9.00	Physical Therapy	16974	10,321	4,850	9.00
10.00	Occupational Therapy	16974	1,412	817	10.00
11.00	Speech Pathology	16974	259	174	11.00
12.00	Medical Social Services	16974	404	220	12.00
13.00	Home Health Aide	16974	1,046	901	13.00
14.00	Total (sum of lines 8-13)		28,907	15,355	14.00

Cost Center Description	From wkst. H-2 Part I, col. 28, line	Facility Costs (from wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)
	0	1.00	2.00	3.00	4.00

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	8.00	468,678	0	468,678	9,769,645	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	16.00

Cost Center Description	From wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)
	0	1.00	2.00	3.00

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

1.00	Physical Therapy	66.00	0.545381	0	0	1.00
2.00	Occupational Therapy	67.00	0.201736	0	0	2.00
3.00	Speech Pathology	68.00	0.118686	0	0	3.00
4.00	Cost of Medical Supplies	71.00	0.382615	0	0	4.00
5.00	Cost of Drugs	73.00	0.172518	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140122
HHA CCN: 147207

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

Worksheet H-3
Parts I-II
Date/Time Prepared:
5/25/2012 1:57 pm

Title XVIII Home Health Agency I PPS

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Program Visits				
		Part A	Part B			
			Not Subject to Deductibles & Coinsurance			Subject to Deductibles & Coinsurance
	5.00	6.00	7.00	8.00		

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION

Cost Per Visit Computation

1.00	Skilled Nursing Care	176.77	15,465	8,393		1.00
2.00	Physical Therapy	169.96	10,321	4,850		2.00
3.00	Occupational Therapy	169.28	1,412	817		3.00
4.00	Speech Pathology	149.41	259	174		4.00
5.00	Medical Social Services	288.67	404	220		5.00
6.00	Home Health Aide	83.52	1,046	901		6.00
7.00	Total (sum of lines 1-6)		28,907	15,355		7.00
	Cost Center Description	5.00	6.00	7.00	8.00	9.00

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

Program Covered Charges

Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	0.047973	0	532,430	0	15.00
16.00	Cost of Drugs	0.000000	0	0	0	16.00
	Cost Center Description		Transfer to Part I as Indicated			
			4.00			

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

1.00	Physical Therapy	col. 2, line 2.00				1.00
2.00	Occupational Therapy	col. 2, line 3.00				2.00
3.00	Speech Pathology	col. 2, line 4.00				3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00				4.00
5.00	Cost of Drugs	col. 2, line 16.00				5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140122
HHA CCN: 147207

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

Worksheet H-3
Parts I-II
Date/Time Prepared:
5/25/2012 1:57 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of cols. 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	2,733,748	1,483,631		4,217,379	1.00
2.00	1,754,157	824,306		2,578,463	2.00
3.00	239,023	138,302		377,325	3.00
4.00	38,697	25,997		64,694	4.00
5.00	116,623	63,507		180,130	5.00
6.00	87,362	75,252		162,614	6.00
7.00	4,969,610	2,610,995		7,580,605	7.00
Limitation Cost Computation					
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
12.00					12.00
13.00					13.00
14.00					14.00
Supplies and Drugs Cost Computations					
15.00	0	25,542		0	15.00
16.00	0	0		0	16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 140122
HHA CCN: 147207

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

Worksheet H-4
Part I-II
Date/Time Prepared:
5/25/2012 1:57 pm

Title XVIII		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				
		Part A	Part B	
		1.00	2.00	3.00
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	4,956	0
		Part A Services	Part B Services	
		1.00	2.00	

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
		Part A Services	Part B Services	
		1.00	2.00	
10.00	Total reasonable cost (see instructions)	0	-4,956	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	5,201,329	2,728,120	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	51,119	65,725	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	73,945	81,163	13.00
14.00	Total PPS Reimbursement - PEP Episodes	70,900	41,027	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	22,787	23,915	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	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	5,420,080	2,934,994	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	5,420,080	2,934,994	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	5,420,080	2,934,994	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)	5,420,080	2,934,994	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	5,420,080	2,934,994	31.00
32.00	Interim payments (see instructions)	5,420,080	2,934,994	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: 140122
HHA CCN: 147207

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

Worksheet H-5
Date/Time Prepared:
5/25/2012 1:57 pm

		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		5,420,080		2,934,994	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)		5,420,080		2,934,994	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)		5,420,080		2,934,994	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: 140122

Period:

worksheet K

Hospice CCN: 141507

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

Date/Time Prepared:
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		Salaries (from wkst. K-1)	Employee Benefits (from wkst. K-2)	Transportation (see inst.)	Hospice I Contracted Services (from wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	21,446	0	0	0	0	5.00
6.00	Administrative and General	949,059	0	0	0	2,996,059	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	1,088,954	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	124,848	0	0	0	0	15.00
16.00	Spiritual Counseling	110,071	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	129,644	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	39,025	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)	2,463,047	0	0	0	2,996,059	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140122

Period: From 01/01/2011

Worksheet K

Hospice CCN: 141507

To 12/31/2011

Date/Time Prepared: 5/25/2012 1:57 pm

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	21,446	0	21,446	0	21,446	5.00
6.00	Administrative and General	3,945,118	-630,949	3,314,169	-275,598	3,038,571	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	1,088,954	0	1,088,954	0	1,088,954	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	124,848	0	124,848	0	124,848	15.00
16.00	Spiritual Counseling	110,071	0	110,071	0	110,071	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	129,644	0	129,644	0	129,644	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	39,025	0	39,025	0	39,025	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	5,459,106	-630,949	4,828,157	-275,598	4,552,559	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-1
Date/Time Prepared:
5/25/2012 1:57 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	102,850	0	71,627	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	1,088,954	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	124,848	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	102,850	124,848	71,627	1,088,954	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140122

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 141507

To 12/31/2011

Date/Time Prepared: 5/25/2012 1:57 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	21,446	21,446	5.00
6.00	Administrative and General		0	774,582	949,059	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	1,088,954	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	124,848	15.00
16.00	Spiritual Counseling		0	110,071	110,071	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	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	129,644	129,644	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	39,025	39,025	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	1,074,768	2,463,047	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140122

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

worksheet K-4

Part I
Date/Time Prepared:
5/25/2012 1:57 pm

Hospice CCN: 141507

Hospice I

	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST				TRANSPORTATION	
		BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.			
		0	1.00	2.00	3.00		
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		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	21,446	0	0	0	0	5.00
6.00	Administrative and General	3,038,571	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,088,954	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	124,848	0	0	0	0	15.00
16.00	Spiritual Counseling	110,071	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	129,644	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	39,025	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)	4,552,559	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140122

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

Worksheet K-4
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	Hospice I 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	21,446				5.00
6.00	Administrative and General	21,446	3,060,017			6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	1,088,954	2,232,579	3,321,533	10.00
11.00	Nursing Care-Continuous Home Care	0	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	124,848	255,964	380,812	15.00
16.00	Spiritual Counseling	0	110,071	225,668	335,739	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	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	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	129,644	265,797	395,441	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	39,025	80,009	119,034	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	21,446	1,492,542	3,060,017	4,552,559	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 141507

To 12/31/2011

Part II
Date/Time Prepared:
5/25/2012 1:57 pm

		Hospice I						
		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
GENERAL SERVICE COST CENTERS								
1.00	Capital Related Costs-Bldg and Fixt.	0						1.00
2.00	Capital Related Costs-Movable Equip.	0	0					2.00
3.00	Plant Operation and Maintenance	0	0	0				3.00
4.00	Transportation - Staff	0	0	0	0			4.00
5.00	Volunteer Service Coordination	0	0	0	0		536	5.00
6.00	Administrative and General	0	0	0	0		536	6.00
INPATIENT CARE SERVICE								
7.00	Inpatient - General Care	0	0	0	0		0	7.00
8.00	Inpatient - Respite Care	0	0	0	0		0	8.00
VISITING SERVICES								
9.00	Physician Services	0	0	0	0		0	9.00
10.00	Nursing Care	0	0	0	0		0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0		0	11.00
12.00	Physical Therapy	0	0	0	0		0	12.00
13.00	Occupational Therapy	0	0	0	0		0	13.00
14.00	Speech/ Language Pathology	0	0	0	0		0	14.00
15.00	Medical Social Services	0	0	0	0		0	15.00
16.00	Spiritual Counseling	0	0	0	0		0	16.00
17.00	Dietary Counseling	0	0	0	0		0	17.00
18.00	Counseling - Other	0	0	0	0		0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0		0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		0	20.00
21.00	Other	0	0	0	0		0	21.00
OTHER HOSPICE SERVICE COSTS								
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0		0	22.00
23.00	Analgesics	0	0	0	0		0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0		0	24.00
25.00	Other - Specify	0	0	0	0		0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0		0	26.00
27.00	Patient Transportation	0	0	0	0		0	27.00
28.00	Imaging Services	0	0	0	0		0	28.00
29.00	Labs and Diagnostics	0	0	0	0		0	29.00
30.00	Medical Supplies	0	0	0	0		0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0		0	31.00
32.00	Radiation Therapy	0	0	0	0		0	32.00
33.00	Chemotherapy	0	0	0	0		0	33.00
34.00	Other	0	0	0	0		0	34.00
HOSPICE NONREIMBURSABLE SERVICE								
35.00	Bereavement Program Costs	0	0	0	0		0	35.00
36.00	Volunteer Program Costs	0	0	0	0		0	36.00
37.00	Fundraising	0	0	0	0		0	37.00
38.00	Other Program Costs	0	0	0	0		0	38.00
39.00	Cost to be Allocated (per wkst. K-4, Part I)	0	0	0	0		21,446	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		40.011194	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-4
Part II
Date/Time Prepared:
5/25/2012 1:57 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		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	-3,060,017	1,492,542	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	1,088,954	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	124,848	15.00
16.00	Spiritual Counseling	0	110,071	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	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	129,644	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	39,025	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		3,060,017	39.00
40.00	Unit Cost Multiplier		2.050205	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

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

Worksheet K-5
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

Hospice CCN: 141507

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
1.00 Administrative and General		0	0	160,426	160,426	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	3,321,533	0	0	0	3,321,533	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	380,812	0	0	0	380,812	10.00
11.00 Spiritual Counseling	335,739	0	0	0	335,739	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	395,441	0	0	0	395,441	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	119,034	0	0	0	119,034	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	4,552,559	0	0	160,426	4,712,985	34.00
35.00 Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		Hospice I					
		SHARED SERVICES	Subtotal	OTHER A&G	Subtotal	A&G	
		5.01	5A.01	5.02	5A.02	5.03	
1.00	Administrative and General	24,610	185,036	603	185,639	23,340	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	509,533	3,831,066	12,481	3,843,547	483,249	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	58,418	439,230	1,431	440,661	55,404	10.00
11.00	Spiritual Counseling	51,503	387,242	1,262	388,504	48,847	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	60,662	456,103	1,486	457,589	57,533	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	18,260	137,294	447	137,741	17,318	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	722,986	5,435,971	17,710	5,453,681	685,691	34.00
35.00	Unit Cost Multiplier (see instructions)		0.000000		0.000000		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

Period: From 01/01/2011

worksheet K-5

Hospice CCN: 141507

To 12/31/2011

Part I

Date/Time Prepared: 5/25/2012 1:57 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

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

Worksheet K-5
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	Hospice I					
	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	11.00	12.00	13.00	14.00	15.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	45	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	45	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

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

Worksheet K-5
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		Hospice I					
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
		16.00	17.00	19.00	20.00		
1.00	Administrative and General	36,831	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)	36,831	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: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALAR Y & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
1.00	Administrative and General	0	0	0	245,810		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	4,326,841	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	496,065	0	10.00
11.00	Spiritual Counseling	0	0	0	437,351	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	515,122	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	155,059	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	6,176,248	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

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

worksheet K-5
Part I
Date/Time Prepared:
5/25/2012 1:57 pm

Hospice CCN: 141507

Hospice I

Cost Center Description		Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)	
		26.00	27.00	28.00	
1.00	Administrative and General				1.00
2.00	Inpatient - General Care	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	3.00
4.00	Physician Services	0	0	0	4.00
5.00	Nursing Care	4,326,841	179,343	4,506,184	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	6.00
7.00	Physical Therapy	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	9.00
10.00	Medical Social Services	496,065	20,561	516,626	10.00
11.00	Spiritual Counseling	437,351	18,128	455,479	11.00
12.00	Dietary Counseling	0	0	0	12.00
13.00	Counseling - Other	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	15.00
16.00	Other	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	17.00
18.00	Analgesics	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	19.00
20.00	Other - Specify	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	21.00
22.00	Patient Transportation	0	0	0	22.00
23.00	Imaging Services	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	24.00
25.00	Medical Supplies	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	27.00
28.00	Chemotherapy	0	0	0	28.00
29.00	Other	0	0	0	29.00
30.00	Bereavement Program Costs	515,122	21,351	536,473	30.00
31.00	Volunteer Program Costs	0	0	0	31.00
32.00	Fundraising	155,059	6,427	161,486	32.00
33.00	Other Program Costs	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	6,176,248		6,176,248	34.00
35.00	Unit Cost Multiplier (see instructions)		0.041449		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
1.00	Administrative and General	0	0	2,463,047	0	160,426	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	3,321,533	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	380,812	10.00
11.00	Spiritual Counseling	0	0	0	0	335,739	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	395,441	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	119,034	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	2,463,047		4,712,985	34.00
35.00	Total cost to be allocated	0	0	160,426		722,986	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.065133		0.153403	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

worksheet K-5
Part II
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	Reconciliation		Reconciliation		Hospice I		MAINTENANCE & REPAIRS (SQUARE FEET)	
		OTHER A&G (ACCUM. COST)		A&G (ACCUM. COST)				
	5A.02	5.02	5A.03	5.03	6.00			
1.00 Administrative and General	0	185,036	0	185,639	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	3,831,066	0	3,843,547	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	439,230	0	440,661	0	0	10.00	
11.00 Spiritual Counseling	0	387,242	0	388,504	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	456,103	0	457,589	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00	
32.00 Fundraising	0	137,294	0	137,741	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)		5,435,971		5,453,681		0	34.00	
35.00 Total cost to be allocated		17,710		685,691		0	35.00	
36.00 Unit Cost Multiplier (see instructions)		0.003258		0.125730		0.000000	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/25/2012 1:57 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description		Hospice I					
		MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	0	7,385,314	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	61	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	61	0	7,385,314	34.00
35.00	Total cost to be allocated	0	0	45	0	36,831	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.737705	0.000000	0.004987	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/25/2012 1:57 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/25/2012 1:57 pm

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 140122
Hospice CCN: 141507

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

Worksheet K-5
Part III
Date/Time Prepared:
5/25/2012 1:57 pm

Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Hospice I			
			Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (col. 1 x 2)		
	0	1.00	2.00	3.00		
ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.545381	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.201736	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.118686	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.172518	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.122947	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.382615	0	0	7.00
8.00	PARTIAL HOSP	93.00	0.342079	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.222861	0	0	9.00
10.00	SLEEP LAB	76.00	0.000000	0	0	10.00
10.01	HRT & VASC CTR	76.01	0.000000	0	0	10.01
10.02	OP DIABETES EDUC	76.02	0.000000	0	0	10.02
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140122

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

Worksheet K-6

Hospice CCN: 141507

Date/Time Prepared:
5/25/2012 1:57 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				6,176,248	1.00
2.00	Total Unduplicated Days (worksheet s-9, column 6, line 5)				75,363	2.00
3.00	Average cost per diem (line 1 divided by line 2)				81.95	3.00
4.00	Upduplicated Medicare Days (worksheet s-9, column 1, line 5)	36,317				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,976,178				5.00
6.00	Unduplicated Medicaid Days (worksheet s-9, column 2, line 5)		383			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		31,387			7.00
8.00	Upduplicated 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)			38,663		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			3,168,433		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140122	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/25/2012 1:57 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,936,814	1.00
2.00	Capital DRG outlier payments		262,120	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		133.70	3.00
4.00	Number of interns & residents (see instructions)		25.32	4.00
5.00	Indirect medical education percentage (see instructions)		5.49	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		161,231	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)		1.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)		13.62	8.00
9.00	Sum of lines 7 and 8		14.62	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		88,104	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,448,269	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