

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: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet S Parts I-III Date/Time Prepared: 3/28/2012 3:57 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 3/28/2012	Time: 3:57 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DECATUR MEMORIAL HOSPITAL for the cost reporting period beginning 10/01/2010 and ending 09/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-148,030	-33,212	2,726,354	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	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	-148,030	-33,212	2,726,354	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140135		Period: From 10/01/2010 To 09/30/2011		Worksheet S-2 Part I Date/Time Prepared: 3/28/2012 3:39 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL		4.00 Zip Code: 62526- County: MACON				
1.00 Street: 2300 N. EDWARD ST.		2.00 City: DECATUR		3.00 State: IL		4.00 Zip Code: 62526-		5.00 County: MACON		
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	DECATUR MEMORIAL HOSPITAL	140135	16580	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N	N	N	8.00
9.00	Hospital-Based SNF	DMH SNF	145543	16580		05/01/1986	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	DMH HHA	147206	16580		01/13/1982	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	DMH HOSPICE	141517	16580		06/30/1988				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) 1									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
					From:		To:			
					1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)				10/01/2010		09/30/2011		20.00	
21.00	Type of Control (see instructions)						2		21.00	
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					1		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	5,271	2,149	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		25.00	
							1.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.							1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.							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
					Beginning:		Ending:			
					1.00		2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.							0		37.00

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		Beginning:	Ending:			
		1.00	2.00			
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	Y			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	3600	6.46	6.32	0.505477

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		V	XIX		
		1.00	2.00		
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N	109.00
				1.00	2.00
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.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			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.			0	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N			140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: NATIONAL GOVERNMENT SERVICES, INC	Contractor's Name: 00131		Contractor's Number:	
142.00	Street: 8115 KNUE ROAD	PO Box:			
143.00	City: INDIANAPOLIS	State:		Zip Code: 46250	
				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

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		1.00		2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A 1.00		Part B 2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		155.00	
156.00	Subprovider - IPF	N		N		156.00	
157.00	Subprovider - IRF	N		N		157.00	
158.00	SUBPROVIDER	N		N		158.00	
159.00	SNF	N		N		159.00	
160.00	HOME HEALTH AGENCY	N		N		160.00	
161.00	CMHC			N		161.00	
				1.00			
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			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	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet S-2 Part II Date/Time Prepared: 3/28/2012 3:39 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)				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	01/12/2012	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	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.				11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			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)	Y		02/01/2012	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	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-2
Part II
Date/Time Prepared:
3/28/2012 3:39 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		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)	Y	02/01/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	227	82,855	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)		227	82,855	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,030	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	30	10,950	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)		279	101,835	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	10,647			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	46.00	16	5,840			21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		295				27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	18,105	5,549	32,785		1.00
2.00 HMO		1,270	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	18,105	5,549	32,785		7.00
8.00 INTENSIVE CARE UNIT	0	3,175	663	3,947		8.00
9.00 CORONARY CARE UNIT	0	2,552	670	3,988		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		391	2,327		13.00
14.00 Total (see instructions)	0	23,832	7,273	43,047		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	2,196	0	2,370		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE				3,760		21.00
22.00 HOME HEALTH AGENCY	0	14,682	1,572	21,659		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		6,918	208	7,126		24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		1,144	5,093		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				454		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			147	245		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	5,877	1.00
2.00 HMO					286	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)	14.36	1,802.53	0.00	0	5,877	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	13.91	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	0.00	6.42	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	36.78	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	9.73	0.00			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	14.36	1,869.37	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	2,160	12,566		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)	2,160	12,566		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE		12		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
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: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part II
Date/Time Prepared:
3/28/2012 3:39 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	110,224,734	0	110,224,734	3,888,290.00 1.00
2.00	Non-physician anesthetist Part A		4,520,724	0	4,520,724	50,381.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A		527,222	0	527,222	2,717.00 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		0	0	0	0.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	807,663	807,663	32,635.00 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	601,696	0	601,696	28,933.00 9.00
10.00	Excluded area salaries (see instructions)		43,716,857	-1,990,982	41,725,875	963,541.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		0	0	0	0.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		128,200	0	128,200	955.00 13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17,691,648	0	17,691,648	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	18.00
19.00	Excluded areas		4,314,219	0	4,314,219	19.00
20.00	Non-physician anesthetist Part A		471,175	0	471,175	20.00
21.00	Non-physician anesthetist Part B		0	0	0	21.00
22.00	Physician Part A		37,159	0	37,159	22.00
23.00	Physician Part B		0	0	0	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	24.00
25.00	Interns & residents (in an approved program)		114,743	0	114,743	25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	750,177	0	750,177	25,438.00 26.00
27.00	Administrative & General	5.00	8,697,506	-243,386	8,454,120	367,097.00 27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	1,210,027	0	1,210,027	69,118.00 30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00 31.00
32.00	Housekeeping	9.00	1,530,619	0	1,530,619	143,208.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	1,979,934	-1,589,529	390,405	29,903.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	1,589,529	1,589,529	121,750.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	1,264,256	243,386	1,507,642	55,954.00 38.00
39.00	Central Services and Supply	14.00	673,444	0	673,444	40,269.00 39.00
40.00	Pharmacy	15.00	1,568,249	0	1,568,249	50,627.00 40.00
41.00	Medical Records & Medical Records Library	16.00	2,068,831	0	2,068,831	115,378.00 41.00
42.00	Social Service	17.00	0	0	0	0.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part II
Date/Time Prepared:
3/28/2012 3:39 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	28.35	1.00
2.00	Non-physician anesthetist Part A	89.73	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	194.05	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	24.75	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	20.80	9.00
10.00	Excluded area salaries (see instructions)	43.30	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	0.00	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	134.24	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	29.49	26.00
27.00	Administrative & General	23.03	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	17.51	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	10.69	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	13.06	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	13.06	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	26.94	38.00
39.00	Central Services and Supply	16.72	39.00
40.00	Pharmacy	30.98	40.00
41.00	Medical Records & Medical Records Library	17.93	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140135		Period: From 10/01/2010 To 09/30/2011		Worksheet S-3 Part III Date/Time Prepared: 3/28/2012 3:39 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	105,704,010	-807,663	104,896,347	3,805,274.00		1.00
2.00	Excluded area salaries (see instructions)	44,318,553	-1,990,982	42,327,571	992,474.00		2.00
3.00	Subtotal salaries (line 1 minus line 2)	61,385,457	1,183,319	62,568,776	2,812,800.00		3.00
4.00	Subtotal other wages & related costs (see inst.)	128,200	0	128,200	955.00		4.00
5.00	Subtotal wage-related costs (see inst.)	17,728,807	0	17,728,807	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	79,242,464	1,183,319	80,425,783	2,813,755.00		6.00
7.00	Total overhead cost (see instructions)	19,743,043	0	19,743,043	1,018,742.00		7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
3/28/2012 3:39 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	

PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	27.57	1.00
2.00	Excluded area salaries (see instructions)	42.65	2.00
3.00	Subtotal salaries (line 1 minus line 2)	22.24	3.00
4.00	Subtotal other wages & related costs (see inst.)	134.24	4.00
5.00	Subtotal wage-related costs (see inst.)	28.33	5.00
6.00	Total (sum of lines 3 thru 5)	28.58	6.00
7.00	Total overhead cost (see instructions)	19.38	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 3/28/2012 3:39 pm
				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		1,549,003	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		593,566	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)		11,221,789	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		477,453	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		180,325	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)		578,708	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		983,496	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		6,966,788	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		77,817	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		22,628,945	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: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part V
Date/Time Prepared:
3/28/2012 3:39 pm

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140135 Component CCN: 147206		Period: From 10/01/2010 To 09/30/2011		Worksheet S-4 Date/Time Prepared: 3/28/2012 3:39 pm		
				Home Health Agency I		PPS		
							1.00	
0.00	County						0.00	
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours						0	2,107
2.00	Unduplicated Census Count (see instructions)						0.00	860.00
		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
4.00	Director(s) and Assistant Director(s)						0.00	0.00
5.00	Other Administrative Personnel						5.35	5.35
6.00	Direct Nursing Service						13.93	13.93
7.00	Nursing Supervisor						0.00	0.00
8.00	Physical Therapy Service						9.27	9.27
9.00	Physical Therapy Supervisor						0.00	0.00
10.00	Occupational Therapy Service						1.35	1.35
11.00	Occupational Therapy Supervisor						0.00	0.00
12.00	Speech Pathology Service						0.61	0.61
13.00	Speech Pathology Supervisor						0.00	0.00
14.00	Medical Social Service						0.85	0.85
15.00	Medical Social Service Supervisor						0.00	0.00
16.00	Home Health Aide						1.44	1.44
17.00	Home Health Aide Supervisor						0.00	0.00
18.00	Other (specify)						0.00	0.00
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	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).						19500	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers	3.00	4.00	5.00		
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits						7,537	609
22.00	Skilled Nursing Visit Charges						1,484,950	101,760
23.00	Physical Therapy Visits						4,034	7
24.00	Physical Therapy Visit Charges						645,499	1,120
25.00	Occupational Therapy Visits						656	0
26.00	Occupational Therapy Visit Charges						104,960	0
27.00	Speech Pathology Visits						21	0
28.00	Speech Pathology Visit Charges						3,360	0
29.00	Medical Social Service Visits						63	3
30.00	Medical Social Service Visit Charges						11,340	540
31.00	Home Health Aide Visits						1,220	25
32.00	Home Health Aide Visit Charges						103,700	2,125
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)						13,531	644
34.00	Other Charges						0	0
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)						2,353,809	105,545
36.00	Total Number of Episodes (standard/non outlier)						881	124
37.00	Total Number of Outlier Episodes							12
38.00	Total Non-Routine Medical Supply Charges						75,843	6,009

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-7

Date/Time Prepared:
3/28/2012 3:39 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	3	0	3 9.00
10.00		RML	21	0	21 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	1	0	1 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	7	0	7 17.00
18.00		RHC	13	0	13 18.00
19.00		RHB	12	0	12 19.00
20.00		RHA	59	0	59 20.00
21.00		RMC	26	0	26 21.00
22.00		RMB	383	0	383 22.00
23.00		RMA	876	0	876 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	2	0	2 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	8	0	8 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	29	0	29 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	139	0	139 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	9	0	9 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	22	0	22 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	3	0	3 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	23	0	23 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	91	0	91 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	245	0	245 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	38	0	38 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	4	0	4 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-7

Date/Time Prepared:
3/28/2012 3:39 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	1	0	1	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	26	0	26	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	131	0	131	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	24	0	24	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		2,196	0	2,196	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)
		1.00	2.00

201.00 SNF SERVICES
Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	0	0.00	202.00
203.00	Recruitment	0	0.00	203.00
204.00	Retention of employees	0	0.00	204.00
205.00	Training	0	0.00	205.00
206.00	OTHER (SPECIFY)	0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	420,503		207.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140135
Component CCN: 141517

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-9
Parts I & II
Date/Time Prepared:
3/28/2012 3:39 pm

		Unduplicated Days				All Other	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility		
		1.00	2.00	3.00	4.00		
PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	1.00
2.00	Routine Home Care	7,049	208	0	0	0	2.00
3.00	Inpatient Respite Care	18	0	0	0	0	3.00
4.00	General Inpatient Care	303	7	0	0	0	4.00
5.00	Total Hospice Days	7,370	215	0	0	0	5.00
Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	253	15	0	0	17	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)	29.13	14.33	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	252	15	0	0	17	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140135 Component CCN: 141517	Period: From 10/01/2010 To 09/30/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 3/28/2012 3:39 pm
		Hospice I		

		Unduplicated Days	
		Total (sum of cols. 1, 2 & 5)	
		6.00	
PART I - ENROLLMENT DAYS			
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	7,257	2.00
3.00	Inpatient Respite Care	18	3.00
4.00	General Inpatient Care	310	4.00
5.00	Total Hospice Days	7,585	5.00
Part II - CENSUS DATA			
6.00	Number of Patients Receiving Hospice Care	285	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)	26.61	8.00
9.00	Unduplicated Census Count	284	9.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet A
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		28,981,745	28,981,745	-19,024,850	9,956,895	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	13,875,960	13,875,960	2.00
4.00 EMPLOYEE BENEFITS	750,177	15,925,612	16,675,789	0	16,675,789	4.00
5.00 ADMINISTRATIVE & GENERAL	8,697,506	16,821,749	25,519,255	4,899,088	30,418,343	5.00
7.00 OPERATION OF PLANT	1,210,027	7,020,646	8,230,673	0	8,230,673	7.00
8.00 LAUNDRY & LINEN SERVICE	0	1,181,608	1,181,608	0	1,181,608	8.00
9.00 HOUSEKEEPING	1,530,619	895,686	2,426,305	0	2,426,305	9.00
10.00 DIETARY	1,979,934	1,932,170	3,912,104	-3,140,712	771,392	10.00
11.00 CAFETERIA	0	0	0	3,140,712	3,140,712	11.00
13.00 NURSING ADMINISTRATION	1,264,256	987,475	2,251,731	243,386	2,495,117	13.00
14.00 CENTRAL SERVICES & SUPPLY	673,444	5,422,291	6,095,735	-4,091,199	2,004,536	14.00
15.00 PHARMACY	1,568,249	10,362,258	11,930,507	-9,493,227	2,437,280	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,068,831	532,077	2,600,908	0	2,600,908	16.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	4,520,724	4,520,724	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	807,663	807,663	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,313,778	1,313,778	22.00
23.00 PARAMED ED PRGM	387,118	45,755	432,873	0	432,873	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	8,684,153	1,030,055	9,714,208	-61,844	9,652,364	30.00
31.00 INTENSIVE CARE UNIT	2,321,816	292,626	2,614,442	-15,439	2,599,003	31.00
32.00 CORONARY CARE UNIT	2,189,974	226,943	2,416,917	62,500	2,479,417	32.00
43.00 NURSERY	84	120,599	120,683	0	120,683	43.00
44.00 SKILLED NURSING FACILITY	601,696	102,060	703,756	37,589	741,345	44.00
46.00 OTHER LONG TERM CARE	239,230	4,841	244,071	0	244,071	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	4,374,615	14,854,556	19,229,171	-9,409,754	9,819,417	50.00
50.01 ORTHO MEDICAL	118,931	92,683	211,614	0	211,614	50.01
51.00 RECOVERY ROOM	667,014	68,716	735,730	0	735,730	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	43,987	43,987	217,469	261,456	52.00
53.00 ANESTHESIOLOGY	4,794,736	876,363	5,671,099	-4,520,724	1,150,375	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,442,798	7,426,030	12,868,828	-155,255	12,713,573	54.00
55.00 RADIOLOGY-THERAPEUTIC	1,081,280	1,597,579	2,678,859	-9,683	2,669,176	55.00
60.00 LABORATORY	3,066,063	4,323,289	7,389,352	0	7,389,352	60.00
65.00 RESPIRATORY THERAPY	926,109	262,789	1,188,898	0	1,188,898	65.00
66.00 PHYSICAL THERAPY	2,387,684	749,989	3,137,673	1,297,599	4,435,272	66.00
67.00 OCCUPATIONAL THERAPY	543,464	110,623	654,087	0	654,087	67.00
68.00 SPEECH PATHOLOGY	264,510	33,693	298,203	0	298,203	68.00
69.00 ELECTROCARDIOLOGY	1,799,245	721,018	2,520,263	0	2,520,263	69.00
69.01 CATH LAB	850,571	4,236,896	5,087,467	-3,768,194	1,319,273	69.01
70.00 ELECTROENCEPHALOGRAPHY	565,324	85,985	651,309	82,097	733,406	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,042,636	3,042,636	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	14,793,405	14,793,405	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	9,493,227	9,493,227	73.00
74.00 RENAL DIALYSIS	358,526	142,356	500,882	50,000	550,882	74.00
75.00 ASC (NON-DISTINCT PART)	2,733,008	1,602,015	4,335,023	-209,517	4,125,506	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	263,668	129,144	392,812	0	392,812	90.00
91.00 EMERGENCY	2,313,018	1,885,092	4,198,110	0	4,198,110	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	416,547	72,873	489,420	0	489,420	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	2,172,765	558,262	2,731,027	-29,858	2,701,169	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 HOSPICE	526,262	349,143	875,405	-1,315	874,090	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	69,833,252	132,109,277	201,942,529	3,946,262	205,888,791	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,076	320,896	321,972	0	321,972	190.00
190.01 SIU CLINIC	807,663	1,383,948	2,191,611	-2,121,441	70,170	190.01
190.02 WOMEN'S CENTER	68,251	32,528	100,779	0	100,779	190.02
190.04 NON HOSPITAL PHARMACIES	277,490	2,870,023	3,147,513	0	3,147,513	190.04
190.05 RENTAL PROPERTY	0	844	844	0	844	190.05
190.06 DECATUR DIGESTIVE CENTER	356,787	31,377	388,164	0	388,164	190.06
190.07 DMH MEDICAL EQUIPMENT	545,031	1,181,426	1,726,457	0	1,726,457	190.07
190.08 PULMONARY EXTENDED CARE	47,970	621	48,591	0	48,591	190.08
190.09 SHORE	0	30,062	30,062	0	30,062	190.09
190.10 PHYSICIAN RECRUITMENT	242,177	577,429	819,606	0	819,606	190.10
190.12 CCOP FISCAL INTERMEDIARY	116,423	1,669,955	1,786,378	0	1,786,378	190.12
190.13 ELDERLY SERVICES	396,888	214,005	610,893	0	610,893	190.13
190.14 REAL ESTATE MANAGEMENT	135,242	257,999	393,241	0	393,241	190.14
190.15 CORPORATE HEALTH	2,202,051	2,201,662	4,403,713	0	4,403,713	190.15
190.16 CANCER CARE INSTITUTE	146,926	94,662	241,588	0	241,588	190.16

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet A
Date/Time Prepared:
3/28/2012 3:39 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	
190.17 INTEGRATED CENTER	656,097	655,332	1,311,429	-1,297,599	13,830	190.17
191.00 RESEARCH	620,004	165,167	785,171	0	785,171	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	33,771,406	12,236,281	46,007,687	-527,222	45,480,465	192.00
200.00 TOTAL (SUM OF LINES 118-199)	110,224,734	156,033,494	266,258,228	0	266,258,228	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet A
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	9,956,895	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	13,875,960	2.00
4.00	EMPLOYEE BENEFITS	-5,702,661	10,973,128	4.00
5.00	ADMINISTRATIVE & GENERAL	-1,678,972	28,739,371	5.00
7.00	OPERATION OF PLANT	-3,323	8,227,350	7.00
8.00	LAUNDRY & LINEN SERVICE	-2,198	1,179,410	8.00
9.00	HOUSEKEEPING	0	2,426,305	9.00
10.00	DIETARY	-43,801	727,591	10.00
11.00	CAFETERIA	-1,863,190	1,277,522	11.00
13.00	NURSING ADMINISTRATION	-702	2,494,415	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	2,004,536	14.00
15.00	PHARMACY	0	2,437,280	15.00
16.00	MEDICAL RECORDS & LIBRARY	-100,315	2,500,593	16.00
19.00	NONPHYSICIAN ANESTHETISTS	-4,520,724	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	807,663	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,313,778	22.00
23.00	PARAMED ED PRGM	-3,600	429,273	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-94,754	9,557,610	30.00
31.00	INTENSIVE CARE UNIT	0	2,599,003	31.00
32.00	CORONARY CARE UNIT	-43,237	2,436,180	32.00
43.00	NURSERY	-57,000	63,683	43.00
44.00	SKILLED NURSING FACILITY	0	741,345	44.00
46.00	OTHER LONG TERM CARE	0	244,071	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-100,462	9,718,955	50.00
50.01	ORTHO MEDICAL	0	211,614	50.01
51.00	RECOVERY ROOM	0	735,730	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	261,456	52.00
53.00	ANESTHESIOLOGY	-443,490	706,885	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-129,289	12,584,284	54.00
55.00	RADIOLOGY-THERAPEUTIC	-545,801	2,123,375	55.00
60.00	LABORATORY	0	7,389,352	60.00
65.00	RESPIRATORY THERAPY	-164,567	1,024,331	65.00
66.00	PHYSICAL THERAPY	-27,895	4,407,377	66.00
67.00	OCCUPATIONAL THERAPY	0	654,087	67.00
68.00	SPEECH PATHOLOGY	0	298,203	68.00
69.00	ELECTROCARDIOLOGY	0	2,520,263	69.00
69.01	CATH LAB	0	1,319,273	69.01
70.00	ELECTROENCEPHALOGRAPHY	-54,537	678,869	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,042,636	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	14,793,405	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	9,493,227	73.00
74.00	RENAL DIALYSIS	-29,561	521,321	74.00
75.00	ASC (NON-DISTINCT PART)	-845	4,124,661	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	-5,700	387,112	90.00
91.00	EMERGENCY	-1,235,919	2,962,191	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	489,420	92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY	-723	2,700,446	101.00
SPECIAL PURPOSE COST CENTERS				
116.00	HOSPICE	-2,241	871,849	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-16,855,507	189,033,284	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	321,972	190.00
190.01	SUCLINIC	0	70,170	190.01
190.02	WOMEN'S CENTER	0	100,779	190.02
190.04	NON HOSPITAL PHARMACIES	0	3,147,513	190.04
190.05	RENTAL PROPERTY	0	844	190.05
190.06	DECATUR DIGESTIVE CENTER	0	388,164	190.06
190.07	DMH MEDICAL EQUIPMENT	0	1,726,457	190.07
190.08	PULMONARY EXTENDED CARE	0	48,591	190.08
190.09	SHORE	0	30,062	190.09
190.10	PHYSICIAN RECRUITMENT	0	819,606	190.10
190.12	CCOP FISCAL INTERMEDIARY	0	1,786,378	190.12
190.13	ELDERLY SERVICES	0	610,893	190.13
190.14	REAL ESTATE MANAGEMENT	0	393,241	190.14
190.15	CORPORATE HEALTH	0	4,403,713	190.15
190.16	CANCER CARE INSTITUTE	0	241,588	190.16
190.17	INTEGRATED CENTER	0	13,830	190.17
191.00	RESEARCH	0	785,171	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet A Date/Time Prepared: 3/28/2012 3:39 pm
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Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
192.00 PHYSICIANS' PRIVATE OFFICES	6.00	7.00		192.00
200.00 TOTAL (SUM OF LINES 118-199)	0	45,480,465		200.00
	-16,855,507	249,402,721		

RECLASSIFICATIONS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-6
Date/Time Prepared:
3/28/2012 3:39 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - MOVABLE EQUIPMENT					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	13,850,712	1.00
	TOTALS		0	13,850,712	
B - BED TAX					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,142,474	1.00
2.00	SKILLED NURSING FACILITY	44.00	0	37,589	2.00
	TOTALS		0	5,180,063	
C - ANESTHESIA - RN SALARY					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	4,520,724	0	1.00
	TOTALS		4,520,724	0	
D - MEDICAL SUPPLIES					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	18,453,551	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
	TOTALS		0	18,453,551	
E - DRUGS CHARGED TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,493,227	1.00
	TOTALS		0	9,493,227	
F - MEDICAL EDUCATION					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	807,663	0	1.00
2.00		22.00	0	1,313,778	2.00
	TOTALS		807,663	1,313,778	
G - HHA RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,833	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	24,025	2.00
	TOTALS		0	29,858	
H - HOSPICE DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	92	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,223	2.00
	TOTALS		0	1,315	
I - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	1,589,529	1,551,183	1.00
	TOTALS		1,589,529	1,551,183	
J - CHIEF NURSING SALARY					
1.00	NURSING ADMINISTRATION	13.00	243,386	0	1.00
	TOTALS		243,386	0	
K - INTEGRATED CENTER					
1.00	PHYSICAL THERAPY	66.00	656,097	641,502	1.00
	TOTALS		656,097	641,502	
L - PHYSICIANS					
1.00	ADULTS & PEDIATRICS	30.00	40,625	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	15,000	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	100,000	0	3.00
4.00	CORONARY CARE UNIT	32.00	62,500	0	4.00
5.00	OPERATING ROOM	50.00	177,000	0	5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	82,097	0	6.00
7.00	RENAL DIALYSIS	74.00	50,000	0	7.00
	TOTALS		527,222	0	
M - LABOR AND DELIVERY ROOM					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	185,182	32,287	1.00
	TOTALS		185,182	32,287	
N - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	14,793,405	1.00
	TOTALS		0	14,793,405	
O - CHARGEABLE MEDICAL SUPPLIES					
1.00	INTENSIVE CARE UNIT	31.00	0	44,798	1.00
2.00	OPERATING ROOM	50.00	0	3,577,346	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	450,509	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	28,097	4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,042,636	5.00
6.00	ASC (NON-DISTINCT PART)	75.00	0	607,959	6.00
	TOTALS		0	7,751,345	
500.00	Grand Total: Increases		8,529,803	73,092,226	500.00

RECLASSIFICATIONS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-6
Date/Time Prepared:
3/28/2012 3:39 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - MOVABLE EQUIPMENT							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	13,850,712		9	1.00
	TOTALS		0	13,850,712			
B - BED TAX							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,180,063		13	1.00
2.00		0.00	0	0		0	2.00
	TOTALS		0	5,180,063			
C - ANESTHESIA - RN SALARY							
1.00	ANESTHESIOLOGY	53.00	4,520,724	0		0	1.00
	TOTALS		4,520,724	0			
D - MEDICAL SUPPLIES							
1.00	INTENSIVE CARE UNIT	31.00	0	60,237		0	1.00
2.00	OPERATING ROOM	50.00	0	13,164,100		0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	605,764		0	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	37,780		0	4.00
5.00	CATH LAB	69.01	0	3,768,194		0	5.00
6.00	ASC (NON-DISTINCT PART)	75.00	0	817,476		0	6.00
	TOTALS		0	18,453,551			
E - DRUGS CHARGED TO PATIENTS							
1.00	PHARMACY	15.00	0	9,493,227		0	1.00
	TOTALS		0	9,493,227			
F - MEDICAL EDUCATION							
1.00	SIU CLINIC	190.01	807,663	1,313,778		0	1.00
2.00		0.00	0	0		0	2.00
	TOTALS		807,663	1,313,778			
G - HHA RECLASS							
1.00	HOME HEALTH AGENCY	101.00	0	29,858		9	1.00
2.00		0.00	0	0		9	2.00
	TOTALS		0	29,858			
H - HOSPICE DEPRECIATION							
1.00	HOSPICE	116.00	0	1,315		9	1.00
2.00		0.00	0	0		9	2.00
	TOTALS		0	1,315			
I - CAFETERIA RECLASS							
1.00	DIETARY	10.00	1,589,529	1,551,183		0	1.00
	TOTALS		1,589,529	1,551,183			
J - CHIEF NURSING SALARY							
1.00	ADMINISTRATIVE & GENERAL	5.00	243,386	0		0	1.00
	TOTALS		243,386	0			
K - INTEGRATED CENTER							
1.00	INTEGRATED CENTER	190.17	656,097	641,502		0	1.00
	TOTALS		656,097	641,502			
L - PHYSICIANS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	527,222	0		0	1.00
2.00		0.00	0	0		0	2.00
3.00		0.00	0	0		0	3.00
4.00		0.00	0	0		0	4.00
5.00		0.00	0	0		0	5.00
6.00		0.00	0	0		0	6.00
7.00		0.00	0	0		0	7.00
	TOTALS		527,222	0			
M - LABOR AND DELIVERY ROOM							
1.00	ADULTS & PEDIATRICS	30.00	185,182	32,287		0	1.00
	TOTALS		185,182	32,287			
N - IMPLANTABLE DEVICES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	14,793,405		0	1.00
	TOTALS		0	14,793,405			
O - CHARGEABLE MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,751,345		0	1.00
2.00		0.00	0	0		0	2.00
3.00		0.00	0	0		0	3.00
4.00		0.00	0	0		0	4.00
5.00		0.00	0	0		0	5.00
6.00		0.00	0	0		0	6.00
	TOTALS		0	7,751,345			
500.00	Grand Total: Decreases		8,529,803	73,092,226			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
3/28/2012 3:39 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,887,159	0	0	0	1.00
2.00	Land Improvements	8,251,023	0	0	0	2.00
3.00	Buildings and Fixtures	126,508,740	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	137,493,941	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	274,140,863	0	0	0	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	274,140,863	0	0	0	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	20,893,807	0	2,907,875	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	20,893,807	0	2,907,875	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
2.00	NEW 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: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,887,159	0		1.00	
2.00	Land Improvements	8,251,023	0		2.00	
3.00	Buildings and Fixtures	126,508,740	0		3.00	
4.00	Building Improvements	0	0		4.00	
5.00	Fixed Equipment	0	0		5.00	
6.00	Movable Equipment	137,493,941	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	274,140,863	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	274,140,863	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	NEW CAP REL COSTS-BLDG & FIXT	0	28,981,745		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	28,981,745		3.00	
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	7,049,020	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	13,875,960	0
3.00	Total (sum of lines 1-2)	0	0	0	20,924,980	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,907,875	0	0	0	9,956,895	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	13,875,960	2.00
3.00	Total (sum of lines 1-2)	2,907,875	0	0	0	23,832,855	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8

Date/Time Prepared:
3/28/2012 3:39 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 - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT		1.00	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP		2.00	2.00
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-67	ADMINISTRATIVE & GENERAL		5.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-542,156	RADIOLOGY-THERAPEUTIC		55.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	7.00
8.00 Television and radio service (chapter 21)		0			0.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,693,369				10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				12.00
13.00 Laundry and linen service	B	-2,198	LAUNDRY & LINEN SERVICE		8.00	13.00
14.00 Cafeteria-employees and guests	B	-1,820,812	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	B	-100,315	MEDICAL RECORDS & LIBRARY		16.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts		0			0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00 Vending machines	B	-42,378	CAFETERIA		11.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT		1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP		2.00	27.00
28.00 Non-physician Anesthetist	A	-4,520,724	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		OCCUPATIONAL THERAPY		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	32.00
33.00 EMPLOYEE BENEFITS-OTHER REVENUE	B	-7,200	EMPLOYEE BENEFITS		4.00	33.00
33.01 A&G - OTHER REVENUE	B	-532,040	ADMINISTRATIVE & GENERAL		5.00	33.01
33.02 MISC TELEPHONE REVENUE	B	-165,762	ADMINISTRATIVE & GENERAL		5.00	33.02
33.03 MISC ACCOUNTING REVENUE	B	-132,433	ADMINISTRATIVE & GENERAL		5.00	33.03
33.04 OPERATION OF PLANT - OTHER REV	B	-3,323	OPERATION OF PLANT		7.00	33.04
33.05 DIET-OTHER REVENUE	B	-43,801	DIETARY		10.00	33.05
33.06 NURSING ADMIN - OTHER REV	B	-702	NURSING ADMINISTRATION		13.00	33.06
33.07 A&P - OTHER REV	B	-1,411	ADULTS & PEDIATRICS		30.00	33.07
33.08 A&P - OTHER REV	B	-3,111	ADULTS & PEDIATRICS		30.00	33.08
33.09 ANES-OTHER REVENUE	B	-136,893	ANESTHESIOLOGY		53.00	33.09
33.10 RADIOLOGY DIAGNOSTIC - OTHER REV	B	-126,649	RADIOLOGY-DIAGNOSTIC		54.00	33.10
33.11 RESPIRATORY - OTHER REV	B	-112,356	RESPIRATORY THERAPY		65.00	33.11
33.12 ASC - OTHER REV	B	-845	ASC (NON-DISTINCT PART)		75.00	33.12
33.13 CLINIC-OTHER REVENUE	B	-5,700	CLINIC		90.00	33.13
33.14 EMERGENCY-OTHER REVENUE	B	-3,970	EMERGENCY		91.00	33.14
33.15 HHA-OTHER REVENUE	B	-723	HOME HEALTH AGENCY		101.00	33.15
33.16 HSPC-OTHER REVENUE	B	-2,241	HOSPICE		116.00	33.16
33.17 SELF INSURANCE	A	-5,530,883	EMPLOYEE BENEFITS		4.00	33.17
33.18 NON-ALLOWABLE DUES	A	-13,188	ADMINISTRATIVE & GENERAL		5.00	33.18
33.19 ADVERTISING	A	-612,042	ADMINISTRATIVE & GENERAL		5.00	33.19

Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet A-8 Date/Time Prepared: 3/28/2012 3:39 pm
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	
			1.00	2.00	
33.20 LOBBYING DUES	A	-26,446	ADMINISTRATIVE & GENERAL	5.00	33.20
33.21 ANESTHESIA GRANT	B	-3,600	PARAMEDICAL PRGM	23.00	33.21
33.22 NON-ALLOWABLE MARKETING	A	-196,994	ADMINISTRATIVE & GENERAL	5.00	33.22
33.23 CRNA BENEFITS	A	-164,578	EMPLOYEE BENEFITS	4.00	33.23
33.24 CRNA ACCRUALS	A	-31,998	ANESTHESIOLOGY	53.00	33.24
33.25 CRNA FICA	A	-274,599	ANESTHESIOLOGY	53.00	33.25
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-16,855,507			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	EMPLOYEE BENEFITS-OTHER REVENUE	0	33.00
33.01	A&G - OTHER REVENUE	0	33.01
33.02	MISC TELEPHONE REVENUE	0	33.02
33.03	MISC ACCOUNTING REVENUE	0	33.03
33.04	OPERATION OF PLANT - OTHER REV	0	33.04
33.05	DIET-OTHER REVENUE	0	33.05
33.06	NURSING ADMIN - OTHER REV	0	33.06
33.07	A&P - OTHER REV	0	33.07
33.08	A&P - OTHER REV	0	33.08
33.09	ANES-OTHER REVENUE	0	33.09
33.10	RADIOLOGY DIAGNOSTIC - OTHER REV	0	33.10
33.11	RESPIRATORY - OTHER REV	0	33.11
33.12	ASC - OTHER REV	0	33.12
33.13	CLINIC-OTHER REVENUE	0	33.13
33.14	EMERGENCY-OTHER REVENUE	0	33.14
33.15	HHA-OTHER REVENUE	0	33.15
33.16	HSPC-OTHER REVENUE	0	33.16
33.17	SELF INSURANCE	0	33.17
33.18	NON-ALLOWABLE DUES	0	33.18
33.19	ADVERTISING	0	33.19
33.20	LOBBYING DUES	0	33.20
33.21	ANESTHESIA GRANT	0	33.21
33.22	NON-ALLOWABLE MARKETING	0	33.22
33.23	CRNA BENEFITS	0	33.23
33.24	CRNA ACCRUALS	0	33.24
33.25	CRNA FICA	0	33.25
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/28/2012 3:39 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	100,000	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	15,000	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	40,625	0	3.00
4.00	32.00	CORONARY CARE UNIT	62,500	0	4.00
5.00	43.00	NURSERY	57,000	57,000	5.00
6.00	50.00	OPERATING ROOM	177,000	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	2,640	2,640	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	8,200	0	8.00
9.00	65.00	RESPIRATORY THERAPY	60,000	0	9.00
10.00	65.00	RESPIRATORY THERAPY	60,000	0	10.00
11.00	66.00	PHYSICAL THERAPY	27,895	27,895	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	82,097	0	12.00
13.00	74.00	RENAL DIALYSIS	50,000	0	13.00
14.00	91.00	EMERGENCY	1,231,949	1,231,949	14.00
200.00		TOTAL (lines 1.00 through 199.00)	1,974,906	1,319,484	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/28/2012 3:39 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	100,000	136,700	520	34,175	1,709	1.00
2.00	15,000	136,700	69	4,535	227	2.00
3.00	40,625	136,700	406	26,683	1,334	3.00
4.00	62,500	154,100	260	19,263	963	4.00
5.00	0	0	0	0	0	5.00
6.00	177,000	204,100	780	76,538	3,827	6.00
7.00	0	0	0	0	0	7.00
8.00	8,200	231,100	41	4,555	228	8.00
9.00	60,000	154,100	568	42,081	2,104	9.00
10.00	60,000	154,100	347	25,708	1,285	10.00
11.00	0	0	0	0	0	11.00
12.00	82,097	154,100	372	27,560	1,378	12.00
13.00	50,000	136,700	311	20,439	1,022	13.00
14.00	0	0	0	0	0	14.00
200.00	655,422		3,674	281,537	14,077	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/28/2012 3:39 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	34,175	1.00
2.00	0	0	0	0	4,535	2.00
3.00	0	0	0	0	26,683	3.00
4.00	0	0	0	0	19,263	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	76,538	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	4,555	8.00
9.00	0	0	0	0	42,081	9.00
10.00	0	0	0	0	25,708	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	27,560	12.00
13.00	0	0	0	0	20,439	13.00
14.00	0	0	0	0	0	14.00
200.00	0	0	0	0	281,537	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/28/2012 3:39 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	65,825	65,825	1.00
2.00	10,465	10,465	2.00
3.00	13,942	13,942	3.00
4.00	43,237	43,237	4.00
5.00	0	57,000	5.00
6.00	100,462	100,462	6.00
7.00	0	2,640	7.00
8.00	3,645	3,645	8.00
9.00	17,919	17,919	9.00
10.00	34,292	34,292	10.00
11.00	0	27,895	11.00
12.00	54,537	54,537	12.00
13.00	29,561	29,561	13.00
14.00	0	1,231,949	14.00
200.00	373,885	1,693,369	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	9,956,895	9,956,895				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	13,875,960		13,875,960			2.00
4.00 EMPLOYEE BENEFITS	10,973,128	82,476	1,190	11,056,794		4.00
5.00 ADMINISTRATIVE & GENERAL	28,739,371	653,284	4,882,495	1,295,378	35,570,528	5.00
7.00 OPERATION OF PLANT	8,227,350	558,030	173,445	180,214	9,139,039	7.00
8.00 LAUNDRY & LINEN SERVICE	1,179,410	121,817	452	0	1,301,679	8.00
9.00 HOUSEKEEPING	2,426,305	1,120,803	9,505	227,961	3,784,574	9.00
10.00 DIETARY	727,591	113,550	157,955	58,145	1,057,241	10.00
11.00 CAFETERIA	1,277,522	453,347	0	236,735	1,967,604	11.00
13.00 NURSING ADMINISTRATION	2,494,415	106,483	238,440	188,291	3,027,629	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,004,536	300,399	9,457	100,299	2,414,691	14.00
15.00 PHARMACY	2,437,280	45,304	54,900	233,566	2,771,050	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,500,593	71,828	11,357	308,119	2,891,897	16.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	807,663	0	0	0	807,663	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,313,778	0	0	0	1,313,778	22.00
23.00 PARAMED ED PRGM	429,273	0	871	57,655	487,799	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	9,557,610	1,645,183	156,916	1,293,366	12,653,075	30.00
31.00 INTENSIVE CARE UNIT	2,599,003	206,423	75,475	345,797	3,226,698	31.00
32.00 CORONARY CARE UNIT	2,436,180	201,118	23,126	326,162	2,986,586	32.00
43.00 NURSERY	63,683	24,336	12,860	13	100,892	43.00
44.00 SKILLED NURSING FACILITY	741,345	0	25,785	89,613	856,743	44.00
46.00 OTHER LONG TERM CARE	244,071	156,995	2,117	35,629	438,812	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	9,718,955	776,650	1,670,012	651,529	12,817,146	50.00
50.01 ORTHO MEDICAL	211,614	22,497	21,215	17,713	273,039	50.01
51.00 RECOVERY ROOM	735,730	37,753	13,984	99,341	886,808	51.00
52.00 DELIVERY ROOM & LABOR ROOM	261,456	47,995	4,738	0	314,189	52.00
53.00 ANESTHESIOLOGY	706,885	39,341	126,852	714,099	1,587,177	53.00
54.00 RADIOLOGY-DIAGNOSTIC	12,584,284	517,470	2,674,538	810,618	16,586,910	54.00
55.00 RADIOLOGY-THERAPEUTIC	2,123,375	142,513	1,861,036	161,039	4,287,963	55.00
60.00 LABORATORY	7,389,352	201,311	347,435	456,641	8,394,739	60.00
65.00 RESPIRATORY THERAPY	1,024,331	0	26,926	137,929	1,189,186	65.00
66.00 PHYSICAL THERAPY	4,407,377	175,775	61,032	355,607	4,999,791	66.00
67.00 OCCUPATIONAL THERAPY	654,087	10,919	12,499	80,940	758,445	67.00
68.00 SPEECH PATHOLOGY	298,203	12,933	0	39,395	350,531	68.00
69.00 ELECTROCARDIOLOGY	2,520,263	209,346	349,139	267,969	3,346,717	69.00
69.01 CATH LAB	1,319,273	221,388	386,237	126,679	2,053,577	69.01
70.00 ELECTROENCEPHALOGRAPHY	678,869	33,920	62,686	84,196	859,671	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,042,636	0	0	0	3,042,636	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	14,793,405	0	0	0	14,793,405	72.00
73.00 DRUGS CHARGED TO PATIENTS	9,493,227	0	0	0	9,493,227	73.00
74.00 RENAL DIALYSIS	521,321	0	13,486	53,397	588,204	74.00
75.00 ASC (NON-DISTINCT PART)	4,124,661	50,570	156,870	407,038	4,739,139	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	387,112	0	24,693	39,269	451,074	90.00
91.00 EMERGENCY	2,962,191	580,817	35,247	344,487	3,922,742	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	489,420	40,522	0	62,038	591,980	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	2,700,446	79,262	23,707	323,599	3,127,014	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 HOSPICE	871,849	0	1,207	78,378	951,434	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	189,033,284	9,062,358	13,709,885	10,288,844	187,204,722	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	321,972	67,530	5,907	160	395,569	190.00
190.01 SIU CLINIC	70,170	0	0	0	70,170	190.01
190.02 WOMEN'S CENTER	100,779	0	245	10,165	111,189	190.02
190.04 NON HOSPITAL PHARMACIES	3,147,513	0	0	41,328	3,188,841	190.04
190.05 RENTAL PROPERTY	844	125,263	0	0	126,107	190.05
190.06 DECATUR DIGESTIVE CENTER	388,164	0	0	53,138	441,302	190.06
190.07 DMH MEDICAL EQUIPMENT	1,726,457	0	79,021	81,174	1,886,652	190.07
190.08 PULMONARY EXTENDED CARE	48,591	15,237	0	7,144	70,972	190.08
190.09 SHORE	30,062	0	407	0	30,469	190.09
190.10 PHYSICIAN RECRUITMENT	819,606	0	328	36,068	856,002	190.10
190.12 CCOP FISCAL INTERMEDIARY	1,786,378	0	34	17,339	1,803,751	190.12
190.13 ELDERLY SERVICES	610,893	0	17,741	59,110	687,744	190.13

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
190.14 REAL ESTATE MANAGEMENT	393,241	0	554	20,142	413,937	190.14
190.15 CORPORATE HEALTH	4,403,713	0	54,702	327,960	4,786,375	190.15
190.16 CANCER CARE INSTITUTE	241,588	9,293	732	21,882	273,495	190.16
190.17 INTEGRATED CENTER	13,830	0	150	0	13,980	190.17
191.00 RESEARCH	785,171	42,787	6,254	92,340	926,552	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	45,480,465	634,427	0	0	46,114,892	192.00
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)	249,402,721	9,956,895	13,875,960	11,056,794	249,402,721	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140135		Period: From 10/01/2010 To 09/30/2011		Worksheet B Part I Date/Time Prepared: 3/28/2012 3:39 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	35,570,528					5.00
7.00	OPERATION OF PLANT	1,520,261	10,659,300				7.00
8.00	LAUNDRY & LINEN SERVICE	216,532	161,730	1,679,941			8.00
9.00	HOUSEKEEPING	629,556	1,488,038	0	5,902,168		9.00
10.00	DIETARY	175,870	150,755	6,720	98,760	1,489,346	10.00
11.00	CAFETERIA	327,307	601,888	0	394,298	0	11.00
13.00	NURSING ADMINISTRATION	503,640	141,373	0	92,614	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	401,679	398,825	0	261,272	0	14.00
15.00	PHARMACY	460,959	60,148	0	39,403	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	481,061	95,362	0	62,472	0	16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	134,353	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	218,544	0	0	0	0	22.00
23.00	PARAMED ED PRGM	81,144	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,104,814	2,184,234	544,792	1,430,898	893,941	30.00
31.00	INTENSIVE CARE UNIT	536,755	274,058	91,980	179,536	116,055	31.00
32.00	CORONARY CARE UNIT	496,813	267,015	86,129	174,922	129,573	32.00
43.00	NURSERY	16,783	32,310	15,386	21,166	0	43.00
44.00	SKILLED NURSING FACILITY	142,517	0	55,238	0	179,875	44.00
46.00	OTHER LONG TERM CARE	72,995	208,435	0	136,546	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,132,107	1,031,121	242,888	675,490	2,666	50.00
50.01	ORTHO MEDICAL	45,419	29,868	7,942	19,567	0	50.01
51.00	RECOVERY ROOM	147,519	50,123	24,125	32,836	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	52,265	63,721	0	41,744	0	52.00
53.00	ANESTHESIOLOGY	264,024	52,231	0	34,217	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,759,199	687,020	104,167	450,069	10,645	54.00
55.00	RADIOLOGY-THERAPEUTIC	713,294	189,208	23,211	123,951	0	55.00
60.00	LABORATORY	1,396,448	267,272	0	175,090	0	60.00
65.00	RESPIRATORY THERAPY	197,819	0	429	0	0	65.00
66.00	PHYSICAL THERAPY	831,705	233,368	44,662	152,880	0	66.00
67.00	OCCUPATIONAL THERAPY	126,166	14,497	0	9,497	0	67.00
68.00	SPEECH PATHOLOGY	58,310	17,170	0	11,248	0	68.00
69.00	ELECTROCARDIOLOGY	556,720	277,939	52,996	182,078	0	69.00
69.01	CATH LAB	341,608	293,927	0	192,552	5,745	69.01
70.00	ELECTROENCEPHALOGRAPHY	143,005	45,034	19,215	29,502	155	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	506,136	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	2,460,853	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,579,179	0	0	0	0	73.00
74.00	RENAL DIALYSIS	97,847	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	788,346	67,139	104,489	43,983	60,801	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	75,035	0	0	0	0	90.00
91.00	EMERGENCY	652,540	771,124	191,075	505,165	38,078	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	98,475	53,799	25,979	35,244	51,812	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	520,173	105,233	0	68,938	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	HOSPICE	158,269	0	1,446	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	25,224,044	10,313,965	1,642,869	5,675,938	1,489,346	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	65,802	89,656	751	58,734	0	190.00
190.01	SUCLINIC	11,673	0	0	0	0	190.01
190.02	WOMEN'S CENTER	18,496	0	0	0	0	190.02
190.04	NON HOSPITAL PHARMACIES	530,457	0	0	0	0	190.04
190.05	RENTAL PROPERTY	20,978	166,306	0	108,947	0	190.05
190.06	DECATUR DIGESTIVE CENTER	73,410	0	224	0	0	190.06
190.07	DMH MEDICAL EQUIPMENT	313,841	0	0	0	0	190.07
190.08	PULMONARY EXTENDED CARE	11,806	20,229	0	13,252	0	190.08
190.09	SHORE	5,068	0	0	0	0	190.09
190.10	PHYSICIAN RECRUITMENT	142,394	0	0	0	0	190.10
190.12	CCOP FISCAL INTERMEDIARY	300,050	0	0	0	0	190.12
190.13	ELDERLY SERVICES	114,405	0	281	0	0	190.13
190.14	REAL ESTATE MANAGEMENT	68,858	0	0	0	0	190.14
190.15	CORPORATE HEALTH	796,204	0	15,821	0	0	190.15
190.16	CANCER CARE INSTITUTE	45,495	12,388	0	8,083	0	190.16
190.17	INTEGRATED CENTER	2,326	0	4	0	0	190.17
191.00	RESEARCH	154,130	56,806	0	37,214	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
192.00 PHYSICIANS' PRIVATE OFFICES	7,671,091	0	19,991	0	0	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	35,570,528	10,659,300	1,679,941	5,902,168	1,489,346	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
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	3,291,097					11.00
13.00 NURSING ADMINISTRATION	47,856	3,813,112				13.00
14.00 CENTRAL SERVICES & SUPPLY	42,461	0	3,518,928			14.00
15.00 PHARMACY	53,383	0	8,191	3,393,134		15.00
16.00 MEDICAL RECORDS & LIBRARY	121,658	0	3	0	3,652,453	16.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	5,944	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	402,938	2,238,417	22,408	0	103,237	30.00
31.00 INTENSIVE CARE UNIT	99,594	553,314	8,637	0	42,047	31.00
32.00 CORONARY CARE UNIT	98,519	547,220	2,954	0	22,322	32.00
43.00 NURSERY	0	47	7,680	0	3,273	43.00
44.00 SKILLED NURSING FACILITY	30,508	169,426	776	37	2,021	44.00
46.00 OTHER LONG TERM CARE	14,080	78,224	0	0	2,746	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	199,999	0	1,887,452	5,801	626,463	50.00
50.01 ORTHO MEDICAL	5,593	0	11,296	0	6,055	50.01
51.00 RECOVERY ROOM	24,893	0	921	0	28,398	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	6,111	0	28,768	52.00
53.00 ANESTHESIOLOGY	56,344	0	17,541	0	21,770	53.00
54.00 RADIOLOGY-DIAGNOSTIC	243,622	0	86,854	108,535	838,546	54.00
55.00 RADIOLOGY-THERAPEUTIC	36,605	0	5,417	452	103,258	55.00
60.00 LABORATORY	159,688	0	48,801	0	554,503	60.00
65.00 RESPIRATORY THERAPY	44,193	0	5,689	2,211	41,788	65.00
66.00 PHYSICAL THERAPY	131,637	0	2,449	0	106,998	66.00
67.00 OCCUPATIONAL THERAPY	18,818	0	1,659	0	49,742	67.00
68.00 SPEECH PATHOLOGY	8,027	0	776	0	8,598	68.00
69.00 ELECTROCARDIOLOGY	83,211	0	6,281	143,844	158,256	69.00
69.01 CATH LAB	32,679	0	540,280	42,022	156,576	69.01
70.00 ELECTROENCEPHALOGRAPHY	24,235	0	1,795	0	36,378	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	586,592	0	60,984	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	103,476	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	3,077,105	155,702	73.00
74.00 RENAL DIALYSIS	13,927	77,348	14,700	0	7,473	74.00
75.00 ASC (NON-DISTINCT PART)	109,463	149,116	117,209	0	94,441	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	9,979	0	15,198	0	7,564	90.00
91.00 EMERGENCY	118,434	0	18,192	0	251,542	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	21,318	0	4,740	0	6,751	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	80,667	0	5,632	33	15,542	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 HOSPICE	21,340	0	5,388	13,094	7,235	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,361,613	3,813,112	3,441,622	3,393,134	3,652,453	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 SIU CLINIC	34,412	0	0	0	0	190.01
190.02 WOMEN'S CENTER	2,895	0	0	0	0	190.02
190.04 NON HOSPITAL PHARMACIES	13,269	0	37	0	0	190.04
190.05 RENTAL PROPERTY	0	0	0	0	0	190.05
190.06 DECATUR DIGESTIVE CENTER	17,633	0	0	0	0	190.06
190.07 DMH MEDICAL EQUIPMENT	31,999	0	1,950	0	0	190.07
190.08 PULMONARY EXTENDED CARE	1,601	0	0	0	0	190.08
190.09 SHORE	0	0	0	0	0	190.09
190.10 PHYSICIAN RECRUITMENT	9,716	0	0	0	0	190.10
190.12 CCOP FISCAL INTERMEDIARY	6,360	0	0	0	0	190.12
190.13 ELDERLY SERVICES	20,200	0	421	0	0	190.13
190.14 REAL ESTATE MANAGEMENT	6,295	0	0	0	0	190.14
190.15 CORPORATE HEALTH	91,655	0	8,156	0	0	190.15
190.16 CANCER CARE INSTITUTE	8,071	0	0	0	0	190.16
190.17 INTEGRATED CENTER	329	0	4	0	0	190.17

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
191.00 RESEARCH	29,981	0	10,726	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	655,068	0	56,012	0	0	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,291,097	3,813,112	3,518,928	3,393,134	3,652,453	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	19.00	21.00	22.00			
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
19.00 NONPHYSICIAN ANESTHETISTS	0					19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	942,016				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,532,322			22.00
23.00 PARAMED PRGM	0	0	0	574,887		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	942,016	1,532,322	0	25,053,092	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	5,128,674	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	4,812,053	32.00
43.00 NURSERY	0	0	0	0	197,537	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	1,437,141	44.00
46.00 OTHER LONG TERM CARE	0	0	0	0	951,838	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	19,621,133	50.00
50.01 ORTHO MEDICAL	0	0	0	0	398,779	50.01
51.00 RECOVERY ROOM	0	0	0	0	1,195,623	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	506,798	52.00
53.00 ANESTHESIOLOGY	0	0	0	574,887	2,608,191	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	21,875,567	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	5,483,359	55.00
60.00 LABORATORY	0	0	0	0	10,996,541	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	1,481,315	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	6,503,490	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	978,824	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	454,660	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	4,808,042	69.00
69.01 CATH LAB	0	0	0	0	3,658,966	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	1,158,990	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,196,348	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	17,357,734	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	14,305,213	73.00
74.00 RENAL DIALYSIS	0	0	0	0	799,499	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	6,274,126	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	558,850	90.00
91.00 EMERGENCY	0	0	0	0	6,468,892	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	890,098	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	0	0	0	3,923,232	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 HOSPICE	0	0	0	0	1,158,206	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	942,016	1,532,322	574,887	175,242,811	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	610,512	190.00
190.01 SIU CLINIC	0	0	0	0	116,255	190.01
190.02 WOMEN'S CENTER	0	0	0	0	132,580	190.02
190.04 NON HOSPITAL PHARMACIES	0	0	0	0	3,732,604	190.04
190.05 RENTAL PROPERTY	0	0	0	0	422,338	190.05
190.06 DECATUR DIGESTIVE CENTER	0	0	0	0	532,569	190.06
190.07 DMH MEDICAL EQUIPMENT	0	0	0	0	2,234,442	190.07
190.08 PULMONARY EXTENDED CARE	0	0	0	0	117,860	190.08
190.09 SHORE	0	0	0	0	35,537	190.09
190.10 PHYSICIAN RECRUITMENT	0	0	0	0	1,008,112	190.10
190.12 CCOP FISCAL INTERMEDIARY	0	0	0	0	2,110,161	190.12
190.13 ELDERLY SERVICES	0	0	0	0	823,051	190.13
190.14 REAL ESTATE MANAGEMENT	0	0	0	0	489,090	190.14
190.15 CORPORATE HEALTH	0	0	0	0	5,698,211	190.15
190.16 CANCER CARE INSTITUTE	0	0	0	0	347,482	190.16

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	19.00	21.00	22.00			
190.17 INTEGRATED CENTER	0	0	0	0	16,643	190.17
191.00 RESEARCH	0	0	0	0	1,215,409	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	54,517,054	192.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	942,016	1,532,322	574,887	249,402,721	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	PARAMED PRGM			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-2,474,338	22,578,754	30.00
31.00	INTENSIVE CARE UNIT	0	5,128,674	31.00
32.00	CORONARY CARE UNIT	0	4,812,053	32.00
43.00	NURSERY	0	197,537	43.00
44.00	SKILLED NURSING FACILITY	0	1,437,141	44.00
46.00	OTHER LONG TERM CARE	0	951,838	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	19,621,133	50.00
50.01	ORTHO MEDICAL	0	398,779	50.01
51.00	RECOVERY ROOM	0	1,195,623	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	506,798	52.00
53.00	ANESTHESIOLOGY	0	2,608,191	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	21,875,567	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	5,483,359	55.00
60.00	LABORATORY	0	10,996,541	60.00
65.00	RESPIRATORY THERAPY	0	1,481,315	65.00
66.00	PHYSICAL THERAPY	0	6,503,490	66.00
67.00	OCCUPATIONAL THERAPY	0	978,824	67.00
68.00	SPEECH PATHOLOGY	0	454,660	68.00
69.00	ELECTROCARDIOLOGY	0	4,808,042	69.00
69.01	CATH LAB	0	3,658,966	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	1,158,990	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,196,348	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	17,357,734	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	14,305,213	73.00
74.00	RENAL DIALYSIS	0	799,499	74.00
75.00	ASC (NON-DISTINCT PART)	0	6,274,126	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	558,850	90.00
91.00	EMERGENCY	0	6,468,892	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	890,098	92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY	0	3,923,232	101.00
SPECIAL PURPOSE COST CENTERS				
116.00	HOSPICE	0	1,158,206	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-2,474,338	172,768,473	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	610,512	190.00
190.01	SIU CLINIC	0	116,255	190.01
190.02	WOMEN'S CENTER	0	132,580	190.02
190.04	NON HOSPITAL PHARMACIES	0	3,732,604	190.04
190.05	RENTAL PROPERTY	0	422,338	190.05
190.06	DECATUR DIGESTIVE CENTER	0	532,569	190.06
190.07	DMH MEDICAL EQUIPMENT	0	2,234,442	190.07
190.08	PULMONARY EXTENDED CARE	0	117,860	190.08
190.09	SHORE	0	35,537	190.09
190.10	PHYSICIAN RECRUITMENT	0	1,008,112	190.10
190.12	CCOP FISCAL INTERMEDIARY	0	2,110,161	190.12
190.13	ELDERLY SERVICES	0	823,051	190.13
190.14	REAL ESTATE MANAGEMENT	0	489,090	190.14
190.15	CORPORATE HEALTH	0	5,698,211	190.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
190.16	CANCER CARE INSTITUTE	0	347,482	190.16
190.17	INTEGRATED CENTER	0	16,643	190.17
191.00	RESEARCH	0	1,215,409	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	54,517,054	192.00
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-2,474,338	246,928,383	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

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Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	82,476	1,190	83,666	4.00
5.00	ADMINISTRATIVE & GENERAL	0	653,284	4,882,495	5,535,779	5.00
7.00	OPERATION OF PLANT	0	558,030	173,445	731,475	7.00
8.00	LAUNDRY & LINEN SERVICE	0	121,817	452	122,269	8.00
9.00	HOUSEKEEPING	0	1,120,803	9,505	1,130,308	9.00
10.00	DIETARY	0	113,550	157,955	271,505	10.00
11.00	CAFETERIA	0	453,347	0	453,347	11.00
13.00	NURSING ADMINISTRATION	0	106,483	238,440	344,923	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	300,399	9,457	309,856	14.00
15.00	PHARMACY	0	45,304	54,900	100,204	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	71,828	11,357	83,185	16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	PARAMED PRGM	0	0	871	871	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	1,645,183	156,916	1,802,099	30.00
31.00	INTENSIVE CARE UNIT	0	206,423	75,475	281,898	31.00
32.00	CORONARY CARE UNIT	0	201,118	23,126	224,244	32.00
43.00	NURSERY	0	24,336	12,860	37,196	43.00
44.00	SKILLED NURSING FACILITY	0	0	25,785	25,785	44.00
46.00	OTHER LONG TERM CARE	0	156,995	2,117	159,112	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	776,650	1,670,012	2,446,662	50.00
50.01	ORTHO MEDICAL	0	22,497	21,215	43,712	50.01
51.00	RECOVERY ROOM	0	37,753	13,984	51,737	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	47,995	4,738	52,733	52.00
53.00	ANESTHESIOLOGY	0	39,341	126,852	166,193	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	517,470	2,674,538	3,192,008	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	142,513	1,861,036	2,003,549	55.00
60.00	LABORATORY	0	201,311	347,435	548,746	60.00
65.00	RESPIRATORY THERAPY	0	0	26,926	26,926	65.00
66.00	PHYSICAL THERAPY	0	175,775	61,032	236,807	66.00
67.00	OCCUPATIONAL THERAPY	0	10,919	12,499	23,418	67.00
68.00	SPEECH PATHOLOGY	0	12,933	0	12,933	68.00
69.00	ELECTROCARDIOLOGY	0	209,346	349,139	558,485	69.00
69.01	CATH LAB	0	221,388	386,237	607,625	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	33,920	62,686	96,606	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	13,486	13,486	74.00
75.00	ASC (NON-DISTINCT PART)	0	50,570	156,870	207,440	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	0	24,693	24,693	90.00
91.00	EMERGENCY	0	580,817	35,247	616,064	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	40,522	0	40,522	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00	HOME HEALTH AGENCY	0	79,262	23,707	102,969	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	HOSPICE	0	0	1,207	1,207	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	9,062,358	13,709,885	22,772,243	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	67,530	5,907	73,437	190.00
190.01	SU CLINIC	0	0	0	0	190.01
190.02	WOMEN'S CENTER	0	0	245	245	190.02
190.04	NON HOSPITAL PHARMACIES	0	0	0	0	190.04
190.05	RENTAL PROPERTY	0	125,263	0	125,263	190.05
190.06	DECATUR DIGESTIVE CENTER	0	0	0	0	190.06
190.07	DMH MEDICAL EQUIPMENT	0	0	79,021	79,021	190.07
190.08	PULMONARY EXTENDED CARE	0	15,237	0	15,237	190.08
190.09	SHORE	0	0	407	407	190.09
190.10	PHYSICIAN RECRUITMENT	0	0	328	328	190.10
190.12	CCOP FISCAL INTERMEDIARY	0	0	34	34	190.12
190.13	ELDERLY SERVICES	0	0	17,741	17,741	190.13
190.14	REAL ESTATE MANAGEMENT	0	0	554	554	190.14

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
	0			2A	4.00	
190.15 CORPORATE HEALTH	0	0	54,702	54,702	2,482	190.15
190.16 CANCER CARE INSTITUTE	0	9,293	732	10,025	166	190.16
190.17 INTEGRATED CENTER	0	0	150	150	0	190.17
191.00 RESEARCH	0	42,787	6,254	49,041	699	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	634,427	0	634,427	0	192.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	0	9,956,895	13,875,960	23,832,855	83,666	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL	5,545,579					5.00
7.00 OPERATION OF PLANT	237,012	969,851				7.00
8.00 LAUNDRY & LINEN SERVICE	33,758	14,715	170,742			8.00
9.00 HOUSEKEEPING	98,149	135,391	0	1,365,573		9.00
10.00 DIETARY	27,418	13,717	683	22,850	336,613	10.00
11.00 CAFETERIA	51,028	54,764	0	91,228	0	11.00
13.00 NURSING ADMINISTRATION	78,519	12,863	0	21,428	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	62,623	36,288	0	60,450	0	14.00
15.00 PHARMACY	71,864	5,473	0	9,117	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	74,998	8,677	0	14,454	0	16.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	20,946	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	34,072	0	0	0	0	22.00
23.00 PARAMED ED PRGM	12,651	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	328,145	198,733	55,371	331,065	202,044	30.00
31.00 INTENSIVE CARE UNIT	83,681	24,935	9,348	41,539	26,230	31.00
32.00 CORONARY CARE UNIT	77,454	24,295	8,754	40,471	29,285	32.00
43.00 NURSERY	2,617	2,940	1,564	4,897	0	43.00
44.00 SKILLED NURSING FACILITY	22,219	0	5,614	0	40,654	44.00
46.00 OTHER LONG TERM CARE	11,380	18,965	0	31,592	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	332,400	93,818	24,686	156,287	602	50.00
50.01 ORTHO MEDICAL	7,081	2,718	807	4,527	0	50.01
51.00 RECOVERY ROOM	22,998	4,561	2,452	7,597	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	8,148	5,798	0	9,658	0	52.00
53.00 ANESTHESIOLOGY	41,162	4,752	0	7,917	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	430,165	62,509	10,587	104,132	2,406	54.00
55.00 RADIOLOGY-THERAPEUTIC	111,204	17,215	2,359	28,678	0	55.00
60.00 LABORATORY	217,709	24,318	0	40,510	0	60.00
65.00 RESPIRATORY THERAPY	30,840	0	44	0	0	65.00
66.00 PHYSICAL THERAPY	129,665	21,233	4,539	35,372	0	66.00
67.00 OCCUPATIONAL THERAPY	19,670	1,319	0	2,197	0	67.00
68.00 SPEECH PATHOLOGY	9,091	1,562	0	2,603	0	68.00
69.00 ELECTROCARDIOLOGY	86,794	25,289	5,386	42,127	0	69.00
69.01 CATH LAB	53,257	26,743	0	44,550	1,299	69.01
70.00 ELECTROENCEPHALOGRAPHY	22,295	4,097	1,953	6,826	35	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	78,908	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	383,652	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	246,197	0	0	0	0	73.00
74.00 RENAL DIALYSIS	15,254	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	122,905	6,109	10,620	10,176	13,742	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	11,698	0	0	0	0	90.00
91.00 EMERGENCY	101,732	70,162	19,420	116,879	8,606	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	15,352	4,895	2,640	8,154	11,710	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	81,096	9,575	0	15,950	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 HOSPICE	24,674	0	147	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,932,481	938,429	166,974	1,313,231	336,613	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,259	8,157	76	13,589	0	190.00
190.01 SIU CLINIC	1,820	0	0	0	0	190.01
190.02 WOMEN'S CENTER	2,884	0	0	0	0	190.02
190.04 NON HOSPITAL PHARMACIES	82,699	0	0	0	0	190.04
190.05 RENTAL PROPERTY	3,270	15,132	0	25,207	0	190.05
190.06 DECATUR DIGESTIVE CENTER	11,445	0	23	0	0	190.06
190.07 DMH MEDICAL EQUIPMENT	48,928	0	0	0	0	190.07
190.08 PULMONARY EXTENDED CARE	1,841	1,841	0	3,066	0	190.08
190.09 SHORE	790	0	0	0	0	190.09
190.10 PHYSICIAN RECRUITMENT	22,200	0	0	0	0	190.10
190.12 CCOPIFISCAL INTERMEDIARY	46,778	0	0	0	0	190.12
190.13 ELDERLY SERVICES	17,836	0	29	0	0	190.13
190.14 REAL ESTATE MANAGEMENT	10,735	0	0	0	0	190.14
190.15 CORPORATE HEALTH	124,130	0	1,608	0	0	190.15
190.16 CANCER CARE INSTITUTE	7,093	1,123	0	1,870	0	190.16
190.17 INTEGRATED CENTER	363	0	0	0	0	190.17
191.00 RESEARCH	24,029	5,169	0	8,610	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140135		Period: From 10/01/2010 To 09/30/2011		Worksheet B Part II Date/Time Prepared: 3/28/2012 3:39 pm	
Cost Center Description	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00		
192.00 PHYSICIANS' PRIVATE OFFICES	1,195,998	0	2,032	0	0	0	192.00
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	5,545,579	969,851	170,742	1,365,573	336,613		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140135		Period: From 10/01/2010 To 09/30/2011		Worksheet B Part II Date/Time Prepared: 3/28/2012 3:39 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
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	652,158					11.00
13.00	NURSING ADMINISTRATION	9,483	468,641				13.00
14.00	CENTRAL SERVICES & SUPPLY	8,414	0	478,390			14.00
15.00	PHARMACY	10,578	0	1,114	200,117		15.00
16.00	MEDICAL RECORDS & LIBRARY	24,107	0	0	0	207,753	16.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM	1,178	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	79,845	275,106	3,046	0	5,880	30.00
31.00	INTENSIVE CARE UNIT	19,735	68,004	1,174	0	2,395	31.00
32.00	CORONARY CARE UNIT	19,522	67,255	402	0	1,271	32.00
43.00	NURSERY	0	6	1,044	0	186	43.00
44.00	SKILLED NURSING FACILITY	6,045	20,823	105	2	115	44.00
46.00	OTHER LONG TERM CARE	2,790	9,614	0	0	156	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	39,632	0	256,595	342	35,680	50.00
50.01	ORTHO MEDICAL	1,108	0	1,536	0	345	50.01
51.00	RECOVERY ROOM	4,933	0	125	0	1,617	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	831	0	1,638	52.00
53.00	ANESTHESIOLOGY	11,165	0	2,385	0	1,240	53.00
54.00	RADIOLOGY-DIAGNOSTIC	48,276	0	11,808	6,401	47,491	54.00
55.00	RADIOLOGY-THERAPEUTIC	7,254	0	736	27	5,881	55.00
60.00	LABORATORY	31,644	0	6,634	0	31,581	60.00
65.00	RESPIRATORY THERAPY	8,757	0	773	130	2,380	65.00
66.00	PHYSICAL THERAPY	26,085	0	333	0	6,094	66.00
67.00	OCCUPATIONAL THERAPY	3,729	0	226	0	2,833	67.00
68.00	SPEECH PATHOLOGY	1,591	0	105	0	490	68.00
69.00	ELECTROCARDIOLOGY	16,489	0	854	8,484	9,013	69.00
69.01	CATH LAB	6,476	0	73,450	2,478	8,918	69.01
70.00	ELECTROENCEPHALOGRAPHY	4,802	0	244	0	2,072	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	79,746	0	3,473	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	5,893	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	181,479	8,868	73.00
74.00	RENAL DIALYSIS	2,760	9,506	1,998	0	426	74.00
75.00	ASC (NON-DISTINCT PART)	21,691	18,327	15,934	0	5,379	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	1,977	0	2,066	0	431	90.00
91.00	EMERGENCY	23,469	0	2,473	0	14,326	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	4,224	0	644	0	384	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	15,985	0	766	2	885	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	HOSPICE	4,229	0	733	772	412	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	467,973	468,641	467,880	200,117	207,753	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	SUCLINIC	6,819	0	0	0	0	190.01
190.02	WOMEN'S CENTER	574	0	0	0	0	190.02
190.04	NON HOSPITAL PHARMACIES	2,629	0	5	0	0	190.04
190.05	RENTAL PROPERTY	0	0	0	0	0	190.05
190.06	DECATUR DIGESTIVE CENTER	3,494	0	0	0	0	190.06
190.07	DMH MEDICAL EQUIPMENT	6,341	0	265	0	0	190.07
190.08	PULMONARY EXTENDED CARE	317	0	0	0	0	190.08
190.09	SHORE	0	0	0	0	0	190.09
190.10	PHYSICIAN RECRUITMENT	1,925	0	0	0	0	190.10
190.12	CCOP FISCAL INTERMEDIARY	1,260	0	0	0	0	190.12
190.13	ELDERLY SERVICES	4,003	0	57	0	0	190.13
190.14	REAL ESTATE MANAGEMENT	1,247	0	0	0	0	190.14
190.15	CORPORATE HEALTH	18,162	0	1,109	0	0	190.15
190.16	CANCER CARE INSTITUTE	1,599	0	0	0	0	190.16
190.17	INTEGRATED CENTER	65	0	1	0	0	190.17

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
191.00 RESEARCH	5,941	0	1,458	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	129,809	0	7,615	0	0	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	652,158	468,641	478,390	200,117	207,753	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	19.00	21.00	22.00			
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
19.00 NONPHYSICIAN ANESTHETISTS	0					19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD		20,946				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD			34,072			22.00
23.00 PARAMED PRGM				15,136		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS					3,291,121	30.00
31.00 INTENSIVE CARE UNIT					561,556	31.00
32.00 CORONARY CARE UNIT					495,421	32.00
43.00 NURSERY					50,450	43.00
44.00 SKILLED NURSING FACILITY					122,040	44.00
46.00 OTHER LONG TERM CARE					233,879	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM					3,391,634	50.00
50.01 ORTHO MEDICAL					61,968	50.01
51.00 RECOVERY ROOM					96,772	51.00
52.00 DELIVERY ROOM & LABOR ROOM					78,806	52.00
53.00 ANESTHESIOLOGY					240,218	53.00
54.00 RADIOLOGY-DIAGNOSTIC					3,921,917	54.00
55.00 RADIOLOGY-THERAPEUTIC					2,178,122	55.00
60.00 LABORATORY					904,597	60.00
65.00 RESPIRATORY THERAPY					70,894	65.00
66.00 PHYSICAL THERAPY					462,819	66.00
67.00 OCCUPATIONAL THERAPY					54,004	67.00
68.00 SPEECH PATHOLOGY					28,673	68.00
69.00 ELECTROCARDIOLOGY					754,949	69.00
69.01 CATH LAB					825,755	69.01
70.00 ELECTROENCEPHALOGRAPHY					139,567	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS					162,127	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS					389,545	72.00
73.00 DRUGS CHARGED TO PATIENTS					436,544	73.00
74.00 RENAL DIALYSIS					43,834	74.00
75.00 ASC (NON-DISTINCT PART)					435,403	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC					41,162	90.00
91.00 EMERGENCY					975,738	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)					88,994	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY					229,677	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 HOSPICE					32,767	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	20,800,953	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN					105,519	190.00
190.01 SIU CLINIC					8,639	190.01
190.02 WOMEN'S CENTER					3,780	190.02
190.04 NON HOSPITAL PHARMACIES					85,646	190.04
190.05 RENTAL PROPERTY					168,872	190.05
190.06 DECATUR DIGESTIVE CENTER					15,364	190.06
190.07 DMH MEDICAL EQUIPMENT					135,169	190.07
190.08 PULMONARY EXTENDED CARE					22,356	190.08
190.09 SHORE					1,197	190.09
190.10 PHYSICIAN RECRUITMENT					24,726	190.10
190.12 CCOP FISCAL INTERMEDIARY					48,203	190.12
190.13 ELDERLY SERVICES					40,113	190.13
190.14 REAL ESTATE MANAGEMENT					12,688	190.14
190.15 CORPORATE HEALTH					202,193	190.15
190.16 CANCER CARE INSTITUTE					21,876	190.16

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		19.00	21.00			
190.17 INTEGRATED CENTER					579	190.17
191.00 RESEARCH					94,947	191.00
192.00 PHYSICIANS' PRIVATE OFFICES					1,969,881	192.00
200.00 Cross Foot Adjustments	0	20,946	34,072	15,136	70,154	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	20,946	34,072	15,136	23,832,855	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
19.00	NONPHYSICIAN ANESTHETISTS			19.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	PARAMED ED PRGM			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	3,291,121	30.00
31.00	INTENSIVE CARE UNIT	0	561,556	31.00
32.00	CORONARY CARE UNIT	0	495,421	32.00
43.00	NURSERY	0	50,450	43.00
44.00	SKILLED NURSING FACILITY	0	122,040	44.00
46.00	OTHER LONG TERM CARE	0	233,879	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	3,391,634	50.00
50.01	ORTHO MEDICAL	0	61,968	50.01
51.00	RECOVERY ROOM	0	96,772	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	78,806	52.00
53.00	ANESTHESIOLOGY	0	240,218	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,921,917	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	2,178,122	55.00
60.00	LABORATORY	0	904,597	60.00
65.00	RESPIRATORY THERAPY	0	70,894	65.00
66.00	PHYSICAL THERAPY	0	462,819	66.00
67.00	OCCUPATIONAL THERAPY	0	54,004	67.00
68.00	SPEECH PATHOLOGY	0	28,673	68.00
69.00	ELECTROCARDIOLOGY	0	754,949	69.00
69.01	CATH LAB	0	825,755	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	139,567	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	162,127	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	389,545	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	436,544	73.00
74.00	RENAL DIALYSIS	0	43,834	74.00
75.00	ASC (NON-DISTINCT PART)	0	435,403	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0	41,162	90.00
91.00	EMERGENCY	0	975,738	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	88,994	92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY	0	229,677	101.00
SPECIAL PURPOSE COST CENTERS				
116.00	HOSPICE	0	32,767	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	20,800,953	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	105,519	190.00
190.01	SIU CLINIC	0	8,639	190.01
190.02	WOMEN'S CENTER	0	3,780	190.02
190.04	NON HOSPITAL PHARMACIES	0	85,646	190.04
190.05	RENTAL PROPERTY	0	168,872	190.05
190.06	DECATUR DIGESTIVE CENTER	0	15,364	190.06
190.07	DMH MEDICAL EQUIPMENT	0	135,169	190.07
190.08	PULMONARY EXTENDED CARE	0	22,356	190.08
190.09	SHORE	0	1,197	190.09
190.10	PHYSICIAN RECRUITMENT	0	24,726	190.10
190.12	CCOP FISCAL INTERMEDIARY	0	48,203	190.12
190.13	ELDERLY SERVICES	0	40,113	190.13
190.14	REAL ESTATE MANAGEMENT	0	12,688	190.14
190.15	CORPORATE HEALTH	0	202,193	190.15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
190.16	CANCER CARE INSTITUTE	0	21,876	190.16
190.17	INTEGRATED CENTER	0	579	190.17
191.00	RESEARCH	0	94,947	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,969,881	192.00
200.00	Cross Foot Adjustments	0	70,154	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	23,832,855	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	514,287						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		14,062,086					2.00
4.00 EMPLOYEE BENEFITS	4,260	1,206	74,239,391				4.00
5.00 ADMINISTRATIVE & GENERAL	33,743	4,947,987	8,697,506	-35,570,528	213,832,193		5.00
7.00 OPERATION OF PLANT	28,823	175,772	1,210,027	0	9,139,039		7.00
8.00 LAUNDRY & LINEN SERVICE	6,292	458	0	0	1,301,679		8.00
9.00 HOUSEKEEPING	57,891	9,633	1,530,619	0	3,784,574		9.00
10.00 DIETARY	5,865	160,074	390,405	0	1,057,241		10.00
11.00 CAFETERIA	23,416	0	1,589,529	0	1,967,604		11.00
13.00 NURSING ADMINISTRATION	5,500	241,638	1,264,256	0	3,027,629		13.00
14.00 CENTRAL SERVICES & SUPPLY	15,516	9,584	673,444	0	2,414,691		14.00
15.00 PHARMACY	2,340	55,636	1,568,249	0	2,771,050		15.00
16.00 MEDICAL RECORDS & LIBRARY	3,710	11,509	2,068,831	0	2,891,897		16.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	807,663		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,313,778		22.00
23.00 PARAMED PRGM	0	883	387,118	0	487,799		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	84,976	159,021	8,684,153	0	12,653,075		30.00
31.00 INTENSIVE CARE UNIT	10,662	76,487	2,321,816	0	3,226,698		31.00
32.00 CORONARY CARE UNIT	10,388	23,436	2,189,974	0	2,986,586		32.00
43.00 NURSERY	1,257	13,032	84	0	100,892		43.00
44.00 SKILLED NURSING FACILITY	0	26,131	601,696	0	856,743		44.00
46.00 OTHER LONG TERM CARE	8,109	2,145	239,230	0	438,812		46.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	40,115	1,692,413	4,374,615	0	12,817,146		50.00
50.01 ORTHO MEDICAL	1,162	21,500	118,931	0	273,039		50.01
51.00 RECOVERY ROOM	1,950	14,172	667,014	0	886,808		51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,479	4,802	0	0	314,189		52.00
53.00 ANESTHESIOLOGY	2,032	128,554	4,794,736	0	1,587,177		53.00
54.00 RADIOLOGY-DIAGNOSTIC	26,728	2,710,413	5,442,798	0	16,586,910		54.00
55.00 RADIOLOGY-THERAPEUTIC	7,361	1,885,999	1,081,280	0	4,287,963		55.00
60.00 LABORATORY	10,398	352,095	3,066,063	0	8,394,739		60.00
65.00 RESPIRATORY THERAPY	0	27,287	926,109	0	1,189,186		65.00
66.00 PHYSICAL THERAPY	9,079	61,851	2,387,684	0	4,999,791		66.00
67.00 OCCUPATIONAL THERAPY	564	12,667	543,464	0	758,445		67.00
68.00 SPEECH PATHOLOGY	668	0	264,510	0	350,531		68.00
69.00 ELECTROCARDIOLOGY	10,813	353,822	1,799,245	0	3,346,717		69.00
69.01 CATH LAB	11,435	391,418	850,571	0	2,053,577		69.01
70.00 ELECTROENCEPHALOGRAPHY	1,752	63,527	565,324	0	859,671		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,042,636		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	14,793,405		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	9,493,227		73.00
74.00 RENAL DIALYSIS	0	13,667	358,526	0	588,204		74.00
75.00 ASC (NON-DISTINCT PART)	2,612	158,974	2,733,008	0	4,739,139		75.00
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	0	25,024	263,668	0	451,074		90.00
91.00 EMERGENCY	30,000	35,720	2,313,018	0	3,922,742		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	2,093	0	416,547	0	591,980		92.01
OTHER REIMBURSABLE COST CENTERS							
101.00 HOME HEALTH AGENCY	4,094	24,025	2,172,765	0	3,127,014		101.00
SPECIAL PURPOSE COST CENTERS							
116.00 HOSPICE	0	1,223	526,262	0	951,434		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	468,083	13,893,785	69,083,075	-35,570,528	151,634,194		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	5,986	1,076	0	395,569		190.00
190.01 SIU CLINIC	0	0	0	0	70,170		190.01
190.02 WOMEN'S CENTER	0	248	68,251	0	111,189		190.02
190.04 NON HOSPITAL PHARMACIES	0	0	277,490	0	3,188,841		190.04
190.05 RENTAL PROPERTY	6,470	0	0	0	126,107		190.05
190.06 DECATUR DIGESTIVE CENTER	0	0	356,787	0	441,302		190.06
190.07 DMH MEDICAL EQUIPMENT	0	80,081	545,031	0	1,886,652		190.07
190.08 PULMONARY EXTENDED CARE	787	0	47,970	0	70,972		190.08
190.09 SHORE	0	412	0	0	30,469		190.09
190.10 PHYSICIAN RECRUITMENT	0	332	242,177	0	856,002		190.10
190.12 CCOP FISCAL INTERMEDIARY	0	34	116,423	0	1,803,751		190.12
190.13 ELDERLY SERVICES	0	17,979	396,888	0	687,744		190.13
190.14 REAL ESTATE MANAGEMENT	0	561	135,242	0	413,937		190.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
190.15 CORPORATE HEALTH	0	55,436	2,202,051	0	4,786,375	190.15	
190.16 CANCER CARE INSTITUTE	480	742	146,926	0	273,495	190.16	
190.17 INTEGRATED CENTER	0	152	0	0	13,980	190.17	
191.00 RESEARCH	2,210	6,338	620,004	0	926,552	191.00	
192.00 PHYSICIANS' PRIVATE OFFICES	32,769	0	0	0	46,114,892	192.00	
200.00 Cross Foot Adjustments						200.00	
201.00 Negative Cost Centers						201.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	9,956,895	13,875,960	11,056,794		35,570,528	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	19.360581	0.986764	0.148934		0.166348	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			83,666		5,545,579	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001127		0.025934	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT	414,692					7.00
8.00 LAUNDRY & LINEN SERVICE	6,292	1,618,303				8.00
9.00 HOUSEKEEPING	57,891	0	350,509			9.00
10.00 DIETARY	5,865	6,473	5,865	172,644		10.00
11.00 CAFETERIA	23,416	0	23,416	0	150,058	11.00
13.00 NURSING ADMINISTRATION	5,500	0	5,500	0	2,182	13.00
14.00 CENTRAL SERVICES & SUPPLY	15,516	0	15,516	0	1,936	14.00
15.00 PHARMACY	2,340	0	2,340	0	2,434	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,710	0	3,710	0	5,547	16.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	0	0	0	0	271	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	84,976	524,804	84,976	103,625	18,372	30.00
31.00 INTENSIVE CARE UNIT	10,662	88,605	10,662	13,453	4,541	31.00
32.00 CORONARY CARE UNIT	10,388	82,969	10,388	15,020	4,492	32.00
43.00 NURSERY	1,257	14,821	1,257	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	53,211	0	20,851	1,391	44.00
46.00 OTHER LONG TERM CARE	8,109	0	8,109	0	642	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	40,115	233,976	40,115	309	9,119	50.00
50.01 ORTHO MEDICAL	1,162	7,651	1,162	0	255	50.01
51.00 RECOVERY ROOM	1,950	23,240	1,950	0	1,135	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,479	0	2,479	0	0	52.00
53.00 ANESTHESIOLOGY	2,032	0	2,032	0	2,569	53.00
54.00 RADIOLOGY-DIAGNOSTIC	26,728	100,345	26,728	1,234	11,108	54.00
55.00 RADIOLOGY-THERAPEUTIC	7,361	22,359	7,361	0	1,669	55.00
60.00 LABORATORY	10,398	0	10,398	0	7,281	60.00
65.00 RESPIRATORY THERAPY	0	413	0	0	2,015	65.00
66.00 PHYSICAL THERAPY	9,079	43,023	9,079	0	6,002	66.00
67.00 OCCUPATIONAL THERAPY	564	0	564	0	858	67.00
68.00 SPEECH PATHOLOGY	668	0	668	0	366	68.00
69.00 ELECTROCARDIOLOGY	10,813	51,052	10,813	0	3,794	69.00
69.01 CATH LAB	11,435	0	11,435	666	1,490	69.01
70.00 ELECTROENCEPHALOGRAPHY	1,752	18,510	1,752	18	1,105	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	635	74.00
75.00 ASC (NON-DISTINCT PART)	2,612	100,655	2,612	7,048	4,991	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	455	90.00
91.00 EMERGENCY	30,000	184,064	30,000	4,414	5,400	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	2,093	25,026	2,093	6,006	972	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	4,094	0	4,094	0	3,678	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 HOSPICE	0	1,393	0	0	973	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	401,257	1,582,590	337,074	172,644	107,678	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	723	3,488	0	0	190.00
190.01 SIU CLINIC	0	0	0	0	1,569	190.01
190.02 WOMEN'S CENTER	0	0	0	0	132	190.02
190.04 NON HOSPITAL PHARMACIES	0	0	0	0	605	190.04
190.05 RENTAL PROPERTY	6,470	0	6,470	0	0	190.05
190.06 DECATUR DIGESTIVE CENTER	0	216	0	0	804	190.06
190.07 DMH MEDICAL EQUIPMENT	0	0	0	0	1,459	190.07
190.08 PULMONARY EXTENDED CARE	787	0	787	0	73	190.08
190.09 SHORE	0	0	0	0	0	190.09
190.10 PHYSICIAN RECRUITMENT	0	0	0	0	443	190.10
190.12 CCOP FISCAL INTERMEDIARY	0	0	0	0	290	190.12
190.13 ELDERLY SERVICES	0	271	0	0	921	190.13
190.14 REAL ESTATE MANAGEMENT	0	0	0	0	287	190.14
190.15 CORPORATE HEALTH	0	15,241	0	0	4,179	190.15
190.16 CANCER CARE INSTITUTE	480	0	480	0	368	190.16

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
	7.00	8.00	9.00	10.00	11.00	
190.17 INTEGRATED CENTER	0	4	0	0	15	190.17
191.00 RESEARCH	2,210	0	2,210	0	1,367	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	19,258	0	0	29,868	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	10,659,300	1,679,941	5,902,168	1,489,346	3,291,097	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	25.704137	1.038088	16.838849	8.626688	21.932166	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	969,851	170,742	1,365,573	336,613	652,158	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.338726	0.105507	3.895971	1.949752	4.346040	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	(DIRECT NRSING HRS)	(COSTED REQUIS.)				
	13.00	14.00	15.00	16.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION	652,609					13.00
14.00 CENTRAL SERVICES & SUPPLY	0	24,542,872				14.00
15.00 PHARMACY	0	57,128	10,468,218			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	21	0	753,633,047		16.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	383,102	156,285	0	21,303,558		30.00
31.00 INTENSIVE CARE UNIT	94,699	60,237	0	8,676,612		31.00
32.00 CORONARY CARE UNIT	93,656	20,604	0	4,606,322		32.00
43.00 NURSERY	8	53,567	0	675,447		43.00
44.00 SKILLED NURSING FACILITY	28,997	5,411	115	417,003		44.00
46.00 OTHER LONG TERM CARE	13,388	0	0	566,550		46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	13,164,100	17,898	129,274,343	0	50.00
50.01 ORTHO MEDICAL	0	78,786	0	1,249,481	0	50.01
51.00 RECOVERY ROOM	0	6,426	0	5,860,048	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	42,621	0	5,936,536	0	52.00
53.00 ANESTHESIOLOGY	0	122,338	0	4,492,439	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	605,764	334,843	172,966,626	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	37,780	1,396	21,307,821	0	55.00
60.00 LABORATORY	0	340,366	0	114,424,788	0	60.00
65.00 RESPIRATORY THERAPY	0	39,677	6,822	8,623,192	0	65.00
66.00 PHYSICAL THERAPY	0	17,079	0	22,079,662	0	66.00
67.00 OCCUPATIONAL THERAPY	0	11,572	0	10,264,488	0	67.00
68.00 SPEECH PATHOLOGY	0	5,412	0	1,774,340	0	68.00
69.00 ELECTROCARDIOLOGY	0	43,807	443,775	32,657,058	0	69.00
69.01 CATH LAB	0	3,768,194	129,643	32,310,315	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	12,522	0	7,506,900	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,091,199	0	12,584,441	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	21,352,892	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	9,493,227	32,130,087	0	73.00
74.00 RENAL DIALYSIS	13,238	102,528	0	1,542,172	0	74.00
75.00 ASC (NON-DISTINCT PART)	25,521	817,476	1	19,488,483	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	106,002	0	1,560,962	0	90.00
91.00 EMERGENCY	0	126,882	0	51,907,230	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	33,056	0	1,393,099	0	92.01
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	39,279	101	3,207,235	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 HOSPICE	0	37,581	40,397	1,492,917	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	652,609	24,003,700	10,468,218	753,633,047	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 SIU CLINIC	0	0	0	0	0	190.01
190.02 WOMEN'S CENTER	0	0	0	0	0	190.02
190.04 NON HOSPITAL PHARMACIES	0	259	0	0	0	190.04
190.05 RENTAL PROPERTY	0	0	0	0	0	190.05
190.06 DECATUR DIGESTIVE CENTER	0	0	0	0	0	190.06
190.07 DMH MEDICAL EQUIPMENT	0	13,598	0	0	0	190.07
190.08 PULMONARY EXTENDED CARE	0	0	0	0	0	190.08
190.09 SHORE	0	0	0	0	0	190.09
190.10 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.10
190.12 CCOP FISCAL INTERMEDIARY	0	0	0	0	0	190.12
190.13 ELDERLY SERVICES	0	2,936	0	0	0	190.13
190.14 REAL ESTATE MANAGEMENT	0	0	0	0	0	190.14
190.15 CORPORATE HEALTH	0	56,884	0	0	0	190.15

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	13.00	14.00	15.00	16.00	19.00	
190.16 CANCER CARE INSTITUTE	0	0	0	0	0	190.16
190.17 INTEGRATED CENTER	0	27	0	0	0	190.17
191.00 RESEARCH	0	74,808	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	390,660	0	0	0	192.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,813,112	3,518,928	3,393,134	3,652,453		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	5.842874	0.143379	0.324137	0.004846	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	468,641	478,390	200,117	207,753		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.718104	0.019492	0.019117	0.000276	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (TIME SPENT)	SERVICES-OTHER PRGM COSTS (TIME SPENT)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
19.00 NONPHYSICIAN ANESTHETISTS					19.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	100				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		100			22.00
23.00 PARAMED PRGM			100		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	100	100	0		30.00
31.00 INTENSIVE CARE UNIT	0	0	0		31.00
32.00 CORONARY CARE UNIT	0	0	0		32.00
43.00 NURSERY	0	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0	0		44.00
46.00 OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
50.01 ORTHO MEDICAL	0	0	0		50.01
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	100		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
60.00 LABORATORY	0	0	0		60.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
69.01 CATH LAB	0	0	0		69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
OTHER REIMBURSABLE COST CENTERS					
101.00 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
116.00 HOSPICE	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	100	100	100		118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
190.01 SIU CLINIC	0	0	0		190.01
190.02 WOMEN'S CENTER	0	0	0		190.02
190.04 NON HOSPITAL PHARMACIES	0	0	0		190.04
190.05 RENTAL PROPERTY	0	0	0		190.05
190.06 DECATUR DIGESTIVE CENTER	0	0	0		190.06
190.07 DMH MEDICAL EQUIPMENT	0	0	0		190.07
190.08 PULMONARY EXTENDED CARE	0	0	0		190.08
190.09 SHORE	0	0	0		190.09
190.10 PHYSICIAN RECRUITMENT	0	0	0		190.10
190.12 CCOP FISCAL INTERMEDIARY	0	0	0		190.12
190.13 ELDERLY SERVICES	0	0	0		190.13
190.14 REAL ESTATE MANAGEMENT	0	0	0		190.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMETERED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (TIME SPENT)	SERVICES-OTHER PRGM COSTS (TIME SPENT)		
	21.00	22.00		
190.15 CORPORATE HEALTH	0	0	0	190.15
190.16 CANCER CARE INSTITUTE	0	0	0	190.16
190.17 INTEGRATED CENTER	0	0	0	190.17
191.00 RESEARCH	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00 Cross Foot Adjustments				200.00
201.00 Negative Cost Centers				201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	942,016	1,532,322	574,887	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	9,420.160000	15,323.220000	5,748.870000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	20,946	34,072	15,136	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	209.460000	340.720000	151.360000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
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		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	22,578,754		22,578,754	90,232	22,668,986	30.00
31.00	INTENSIVE CARE UNIT	5,128,674		5,128,674	0	5,128,674	31.00
32.00	CORONARY CARE UNIT	4,812,053		4,812,053	43,237	4,855,290	32.00
43.00	NURSERY	197,537		197,537	0	197,537	43.00
44.00	SKILLED NURSING FACILITY	1,437,141		1,437,141	0	1,437,141	44.00
46.00	OTHER LONG TERM CARE	951,838		951,838	0	951,838	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	19,621,133		19,621,133	100,462	19,721,595	50.00
50.01	ORTHO MEDICAL	398,779		398,779	0	398,779	50.01
51.00	RECOVERY ROOM	1,195,623		1,195,623	0	1,195,623	51.00
52.00	DELIVERY ROOM & LABOR ROOM	506,798		506,798	0	506,798	52.00
53.00	ANESTHESIOLOGY	2,608,191		2,608,191	0	2,608,191	53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,875,567		21,875,567	0	21,875,567	54.00
55.00	RADIOLOGY-THERAPEUTIC	5,483,359		5,483,359	3,645	5,487,004	55.00
60.00	LABORATORY	10,996,541		10,996,541	0	10,996,541	60.00
65.00	RESPIRATORY THERAPY	1,481,315	0	1,481,315	52,211	1,533,526	65.00
66.00	PHYSICAL THERAPY	6,503,490	0	6,503,490	0	6,503,490	66.00
67.00	OCCUPATIONAL THERAPY	978,824	0	978,824	0	978,824	67.00
68.00	SPEECH PATHOLOGY	454,660	0	454,660	0	454,660	68.00
69.00	ELECTROCARDIOLOGY	4,808,042		4,808,042	0	4,808,042	69.00
69.01	CATH LAB	3,658,966		3,658,966	0	3,658,966	69.01
70.00	ELECTROENCEPHALOGRAPHY	1,158,990		1,158,990	54,537	1,213,527	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,196,348		4,196,348	0	4,196,348	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	17,357,734		17,357,734	0	17,357,734	72.00
73.00	DRUGS CHARGED TO PATIENTS	14,305,213		14,305,213	0	14,305,213	73.00
74.00	RENAL DIALYSIS	799,499		799,499	29,561	829,060	74.00
75.00	ASC (NON-DISTINCT PART)	6,274,126		6,274,126	0	6,274,126	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	558,850		558,850	0	558,850	90.00
91.00	EMERGENCY	6,468,892		6,468,892	0	6,468,892	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	3,048,008		3,048,008	0	3,048,008	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	890,098		890,098	0	890,098	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	3,923,232		3,923,232		3,923,232	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	HOSPICE	1,158,206		1,158,206		1,158,206	116.00
200.00	Subtotal (see instructions)	175,816,481	0	175,816,481	373,885	176,190,366	200.00
201.00	Less Observation Beds	3,048,008		3,048,008		3,048,008	201.00
202.00	Total (see instructions)	172,768,473	0	172,768,473	373,885	173,142,358	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/28/2012 3:39 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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	17,313,403		17,313,403			30.00
31.00	INTENSIVE CARE UNIT	8,676,612		8,676,612			31.00
32.00	CORONARY CARE UNIT	4,606,322		4,606,322			32.00
43.00	NURSERY	675,447		675,447			43.00
44.00	SKILLED NURSING FACILITY	417,003		417,003			44.00
46.00	OTHER LONG TERM CARE	566,550		566,550			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	52,398,323	76,876,020	129,274,343	0.151779	0.000000	50.00
50.01	ORTHO MEDICAL	97,279	1,152,202	1,249,481	0.319156	0.000000	50.01
51.00	RECOVERY ROOM	2,112,332	3,747,716	5,860,048	0.204030	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,240,051	1,696,485	5,936,536	0.085369	0.000000	52.00
53.00	ANESTHESIOLOGY	1,853,425	2,639,014	4,492,439	0.580573	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	34,348,101	138,618,525	172,966,626	0.126473	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	209,852	21,097,969	21,307,821	0.257340	0.000000	55.00
60.00	LABORATORY	41,263,107	73,161,681	114,424,788	0.096103	0.000000	60.00
65.00	RESPIRATORY THERAPY	8,237,401	385,791	8,623,192	0.171783	0.000000	65.00
66.00	PHYSICAL THERAPY	4,973,659	17,106,003	22,079,662	0.294547	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	2,600,014	7,664,474	10,264,488	0.095360	0.000000	67.00
68.00	SPEECH PATHOLOGY	479,548	1,294,792	1,774,340	0.256242	0.000000	68.00
69.00	ELECTROCARDIOLOGY	9,296,495	23,360,563	32,657,058	0.147228	0.000000	69.00
69.01	CATH LAB	17,469,812	14,840,503	32,310,315	0.113245	0.000000	69.01
70.00	ELECTROENCEPHALOGRAPHY	611,153	6,895,747	7,506,900	0.154390	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,877,989	5,706,452	12,584,441	0.333455	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	9,641,267	11,711,625	21,352,892	0.812899	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	17,668,293	14,461,794	32,130,087	0.445228	0.000000	73.00
74.00	RENAL DIALYSIS	1,321,450	220,722	1,542,172	0.518424	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	59,361	19,429,122	19,488,483	0.321940	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	128,897	1,432,065	1,560,962	0.358016	0.000000	90.00
91.00	EMERGENCY	12,386,548	39,520,682	51,907,230	0.124624	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,990,155	3,990,155	0.763882	0.000000	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	51,530	1,341,569	1,393,099	0.638934	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	0	3,207,235	3,207,235			101.00
SPECIAL PURPOSE COST CENTERS							
116.00	HOSPICE	0	1,492,917	1,492,917			116.00
200.00	Subtotal (see instructions)	260,581,224	493,051,823	753,633,047			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	260,581,224	493,051,823	753,633,047			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet C Part I Date/Time Prepared: 3/28/2012 3:39 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.152556		50.00
50.01	ORTHO MEDICAL	0.319156		50.01
51.00	RECOVERY ROOM	0.204030		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.085369		52.00
53.00	ANESTHESIOLOGY	0.580573		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.126473		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.257511		55.00
60.00	LABORATORY	0.096103		60.00
65.00	RESPIRATORY THERAPY	0.177837		65.00
66.00	PHYSICAL THERAPY	0.294547		66.00
67.00	OCCUPATIONAL THERAPY	0.095360		67.00
68.00	SPEECH PATHOLOGY	0.256242		68.00
69.00	ELECTROCARDIOLOGY	0.147228		69.00
69.01	CATH LAB	0.113245		69.01
70.00	ELECTROENCEPHALOGRAPHY	0.161655		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.333455		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.812899		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.445228		73.00
74.00	RENAL DIALYSIS	0.537592		74.00
75.00	ASC (NON-DISTINCT PART)	0.321940		75.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.358016		90.00
91.00	EMERGENCY	0.124624		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.763882		92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.638934		92.01
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
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: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/28/2012 3:39 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	22,578,754		22,578,754	0	0	30.00
31.00	INTENSIVE CARE UNIT	5,128,674		5,128,674	0	0	31.00
32.00	CORONARY CARE UNIT	4,812,053		4,812,053	0	0	32.00
43.00	NURSERY	197,537		197,537	0	0	43.00
44.00	SKILLED NURSING FACILITY	1,437,141		1,437,141	0	0	44.00
46.00	OTHER LONG TERM CARE	951,838		951,838	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	19,621,133		19,621,133	0	0	50.00
50.01	ORTHO MEDICAL	398,779		398,779	0	0	50.01
51.00	RECOVERY ROOM	1,195,623		1,195,623	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	506,798		506,798	0	0	52.00
53.00	ANESTHESIOLOGY	2,608,191		2,608,191	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,875,567		21,875,567	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	5,483,359		5,483,359	0	0	55.00
60.00	LABORATORY	10,996,541		10,996,541	0	0	60.00
65.00	RESPIRATORY THERAPY	1,481,315	0	1,481,315	0	0	65.00
66.00	PHYSICAL THERAPY	6,503,490	0	6,503,490	0	0	66.00
67.00	OCCUPATIONAL THERAPY	978,824	0	978,824	0	0	67.00
68.00	SPEECH PATHOLOGY	454,660	0	454,660	0	0	68.00
69.00	ELECTROCARDIOLOGY	4,808,042		4,808,042	0	0	69.00
69.01	CATH LAB	3,658,966		3,658,966	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	1,158,990		1,158,990	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,196,348		4,196,348	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	17,357,734		17,357,734	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	14,305,213		14,305,213	0	0	73.00
74.00	RENAL DIALYSIS	799,499		799,499	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	6,274,126		6,274,126	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	558,850		558,850	0	0	90.00
91.00	EMERGENCY	6,468,892		6,468,892	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	3,048,008		3,048,008	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	890,098		890,098	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	3,923,232		3,923,232		0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	HOSPICE	1,158,206		1,158,206		0	116.00
200.00	Subtotal (see instructions)	175,816,481	0	175,816,481	0	0	200.00
201.00	Less Observation Beds	3,048,008		3,048,008		0	201.00
202.00	Total (see instructions)	172,768,473	0	172,768,473	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/28/2012 3:39 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	17,313,403		17,313,403			30.00
31.00	INTENSIVE CARE UNIT	8,676,612		8,676,612			31.00
32.00	CORONARY CARE UNIT	4,606,322		4,606,322			32.00
43.00	NURSERY	675,447		675,447			43.00
44.00	SKILLED NURSING FACILITY	417,003		417,003			44.00
46.00	OTHER LONG TERM CARE	566,550		566,550			46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	52,398,323	76,876,020	129,274,343	0.151779	0.000000	50.00
50.01	ORTHO MEDICAL	97,279	1,152,202	1,249,481	0.319156	0.000000	50.01
51.00	RECOVERY ROOM	2,112,332	3,747,716	5,860,048	0.204030	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,240,051	1,696,485	5,936,536	0.085369	0.000000	52.00
53.00	ANESTHESIOLOGY	1,853,425	2,639,014	4,492,439	0.580573	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	34,348,101	138,618,525	172,966,626	0.126473	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	209,852	21,097,969	21,307,821	0.257340	0.000000	55.00
60.00	LABORATORY	41,263,107	73,161,681	114,424,788	0.096103	0.000000	60.00
65.00	RESPIRATORY THERAPY	8,237,401	385,791	8,623,192	0.171783	0.000000	65.00
66.00	PHYSICAL THERAPY	4,973,659	17,106,003	22,079,662	0.294547	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	2,600,014	7,664,474	10,264,488	0.095360	0.000000	67.00
68.00	SPEECH PATHOLOGY	479,548	1,294,792	1,774,340	0.256242	0.000000	68.00
69.00	ELECTROCARDIOLOGY	9,296,495	23,360,563	32,657,058	0.147228	0.000000	69.00
69.01	CATH LAB	17,469,812	14,840,503	32,310,315	0.113245	0.000000	69.01
70.00	ELECTROENCEPHALOGRAPHY	611,153	6,895,747	7,506,900	0.154390	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,877,989	5,706,452	12,584,441	0.333455	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	9,641,267	11,711,625	21,352,892	0.812899	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	17,668,293	14,461,794	32,130,087	0.445228	0.000000	73.00
74.00	RENAL DIALYSIS	1,321,450	220,722	1,542,172	0.518424	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	59,361	19,429,122	19,488,483	0.321940	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	128,897	1,432,065	1,560,962	0.358016	0.000000	90.00
91.00	EMERGENCY	12,386,548	39,520,682	51,907,230	0.124624	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,990,155	3,990,155	0.763882	0.000000	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	51,530	1,341,569	1,393,099	0.638934	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	0	3,207,235	3,207,235			101.00
SPECIAL PURPOSE COST CENTERS							
116.00	HOSPICE	0	1,492,917	1,492,917			116.00
200.00	Subtotal (see instructions)	260,581,224	493,051,823	753,633,047			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	260,581,224	493,051,823	753,633,047			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
INPATIENT ROUTINE SERVICE COST CENTERS		11.00			
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
46.00	OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
50.01	ORTHO MEDICAL	0.000000			50.01
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
60.00	LABORATORY	0.000000			60.00
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	CATH LAB	0.000000			69.01
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS					
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
92.01	OBSERVATION BEDS (DISTINCT PART)	0.000000			92.01
OTHER REIMBURSABLE COST CENTERS					
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
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: 140135		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part I Date/Time Prepared: 3/28/2012 3:39 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,291,121	0	3,291,121	37,878	86.89	30.00
31.00	INTENSIVE CARE UNIT	561,556		561,556	3,947	142.27	31.00
32.00	CORONARY CARE UNIT	495,421		495,421	3,988	124.23	32.00
43.00	NURSERY	50,450		50,450	2,327	21.68	43.00
44.00	SKILLED NURSING FACILITY	122,040		122,040	2,370	51.49	44.00
200.00	Total (Lines 30-199)	4,520,588		4,520,588	50,510		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part I Date/Time Prepared: 3/28/2012 3:39 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	18,105	1,573,143		30.00
31.00 INTENSIVE CARE UNIT	3,175	451,707		31.00
32.00 CORONARY CARE UNIT	2,552	317,035		32.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	2,196	113,072		44.00
200.00 Total (Lines 30-199)	26,028	2,454,957		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part II Date/Time Prepared: 3/28/2012 3:39 pm
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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	3,391,634	129,274,343	0.026236	29,862,134	783,463	50.00
50.01	ORTHO MEDICAL	61,968	1,249,481	0.049595	53,822	2,669	50.01
51.00	RECOVERY ROOM	96,772	5,860,048	0.016514	1,226,141	20,248	51.00
52.00	DELIVERY ROOM & LABOR ROOM	78,806	5,936,536	0.013275	499,252	6,628	52.00
53.00	ANESTHESIOLOGY	240,218	4,492,439	0.053472	873,832	46,726	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,921,917	172,966,626	0.022674	23,229,158	526,698	54.00
55.00	RADIOLOGY-THERAPEUTIC	2,178,122	21,307,821	0.102222	169,616	17,338	55.00
60.00	LABORATORY	904,597	114,424,788	0.007906	25,911,079	204,853	60.00
65.00	RESPIRATORY THERAPY	70,894	8,623,192	0.008221	5,576,195	45,842	65.00
66.00	PHYSICAL THERAPY	462,819	22,079,662	0.020961	2,700,096	56,597	66.00
67.00	OCCUPATIONAL THERAPY	54,004	10,264,488	0.005261	1,505,939	7,923	67.00
68.00	SPEECH PATHOLOGY	28,673	1,774,340	0.016160	280,558	4,534	68.00
69.00	ELECTROCARDIOLOGY	754,949	32,657,058	0.023117	6,486,267	149,943	69.00
69.01	CATH LAB	825,755	32,310,315	0.025557	12,167,881	310,975	69.01
70.00	ELECTROENCEPHALOGRAPHY	139,567	7,506,900	0.018592	378,044	7,029	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	162,127	12,584,441	0.012883	6,377,350	82,159	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	389,545	21,352,892	0.018243	9,438,756	172,191	72.00
73.00	DRUGS CHARGED TO PATIENTS	436,544	32,130,087	0.013587	10,103,120	137,271	73.00
74.00	RENAL DIALYSIS	43,834	1,542,172	0.028424	992,356	28,207	74.00
75.00	ASC (NON-DISTINCT PART)	435,403	19,488,483	0.022342	52,715	1,178	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	41,162	1,560,962	0.026370	61,416	1,620	90.00
91.00	EMERGENCY	975,738	51,907,230	0.018798	8,681,384	163,193	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	442,516	3,990,155	0.110902	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	88,994	1,393,099	0.063882	0	0	92.01
200.00	Total (lines 50-199)	16,226,558	716,677,558		146,627,111	2,777,285	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140135		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part III Date/Time Prepared: 3/28/2012 3:39 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140135		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part III Date/Time Prepared: 3/28/2012 3:39 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	37,878	0.00	18,105	0		30.00
31.00	INTENSIVE CARE UNIT	3,947	0.00	3,175	0		31.00
32.00	CORONARY CARE UNIT	3,988	0.00	2,552	0		32.00
43.00	NURSERY	2,327	0.00	0	0		43.00
44.00	SKILLED NURSING FACILITY	2,370	0.00	2,196	0		44.00
200.00	Total (Lines 30-199)	50,510		26,028	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		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
50.01	ORTHO MEDICAL	0	0	0	0	0	50.01
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	574,887	0	574,887	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
60.00	LABORATORY	0	0	0	0	0	60.00
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	CATH LAB	0	0	0	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
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
92.01	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00	Total (lines 50-199)	0	0	574,887	0	574,887	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	129,274,343	0.000000	0.000000	29,862,134	50.00
50.01	ORTHO MEDICAL	0	1,249,481	0.000000	0.000000	53,822	50.01
51.00	RECOVERY ROOM	0	5,860,048	0.000000	0.000000	1,226,141	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	5,936,536	0.000000	0.000000	499,252	52.00
53.00	ANESTHESIOLOGY	574,887	4,492,439	0.127968	0.127968	873,832	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	172,966,626	0.000000	0.000000	23,229,158	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	21,307,821	0.000000	0.000000	169,616	55.00
60.00	LABORATORY	0	114,424,788	0.000000	0.000000	25,911,079	60.00
65.00	RESPIRATORY THERAPY	0	8,623,192	0.000000	0.000000	5,576,195	65.00
66.00	PHYSICAL THERAPY	0	22,079,662	0.000000	0.000000	2,700,096	66.00
67.00	OCCUPATIONAL THERAPY	0	10,264,488	0.000000	0.000000	1,505,939	67.00
68.00	SPEECH PATHOLOGY	0	1,774,340	0.000000	0.000000	280,558	68.00
69.00	ELECTROCARDIOLOGY	0	32,657,058	0.000000	0.000000	6,486,267	69.00
69.01	CATH LAB	0	32,310,315	0.000000	0.000000	12,167,881	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	7,506,900	0.000000	0.000000	378,044	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,584,441	0.000000	0.000000	6,377,350	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	21,352,892	0.000000	0.000000	9,438,756	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	32,130,087	0.000000	0.000000	10,103,120	73.00
74.00	RENAL DIALYSIS	0	1,542,172	0.000000	0.000000	992,356	74.00
75.00	ASC (NON-DISTINCT PART)	0	19,488,483	0.000000	0.000000	52,715	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	1,560,962	0.000000	0.000000	61,416	90.00
91.00	EMERGENCY	0	51,907,230	0.000000	0.000000	8,681,384	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,990,155	0.000000	0.000000	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	1,393,099	0.000000	0.000000	0	92.01
200.00	Total (Lines 50-199)	574,887	716,677,558			146,627,111	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
3/28/2012 3:39 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)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	20,331,267	0	50.00
50.01	ORTHO MEDICAL	0	151,323	0	50.01
51.00	RECOVERY ROOM	0	772,699	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	39,480	0	52.00
53.00	ANESTHESIOLOGY	111,823	662,147	84,734	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	46,661,210	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	12,616,932	0	55.00
60.00	LABORATORY	0	2,164,278	0	60.00
65.00	RESPIRATORY THERAPY	0	98,912	0	65.00
66.00	PHYSICAL THERAPY	0	316,525	0	66.00
67.00	OCCUPATIONAL THERAPY	0	23,387	0	67.00
68.00	SPEECH PATHOLOGY	0	4,101	0	68.00
69.00	ELECTROCARDIOLOGY	0	9,351,854	0	69.00
69.01	CATH LAB	0	6,788,493	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0	1,915,719	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,273,206	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	2,713,124	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,836,508	0	73.00
74.00	RENAL DIALYSIS	0	174,165	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	7,412,971	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0	148,201	0	90.00
91.00	EMERGENCY	0	8,218,352	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	932,000	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0	313,357	0	92.01
200.00	Total (Lines 50-199)	111,823	129,920,211	84,734	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 3/28/2012 3:39 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services		Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
			Subject To Ded. & Coins. (see instructions)	Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.151779	20,331,267	0	0	50.00
50.01	ORTHO MEDICAL	0.319156	151,323	0	0	50.01
51.00	RECOVERY ROOM	0.204030	772,699	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.085369	39,480	0	0	52.00
53.00	ANESTHESIOLOGY	0.580573	662,147	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.126473	46,661,210	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.257340	12,616,932	0	0	55.00
60.00	LABORATORY	0.096103	2,164,278	0	0	60.00
65.00	RESPIRATORY THERAPY	0.171783	98,912	0	0	65.00
66.00	PHYSICAL THERAPY	0.294547	316,525	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.095360	23,387	0	0	67.00
68.00	SPEECH PATHOLOGY	0.256242	4,101	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.147228	9,351,854	0	0	69.00
69.01	CATH LAB	0.113245	6,788,493	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.154390	1,915,719	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.333455	2,273,206	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.812899	2,713,124	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.445228	5,836,508	0	0	73.00
74.00	RENAL DIALYSIS	0.518424	174,165	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.321940	7,412,971	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.358016	148,201	0	0	90.00
91.00	EMERGENCY	0.124624	8,218,352	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.763882	932,000	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.638934	313,357	0	0	92.01
200.00	Subtotal (see instructions)		129,920,211	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		129,920,211	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 3/28/2012 3:39 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	3,085,859	0	0		50.00
50.01 ORTHO MEDICAL	48,296	0	0		50.01
51.00 RECOVERY ROOM	157,654	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,370	0	0		52.00
53.00 ANESTHESIOLOGY	384,425	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,901,383	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	3,246,841	0	0		55.00
60.00 LABORATORY	207,994	0	0		60.00
65.00 RESPIRATORY THERAPY	16,991	0	0		65.00
66.00 PHYSICAL THERAPY	93,231	0	0		66.00
67.00 OCCUPATIONAL THERAPY	2,230	0	0		67.00
68.00 SPEECH PATHOLOGY	1,051	0	0		68.00
69.00 ELECTROCARDIOLOGY	1,376,855	0	0		69.00
69.01 CATH LAB	768,763	0	0		69.01
70.00 ELECTROENCEPHALOGRAPHY	295,768	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	758,012	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	2,205,496	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	2,598,577	0	0		73.00
74.00 RENAL DIALYSIS	90,291	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	2,386,532	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	53,058	0	0		90.00
91.00 EMERGENCY	1,024,204	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	711,938	0	0		92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	200,214	0	0		92.01
200.00 Subtotal (see instructions)	25,619,033	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	25,619,033	0	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140135 Component CCN: 145543	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/28/2012 3:39 pm PPS
		Title XVIII	Skilled Nursing Facility

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
50.01 ORTHO MEDICAL	0	0	0	0	0	50.01
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	574,887	0	574,887	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
60.00 LABORATORY	0	0	0	0	0	60.00
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 CATH LAB	0	0	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
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
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00 Total (Lines 50-199)	0	0	574,887	0	574,887	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140135 Component CCN: 145543	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/28/2012 3:39 pm
Title XVIII		Skilled Nursing Facility	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	129,274,343	0.000000	0.000000	0	50.00
50.01 ORTHO MEDICAL	0	1,249,481	0.000000	0.000000	0	50.01
51.00 RECOVERY ROOM	0	5,860,048	0.000000	0.000000	1,053	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	5,936,536	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	574,887	4,492,439	0.127968	0.127968	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	172,966,626	0.000000	0.000000	61,398	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	21,307,821	0.000000	0.000000	0	55.00
60.00 LABORATORY	0	114,424,788	0.000000	0.000000	298,143	60.00
65.00 RESPIRATORY THERAPY	0	8,623,192	0.000000	0.000000	116,013	65.00
66.00 PHYSICAL THERAPY	0	22,079,662	0.000000	0.000000	1,117,468	66.00
67.00 OCCUPATIONAL THERAPY	0	10,264,488	0.000000	0.000000	496,502	67.00
68.00 SPEECH PATHOLOGY	0	1,774,340	0.000000	0.000000	61,495	68.00
69.00 ELECTROCARDIOLOGY	0	32,657,058	0.000000	0.000000	36,893	69.00
69.01 CATH LAB	0	32,310,315	0.000000	0.000000	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	7,506,900	0.000000	0.000000	2,985	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,584,441	0.000000	0.000000	55,066	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	21,352,892	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	32,130,087	0.000000	0.000000	212,643	73.00
74.00 RENAL DIALYSIS	0	1,542,172	0.000000	0.000000	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	19,488,483	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	1,560,962	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	51,907,230	0.000000	0.000000	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,990,155	0.000000	0.000000	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	1,393,099	0.000000	0.000000	0	92.01
200.00 Total (lines 50-199)	574,887	716,677,558			2,459,659	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140135 Component CCN: 145543	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 3/28/2012 3:39 pm PPS
		Title XVIII	Skilled Nursing Facility

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
50.01 ORTHO MEDICAL	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
60.00 LABORATORY	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 CATH LAB	0	0	0	69.01
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00 Total (Lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 3/28/2012 3:39 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,878	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,878	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)		37,878	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)		18,105	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)		22,668,986	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)		22,668,986	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		23,161,721	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		23,161,721	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.978726	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)		611.48	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)		22,668,986	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)		598.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,835,299	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)		10,835,299	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1 Date/Time Prepared: 3/28/2012 3:39 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,128,674	3,947	1,299.39	3,175	4,125,563	43.00
44.00	CORONARY CARE UNIT	4,855,290	3,988	1,217.47	2,552	3,106,983	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)					31,192,949	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49,260,794	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)					2,341,885	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,889,108	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,230,993	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					44,029,801	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)					5,093	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					598.47	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,048,008	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140135		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1 Date/Time Prepared: 3/28/2012 3:39 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,291,121	22,668,986	0.145182	3,048,008	442,516	90.00
91.00	Nursing School cost	0	22,668,986	0.000000	3,048,008	0	91.00
92.00	Allied health cost	0	22,668,986	0.000000	3,048,008	0	92.00
93.00	All other Medical Education	0	22,668,986	0.000000	3,048,008	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Component CCN: 145543		Date/Time Prepared: 3/28/2012 3:39 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,370	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,370	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)		2,370	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)		2,196	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,437,141	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,437,141	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		417,003	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		417,003	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		3.446357	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)		175.95	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,437,141	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1	
		Component CCN: 145543		Date/Time Prepared: 3/28/2012 3:39 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				43.00
44.00	CORONARY CARE UNIT				44.00
45.00	BURN INTENSIVE CARE UNIT				45.00
46.00	SURGICAL INTENSIVE CARE UNIT				46.00
47.00	OTHER SPECIAL CARE (SPECIFY)				47.00
	Cost Center Description				
					1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				49.00
	PASS THROUGH COST ADJUSTMENTS				
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST				
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY				
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				1,437,141 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				606.39 71.00
72.00	Program routine service cost (line 9 x line 71)				1,331,632 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				1,331,632 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				1,331,632 83.00
84.00	Program inpatient ancillary services (see instructions)				567,742 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)				1,899,374 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: 140135 Component CCN: 145543		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1 Date/Time Prepared: 3/28/2012 3:39 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3 Date/Time Prepared: 3/28/2012 3:39 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		8,962,933		30.00
31.00	INTENSIVE CARE UNIT		4,074,637		31.00
32.00	CORONARY CARE UNIT		2,871,405		32.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.152556	29,862,134	4,555,648	50.00
50.01	ORTHO MEDICAL	0.319156	53,822	17,178	50.01
51.00	RECOVERY ROOM	0.204030	1,226,141	250,170	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.085369	499,252	42,621	52.00
53.00	ANESTHESIOLOGY	0.580573	873,832	507,323	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.126473	23,229,158	2,937,861	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.257511	169,616	43,678	55.00
60.00	LABORATORY	0.096103	25,911,079	2,490,132	60.00
65.00	RESPIRATORY THERAPY	0.177837	5,576,195	991,654	65.00
66.00	PHYSICAL THERAPY	0.294547	2,700,096	795,305	66.00
67.00	OCCUPATIONAL THERAPY	0.095360	1,505,939	143,606	67.00
68.00	SPEECH PATHOLOGY	0.256242	280,558	71,891	68.00
69.00	ELECTROCARDIOLOGY	0.147228	6,486,267	954,960	69.00
69.01	CATH LAB	0.113245	12,167,881	1,377,952	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.161655	378,044	61,113	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.333455	6,377,350	2,126,559	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.812899	9,438,756	7,672,755	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.445228	10,103,120	4,498,192	73.00
74.00	RENAL DIALYSIS	0.537592	992,356	533,483	74.00
75.00	ASC (NON-DISTINCT PART)	0.321940	52,715	16,971	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.358016	61,416	21,988	90.00
91.00	EMERGENCY	0.124624	8,681,384	1,081,909	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.763882	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.638934	0	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		146,627,111	31,192,949	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)		146,627,111		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3	
		Component CCN: 145543		Date/Time Prepared: 3/28/2012 3:39 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.151779	0	0	50.00
50.01	ORTHO MEDICAL	0.319156	0	0	50.01
51.00	RECOVERY ROOM	0.204030	1,053	215	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.085369	0	0	52.00
53.00	ANESTHESIOLOGY	0.580573	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.126473	61,398	7,765	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.257340	0	0	55.00
60.00	LABORATORY	0.096103	298,143	28,652	60.00
65.00	RESPIRATORY THERAPY	0.171783	116,013	19,929	65.00
66.00	PHYSICAL THERAPY	0.294547	1,117,468	329,147	66.00
67.00	OCCUPATIONAL THERAPY	0.095360	496,502	47,346	67.00
68.00	SPEECH PATHOLOGY	0.256242	61,495	15,758	68.00
69.00	ELECTROCARDIOLOGY	0.147228	36,893	5,432	69.00
69.01	CATH LAB	0.113245	0	0	69.01
70.00	ELECTROENCEPHALOGRAPHY	0.154390	2,985	461	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.333455	55,066	18,362	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.812899	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.445228	212,643	94,675	73.00
74.00	RENAL DIALYSIS	0.518424	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.321940	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.358016	0	0	90.00
91.00	EMERGENCY	0.124624	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.763882	0	0	92.00
92.01	OBSERVATION BEDS (DISTINCT PART)	0.638934	0	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		2,459,659	567,742	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)		2,459,659		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part A Date/Time Prepared: 3/28/2012 3:39 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		41,335,001	1.00
2.00	Outlier payments for discharges. (see instructions)		169,052	2.00
3.00	Managed Care Simulated Payments		1,866,980	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		265.05	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)		5.81	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		5.81	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		14.36	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		5.81	12.00
13.00	Total allowable FTE count for the prior year.		5.81	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		5.81	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.81	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		5.81	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.021920	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.021627	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.021627	21.00
22.00	IME payment adjustment (see instructions)		507,580	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).		7.20	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		8.55	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)		7.20	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.027165	26.00
27.00	IME payments adjustment. (see instructions)		0.007203	27.00
28.00	IME Adjustment (see instructions)		311,184	28.00
29.00	Total IME payment (sum of lines 22 and 28)		818,764	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.05	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		16.96	31.00
32.00	Sum of lines 30 and 31		21.01	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.55	33.00
34.00	Disproportionate share adjustment (see instructions)		2,707,443	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)		45,030,260	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)		45,030,260	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part A Date/Time Prepared: 3/28/2012 3:39 pm
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	3,631,889	1.00	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0	1.01	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).	431,090		52.00
53.00	Nursing and Allied Health Managed Care payment	0		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs	0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	111,823		58.00
59.00	Total (sum of amounts on lines 49 through 58)	49,205,062		59.00
60.00	Primary payer payments	50,625		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	49,154,437		61.00
62.00	Deductibles billed to program beneficiaries	4,873,056		62.00
63.00	Coinurance billed to program beneficiaries	88,791		63.00
64.00	Allowable bad debts (see instructions)	709,155		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	496,409		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	667,343		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	44,688,999		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)	44,688,999		71.00
72.00	Interim payments	44,837,029		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)	-148,030		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0		75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2	0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0		93.00
94.00	The rate used to calculate the Time Value of Money	0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)	0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part B Date/Time Prepared: 3/28/2012 3:39 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25,534,299	2.00
3.00	PPS payments		25,368,325	3.00
4.00	Outlier payment (see instructions)		11,390	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		84,734	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)		25,464,449	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)		5,999,725	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)		19,464,724	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		215,843	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)		19,680,567	30.00
31.00	Primary payer payments		7,274	31.00
32.00	Subtotal (line 30 minus line 31)		19,673,293	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)		905,913	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		634,139	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		851,592	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		20,307,432	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)		20,307,432	40.00
41.00	Interim payments		20,340,644	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)		-33,212	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: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part B Date/Time Prepared: 3/28/2012 3:39 pm
		Component CCN: 145543	Title XVIII	Skilled Nursing Facility
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet E-1
Part I
Date/Time Prepared:
3/28/2012 3:39 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		44,541,190		20,273,892	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	05/13/2011	295,839	05/13/2011	66,752	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)		295,839		66,752	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)		44,837,029		20,340,644	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		148,030		33,212	6.02	
7.00	Total Medicare program liability (see instructions)		44,688,999		20,307,432	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140135

Period: From 10/01/2010

Worksheet E-1

Component CCN: 145543

To 09/30/2011

Part I
Date/Time Prepared:
3/28/2012 3:39 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		600,004		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)		600,004		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		600,004		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: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet E-1 Part II Date/Time Prepared: 3/28/2012 3:39 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			12,566 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			23,832 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			1,270 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			40,720 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			753,633,047 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			23,718,725 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)			2,726,354 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)			2,726,354 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135 Component CCN: 145543	Period: From 10/01/2010 To 09/30/2011	Worksheet E-3 Part VI Date/Time Prepared: 3/28/2012 3:39 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		611,200	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		611,200	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		11,196	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		600,004	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		600,004	15.00
16.00	Interim payments		600,004	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet E-4 Date/Time Prepared: 3/28/2012 3:39 pm	
		Title XVIII	Hospital	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.			7.19	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			7.19	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			14.36	6.00
7.00	Enter the lesser of line 5 or line 6			7.19	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.	14.10	0.00	14.10	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.	7.06	0.00	7.06	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	7.06	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	7.18	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	7.17	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	7.14	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	7.14	0.00		17.00
18.00	Per resident amount	76,275.43	76,275.43		18.00
19.00	Approved amount for resident costs	544,607	0	544,607	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			5.82	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			7.17	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.71	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			89,735.80	23.00
24.00	Multiply line 22 time line 23			512,391	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,056,998	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	23,832	1,270		26.00
27.00	Total Inpatient Days	40,720	40,720		27.00
28.00	Ratio of inpatient days to total inpatient days	0.585265	0.031189		28.00
29.00	Program direct GME amount	618,624	32,967		29.00
30.00	Reduction for nursing/allied health		4,658		30.00
31.00	Net Program direct GME amount			646,933	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet E-4 Date/Time Prepared: 3/28/2012 3:39 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)		1,542,172	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)		51,203,626	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)		50,625	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		51,153,001	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		25,619,033	42.00
43.00	Primary payer payments (see instructions)		7,274	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		25,611,759	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		76,764,760	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.666360	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.333640	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		646,933	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		431,090	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		215,843	50.00

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

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet G

Date/Time Prepared:
3/28/2012 3:39 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	9,244,394	0	0	0	1.00
2.00	Temporary investments	10,000,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	51,472,827	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-12,063,053	0	0	0	6.00
7.00	Inventory	3,323,072	0	0	0	7.00
8.00	Prepaid expenses	4,750,858	0	0	0	8.00
9.00	Other current assets	27,417	0	0	0	9.00
10.00	Due from other funds	675,023	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	67,430,538	0	0	0	11.00
FIXED ASSETS						
12.00	Land	120,095,270	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	120,095,270	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	129,095,311	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	45,402,489	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	174,497,800	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	362,023,608	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,689,171	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,962,767	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,986,000	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	19,601,547	0	0	0	43.00
44.00	Other current liabilities	4,846,133	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	43,085,618	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	46,090,448	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	13,620,263	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	59,710,711	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	102,796,329	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	259,227,279				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	259,227,279	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	362,023,608	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-1

Date/Time Prepared:
3/28/2012 3:39 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		266,467,972		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-9,380,658			2.00
3.00	Total (sum of line 1 and line 2)		257,087,314		0	3.00
4.00	Additions (credit adjustments) (specify)	2,139,966		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)		2,139,966		0	10.00
11.00	Subtotal (line 3 plus line 10)		259,227,280		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)		259,227,280		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-1

Date/Time Prepared:
3/28/2012 3:39 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		0		0		1.00
2.00 Net income (loss) (from Wkst. G-3, line 29)						2.00
3.00 Total (sum of line 1 and line 2)		0		0		3.00
4.00 Additions (credit adjustments) (specify)	0		0			4.00
5.00	0		0			5.00
6.00	0		0			6.00
7.00	0		0			7.00
8.00	0		0			8.00
9.00	0		0			9.00
10.00 Total additions (sum of line 4-9)		0		0		10.00
11.00 Subtotal (line 3 plus line 10)		0		0		11.00
12.00 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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-2 Parts

Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	19,858,122		19,858,122	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				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	420,503		420,503	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	566,550		566,550	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	20,845,175		20,845,175	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,818,687		8,818,687	11.00
12.00	CORONARY CARE UNIT	5,606,400		5,606,400	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)	14,425,087		14,425,087	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	35,270,262		35,270,262	17.00
18.00	Ancillary services	219,029,382	451,218,779	670,248,161	18.00
19.00	Outpatient services	12,706,292	42,718,978	55,425,270	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		3,207,235	3,207,235	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,492,917	1,492,917	26.00
27.00	NON REIMBURSABLE	6,341,822	88,189,879	94,531,701	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	273,347,758	586,827,788	860,175,546	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		266,258,228		29.00
30.00	BAD DEBTS	20,653,165			30.00
31.00	NET ASSETS RELEASED	359,685			31.00
32.00	NORV-GAIN/LOSS-CAPITAL EQUI	6,856			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)		21,019,706		36.00
37.00	RESTRICTED DISBURSEMENTS	1,062			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)		1,062		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		287,276,872		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140135

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-3

Date/Time Prepared:
3/28/2012 3:39 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	860,175,546	1.00
2.00	Less contractual allowances and discounts on patients' accounts	592,296,386	2.00
3.00	Net patient revenues (line 1 minus line 2)	267,879,160	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	287,276,872	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-19,397,712	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	-374,348	7.00
8.00	Revenues from telephone and telegraph service	165,762	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	2,198	13.00
14.00	Revenue from meals sold to employees and guests	1,820,812	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	100,315	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	42,378	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	7,103,816	24.00
24.01	TRUST DISTRIBUTION	796,435	24.01
24.02	NET ASSETS RELEASED	359,686	24.02
25.00	Total other income (sum of lines 6-24)	10,017,054	25.00
26.00	Total (line 5 plus line 25)	-9,380,658	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)	-9,380,658	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140135

Period: From 10/01/2010

Worksheet H

HHA CCN: 147206

To 09/30/2011

Date/Time Prepared: 3/28/2012 3:39 pm

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PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		5,833	1.00
2.00	Capital Related - Movable Equipment			0		24,025	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	86,809	3.00
4.00	Transportation	0	0	125,537	0	0	4.00
5.00	Administrative and General	502,649	167,939	0	26,336	82,403	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,071,558	0	0	0	0	6.00
7.00	Physical Therapy	293,567	0	0	0	0	7.00
8.00	Occupational Therapy	123,959	0	0	0	0	8.00
9.00	Speech Pathology	56,362	0	0	0	0	9.00
10.00	Medical Social Services	78,327	0	0	0	0	10.00
11.00	Home Health Aide	46,343	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	39,279	12.00
13.00	Drugs	0	0	0	0	101	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)	2,172,765	167,939	125,537	26,336	238,450	24.00

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140135

Period: From 10/01/2010

Worksheet H

HHA CCN: 147206

To 09/30/2011

Date/Time Prepared: 3/28/2012 3:39 pm

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	Total (sum of col.s. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	5,833	-5,833	0	0	1.00
2.00	Capital Related - Movable Equipment	24,025	-24,025	0	0	2.00
3.00	Plant Operation & Maintenance	86,809	0	86,809	0	3.00
4.00	Transportation	125,537	0	125,537	0	4.00
5.00	Administrative and General	779,327	0	779,327	-723	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,071,558	0	1,071,558	0	6.00
7.00	Physical Therapy	293,567	0	293,567	0	7.00
8.00	Occupational Therapy	123,959	0	123,959	0	8.00
9.00	Speech Pathology	56,362	0	56,362	0	9.00
10.00	Medical Social Services	78,327	0	78,327	0	10.00
11.00	Home Health Aide	46,343	0	46,343	0	11.00
12.00	Supplies (see instructions)	39,279	0	39,279	0	12.00
13.00	Drugs	101	0	101	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)	2,731,027	-29,858	2,701,169	-723	2,700,446

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

COST ALLOCATION - HHA GENERAL SERVICE COST	Provider CCN: 140135	Period: From 10/01/2010	Worksheet H-1 Part I Date/Time Prepared: 3/28/2012 3:39 pm
	HHA CCN: 147206	To 09/30/2011	
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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			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0			2.00
3.00	Plant Operation & Maintenance	86,809	0	86,809		3.00
4.00	Transportation	125,537	0	0	125,537	4.00
5.00	Administrative and General	778,604	0	86,809	125,537	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,071,558	0	0	0	6.00
7.00	Physical Therapy	293,567	0	0	0	7.00
8.00	Occupational Therapy	123,959	0	0	0	8.00
9.00	Speech Pathology	56,362	0	0	0	9.00
10.00	Medical Social Services	78,327	0	0	0	10.00
11.00	Home Health Aide	46,343	0	0	0	11.00
12.00	Supplies (see instructions)	39,279	0	0	0	12.00
13.00	Drugs	101	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)	2,700,446	0	86,809	125,537	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140135	Period: From 10/01/2010	Worksheet H-1
		HHA CCN: 147206	To 09/30/2011	Part I
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	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	990,950	990,950	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	1,071,558	621,153	1,692,711
7.00	Physical Therapy	293,567	170,173	463,740
8.00	Occupational Therapy	123,959	71,856	195,815
9.00	Speech Pathology	56,362	32,672	89,034
10.00	Medical Social Services	78,327	45,404	123,731
11.00	Home Health Aide	46,343	26,864	73,207
12.00	Supplies (see instructions)	39,279	22,769	62,048
13.00	Drugs	101	59	160
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)	1,709,496		2,700,446

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140135	Period: From 10/01/2010	Worksheet H-1
	HHA CCN: 147206	To 09/30/2011	Part II Date/Time Prepared: 3/28/2012 3:39 pm
		Home Health Agency I	PPS

	Capital Related Costs				Transportation (MILEAGE)	Reconciliation	
	Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)				
	1.00	2.00	3.00	4.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	86,809		0	3.00
4.00	Transportation (see instructions)	0	0	0	125,537		4.00
5.00	Administrative and General	0	0	86,809	125,537	-990,950	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	86,809	125,537	-990,950	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	86,809	125,537		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	1.000000	1.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140135	Period: From 10/01/2010	Worksheet H-1 Part II Date/Time Prepared: 3/28/2012 3:39 pm
	HHA CCN: 147206	To 09/30/2011	
		Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	1,709,496	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,071,558	6.00
7.00	Physical Therapy	293,567	7.00
8.00	Occupational Therapy	123,959	8.00
9.00	Speech Pathology	56,362	9.00
10.00	Medical Social Services	78,327	10.00
11.00	Home Health Aide	46,343	11.00
12.00	Supplies (see instructions)	39,279	12.00
13.00	Drugs	101	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)	1,709,496	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	990,950	25.00
26.00	Unit Cost Multiplier	0.579674	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140135	Period: From 10/01/2010	Worksheet H-2 Part I
		HHA CCN: 147206	To 09/30/2011	Date/Time Prepared: 3/28/2012 3:39 pm
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	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
	0			4.00	4A	
1.00	Administrative and General	79,262	23,707	323,599	426,568	1.00
2.00	Skilled Nursing Care	0	0	0	1,692,711	2.00
3.00	Physical Therapy	0	0	0	463,740	3.00
4.00	Occupational Therapy	0	0	0	195,815	4.00
5.00	Speech Pathology	0	0	0	89,034	5.00
6.00	Medical Social Services	0	0	0	123,731	6.00
7.00	Home Health Aide	0	0	0	73,207	7.00
8.00	Supplies (see instructions)	0	0	0	62,048	8.00
9.00	Drugs	0	0	0	160	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)	79,262	23,707	323,599	3,127,014	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: 140135	Period: From 10/01/2010	Worksheet H-2
		HHA CCN: 147206	To 09/30/2011	Part I
				Date/Time Prepared: 3/28/2012 3:39 pm
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		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	70,959	105,233	0	68,938	0	1.00
2.00	Skilled Nursing Care	281,579	0	0	0	0	2.00
3.00	Physical Therapy	77,142	0	0	0	0	3.00
4.00	Occupational Therapy	32,573	0	0	0	0	4.00
5.00	Speech Pathology	14,811	0	0	0	0	5.00
6.00	Medical Social Services	20,582	0	0	0	0	6.00
7.00	Home Health Aide	12,178	0	0	0	0	7.00
8.00	Supplies (see instructions)	10,322	0	0	0	0	8.00
9.00	Drugs	27	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)	520,173	105,233	0	68,938	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: 140135

Period: From 10/01/2010

Worksheet H-2

HHA CCN: 147206

To 09/30/2011

Part I
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	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	80,667	0	5,632	33	15,542	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)	80,667	0	5,632	33	15,542	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: 140135	Period: From 10/01/2010	Worksheet H-2
		HHA CCN: 147206	To 09/30/2011	Part I
			Home Health Agency I	Date/Time Prepared: 3/28/2012 3:39 pm
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		INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
		NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		19.00	21.00	22.00			
1.00	Administrative and General	0	0	0	0	773,572	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,974,290	2.00
3.00	Physical Therapy	0	0	0	0	540,882	3.00
4.00	Occupational Therapy	0	0	0	0	228,388	4.00
5.00	Speech Pathology	0	0	0	0	103,845	5.00
6.00	Medical Social Services	0	0	0	0	144,313	6.00
7.00	Home Health Aide	0	0	0	0	85,385	7.00
8.00	Supplies (see instructions)	0	0	0	0	72,370	8.00
9.00	Drugs	0	0	0	0	187	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	3,923,232	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: 140135	Period: From 10/01/2010	Worksheet H-2
		HHA CCN: 147206	To 09/30/2011	Part I
				Date/Time Prepared: 3/28/2012 3:39 pm
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	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	773,572		1.00
2.00	Skilled Nursing Care	0	1,974,290	484,896	2.00
3.00	Physical Therapy	0	540,882	132,843	3.00
4.00	Occupational Therapy	0	228,388	56,093	4.00
5.00	Speech Pathology	0	103,845	25,505	5.00
6.00	Medical Social Services	0	144,313	35,444	6.00
7.00	Home Health Aide	0	85,385	20,971	7.00
8.00	Supplies (see instructions)	0	72,370	17,774	8.00
9.00	Drugs	0	187	46	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)	0	3,923,232	773,572	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.			0.245605	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: 140135
HHA CCN: 147206

Period:
From 10/01/2010
To 09/30/2011

Worksheet H-2
Part II
Date/Time Prepared:
3/28/2012 3:39 pm

		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5A	5.00	
1.00	Administrative and General	4,094	24,025	2,172,765	0	426,568	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,692,711	2.00
3.00	Physical Therapy	0	0	0	0	463,740	3.00
4.00	Occupational Therapy	0	0	0	0	195,815	4.00
5.00	Speech Pathology	0	0	0	0	89,034	5.00
6.00	Medical Social Services	0	0	0	0	123,731	6.00
7.00	Home Health Aide	0	0	0	0	73,207	7.00
8.00	Supplies (see instructions)	0	0	0	0	62,048	8.00
9.00	Drugs	0	0	0	0	160	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	4,094	24,025	2,172,765		3,127,014	20.00
21.00	Total cost to be allocated	79,262	23,707	323,599		520,173	21.00
22.00	Unit cost multiplier	19.360528	0.986764	0.148934		0.166348	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140135
HHA CCN: 147206

Period:
From 10/01/2010
To 09/30/2011

Worksheet H-2
Part II
Date/Time Prepared:
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				Home Health Agency I		PPS	
		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	4,094	0	4,094	0	3,678	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)	4,094	0	4,094	0	3,678	20.00
21.00	Total cost to be allocated	105,233	0	68,938	0	80,667	21.00
22.00	Unit cost multiplier	25.704201	0.000000	16.838788	0.000000	21.932300	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140135
HHA CCN: 147206

Period:
From 10/01/2010
To 09/30/2011

Worksheet H-2
Part II
Date/Time Prepared:
3/28/2012 3:39 pm

		Home Health Agency I		PPS			
	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
	13.00	14.00	15.00	16.00	19.00		
1.00	Administrative and General	0	39,279	101	3,207,235	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	39,279	101	3,207,235	0	20.00
21.00	Total cost to be allocated	0	5,632	33	15,542	0	21.00
22.00	Unit cost multiplier	0.000000	0.143385	0.326733	0.004846	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140135	Period: From 10/01/2010	Worksheet H-2
	HHA CCN: 147206	To 09/30/2011	Part II Date/Time Prepared: 3/28/2012 3:39 pm
		Home Health Agency I	PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140135 HHA CCN: 147206		Period: From 10/01/2010 To 09/30/2011		Worksheet H-3 Parts I-II Date/Time Prepared: 3/28/2012 3:39 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	2,459,186		2,459,186	12,932	1.00
2.00	Physical Therapy	3.00	673,725	39,929	713,654	5,587	2.00
3.00	Occupational Therapy	4.00	284,481	1,282	285,763	978	3.00
4.00	Speech Pathology	5.00	129,350	407	129,757	36	4.00
5.00	Medical Social Services	6.00	179,757		179,757	563	5.00
6.00	Home Health Aide	7.00	106,356		106,356	1,563	6.00
7.00	Total (sum of lines 1-6)		3,832,855	41,618	3,874,473	21,659	7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		
					Part B		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		19500	4,963	3,589		8.00
9.00	Physical Therapy		19500	3,132	992		9.00
10.00	Occupational Therapy		19500	355	313		10.00
11.00	Speech Pathology		19500	2	20		11.00
12.00	Medical Social Services		19500	40	28		12.00
13.00	Home Health Aide		19500	408	840		13.00
14.00	Total (sum of lines 8-13)			8,900	5,782		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	90,144	4,545	94,689	87,147	15.00
16.00	Cost of Drugs	9.00	233	0	233	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	0.294547	135,560	39,929	1.00
2.00	Occupational Therapy		67.00	0.095360	13,440	1,282	2.00
3.00	Speech Pathology		68.00	0.256242	1,590	407	3.00
4.00	Cost of Medical Supplies		71.00	0.333455	13,630	4,545	4.00
5.00	Cost of Drugs		73.00	0.445228	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140135

Period: From 10/01/2010

Worksheet H-3

HHA CCN: 147206

To 09/30/2011

Parts I-III
Date/Time Prepared:
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Title XVIII

Home Health Agency I

PPS

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits				
			Part B	Not Subject to Deductibles & Coinsurance			Subject to Deductibles & Coinsurance
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	190.16	4,963	3,589		1.00	
2.00	Physical Therapy	127.73	3,132	992		2.00	
3.00	Occupational Therapy	292.19	355	313		3.00	
4.00	Speech Pathology	3,604.36	2	20		4.00	
5.00	Medical Social Services	319.28	40	28		5.00	
6.00	Home Health Aide	68.05	408	840		6.00	
7.00	Total (sum of lines 1-6)		8,900	5,782		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			
							5.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	1.086543	17,858	69,289	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: 140135 HHA CCN: 147206		Period: From 10/01/2010 To 09/30/2011		Worksheet H-3 Parts I-III Date/Time Prepared: 3/28/2012 3:39 pm	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)			
	Part A	Part B					
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
9.00	10.00	11.00	12.00				
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	943,764	682,484		1,626,248		1.00
2.00	Physical Therapy	400,050	126,708		526,758		2.00
3.00	Occupational Therapy	103,727	91,455		195,182		3.00
4.00	Speech Pathology	7,209	72,087		79,296		4.00
5.00	Medical Social Services	12,771	8,940		21,711		5.00
6.00	Home Health Aide	27,764	57,162		84,926		6.00
7.00	Total (sum of lines 1-6)	1,495,285	1,038,836		2,534,121		7.00
Cost Center Description							
		10.00	11.00	12.00			
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00
Cost of Services							
Cost Center Description	Part A	Part B					
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
	9.00	10.00	11.00				
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	19,403	75,285	0			15.00
16.00	Cost of Drugs	0	0	0			16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140135 HHA CCN: 147206	Period: From 10/01/2010 To 09/30/2011	Worksheet H-4 Part I-II Date/Time Prepared: 3/28/2012 3:39 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,363,850	750,689
12.00	Total PPS Reimbursement - Full Episodes with Outliers		16,040	7,917
13.00	Total PPS Reimbursement - LUPA Episodes		16,520	23,208
14.00	Total PPS Reimbursement - PEP Episodes		4,302	6,104
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		13,614	3,667
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,414,326	791,585
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,414,326	791,585
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		1,414,326	791,585
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,414,326	791,585
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		1,414,326	791,585
32.00	Interim payments (see instructions)		1,414,326	791,585
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

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

Provider CCN: 140135
HHA CCN: 147206

Period:
From 10/01/2010
To 09/30/2011

Worksheet H-5
Date/Time Prepared:
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		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,414,326		791,585	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)		1,414,326		791,585	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,414,326		791,585	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: 140135

Period: From 10/01/2010

Worksheet K

Hospice CCN: 141517

To 09/30/2011

Date/Time Prepared: 3/28/2012 3:39 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		92	1.00
2.00	Capital Related Costs-Movable Equip.			0		1,223	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	11,537	3.00
4.00	Transportation - Staff	0	0	27,945	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	181,750	36,524	0	138,089	55,755	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	32,151	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	312,361	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	40,397	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	37,581	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)	526,262	36,524	27,945	138,089	146,585	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140135

Period: From 10/01/2010

Worksheet K

Hospice CCN: 141517

To 09/30/2011

Date/Time Prepared: 3/28/2012 3:39 pm

		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	92	-92	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	1,223	-1,223	0	0	0	2.00
3.00	Plant Operation and Maintenance	11,537	0	11,537	0	11,537	3.00
4.00	Transportation - Staff	27,945	0	27,945	0	27,945	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	412,118	0	412,118	-2,241	409,877	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	32,151	0	32,151	0	32,151	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	312,361	0	312,361	0	312,361	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	40,397	0	40,397	0	40,397	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	37,581	0	37,581	0	37,581	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)	875,405	-1,315	874,090	-2,241	871,849	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140135

Period: From 10/01/2010

Worksheet K-1

Hospice CCN: 141517

To 09/30/2011

Date/Time Prepared: 3/28/2012 3:39 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	0	0	64,567	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	312,361	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	64,567	312,361	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140135

Period: From 10/01/2010

Worksheet K-1

Hospice CCN: 141517

To 09/30/2011

Date/Time Prepared: 3/28/2012 3:39 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		16,148	101,035	181,750	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	32,151	32,151	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	312,361	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	16,148	133,186	526,262	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet K-2
		Hospice CCN: 141517		Date/Time Prepared: 3/28/2012 3:39 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	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						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	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140135

Period: From 10/01/2010

Worksheet K-2

Hospice CCN: 141517

To 09/30/2011

Date/Time Prepared: 3/28/2012 3:39 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	36,524	36,524	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	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	36,524	36,524	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet K-3
		Hospice CCN: 141517		Date/Time Prepared: 3/28/2012 3:39 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	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						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	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140135	Period: From 10/01/2010	Worksheet K-3
		Hospice CCN: 141517	To 09/30/2011	Date/Time Prepared: 3/28/2012 3:39 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	138,089	138,089	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	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	138,089	138,089	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140135

Period: From 10/01/2010

Worksheet K-4

Hospice CCN: 141517

To 09/30/2011

Part I
Date/Time Prepared:
3/28/2012 3:39 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
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	11,537	0	0	11,537		3.00
4.00	Transportation - Staff	27,945	0	0	0	27,945	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	409,877	0	0	11,537	27,945	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	32,151	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	312,361	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	40,397	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	37,581	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)	871,849	0	0	11,537	27,945	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 140135	Period: From 10/01/2010	Worksheet K-4
		Hospice CCN: 141517	To 09/30/2011	Part I
				Date/Time Prepared: 3/28/2012 3:39 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.		0			1.00
2.00	Capital Related Costs-Movable Equip.		0			2.00
3.00	Plant Operation and Maintenance		0			3.00
4.00	Transportation - Staff		0			4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	449,359			6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	32,151	34,196	66,347	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	312,361	332,226	644,587	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	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	40,397	42,966	83,363	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	37,581	39,971	77,552	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	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	422,490	449,359	871,849	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period: From 10/01/2010

Worksheet K-4

Hospice CCN: 141517

To 09/30/2011

Part II
Date/Time Prepared:
3/28/2012 3:39 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	11,537			3.00
4.00	Transportation - Staff	0	0	0	27,945		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	11,537	27,945	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	11,537	27,945	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	1.000000	1.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period: From 10/01/2010

Worksheet K-4

Hospice CCN: 141517

To 09/30/2011

Part II
Date/Time Prepared:
3/28/2012 3:39 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	-449,359	422,490	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	32,151	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	312,361	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	0	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	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	40,397	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	37,581	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		449,359	39.00
40.00	Unit Cost Multiplier		1.063597	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period: From 10/01/2010

Worksheet K-5

Hospice CCN: 141517

To 09/30/2011

Part I
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
	0			4.00	4A	
1.00 Administrative and General		0	1,207	78,378	79,585	1.00
2.00 Inpatient - General Care	66,347	0	0	0	66,347	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	644,587	0	0	0	644,587	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	83,363	0	0	0	83,363	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	77,552	0	0	0	77,552	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)	871,849	0	1,207	78,378	951,434	34.00
35.00 Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period: From 10/01/2010

Worksheet K-5

Hospice CCN: 141517

To 09/30/2011

Part I
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
1.00	Administrative and General	13,239	0	1,446	0	0	1.00
2.00	Inpatient - General Care	11,037	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	107,225	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	13,867	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 - Specif y	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	12,901	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)	158,269	0	1,446	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period:

Worksheet K-5

Hospice CCN: 141517

From 10/01/2010
To 09/30/2011

Part I
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description	Hospice I					
	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	21,340	0	5,388	13,094	7,235	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)	21,340	0	5,388	13,094	7,235	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period:

Worksheet K-5

Hospice CCN: 141517

From 10/01/2010
To 09/30/2011

Part I
Date/Time Prepared:
3/28/2012 3:39 pm

Hospice I

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal (col s. 4A-23)	
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR		SERVICES-OTHER PRGM COSTS			
		Y	FRI NGES				
	19.00	21.00	22.00	23.00	24.00		
1.00 Administrative and General	0	0	0	0	0	141,327	1.00
2.00 Inpatient - General Care	0	0	0	0	0	77,384	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	751,812	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	97,230	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	90,453	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	1,158,206	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period: From 10/01/2010

Worksheet K-5

Hospice CCN: 141517

To 09/30/2011

Part I
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description		Hospice I					
		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General						1.00
2.00	Inpatient - General Care	0	77,384	10,755	88,139		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	751,812	104,488	856,300		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	97,230	13,513	110,743		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	90,453	12,571	103,024		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	1,158,206	0.138981	1,158,206		34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140135

Period:

Worksheet K-5

Hospice CCN: 141517

From 10/01/2010

Part II

To 09/30/2011

Date/Time Prepared:
3/28/2012 3:39 pm

Hospice I

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00	4.00	5A	5.00	
1.00 Administrative and General	0	1,223	526,262	0	79,585	1.00
2.00 Inpatient - General Care	0	0	0	0	66,347	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	644,587	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	83,363	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	77,552	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	1,223	526,262		951,434	34.00
35.00 Total cost to be allocated	0	1,207	78,378		158,269	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.986917	0.148933		0.166348	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140135

Period:

Worksheet K-5

Hospice CCN: 141517

From 10/01/2010
To 09/30/2011

Part II
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description		Hospice I					
		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	1,393	0	0	973	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	1,393	0	0	973	34.00
35.00	Total cost to be allocated	0	1,446	0	0	21,340	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	1.038047	0.000000	0.000000	21.932169	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140135

Period:

Worksheet K-5

Hospice CCN: 141517

From 10/01/2010
To 09/30/2011

Part II
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description		Hospice I					
		NURSING ADMINISTRATION (DIRECT NRSING HRS) 13.00	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 14.00	PHARMACY (COSTED REQUIS.) 15.00	MEDICAL RECORDS & LIBRARY (GROSS CHARGES) 16.00	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) 19.00	
1.00	Administrative and General	0	37,581	40,397	1,492,917	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	37,581	40,397	1,492,917	0	34.00
35.00	Total cost to be allocated	0	5,388	13,094	7,235	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.143370	0.324133	0.004846	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140135
Hospice CCN: 141517

Period:
From 10/01/2010
To 09/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
3/28/2012 3:39 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	Hospice I
	SERVICES-SALARY & FRINGES (TIME SPENT)	SERVICES-OTHER PRGM COSTS (TIME SPENT)			
	21.00	22.00	23.00		
1.00 Administrative and General	0	0	0		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	0	0	0		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	0	0	0		10.00
11.00 Spiritual Counseling	0	0	0		11.00
12.00 Dietary Counseling	0	0	0		12.00
13.00 Counseling - Other	0	0	0		13.00
14.00 Home Health Aide and Homemaker	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	0	0	0		30.00
31.00 Volunteer Program Costs	0	0	0		31.00
32.00 Fundraising	0	0	0		32.00
33.00 Other Program Costs	0	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0		34.00
35.00 Total cost to be allocated	0	0	0		35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140135	Period: From 10/01/2010	Worksheet K-5
		Hospice CCN: 141517	To 09/30/2011	Part III
		Hospice I		Date/Time Prepared: 3/28/2012 3:39 pm
Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
	0	1.00	2.00	3.00
ANCILLARY SERVICE COST CENTERS				
1.00	PHYSICAL THERAPY	66.00	0.294547	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.095360	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.256242	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.445228	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00		5.00
6.00	LABORATORY	60.00	0.096103	0 6.00
6.01	BLOOD LABORATORY	60.01		6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.333455	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00		8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.257511	0 9.00
10.00	RENAL DIALYSIS	76.00		10.00
11.00	Totals (sum of lines 1-10)			0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140135

Period: From 10/01/2010

Worksheet K-6

Hospice CCN: 141517

To 09/30/2011

Date/Time Prepared: 3/28/2012 3:39 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,158,206	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				7,585	2.00
3.00	Average cost per diem (line 1 divided by line 2)				152.70	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	7,370				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,125,399				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		215			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		32,831			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140135	Period: From 10/01/2010 To 09/30/2011	Worksheet L Parts I-III Date/Time Prepared: 3/28/2012 3:39 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,338,055	1.00
2.00	Capital DRG outlier payments		38,139	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		112.81	3.00
4.00	Number of interns & residents (see instructions)		13.01	4.00
5.00	Indirect medical education percentage (see instructions)		3.31	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		110,490	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.05	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		16.96	8.00
9.00	Sum of lines 7 and 8		21.01	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.35	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		145,205	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,631,889	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