

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: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/23/2012 8:36 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input type="checkbox"/> Electronically filed cost report	Date: 1/23/2012	Time: 8:36 am
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ILLINOIS VALLEY COMMUNITY HOSP for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	43,098	-51,479	0	0
2.00 Subprovider - IPF	0	0	0	0	0
3.00 Subprovider - IRF	0	0	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 Skilled Nursing Facility	0	0	0	0	0
8.00 Nursing Facility	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	43,098	-51,479	0	0

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY Provider CCN: 140234 Period: From 07/01/2010 To 06/30/2011 Worksheet S Parts I-III Date/Time Prepared: 1/23/2012 8:36 am

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 1/23/2012 Time: 8:36 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

PART II - CERTIFICATION

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CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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Encryption Information
 ECR: Date: 1/23/2012 Time: 8:36 am
 2zMdACx71zjy3soV2RmOL7KUIFs6lO
 zlW0v03C2dY. B59oERcEryHOYVF54F
 DAVKO: dERB00c2sI
 PI: Date: 1/23/2012 Time: 8:36 am
 iS9z10. JyhvgwGh9JDJBev5w. 697f1
 uiZtr0n4Xl ooQvPcRm: YgS0wcSmmXl
 2QeN8Kjvp30LlIcm

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	43,098	-51,479	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 Skilled Nursing Facility	0	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	43,098	-51,479	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140234		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/23/2012 3:17 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 61354-		4.00 County: LASALLE				
1.00 Street: 925 WEST STREET		2.00 City: PERU								
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		
V		XVIII		XIX						
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ILLINOIS VALLEY COMMUNITY HOSP	140234	14	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	SWING BED UNIT OF IVCH	14U234	14		07/01/1991	N	P	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	VALLEY HOME HEALTH SERVICES	147440	14		04/01/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	VALLEY HOSPICE	141533	14		04/01/1985				14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC						N	N	N	16.00
17.00	Hospital-Based (CMHC) 1						N	N	N	17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
17.20	Hospital-Based (OPT) 1						N	N	N	17.20
17.30	Hospital-Based (OOT) 1						N	N	N	17.30
17.40	Hospital-Based (OSP) 1						N	N	N	17.40
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)					07/01/2010	06/30/2011		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.	1,302	189	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		25.00	
						1.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.							2	26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.							2	27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0	35.00	

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	1			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.	07/01/2010	06/30/2011		38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	Y	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	Enter in column 1 the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
			1.00	2.00	3.00		
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
			1.00				
Long Term Care Hospital PPS							
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.				N	80.00	

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				1.00		
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.		N		86.00	
			V	XIX		
			1.00	2.00		
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		Y	N	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		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	N	N
					1.00	2.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		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.			0	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	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		Y 120.00	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 140234		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/23/2012 3:17 am	
			1.00			2.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.							134.00
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)			N				140.00
			1.00	2.00		3.00		
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name:		Contractor's Name:		Contractor's Number:			141.00
142.00	Street:		PO Box:					142.00
143.00	City:		State:		Zip Code:			143.00
							1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					N		145.00
							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		Part B	
					1.00		2.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital			N		N		155.00
156.00	Subprovider - IPF			N		N		156.00
157.00	Subprovider - IRF			N		N		157.00
158.00	Subprovider - Other			N		N		158.00
159.00	SNF			N		N		159.00
160.00	HHA			N		N		160.00
161.00	CMHC					N		161.00
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N		165.00
			Name		County		State	
			0		1.00		2.00	
			Zip Code		CBSA		FTE/Campus	
			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
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/23/2012 3:17 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N	Legal Oper.		
		1.00	2.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/18/2011		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/23/2012 3:17 am
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		Part A				
		Description	Y/N	Date		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00		21.00
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physi cians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physi cians? 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 physi cians 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: 140234

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

Worksheet S-2
Part II
Date/Time Prepared:
1/23/2012 3:17 am

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	08/18/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part I Date/Time Prepared: 1/23/2012 3:17 am
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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	62	22,630	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)		62	22,630	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	9	3,285	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		71	25,915	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20					25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30					25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40					25.40
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		71				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140234

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

Worksheet S-3
Part I
Date/Time Prepared:
1/23/2012 3:17 am

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	5,469	1,014	8,428		1.00
2.00 HMO		0	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	327	0	380		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	5,796	1,014	8,808		7.00
8.00 INTENSIVE CARE UNIT	0	321	20	522		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		457	902		13.00
14.00 Total (see instructions)	0	6,117	1,491	10,232		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0		25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		25.40
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		174	1,675		28.00
28.01 SUBPROVIDER - IPF	0	0	0	0		28.01
28.02 SUBPROVIDER - IRF	0	0	0	0		28.02
28.03 SUBPROVIDER	0	0	0	0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140234

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

Worksheet S-3
Part I
Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,496	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	415.75	0.00	0	1,496	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	5.32	0.00			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00	0.00	0.00			25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00	0.00	0.00			25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00	0.00	0.00			25.40
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	421.07	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140234

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

Worksheet S-3
Part I
Date/Time Prepared:
1/23/2012 3:17 am

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)	283	2,609		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)	283	2,609		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY				25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY				25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY				25.40
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140234		Period: From 07/01/2010 To 06/30/2011		Worksheet S-3 Part II Date/Time Prepared: 1/23/2012 3:17 am	
	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)		
	1.00	2.00	2.50	3.00	4.00		

PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	19,752,606	0	0	19,752,606	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0	3.00
4.00	Physician-Part A		0	0	0	0	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0	4.01
5.00	Physician-Part B		0	0	0	0	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0	7.01
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	0	0	0	0	9.00
10.00	Excluded area salaries (see instructions)		749,139	0	70,192	819,331	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		275,339	0	0	275,339	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		0	0	0	0	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0	14.00
15.00	Home office: physician Part A		0	0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		8,244,410	0	0	8,244,410	17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0	0	18.00
19.00	Excluded areas		274,459	0	0	274,459	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	0	21.00
22.00	Physician Part A		0	0	0	0	22.00
23.00	Physician Part B		0	0	0	0	23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	197,302	0	0	197,302	26.00
27.00	Administrative & General	5.00	3,600,517	0	-70,192	3,530,325	27.00
28.00	Administrative & General under contract (see inst.)		42,572	0	156	42,728	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0	29.00
30.00	Operation of Plant	7.00	703,035	0	0	703,035	30.00
31.00	Laundry & Linen Service	8.00	36,566	0	0	36,566	31.00
32.00	Housekeeping	9.00	586,331	0	0	586,331	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	654,530	0	-327,017	327,513	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	54,718	0	327,017	381,735	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	560,730	0	0	560,730	38.00
39.00	Central Services and Supply	14.00	143,630	0	0	143,630	39.00
40.00	Pharmacy	15.00	563,542	0	0	563,542	40.00
41.00	Medical Records & Medical Records Library	16.00	530,793	0	0	530,793	41.00
42.00	Social Service	17.00	236,092	0	0	236,092	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/23/2012 3:17 am
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART II - WAGE DATA				
SALARIES				
1.00	Total salaries (see instructions)	875,816.00	22.55	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	0.00	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	0.00	4.01
5.00	Physician-Part B	0.00	0.00	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00	7.01
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	32,699.00	25.06	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	2,441.00	112.80	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs	0.00	0.00	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
WAGE-RELATED COSTS				
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	6,350.00	31.07	26.00
27.00	Administrative & General	165,757.00	21.30	27.00
28.00	Administrative & General under contract (see inst.)	0.00	0.00	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	33,098.00	21.24	30.00
31.00	Laundry & Linen Service	2,132.00	17.15	31.00
32.00	Housekeeping	43,597.00	13.45	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	20,985.00	15.61	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	24,460.00	15.61	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	17,355.00	32.31	38.00
39.00	Central Services and Supply	9,539.00	15.06	39.00
40.00	Pharmacy	15,917.00	35.41	40.00
41.00	Medical Records & Medical Records Library	35,122.00	15.11	41.00
42.00	Social Service	9,475.00	24.92	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140234

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

Worksheet S-3
Part III
Date/Time Prepared:
1/23/2012 3:17 am

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	
	1.00	2.00	2.50	3.00	4.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	19,795,178	0	156	19,795,334	1.00
2.00	Excluded area salaries (see instructions)	749,139	0	70,192	819,331	2.00
3.00	Subtotal salaries (line 1 minus line 2)	19,046,039	0	-70,036	18,976,003	3.00
4.00	Subtotal other wages & related costs (see inst.)	275,339	0	0	275,339	4.00
5.00	Subtotal wage-related costs (see inst.)	8,244,410	0	0	8,244,410	5.00
6.00	Total (sum of lines 3 thru 5)	27,565,788	0	-70,036	27,495,752	6.00
7.00	Total overhead cost (see instructions)	7,910,358	0	-70,036	7,840,322	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part III Date/Time Prepared: 1/23/2012 3:17 am
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	875,816.00	22.60	1.00
2.00	Excluded area salaries (see instructions)	32,699.00	25.06	2.00
3.00	Subtotal salaries (line 1 minus line 2)	843,117.00	22.51	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,441.00	112.80	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	43.45	5.00
6.00	Total (sum of lines 3 thru 5)	845,558.00	32.52	6.00
7.00	Total overhead cost (see instructions)	383,787.00	20.43	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/23/2012 3:17 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	2,425,624	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	3,551,243	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	248,389	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	37,399	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)	111,286	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	298,850	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	1,474,915	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	49,388	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	47,316	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	8,244,410	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: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/23/2012 3:17 am
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			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	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet S-7 Date/Time Prepared: 1/23/2012 3:17 am
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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	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.	Y		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	0	10	10	9.00
10.00	RML	0	26	26	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	0	0	0	14.00
15.00	RVC	0	0	0	15.00
16.00	RVB	0	0	0	16.00
17.00	RVA	0	0	0	17.00
18.00	RHC	0	17	17	18.00
19.00	RHB	0	39	39	19.00
20.00	RHA	0	5	5	20.00
21.00	RMC	0	43	43	21.00
22.00	RMB	0	9	9	22.00
23.00	RMA	0	33	33	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	5	5	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	4	4	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	34	34	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	9	9	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	15	15	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	0	15	15	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	0	36	36	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	0	0	0	54.00
55.00	SE3	0	3	3	55.00
56.00	SE2	0	21	21	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	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140234

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

Worksheet S-7
Date/Time Prepared:
1/23/2012 3:17 am

		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	0	69.00	
70.00		PE1	0	0	0	0	70.00	
71.00		PD2	0	0	0	0	71.00	
72.00		PD1	0	0	0	0	72.00	
73.00		PC2	0	0	0	0	73.00	
74.00		PC1	0	0	0	0	74.00	
75.00		PB2	0	0	0	0	75.00	
76.00		PB1	0	0	0	0	76.00	
77.00		PA2	0	0	0	0	77.00	
78.00		PA1	0	0	0	0	78.00	
199.00		AAA	0	3	3	3	199.00	
200.00	TOTAL		0	327	327	327	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			
SNF SERVICES								
201.00	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).							201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?			
			1.00	2.00	3.00			
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)								
202.00	Staffing		0	0.00			202.00	
203.00	Recruitment		0	0.00			203.00	
204.00	Retention of employees		0	0.00			204.00	
205.00	Training		0	0.00			205.00	
206.00	OTHER (SPECIFY)		0	0.00			206.00	
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0				207.00	
				1.00				
1.00	Wage Index Factor			0.0000		1.00		
		Group	Base Rate Prior to 10/1	Actual Rate for Services Prior to 10/1	Days for Services Prior to 10/1	Base Rate On/After 10/1		
		1.00	2.00	3.00	4.00	5.00		
3.00		RUX	195.01	195.01	0	269.98	3.00	
4.00		RUL	174.43	174.43	0	263.50	4.00	
5.00		RVX	146.09	146.09	0	241.45	5.00	
6.00		RVL	137.14	137.14	0	215.54	6.00	
7.00		RHX	122.05	122.05	0	219.66	7.00	
8.00		RHL	119.37	119.37	0	194.67	8.00	
9.00		RMX	136.16	136.16	0	201.49	9.00	
10.00		RML	125.88	125.88	0	184.83	10.00	
11.00		RLX	96.39	96.39	0	117.63	11.00	
12.00		RUC	169.51	169.51	0	201.03	12.00	
13.00		RUB	156.99	156.99	0	201.03	13.00	
14.00		RUA	150.72	150.72	0	165.39	14.00	
15.00		RVC	132.66	132.66	0	172.50	15.00	
16.00		RVB	126.85	126.85	0	147.98	16.00	
17.00		RVA	116.12	116.12	0	147.51	17.00	
18.00		RHC	113.11	113.11	0	150.71	18.00	
19.00		RHB	108.63	108.63	0	134.98	19.00	
20.00		RHA	101.92	101.92	0	117.85	20.00	
21.00		RMC	103.51	103.51	0	133.00	21.00	
22.00		RMB	100.82	100.82	0	123.74	22.00	
23.00		RMA	99.04	99.04	0	100.60	23.00	
24.00		RLB	89.24	89.24	0	129.97	24.00	
25.00		RLA	77.16	77.16	0	80.92	25.00	
26.00		ES3	195.98	195.98	0	195.98	26.00	
27.00		ES2	153.87	153.87	0	153.87	27.00	
28.00		ES1	137.67	137.67	0	137.67	28.00	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140234

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

Worksheet S-7

Date/Time Prepared:
1/23/2012 3:17 am

	Group	Base Rate	Actual Rate	Days for	Base Rate	
		Prior to 10/1	for Services Prior to 10/1	Services Prior to 10/1	On/After 10/1	
	1.00	2.00	3.00	4.00	5.00	
29.00	HE2	133.04	133.04	0	133.04	29.00
30.00	HE1	110.83	110.83	0	110.83	30.00
31.00	HD2	124.71	124.71	0	124.71	31.00
32.00	HD1	104.35	104.35	0	104.35	32.00
33.00	HC2	117.77	117.77	0	117.77	33.00
34.00	HC1	98.80	98.80	0	98.80	34.00
35.00	HB2	116.38	116.38	0	116.38	35.00
36.00	HB1	97.87	97.87	0	97.87	36.00
37.00	LE2	121.01	121.01	0	121.01	37.00
38.00	LE1	101.57	101.57	0	101.57	38.00
39.00	LD2	116.38	116.38	0	116.38	39.00
40.00	LD1	97.87	97.87	0	97.87	40.00
41.00	LC2	102.50	102.50	0	102.50	41.00
42.00	LC1	86.76	86.76	0	86.76	42.00
43.00	LB2	97.41	97.41	0	97.41	43.00
44.00	LB1	83.06	83.06	0	83.06	44.00
45.00	CE2	108.05	108.05	0	108.05	45.00
46.00	CE1	99.72	99.72	0	99.72	46.00
47.00	CD2	102.50	102.50	0	102.50	47.00
48.00	CD1	94.17	94.17	0	94.17	48.00
49.00	CC2	79.84	79.84	0	90.00	49.00
50.00	CC1	73.58	73.58	0	83.53	50.00
51.00	CB2	70.00	70.00	0	83.53	51.00
52.00	CB1	66.87	66.87	0	77.51	52.00
53.00	CA2	66.42	66.42	0	71.03	53.00
54.00	CA1	62.84	62.84	0	66.40	54.00
55.00	SE3	106.23	106.23	0	0.00	55.00
56.00	SE2	91.03	91.03	0	0.00	56.00
57.00	SE1	81.63	81.63	0	0.00	57.00
58.00	SSC	80.29	80.29	0	0.00	58.00
59.00	SSB	76.27	76.27	0	0.00	59.00
60.00	SSA	74.92	74.92	0	0.00	60.00
61.00	IB2	60.16	60.16	0	0.00	61.00
62.00	IB1	59.27	59.27	0	0.00	62.00
63.00	IA2	54.79	54.79	0	0.00	63.00
64.00	IA1	53.00	53.00	0	0.00	64.00
65.00	BB2	59.71	59.71	0	75.20	65.00
66.00	BB1	58.37	58.37	0	71.96	66.00
67.00	BA2	54.35	54.35	0	62.70	67.00
68.00	BA1	50.77	50.77	0	59.93	68.00
69.00	PE2	64.63	64.63	0	99.72	69.00
70.00	PE1	63.74	63.74	0	95.10	70.00
71.00	PD2	61.50	61.50	0	94.17	71.00
72.00	PD1	60.61	60.61	0	89.54	72.00
73.00	PC2	58.82	58.82	0	81.21	73.00
74.00	PC1	58.37	58.37	0	77.51	74.00
75.00	PB2	52.56	52.56	0	69.18	75.00
76.00	PB1	51.66	51.66	0	66.40	76.00
77.00	PA2	51.21	51.21	0	57.61	77.00
78.00	PA1	49.87	49.87	0	55.30	78.00
199.00	AAA	49.87	49.87	0	0.00	199.00
200.00	TOTAL			0		200.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140234

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

Worksheet S-7
Date/Time Prepared:
1/23/2012 3:17 am

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
3.00	269.98	0	0	3.00
4.00	263.50	0	0	4.00
5.00	241.45	0	0	5.00
6.00	215.54	0	0	6.00
7.00	219.66	0	0	7.00
8.00	194.67	0	0	8.00
9.00	201.49	0	0	9.00
10.00	184.83	0	0	10.00
11.00	117.63	0	0	11.00
12.00	201.03	0	0	12.00
13.00	201.03	0	0	13.00
14.00	165.39	0	0	14.00
15.00	172.50	0	0	15.00
16.00	147.98	0	0	16.00
17.00	147.51	0	0	17.00
18.00	150.71	0	0	18.00
19.00	134.98	0	0	19.00
20.00	117.85	0	0	20.00
21.00	133.00	0	0	21.00
22.00	123.74	0	0	22.00
23.00	100.60	0	0	23.00
24.00	129.97	0	0	24.00
25.00	80.92	0	0	25.00
26.00	195.98	0	0	26.00
27.00	153.87	0	0	27.00
28.00	137.67	0	0	28.00
29.00	133.04	0	0	29.00
30.00	110.83	0	0	30.00
31.00	124.71	0	0	31.00
32.00	104.35	0	0	32.00
33.00	117.77	0	0	33.00
34.00	98.80	0	0	34.00
35.00	116.38	0	0	35.00
36.00	97.87	0	0	36.00
37.00	121.01	0	0	37.00
38.00	101.57	0	0	38.00
39.00	116.38	0	0	39.00
40.00	97.87	0	0	40.00
41.00	102.50	0	0	41.00
42.00	86.76	0	0	42.00
43.00	97.41	0	0	43.00
44.00	83.06	0	0	44.00
45.00	108.05	0	0	45.00
46.00	99.72	0	0	46.00
47.00	102.50	0	0	47.00
48.00	94.17	0	0	48.00
49.00	90.00	0	0	49.00
50.00	83.53	0	0	50.00
51.00	83.53	0	0	51.00
52.00	77.51	0	0	52.00
53.00	71.03	0	0	53.00
54.00	66.40	0	0	54.00
55.00	0.00	0	0	55.00
56.00	0.00	0	0	56.00
57.00	0.00	0	0	57.00
58.00	0.00	0	0	58.00
59.00	0.00	0	0	59.00
60.00	0.00	0	0	60.00
61.00	0.00	0	0	61.00
62.00	0.00	0	0	62.00
63.00	0.00	0	0	63.00
64.00	0.00	0	0	64.00
65.00	75.20	0	0	65.00
66.00	71.96	0	0	66.00
67.00	62.70	0	0	67.00
68.00	59.93	0	0	68.00
69.00	99.72	0	0	69.00
70.00	95.10	0	0	70.00
71.00	94.17	0	0	71.00
72.00	89.54	0	0	72.00
73.00	81.21	0	0	73.00
74.00	77.51	0	0	74.00
75.00	69.18	0	0	75.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140234

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

Worksheet S-7
Date/Time Prepared:
1/23/2012 3:17 am

	Actual Rate for Services On/After 10/1	Days for Services On/After 10/1	Total	
	6.00	7.00	8.00	
76.00	66.40	0	0	76.00
77.00	57.61	0	0	77.00
78.00	55.30	0	0	78.00
199.00	0.00	0	0	199.00
200.00 TOTAL		0	0	200.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 140234	Period:	Worksheet S-9
	Component CCN: 141533	From 07/01/2010 To 06/30/2011	Parts I & II Date/Time Prepared: 1/23/2012 3:17 am
			Hospice I

	Unduplicated Days				All Other	
	Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility		
	1.00	2.00	3.00	4.00		
PART I - ENROLLMENT DAYS						
1.00	Continuous Home Care	0	0	0	0	1.00
2.00	Routine Home Care	332	0	0	0	2.00
3.00	Inpatient Respite Care	0	0	0	0	3.00
4.00	General Inpatient Care	0	0	0	0	4.00
5.00	Total Hospice Days	332	0	0	0	5.00
Part II - CENSUS DATA						
6.00	Number of Patients Receiving Hospice Care	69	3	0	0	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)	4.81	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	0	0	0	0	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140234 Component CCN: 141533	Period: From 07/01/2010 To 06/30/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 1/23/2012 3:17 am
		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	332		2.00
3.00	Inpatient Respite Care	0		3.00
4.00	General Inpatient Care	0		4.00
5.00	Total Hospice Days	332		5.00
Part II - CENSUS DATA				
6.00	Number of Patients Receiving Hospice Care	76		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)	4.37		8.00
9.00	Unduplicated Census Count	0		9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/23/2012 3:17 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.309756	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,228,657	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		786,709	5.00	
6.00	Medicaid charges		19,450,416	6.00	
7.00	Medicaid cost (line 1 times line 6)		6,024,883	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		3,009,517	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,009,517	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,725,879	0	1,725,879	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	534,601	0	534,601	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	534,601	0	534,601	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		4,542,466	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		56,333	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		4,486,133	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,389,607	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		1,924,208	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,933,725	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/23/2012 3:17 am	
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		4,502,194	4,502,194	0	4,502,194	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	739,962	739,962	2.00
4.00 EMPLOYEE BENEFITS	197,302	8,618,440	8,815,742	0	8,815,742	4.00
5.00 ADMINISTRATIVE & GENERAL	3,600,517	4,068,982	7,669,499	-681,475	6,988,024	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	703,035	1,706,781	2,409,816	-1,694	2,408,122	7.00
8.00 LAUNDRY & LINEN SERVICE	36,566	183,485	220,051	0	220,051	8.00
9.00 HOUSEKEEPING	586,331	185,275	771,606	0	771,606	9.00
10.00 DIETARY	654,530	141,960	796,490	-327,017	469,473	10.00
11.00 CAFETERIA	54,718	167,081	221,799	327,017	548,816	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	560,730	34,689	595,419	0	595,419	13.00
14.00 CENTRAL SERVICES & SUPPLY	143,630	223,514	367,144	-180,218	186,926	14.00
15.00 PHARMACY	563,542	1,601,661	2,165,203	-1,540,093	625,110	15.00
16.00 MEDICAL RECORDS & LIBRARY	530,793	117,030	647,823	0	647,823	16.00
17.00 SOCIAL SERVICE	236,092	57,240	293,332	-50,291	243,041	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES 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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3,341,255	344,634	3,685,889	-62,708	3,623,181	30.00
31.00 INTENSIVE CARE UNIT	618,306	39,381	657,687	0	657,687	31.00
40.00 SUBPROVIDER - I/P	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/R	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	141,359	32,790	174,149	0	174,149	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	961,032	7,555,603	8,516,635	-4,800,442	3,716,193	50.00
50.01 SAME DAY SURGERY	381,624	34,794	416,418	0	416,418	50.01
50.02 LITHOTRIPSY	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	197,216	30,191	227,407	0	227,407	52.00
53.00 ANESTHESIOLOGY	167,453	2,225,885	2,393,338	-960	2,392,378	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,231,280	1,271,593	2,502,873	-102,900	2,399,973	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,062,559	1,915,417	2,977,976	0	2,977,976	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	187,353	222,202	409,555	-320	409,235	64.00
65.00 RESPIRATORY THERAPY	365,036	81,288	446,324	-68,474	377,850	65.00
66.00 PHYSICAL THERAPY	1,181,844	519,981	1,701,825	-284,269	1,417,556	66.00
69.00 ELECTROCARDIOLOGY	122,649	187,360	310,009	0	310,009	69.00
69.02 CARDIAC REHAB	61,508	5,503	67,011	0	67,011	69.02
70.00 ELECTROENCEPHALOGRAPHY	1,960	133,631	135,591	-256	135,335	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	840,543	840,543	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,233,206	4,233,206	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	1,540,093	1,540,093	73.00
76.00 I/P AMBULANCE SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	1,113,247	2,631,365	3,744,612	-100,559	3,644,053	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	61,288	42,685	103,973	0	103,973	95.00
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	79	79	0	79	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 HOSPICE	250,548	220,243	470,791	-2,074	468,717	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	19,315,303	39,102,957	58,418,260	-522,929	57,895,331	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140234		Period: From 07/01/2010 To 06/30/2011		Worksheet A	
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	
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	0	0	0	190.00
191.00	RESEARCH		0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES		0	0	0	0	0	192.00
192.01	PRIVATE DUTY NURSING		0	0	0	0	0	192.01
192.02	COMMUNITY HEALTH		176,917	81,296	258,213	-12,300	245,913	192.02
192.03	OCCUPATIONAL MEDICINE		92,320	3,298	95,618	0	95,618	192.03
192.04	FAMILY PHARMACY		0	0	0	0	0	192.04
192.05	ADULT DAY CARE		0	0	0	0	0	192.05
192.06	PERSONAL TOUCH		0	0	0	0	0	192.06
192.07	IV HEALTH CORP		0	0	0	0	0	192.07
192.08	PUBLIC RELATIONS		0	0	0	0	0	192.08
192.09	UTICA MEDICAL CENTER		0	0	0	0	0	192.09
192.10	OGLESBY FAMILY MEDICINE		0	0	0	0	0	192.10
192.11	RETAIL CLINIC		132,586	172,422	305,008	0	305,008	192.11
192.12	IVCH CARE TODAY		35,480	178,521	214,001	-12,373	201,628	192.12
194.00	OTHER NONREIMBURSABLE COST CENTERS		0	0	0	547,602	547,602	194.00
200.00	TOTAL (SUM OF LINES 118-199)		19,752,606	39,538,494	59,291,100	0	59,291,100	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/23/2012 3:17 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-428,612	4,073,582	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-9,094	730,868	2.00
4.00	EMPLOYEE BENEFITS	0	8,815,742	4.00
5.00	ADMINISTRATIVE & GENERAL	-512,213	6,475,811	5.00
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	-30,165	2,377,957	7.00
8.00	LAUNDRY & LINEN SERVICE	0	220,051	8.00
9.00	HOUSEKEEPING	0	771,606	9.00
10.00	DIETARY	-12,497	456,976	10.00
11.00	CAFETERIA	-157,577	391,239	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	0	595,419	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	186,926	14.00
15.00	PHARMACY	-4,936	620,174	15.00
16.00	MEDICAL RECORDS & LIBRARY	-3,248	644,575	16.00
17.00	SOCIAL SERVICE	0	243,041	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	3,623,181	30.00
31.00	INTENSIVE CARE UNIT	0	657,687	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	174,149	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	3,716,193	50.00
50.01	SAME DAY SURGERY	0	416,418	50.01
50.02	LITHOTRIpsy	0	0	50.02
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	227,407	52.00
53.00	ANESTHESIOLOGY	-2,018,963	373,415	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-67,964	2,332,009	54.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-13,449	2,964,527	60.00
60.01	BLOOD LABORATORY	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	409,235	64.00
65.00	RESPIRATORY THERAPY	-6,440	371,410	65.00
66.00	PHYSICAL THERAPY	0	1,417,556	66.00
69.00	ELECTROCARDIOLOGY	-111,160	198,849	69.00
69.02	CARDIAC REHAB	0	67,011	69.02
70.00	ELECTROENCEPHALOGRAPHY	-3,180	132,155	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	840,543	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	4,233,206	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,540,093	73.00
76.00	I/P AMBULANCE SERVICES	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	EMERGENCY	-2,377,363	1,266,690	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	103,973	95.00
99.10	CORF	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	HOME HEALTH AGENCY	0	79	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
116.00	HOSPICE	-20,004	448,713	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-5,776,865	52,118,466	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	0	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140234

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

Worksheet A
Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6.00	7.00	
192.00 PHYSICIANS' PRIVATE OFFICES	98,133	98,133	192.00
192.01 PRIVATE DUTY NURSING	0	0	192.01
192.02 COMMUNITY HEALTH	0	245,913	192.02
192.03 OCCUPATIONAL MEDICINE	0	95,618	192.03
192.04 FAMILY PHARMACY	1,035,813	1,035,813	192.04
192.05 ADULT DAY CARE	597,531	597,531	192.05
192.06 PERSONAL TOUCH	0	0	192.06
192.07 IV HEALTH CORP	6,423,759	6,423,759	192.07
192.08 PUBLIC RELATIONS	0	0	192.08
192.09 UTICA MEDICAL CENTER	244,787	244,787	192.09
192.10 OGLESBY FAMILY MEDICINE	694,065	694,065	192.10
192.11 RETAIL CLINIC	0	305,008	192.11
192.12 IVCH CARE TODAY	0	201,628	192.12
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	547,602	194.00
200.00 TOTAL (SUM OF LINES 118-199)	3,317,223	62,608,323	200.00

RECLASSIFICATIONS

Provider CCN: 140234

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

Worksheet A-6

Date/Time Prepared:
1/23/2012 3:17 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,540,093	1.00
	TOTALS		0	1,540,093	
B - PROPERTY INSURANCE					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	65,062	1.00
	TOTALS		0	65,062	
C - CAFETERIA/MOW COSTS					
1.00	CAFETERIA	11.00	327,017	0	1.00
	TOTALS		327,017	0	
D - RENTALS					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	674,900	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
	TOTALS		0	674,900	
E - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	477,448	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,233,206	2.00
	TOTALS		0	4,710,654	
F - ADDITIONAL MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	67,995	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	26,500	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	88,382	3.00
	TOTALS		0	182,877	
G - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	180,218	1.00
	TOTALS		0	180,218	
H - HHA BLDG UTILITIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,074	1.00
	TOTALS		0	2,074	
I - PUBLIC RELATIONS					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	70,192	477,410	1.00
	TOTALS		70,192	477,410	
500.00	Grand Total: Increases		397,209	7,833,288	500.00

RECLASSIFICATIONS

Provider CCN: 140234

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

Worksheet A-6

Date/Time Prepared:
1/23/2012 3:17 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	1,540,093	0		1.00
	TOTALS		0	1,540,093			
B - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	65,062	10		1.00
	TOTALS		0	65,062			
C - CAFETERIA/MOW COSTS							
1.00	DIETARY	10.00	327,017	0	0		1.00
	TOTALS		327,017	0			
D - RENTALS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	70,885	10		1.00
2.00	OPERATION OF PLANT	7.00	0	1,694	0		2.00
3.00	SOCIAL SERVICE	17.00	0	50,291	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	62,708	0		4.00
5.00	OPERATING ROOM	50.00	0	89,788	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	960	0		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	102,900	0		7.00
8.00	INTRAVENOUS THERAPY	64.00	0	320	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	479	0		9.00
10.00	PHYSICAL THERAPY	66.00	0	257,769	0		10.00
11.00	EMERGENCY	91.00	0	12,177	0		11.00
12.00	ELECTROENCEPHALOGRAPHY	70.00	0	256	0		12.00
13.00	COMMUNITY HEALTH	192.02	0	12,300	0		13.00
14.00	IVCH CARE TODAY	192.12	0	12,373	0		14.00
	TOTALS		0	674,900			
E - CHARGEABLE SUPPLIES							
1.00	OPERATING ROOM	50.00	0	4,710,654	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	4,710,654			
F - ADDITIONAL MEDICAL SUPPLIES							
1.00	RESPIRATORY THERAPY	65.00	0	67,995	0		1.00
2.00	PHYSICAL THERAPY	66.00	0	26,500	0		2.00
3.00	EMERGENCY	91.00	0	88,382	0		3.00
	TOTALS		0	182,877			
G - CHARGEABLE SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	180,218	0		1.00
	TOTALS		0	180,218			
H - HHA BLDG UTILITIES							
1.00	HOSPICE	116.00	0	2,074	0		1.00
	TOTALS		0	2,074			
I - PUBLIC RELATIONS							
1.00	ADMINISTRATIVE & GENERAL	5.00	70,192	477,410	0		1.00
	TOTALS		70,192	477,410			
500.00	Grand Total: Decreases		397,209	7,833,288			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet A-7 Parts I-III Date/Time Prepared: 1/23/2012 3:17 am
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		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	1,363,557	112,678	0	112,678	0	1.00
2.00	Land Improvements	1,119,428	0	0	0	0	2.00
3.00	Buildings and Fixtures	38,787,086	941,558	0	941,558	0	3.00
4.00	Building Improvements	241,571	31,924	0	31,924	0	4.00
5.00	Fixed Equipment	8,751,108	341,268	0	341,268	0	5.00
6.00	Movable Equipment	29,289,800	998,319	0	998,319	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	79,552,550	2,425,747	0	2,425,747	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	79,552,550	2,425,747	0	2,425,747	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	4,502,194	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,502,194	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	51,416,684	0	51,416,684	0.629298	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	30,288,119	0	30,288,119	0.370702	0	2.00
3.00	Total (sum of lines 1-2)	81,704,803	0	81,704,803	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140234

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,476,235	0		1.00		
2.00	Land Improvements	1,119,428	0		2.00		
3.00	Buildings and Fixtures	39,728,644	0		3.00		
4.00	Building Improvements	273,495	0		4.00		
5.00	Fixed Equipment	9,092,376	0		5.00		
6.00	Movable Equipment	30,288,119	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	81,978,297	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	81,978,297	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	4,502,194		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	4,502,194		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	4,073,582	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	-9,094	739,962	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,064,488	739,962	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140234

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

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	0	0	0	0	4,073,582	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	730,868	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	4,804,450	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140234

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

Worksheet A-8

Date/Time Prepared:
1/23/2012 3:17 am

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - buildings and fixtures (chapter 2)	B	-53,449	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - movable equipment (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00	Investment income - other (chapter 2)		0		0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-57,641	ADMINISTRATIVE & GENERAL	5.00 4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-4,936	PHARMACY	15.00 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-24,348	ADMINISTRATIVE & GENERAL	5.00 7.00
8.00	Television and radio service (chapter 21)	A	-7,098	ADMINISTRATIVE & GENERAL	5.00 8.00
9.00	Parking lot (chapter 21)	B	-9,400	OPERATION OF PLANT	7.00 9.00
10.00	Provider-based physician adjustment	A-8-2	-4,597,559		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-960	RADIOLOGY-DIAGNOSTIC	54.00 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0		12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Cafeteria-employees and guests	B	-157,577	CAFETERIA	11.00 14.00
15.00	Rental of quarters to employee and others		0		0.00 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00	Sale of drugs to other than patients		0		0.00 17.00
18.00	Sale of medical records and abstracts	B	-3,248	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00	Vending machines		0		0.00 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00 25.00
26.00	Depreciation - buildings and fixtures			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - movable equipment			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00	Physicians' assistant				0.00 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00			0		0.00 33.00
34.00			0		0.00 34.00
35.00	PARKING GARAGE PARKING TAXES	B	-13,484	OPERATION OF PLANT	7.00 35.00
36.00			0		0.00 36.00
37.00	PHYSICIAN BILLING 2110	A	-52,030	ADMINISTRATIVE & GENERAL	5.00 37.00
38.00			0		0.00 38.00
39.00	A LOBBYING 25%	A	-23,105	ADMINISTRATIVE & GENERAL	5.00 39.00
40.00	HYGENIC INSTITUTE	A	998,127	IV HEALTH CORP	192.07 40.00
41.00			0		0.00 41.00
41.02	NUTRITIONAL SUPPORT G/L 4095.02	B	-12,497	DIETARY	10.00 41.02
41.05	INTEREST EXPENSE	B	-375,163	NEW CAP REL COSTS-BLDG & FIXT	1.00 41.05
41.06	PHYSICIAN RECRUITMENT	A	-272,601	ADMINISTRATIVE & GENERAL	5.00 41.06
41.07	MISCELLANEOUS REV G/L 5100.090	B	-9,237	ADMINISTRATIVE & GENERAL	5.00 41.07
41.09	COMMUNICAL REVENUE G/L 5100.030	B	-63,122	ADMINISTRATIVE & GENERAL	5.00 41.09
41.11	TV OPERATING COSTS	A	-7,281	OPERATION OF PLANT	7.00 41.11
41.15	POB EXP	A	98,133	PHYSICIANS' PRIVATE OFFICES	192.00 41.15
41.20	TV DEPR	A	-9,094	NEW CAP REL COSTS-MVBLE EQUIP	2.00 41.20
41.24	OTHER CORPS ADC	A	597,531	ADULT DAY CARE	192.05 41.24

ADJUSTMENTS TO EXPENSES

Provider CCN: 140234

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

Worksheet A-8

Date/Time Prepared:
1/23/2012 3:17 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
41.27	FOUNDATION	A	159,113	IV HEALTH CORP	192.07 41.27
41.29	FAMILY RX	A	1,035,813	FAMILY PHARMACY	192.04 41.29
41.30	IVHS PHYSICIANS	A	2,854,804	IV HEALTH CORP	192.07 41.30
41.31	IV HEALTH CORP	A	2,411,715	IV HEALTH CORP	192.07 41.31
41.32	PHYSICIAN COMPENSATION	A	-20,004	HOSPICE	116.00 41.32
41.33	UTICA MEDICAL CENTER	A	244,787	UTICA MEDICAL CENTER	192.09 41.33
41.34	OGLESBY FAMILY MEDICINE	A	694,065	OGLESBY FAMILY MEDICINE	192.10 41.34
42.00	AMORTIZATION	A	-3,031	ADMINISTRATIVE & GENERAL	5.00 42.00
43.00			0		0.00 43.00
44.00			0		0.00 44.00
45.00			0		0.00 45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		3,317,223		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140234

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

Worksheet A-8

Date/Time Prepared:
1/23/2012 3:17 am

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	9	1.00
2.00	Investment income - movable equipment (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	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 - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00		0	33.00
34.00		0	34.00
35.00	PARKING GARAGE PARKING TAXES	0	35.00
36.00		0	36.00
37.00	PHYSICIAN BILLING 2110	0	37.00
38.00		0	38.00
39.00	A LOBBYING 25%	0	39.00
40.00	HYGENIC INSTITUTE	0	40.00
41.00		0	41.00
41.02	NUTRITIONAL SUPPORT G/L 4095.02	0	41.02
41.05	INTEREST EXPENSE	9	41.05
41.06	PHYSICIAN RECRUITMENT	0	41.06
41.07	MISCELLANEOUS REV G/L 5100.090	0	41.07
41.09	COMMUNICAL REVENUE G/L 5100.030	0	41.09
41.11	TV OPERATING COSTS	0	41.11
41.15	POB EXP	0	41.15
41.20	TV DEPR	9	41.20
41.24	OTHER CORPS ADC	0	41.24
41.27	FOUNDATION	0	41.27
41.29	FAMILY RX	0	41.29
41.30	IVHS PHYSICIANS	0	41.30
41.31	IV HEALTH CORP	0	41.31
41.32	PHYSICIAN COMPENSATION	0	41.32
41.33	UTICA MEDICAL CENTER	0	41.33
41.34	OGLESBY FAMILY MEDICINE	0	41.34
42.00	AMORTIZATION	0	42.00
43.00		0	43.00
44.00		0	44.00

ADJUSTMENTS TO EXPENSES		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8 Date/Time Prepared: 1/23/2012 3:17 am
		Wkst. A-7 Ref.		
		5.00		
45.00				
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	0		45.00 50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140234

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

Worksheet A-8-2

Date/Time Prepared:
1/23/2012 3:17 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	53.00	ANESTHESIOLOGY	2,018,963	2,018,963	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	67,004	67,004	2.00
3.00	60.00	LABORATORY	13,449	13,449	3.00
4.00	65.00	RESPIRATORY THERAPY	6,440	6,440	4.00
5.00	69.00	EKG	111,160	111,160	5.00
6.00	70.00	EEG	3,180	3,180	6.00
7.00	91.00	EMERGENCY ROOM	2,377,363	23,363	7.00
8.00	0.00		0	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00		TOTAL (lines 1.00 through 199.00)	4,597,559	2,243,559	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140234

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

Worksheet A-8-2

Date/Time Prepared:
1/23/2012 3:17 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140234

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

Worksheet A-8-2

Date/Time Prepared:
1/23/2012 3:17 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140234

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

Worksheet A-8-2

Date/Time Prepared:
1/23/2012 3:17 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	2,018,963	1.00
2.00	0	67,004	2.00
3.00	0	13,449	3.00
4.00	0	6,440	4.00
5.00	0	111,160	5.00
6.00	0	3,180	6.00
7.00	0	2,377,363	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	0	4,597,559	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

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

Worksheet B
Part I
Date/Time Prepared:
1/23/2012 3:17 am

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	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	4,073,582	4,073,582				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	730,868		730,868			2.00
4.00 EMPLOYEE BENEFITS	8,815,742	21,468	3,852	8,841,062		4.00
5.00 ADMINISTRATIVE & GENERAL	6,475,811	824,005	147,840	1,596,072	9,043,728	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	2,377,957	804,673	144,372	317,846	3,644,848	7.00
8.00 LAUNDRY & LINEN SERVICE	220,051	91,611	16,437	16,532	344,631	8.00
9.00 HOUSEKEEPING	771,606	61,621	11,056	265,084	1,109,367	9.00
10.00 DIETARY	456,976	102,817	18,447	148,071	726,311	10.00
11.00 CAFETERIA	391,239	60,031	10,770	172,585	634,625	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	595,419	33,916	6,085	253,509	888,929	13.00
14.00 CENTRAL SERVICES & SUPPLY	186,926	66,615	11,952	64,936	330,429	14.00
15.00 PHARMACY	620,174	31,357	5,626	254,781	911,938	15.00
16.00 MEDICAL RECORDS & LIBRARY	644,575	41,892	7,516	239,975	933,958	16.00
17.00 SOCIAL SERVICE	243,041	10,734	1,926	106,739	362,440	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES 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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3,623,181	717,137	128,666	1,510,601	5,979,585	30.00
31.00 INTENSIVE CARE UNIT	657,687	85,648	15,367	279,540	1,038,242	31.00
40.00 SUBPROVIDER - I/P	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/R	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	174,149	23,058	4,137	63,909	265,253	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,716,193	204,268	36,649	434,488	4,391,598	50.00
50.01 SAME DAY SURGERY	416,418	77,349	13,878	172,535	680,180	50.01
50.02 LITHOTRIPSY	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	21,493	3,856	0	25,349	51.00
52.00 DELIVERY ROOM & LABOR ROOM	227,407	32,500	5,831	89,163	354,901	52.00
53.00 ANESTHESIOLOGY	373,415	4,472	802	75,707	454,396	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,332,009	199,448	35,784	556,669	3,123,910	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,964,527	86,468	15,514	480,389	3,546,898	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	409,235	100,109	17,961	84,703	612,008	64.00
65.00 RESPIRATORY THERAPY	371,410	24,251	4,351	165,035	565,047	65.00
66.00 PHYSICAL THERAPY	1,417,556	117,775	21,131	534,319	2,090,781	66.00
69.00 ELECTROCARDIOLOGY	198,849	13,318	2,389	55,450	270,006	69.00
69.02 CARDIAC REHAB	67,011	68,031	12,206	27,808	175,056	69.02
70.00 ELECTROENCEPHALOGRAPHY	132,155	2,013	361	886	135,415	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	840,543	0	0	0	840,543	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	4,233,206	0	0	0	4,233,206	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,540,093	0	0	0	1,540,093	73.00
76.00 I/P AMBULANCE SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	1,266,690	81,548	14,631	503,306	1,866,175	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	103,973	1,044	187	27,709	132,913	95.00
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	79	0	0	0	79	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

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

Worksheet B
Part I
Date/Time Prepared:
1/23/2012 3:17 am

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	
116.00 HOSPICE	448,713	47,582	8,537	113,274	618,106	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	52,118,466	4,058,252	728,117	8,611,621	51,870,944	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,150	1,462	0	9,612	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	98,133	0	0	0	98,133	192.00
192.01 PRIVATE DUTY NURSING	0	0	0	0	0	192.01
192.02 COMMUNITY HEALTH	245,913	0	0	79,985	325,898	192.02
192.03 OCCUPATIONAL MEDICINE	95,618	4,000	718	41,738	142,074	192.03
192.04 FAMILY PHARMACY	1,035,813	0	0	0	1,035,813	192.04
192.05 ADULT DAY CARE	597,531	0	0	0	597,531	192.05
192.06 PERSONAL TOUCH	0	0	0	0	0	192.06
192.07 IV HEALTH CORP	6,423,759	0	0	0	6,423,759	192.07
192.08 PUBLIC RELATIONS	0	3,180	571	0	3,751	192.08
192.09 UTICA MEDICAL CENTER	244,787	0	0	0	244,787	192.09
192.10 OGLESBY FAMILY MEDICINE	694,065	0	0	0	694,065	192.10
192.11 RETAIL CLINIC	305,008	0	0	59,943	364,951	192.11
192.12 IVCH CARE TODAY	201,628	0	0	16,041	217,669	192.12
194.00 OTHER NONREIMBURSABLE COST CENTERS	547,602	0	0	31,734	579,336	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	62,608,323	4,073,582	730,868	8,841,062	62,608,323	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/23/2012 3:17 am
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
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	9,043,728					5.00
6.00	MAINTENANCE & REPAIRS	0	0				6.00
7.00	OPERATION OF PLANT	615,389	0	4,260,237			7.00
8.00	LAUNDRY & LINEN SERVICE	58,187	0	161,046	563,864		8.00
9.00	HOUSEKEEPING	187,303	0	108,325	0	1,404,995	9.00
10.00	DIETARY	122,629	0	180,746	3,741	45,439	10.00
11.00	CAFETERIA	107,149	0	105,530	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	150,085	0	59,623	0	9,156	13.00
14.00	CENTRAL SERVICES & SUPPLY	55,789	0	117,105	590	30,858	14.00
15.00	PHARMACY	153,970	0	55,124	0	13,112	15.00
16.00	MEDICAL RECORDS & LIBRARY	157,688	0	73,644	0	8,817	16.00
17.00	SOCIAL SERVICE	61,194	0	18,870	0	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES 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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,009,581	0	1,260,677	295,187	600,428	30.00
31.00	INTENSIVE CARE UNIT	175,295	0	150,563	18,761	46,795	31.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	44,785	0	40,535	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	741,469	0	359,089	55,717	214,988	50.00
50.01	SAME DAY SURGERY	114,840	0	135,974	47,599	67,820	50.01
50.02	LITHOTRIpsy	0	0	0	0	0	50.02
51.00	RECOVERY ROOM	4,280	0	37,783	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	59,921	0	57,133	7,135	0	52.00
53.00	ANESTHESIOLOGY	76,719	0	7,862	8,179	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	527,435	0	350,615	44,271	36,849	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	598,851	0	152,005	2,591	30,519	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	103,330	0	175,985	2,743	0	64.00
65.00	RESPIRATORY THERAPY	95,401	0	42,631	0	32,779	65.00
66.00	PHYSICAL THERAPY	353,003	0	207,041	73	10,173	66.00
69.00	ELECTROCARDIOLOGY	45,587	0	23,412	4,921	12,773	69.00
69.02	CARDIAC REHAB	29,556	0	119,594	0	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	22,863	0	3,538	0	12,886	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	141,916	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	714,726	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	260,026	0	0	0	0	73.00
76.00	I/P AMBULANCE SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	315,081	0	143,356	33,699	7,008	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	22,441	0	1,835	15,113	0	95.00
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	13	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	HOSPICE	104,360	0	83,646	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,230,862	0	4,233,287	540,320	1,180,400	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	1,623	0	14,327	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

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

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Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
192.00 PHYSICIANS' PRIVATE OFFICES	16,569	0	0	0	0	192.00
192.01 PRIVATE DUTY NURSING	0	0	0	0	0	192.01
192.02 COMMUNITY HEALTH	55,024	0	0	0	1,130	192.02
192.03 OCCUPATIONAL MEDICINE	23,987	0	7,032	0	32,214	192.03
192.04 FAMILY PHARMACY	174,885	0	0	0	0	192.04
192.05 ADULT DAY CARE	100,886	0	0	11,513	0	192.05
192.06 PERSONAL TOUCH	0	0	0	0	0	192.06
192.07 IV HEALTH CORP	1,084,562	0	0	0	0	192.07
192.08 PUBLIC RELATIONS	633	0	5,591	0	0	192.08
192.09 UTICA MEDICAL CENTER	41,329	0	0	0	0	192.09
192.10 OGLESBY FAMILY MEDICINE	117,185	0	0	0	0	192.10
192.11 RETAIL CLINIC	61,618	0	0	0	0	192.11
192.12 IVCH CARE TODAY	36,751	0	0	0	6,782	192.12
194.00 OTHER NONREIMBURSABLE COST CENTERS	97,814	0	0	12,031	184,469	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	9,043,728	0	4,260,237	563,864	1,404,995	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

Period:
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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
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
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	1,078,866					10.00
11.00 CAFETERIA	0	847,304				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	26,671	0	1,134,464		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	14,679	0	0	549,450	14.00
15.00 PHARMACY	0	24,465	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	54,014	0	0	0	16.00
17.00 SOCIAL SERVICE	0	14,583	0	29,845	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES 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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	901,018	238,216	0	488,014	0	30.00
31.00 INTENSIVE CARE UNIT	53,385	34,314	0	70,307	0	31.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	8,091	0	16,568	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	58,651	0	120,150	0	50.00
50.01 SAME DAY SURGERY	0	21,075	0	43,169	0	50.01
50.02 LI THOTRI PSY	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	11,097	0	22,713	0	52.00
53.00 ANESTHESIOLOGY	0	10,745	0	22,024	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	69,844	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	84,075	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	20,403	0	41,811	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	72,274	0	148,064	0	66.00
69.00 ELECTROCARDIOLOGY	0	11,129	0	0	0	69.00
69.02 CARDIAC REHAB	0	5,053	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	0	192	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	549,450	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
76.00 I/P AMBULANCE SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	0	64,343	0	131,799	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	3,390	0	0	0	95.00
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	954,403	847,304	0	1,134,464	549,450	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

Period:
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Cost Center Description	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
191.00 RESEARCH	0	0	0	0	0	0 191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.01 PRIVATE DUTY NURSING	0	0	0	0	0	0 192.01
192.02 COMMUNITY HEALTH	0	0	0	0	0	0 192.02
192.03 OCCUPATIONAL MEDICINE	0	0	0	0	0	0 192.03
192.04 FAMILY PHARMACY	0	0	0	0	0	0 192.04
192.05 ADULT DAY CARE	0	0	0	0	0	0 192.05
192.06 PERSONAL TOUCH	0	0	0	0	0	0 192.06
192.07 IV HEALTH CORP	0	0	0	0	0	0 192.07
192.08 PUBLIC RELATIONS	0	0	0	0	0	0 192.08
192.09 UTICA MEDICAL CENTER	0	0	0	0	0	0 192.09
192.10 OGLESBY FAMILY MEDICINE	0	0	0	0	0	0 192.10
192.11 RETAIL CLINIC	0	0	0	0	0	0 192.11
192.12 IVCH CARE TODAY	0	0	0	0	0	0 192.12
194.00 OTHER NONREIMBURSABLE COST CENTERS	124,463	0	0	0	0	0 194.00
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)	1,078,866	847,304	0	1,134,464	549,450	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140234		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/23/2012 3:17 am	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
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
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	1,158,609					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,228,121				16.00
17.00	SOCIAL SERVICE	0	0	486,932			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	91,961	70,861	416,551	0	0	30.00
31.00	INTENSIVE CARE UNIT	18,524	14,364	25,800	0	0	31.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	4,617	44,581	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	180,232	216,922	0	0	0	50.00
50.01	SAME DAY SURGERY	2,042	13,248	0	0	0	50.01
50.02	LITHOTRIpsy	0	0	0	0	0	50.02
51.00	RECOVERY ROOM	0	24,242	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	10,181	0	0	0	52.00
53.00	ANESTHESIOLOGY	437,329	41,111	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	77,082	229,427	0	0	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	307	162,652	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	232,269	18,489	0	0	0	64.00
65.00	RESPIRATORY THERAPY	5,325	19,111	0	0	0	65.00
66.00	PHYSICAL THERAPY	29,900	41,983	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	3,525	19,604	0	0	0	69.00
69.02	CARDIAC REHAB	0	1,695	0	0	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	0	5,296	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,826	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	93,774	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	118,739	0	0	0	73.00
76.00	I/P AMBULANCE SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	58,361	97,947	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	48	0	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	HOSPICE	2,108	3,984	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,138,965	1,228,121	486,932	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	15.00	16.00	17.00	19.00	20.00	
191.00 RESEARCH	0	0	0	0	0	0 191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.01 PRIVATE DUTY NURSING	0	0	0	0	0	0 192.01
192.02 COMMUNITY HEALTH	10,980	0	0	0	0	0 192.02
192.03 OCCUPATIONAL MEDICINE	549	0	0	0	0	0 192.03
192.04 FAMILY PHARMACY	0	0	0	0	0	0 192.04
192.05 ADULT DAY CARE	0	0	0	0	0	0 192.05
192.06 PERSONAL TOUCH	0	0	0	0	0	0 192.06
192.07 IV HEALTH CORP	0	0	0	0	0	0 192.07
192.08 PUBLIC RELATIONS	0	0	0	0	0	0 192.08
192.09 UTICA MEDICAL CENTER	0	0	0	0	0	0 192.09
192.10 OGLESBY FAMILY MEDICINE	0	0	0	0	0	0 192.10
192.11 RETAIL CLINIC	0	0	0	0	0	0 192.11
192.12 IVCH CARE TODAY	0	0	0	0	0	0 192.12
194.00 OTHER NONREIMBURSABLE COST CENTERS	8,115	0	0	0	0	0 194.00
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	1,158,609	1,228,121	486,932	0	0	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

Period:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	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
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE						17.00
19.00 NONPHYSICIAN ANESTHETISTS						19.00
20.00 NURSING SCHOOL						20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 PARAMED PRGM-(SPECIFY)	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	11,352,079	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	1,646,350	0	31.00
40.00 SUBPROVIDER - 1PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - 1RF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	424,430	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	6,338,816	0	50.00
50.01 SAME DAY SURGERY	0	0	0	1,125,947	0	50.01
50.02 LI THOTRI PSY	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	91,654	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	523,081	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	1,058,365	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	4,459,433	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	4,577,898	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	1,207,038	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	760,294	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	2,953,292	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	390,957	0	69.00
69.02 CARDIAC REHAB	0	0	0	330,954	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	180,190	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,551,735	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,041,706	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	1,918,858	0	73.00
76.00 I/P AMBULANCE SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	0	0	0	2,717,769	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	175,740	0	95.00
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	92	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

Period:
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To 06/30/2011

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
116.00 HOSPICE	0	0	0	0	812,204	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	49,638,882	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	25,562	0	190.00
191.00 RESEARCH	0	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	114,702	0	192.00
192.01 PRIVATE DUTY NURSING	0	0	0	0	0	0	192.01
192.02 COMMUNITY HEALTH	0	0	0	0	393,032	0	192.02
192.03 OCCUPATIONAL MEDICINE	0	0	0	0	205,856	0	192.03
192.04 FAMILY PHARMACY	0	0	0	0	1,210,698	0	192.04
192.05 ADULT DAY CARE	0	0	0	0	709,930	0	192.05
192.06 PERSONAL TOUCH	0	0	0	0	0	0	192.06
192.07 IV HEALTH CORP	0	0	0	0	7,508,321	0	192.07
192.08 PUBLIC RELATIONS	0	0	0	0	9,975	0	192.08
192.09 UTICA MEDICAL CENTER	0	0	0	0	286,116	0	192.09
192.10 OGLESBY FAMILY MEDICINE	0	0	0	0	811,250	0	192.10
192.11 RETAIL CLINIC	0	0	0	0	426,569	0	192.11
192.12 IVCH CARE TODAY	0	0	0	0	261,202	0	192.12
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	1,006,228	0	194.00
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	62,608,323	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

Period:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
12.00	MAINTENANCE OF PERSONNEL		12.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
19.00	NONPHYSICIAN ANESTHETISTS		19.00
20.00	NURSING SCHOOL		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	11,352,079	30.00
31.00	INTENSIVE CARE UNIT	1,646,350	31.00
40.00	SUBPROVIDER - IPF	0	40.00
41.00	SUBPROVIDER - IRF	0	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	424,430	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	6,338,816	50.00
50.01	SAME DAY SURGERY	1,125,947	50.01
50.02	LITHOTRIpsy	0	50.02
51.00	RECOVERY ROOM	91,654	51.00
52.00	DELIVERY ROOM & LABOR ROOM	523,081	52.00
53.00	ANESTHESIOLOGY	1,058,365	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,459,433	54.00
57.00	CT SCAN	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	CARDIAC CATHETERIZATION	0	59.00
60.00	LABORATORY	4,577,898	60.00
60.01	BLOOD LABORATORY	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	INTRAVENOUS THERAPY	1,207,038	64.00
65.00	RESPIRATORY THERAPY	760,294	65.00
66.00	PHYSICAL THERAPY	2,953,292	66.00
69.00	ELECTROCARDIOLOGY	390,957	69.00
69.02	CARDIAC REHAB	330,954	69.02
70.00	ELECTROENCEPHALOGRAPHY	180,190	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,551,735	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	5,041,706	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,918,858	73.00
76.00	I/P AMBULANCE SERVICES	0	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00	EMERGENCY	2,717,769	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	175,740	95.00
99.10	CORF	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00	HOME HEALTH AGENCY	92	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
116.00	HOSPICE	812,204	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	49,638,882	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25,562	190.00
191.00	RESEARCH	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	114,702	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

Period:
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Cost Center Description		Total	
		26.00	
192.01	PRIVATE DUTY NURSING	0	192.01
192.02	COMMUNITY HEALTH	393,032	192.02
192.03	OCCUPATIONAL MEDICINE	205,856	192.03
192.04	FAMILY PHARMACY	1,210,698	192.04
192.05	ADULT DAY CARE	709,930	192.05
192.06	PERSONAL TOUCH	0	192.06
192.07	IV HEALTH CORP	7,508,321	192.07
192.08	PUBLIC RELATIONS	9,975	192.08
192.09	UTICA MEDICAL CENTER	286,116	192.09
192.10	OGLESBY FAMILY MEDICINE	811,250	192.10
192.11	RETAIL CLINIC	426,569	192.11
192.12	IVCH CARE TODAY	261,202	192.12
194.00	OTHER NONREIMBURSABLE COST CENTERS	1,006,228	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	62,608,323	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140234

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

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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	1.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	21,468	3,852	25,320	25,320
5.00	ADMINISTRATIVE & GENERAL	0	824,005	147,840	971,845	4,567
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	0	804,673	144,372	949,045	910
8.00	LAUNDRY & LINEN SERVICE	0	91,611	16,437	108,048	47
9.00	HOUSEKEEPING	0	61,621	11,056	72,677	759
10.00	DIETARY	0	102,817	18,447	121,264	424
11.00	CAFETERIA	0	60,031	10,770	70,801	494
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	0	33,916	6,085	40,001	726
14.00	CENTRAL SERVICES & SUPPLY	0	66,615	11,952	78,567	186
15.00	PHARMACY	0	31,357	5,626	36,983	730
16.00	MEDICAL RECORDS & LIBRARY	0	41,892	7,516	49,408	687
17.00	SOCIAL SERVICE	0	10,734	1,926	12,660	306
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	NURSING SCHOOL	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	717,137	128,666	845,803	4,327
31.00	INTENSIVE CARE UNIT	0	85,648	15,367	101,015	801
40.00	SUBPROVIDER - IPF	0	0	0	0	0
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	0	23,058	4,137	27,195	183
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	204,268	36,649	240,917	1,245
50.01	SAME DAY SURGERY	0	77,349	13,878	91,227	494
50.02	LITHOTRIPSY	0	0	0	0	0
51.00	RECOVERY ROOM	0	21,493	3,856	25,349	0
52.00	DELIVERY ROOM & LABOR ROOM	0	32,500	5,831	38,331	255
53.00	ANESTHESIOLOGY	0	4,472	802	5,274	217
54.00	RADIOLOGY-DIAGNOSTIC	0	199,448	35,784	235,232	1,595
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	0	86,468	15,514	101,982	1,376
60.01	BLOOD LABORATORY	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	INTRAVENOUS THERAPY	0	100,109	17,961	118,070	243
65.00	RESPIRATORY THERAPY	0	24,251	4,351	28,602	473
66.00	PHYSICAL THERAPY	0	117,775	21,131	138,906	1,530
69.00	ELECTROCARDIOLOGY	0	13,318	2,389	15,707	159
69.02	CARDIAC REHAB	0	68,031	12,206	80,237	80
70.00	ELECTROENCEPHALOGRAPHY	0	2,013	361	2,374	3
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	I/P AMBULANCE SERVICES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	EMERGENCY	0	81,548	14,631	96,179	1,442
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	1,044	187	1,231	79
99.10	CORF	0	0	0	0	0
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0
101.00	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0
110.00	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	ISLET ACQUISITION	0	0	0	0	0
116.00	HOSPICE	0	47,582	8,537	56,119	324

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140234

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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			
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	4,058,252	728,117	4,786,369	24,662	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,150	1,462	9,612	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 PRIVATE DUTY NURSING	0	0	0	0	0	192.01
192.02 COMMUNITY HEALTH	0	0	0	0	229	192.02
192.03 OCCUPATIONAL MEDICINE	0	4,000	718	4,718	120	192.03
192.04 FAMILY PHARMACY	0	0	0	0	0	192.04
192.05 ADULT DAY CARE	0	0	0	0	0	192.05
192.06 PERSONAL TOUCH	0	0	0	0	0	192.06
192.07 IV HEALTH CORP	0	0	0	0	0	192.07
192.08 PUBLIC RELATIONS	0	3,180	571	3,751	0	192.08
192.09 UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10 OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11 RETAIL CLINIC	0	0	0	0	172	192.11
192.12 IVCH CARE TODAY	0	0	0	0	46	192.12
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	91	194.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	0	4,073,582	730,868	4,804,450	25,320	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/23/2012 3:17 am		
Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
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	976,412				5.00
6.00	MAINTENANCE & REPAIRS	0	0			6.00
7.00	OPERATION OF PLANT	66,442	0	1,016,397		7.00
8.00	LAUNDRY & LINEN SERVICE	6,282	0	38,422	152,799	8.00
9.00	HOUSEKEEPING	20,223	0	25,844	0	119,503
10.00	DIETARY	13,240	0	43,122	1,014	3,865
11.00	CAFETERIA	11,569	0	25,177	0	0
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	16,204	0	14,225	0	779
14.00	CENTRAL SERVICES & SUPPLY	6,023	0	27,939	160	2,625
15.00	PHARMACY	16,624	0	13,151	0	1,115
16.00	MEDICAL RECORDS & LIBRARY	17,025	0	17,570	0	750
17.00	SOCIAL SERVICE	6,607	0	4,502	0	0
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	NURSING SCHOOL	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	109,002	0	300,766	79,992	51,071
31.00	INTENSIVE CARE UNIT	18,926	0	35,921	5,084	3,980
40.00	SUBPROVIDER - I PF	0	0	0	0	0
41.00	SUBPROVIDER - I RF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	4,835	0	9,671	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	80,054	0	85,671	15,099	18,286
50.01	SAME DAY SURGERY	12,399	0	32,440	12,899	5,768
50.02	LITHOTRIpsy	0	0	0	0	0
51.00	RECOVERY ROOM	462	0	9,014	0	0
52.00	DELIVERY ROOM & LABOR ROOM	6,469	0	13,631	1,933	0
53.00	ANESTHESIOLOGY	8,283	0	1,876	2,216	0
54.00	RADIOLOGY-DIAGNOSTIC	56,946	0	83,649	11,997	3,134
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	64,656	0	36,265	702	2,596
60.01	BLOOD LABORATORY	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	INTRAVENOUS THERAPY	11,156	0	41,986	743	0
65.00	RESPIRATORY THERAPY	10,300	0	10,171	0	2,788
66.00	PHYSICAL THERAPY	38,113	0	49,395	20	865
69.00	ELECTROCARDIOLOGY	4,922	0	5,586	1,333	1,086
69.02	CARDIAC REHAB	3,191	0	28,533	0	0
70.00	ELECTROENCEPHALOGRAPHY	2,468	0	844	0	1,096
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,322	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	77,167	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	28,074	0	0	0	0
76.00	I/P AMBULANCE SERVICES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	EMERGENCY	34,019	0	34,202	9,132	596
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	2,423	0	438	4,095	0
99.10	CORF	0	0	0	0	0
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0
101.00	HOME HEALTH AGENCY	1	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0
110.00	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	ISLET ACQUISITION	0	0	0	0	0
116.00	HOSPICE	11,267	0	19,956	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	780,694	0	1,009,967	146,419	100,400
NONREIMBURSABLE COST CENTERS						
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	175	0	3,418	0	0
191.00	RESEARCH	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140234

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Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.00	6.00	7.00	8.00	9.00	
192.00 PHYSICIANS' PRIVATE OFFICES	1,789	0	0	0	0	192.00
192.01 PRIVATE DUTY NURSING	0	0	0	0	0	192.01
192.02 COMMUNITY HEALTH	5,941	0	0	0	96	192.02
192.03 OCCUPATIONAL MEDICINE	2,590	0	1,678	0	2,740	192.03
192.04 FAMILY PHARMACY	18,882	0	0	0	0	192.04
192.05 ADULT DAY CARE	10,892	0	0	3,120	0	192.05
192.06 PERSONAL TOUCH	0	0	0	0	0	192.06
192.07 IV HEALTH CORP	117,085	0	0	0	0	192.07
192.08 PUBLIC RELATIONS	68	0	1,334	0	0	192.08
192.09 UTICA MEDICAL CENTER	4,462	0	0	0	0	192.09
192.10 OGLESBY FAMILY MEDICINE	12,652	0	0	0	0	192.10
192.11 RETAIL CLINIC	6,653	0	0	0	0	192.11
192.12 IVCH CARE TODAY	3,968	0	0	0	577	192.12
194.00 OTHER NONREIMBURSABLE COST CENTERS	10,561	0	0	3,260	15,690	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	976,412	0	1,016,397	152,799	119,503	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140234		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/23/2012 3:17 am	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
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
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	182,929					10.00
11.00	CAFETERIA	0	108,041				11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	NURSING ADMINISTRATION	0	3,401	0	75,336		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,872	0	0	117,372	14.00
15.00	PHARMACY	0	3,120	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	6,887	0	0	0	16.00
17.00	SOCIAL SERVICE	0	1,859	0	1,982	0	17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES 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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	152,774	30,375	0	32,407	0	30.00
31.00	INTENSIVE CARE UNIT	9,052	4,375	0	4,669	0	31.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	1,032	0	1,100	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	7,479	0	7,979	0	50.00
50.01	SAME DAY SURGERY	0	2,687	0	2,867	0	50.01
50.02	LITHOTRIpsy	0	0	0	0	0	50.02
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,415	0	1,508	0	52.00
53.00	ANESTHESIOLOGY	0	1,370	0	1,463	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	8,906	0	0	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	10,721	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	2,602	0	2,777	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	9,216	0	9,832	0	66.00
69.00	ELECTROCARDIOLOGY	0	1,419	0	0	0	69.00
69.02	CARDIAC REHAB	0	644	0	0	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	0	24	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	117,372	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
76.00	I/P AMBULANCE SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	0	8,205	0	8,752	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	432	0	0	0	95.00
99.10	CORF	0	0	0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	161,826	108,041	0	75,336	117,372	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140234

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

Worksheet B
Part II
Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description	DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	10.00	11.00	12.00	13.00	14.00	
191.00 RESEARCH	0	0	0	0	0	0 191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.01 PRIVATE DUTY NURSING	0	0	0	0	0	0 192.01
192.02 COMMUNITY HEALTH	0	0	0	0	0	0 192.02
192.03 OCCUPATIONAL MEDICINE	0	0	0	0	0	0 192.03
192.04 FAMILY PHARMACY	0	0	0	0	0	0 192.04
192.05 ADULT DAY CARE	0	0	0	0	0	0 192.05
192.06 PERSONAL TOUCH	0	0	0	0	0	0 192.06
192.07 IV HEALTH CORP	0	0	0	0	0	0 192.07
192.08 PUBLIC RELATIONS	0	0	0	0	0	0 192.08
192.09 UTICA MEDICAL CENTER	0	0	0	0	0	0 192.09
192.10 OGLESBY FAMILY MEDICINE	0	0	0	0	0	0 192.10
192.11 RETAIL CLINIC	0	0	0	0	0	0 192.11
192.12 IVCH CARE TODAY	0	0	0	0	0	0 192.12
194.00 OTHER NONREIMBURSABLE COST CENTERS	21,103	0	0	0	0	0 194.00
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)	182,929	108,041	0	75,336	117,372	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140234

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

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Part II
Date/Time Prepared:
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
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
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY	71,723					15.00
16.00	MEDICAL RECORDS & LIBRARY	0	92,327				16.00
17.00	SOCIAL SERVICE	0	0	27,916			17.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
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 ED PRGM-(SPECIFY)	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,693	5,326	23,881			30.00
31.00	INTENSIVE CARE UNIT	1,147	1,080	1,479			31.00
40.00	SUBPROVIDER - I PF	0	0	0			40.00
41.00	SUBPROVIDER - I RF	0	0	0			41.00
42.00	SUBPROVIDER	0	0	0			42.00
43.00	NURSERY	0	347	2,556			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	11,157	16,304	0			50.00
50.01	SAME DAY SURGERY	126	996	0			50.01
50.02	LITHOTRIpsy	0	0	0			50.02
51.00	RECOVERY ROOM	0	1,822	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	765	0			52.00
53.00	ANESTHESIOLOGY	27,072	3,090	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,772	17,264	0			54.00
57.00	CT SCAN	0	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0	0			59.00
60.00	LABORATORY	19	12,225	0			60.00
60.01	BLOOD LABORATORY	0	0	0			60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0			63.00
64.00	INTRAVENOUS THERAPY	14,378	1,390	0			64.00
65.00	RESPIRATORY THERAPY	330	1,436	0			65.00
66.00	PHYSICAL THERAPY	1,851	3,156	0			66.00
69.00	ELECTROCARDIOLOGY	218	1,473	0			69.00
69.02	CARDIAC REHAB	0	127	0			69.02
70.00	ELECTROENCEPHALOGRAPHY	0	398	0			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,490	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	7,048	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	8,925	0			73.00
76.00	I/P AMBULANCE SERVICES	0	0	0			76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
91.00	EMERGENCY	3,613	7,362	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	4	0			95.00
99.10	CORF	0	0	0			99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
116.00	HOSPICE	131	299	0			116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	70,507	92,327	27,916	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140234

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	15.00	16.00	17.00	19.00	20.00	
191.00 RESEARCH	0	0	0			191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01 PRIVATE DUTY NURSING	0	0	0			192.01
192.02 COMMUNITY HEALTH	680	0	0			192.02
192.03 OCCUPATIONAL MEDICINE	34	0	0			192.03
192.04 FAMILY PHARMACY	0	0	0			192.04
192.05 ADULT DAY CARE	0	0	0			192.05
192.06 PERSONAL TOUCH	0	0	0			192.06
192.07 IV HEALTH CORP	0	0	0			192.07
192.08 PUBLIC RELATIONS	0	0	0			192.08
192.09 UTICA MEDICAL CENTER	0	0	0			192.09
192.10 OGLESBY FAMILY MEDICINE	0	0	0			192.10
192.11 RETAIL CLINIC	0	0	0			192.11
192.12 IVCH CARE TODAY	0	0	0			192.12
194.00 OTHER NONREIMBURSABLE COST CENTERS	502	0	0			194.00
200.00 Cross Foot Adjustments				0		0 200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	71,723	92,327	27,916	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140234

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	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
6.00 MAINTENANCE & REPAIRS							6.00
7.00 OPERATION OF PLANT							7.00
8.00 LAUNDRY & LINEN SERVICE							8.00
9.00 HOUSEKEEPING							9.00
10.00 DIETARY							10.00
11.00 CAFETERIA							11.00
12.00 MAINTENANCE OF PERSONNEL							12.00
13.00 NURSING ADMINISTRATION							13.00
14.00 CENTRAL SERVICES & SUPPLY							14.00
15.00 PHARMACY							15.00
16.00 MEDICAL RECORDS & LIBRARY							16.00
17.00 SOCIAL SERVICE							17.00
19.00 NONPHYSICIAN ANESTHETISTS							19.00
20.00 NURSING SCHOOL							20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0						21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0					22.00
23.00 PARAMED PRGM-(SPECIFY)				0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS					1,641,417	0	30.00
31.00 INTENSIVE CARE UNIT					187,529	0	31.00
40.00 SUBPROVIDER - I PF					0	0	40.00
41.00 SUBPROVIDER - I RF					0	0	41.00
42.00 SUBPROVIDER					0	0	42.00
43.00 NURSERY					46,919	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM					484,191	0	50.00
50.01 SAME DAY SURGERY					161,903	0	50.01
50.02 LI THOTRI PSY					0	0	50.02
51.00 RECOVERY ROOM					36,647	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM					64,307	0	52.00
53.00 ANESTHESIOLOGY					50,861	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC					423,495	0	54.00
57.00 CT SCAN					0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)					0	0	58.00
59.00 CARDIAC CATHETERIZATION					0	0	59.00
60.00 LABORATORY					230,542	0	60.00
60.01 BLOOD LABORATORY					0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.					0	0	63.00
64.00 INTRAVENOUS THERAPY					193,345	0	64.00
65.00 RESPIRATORY THERAPY					54,100	0	65.00
66.00 PHYSICAL THERAPY					252,884	0	66.00
69.00 ELECTROCARDIOLOGY					31,903	0	69.00
69.02 CARDIAC REHAB					112,812	0	69.02
70.00 ELECTROENCEPHALOGRAPHY					7,207	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS					134,184	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS					84,215	0	72.00
73.00 DRUGS CHARGED TO PATIENTS					36,999	0	73.00
76.00 I/P AMBULANCE SERVICES					0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC					0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER					0	0	89.00
91.00 EMERGENCY					203,502	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES					8,702	0	95.00
99.10 CORF					0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY					0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY					0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY					0	0	99.40
101.00 HOME HEALTH AGENCY					1	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION					0	0	109.00
110.00 INTESTINAL ACQUISITION					0	0	110.00
111.00 ISLET ACQUISITION					0	0	111.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140234

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00	23.00			
116.00 HOSPICE					88,096	0
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0		4,535,761	0
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN					13,205	0
191.00 RESEARCH					0	0
192.00 PHYSICIANS' PRIVATE OFFICES					1,789	0
192.01 PRIVATE DUTY NURSING					0	0
192.02 COMMUNITY HEALTH					6,946	0
192.03 OCCUPATIONAL MEDICINE					11,880	0
192.04 FAMILY PHARMACY					18,882	0
192.05 ADULT DAY CARE					14,012	0
192.06 PERSONAL TOUCH					0	0
192.07 IV HEALTH CORP					117,085	0
192.08 PUBLIC RELATIONS					5,153	0
192.09 UTICA MEDICAL CENTER					4,462	0
192.10 OGLESBY FAMILY MEDICINE					12,652	0
192.11 RETAIL CLINIC					6,825	0
192.12 IVCH CARE TODAY					4,591	0
194.00 OTHER NONREIMBURSABLE COST CENTERS					51,207	0
200.00 Cross Foot Adjustments	0	0	0	0	0	0
201.00 Negative Cost Centers	0	0	0	0	0	0
202.00 TOTAL (sum lines 118-201)	0	0	0	0	4,804,450	0

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/23/2012 3:17 am
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Cost Center Description	Total	
	26.00	
GENERAL SERVICE COST CENTERS		
1.00 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00 EMPLOYEE BENEFITS		4.00
5.00 ADMINISTRATIVE & GENERAL		5.00
6.00 MAINTENANCE & REPAIRS		6.00
7.00 OPERATION OF PLANT		7.00
8.00 LAUNDRY & LINEN SERVICE		8.00
9.00 HOUSEKEEPING		9.00
10.00 DIETARY		10.00
11.00 CAFETERIA		11.00
12.00 MAINTENANCE OF PERSONNEL		12.00
13.00 NURSING ADMINISTRATION		13.00
14.00 CENTRAL SERVICES & SUPPLY		14.00
15.00 PHARMACY		15.00
16.00 MEDICAL RECORDS & LIBRARY		16.00
17.00 SOCIAL SERVICE		17.00
19.00 NONPHYSICIAN ANESTHETISTS		19.00
20.00 NURSING SCHOOL		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00 PARAMED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS		
30.00 ADULTS & PEDIATRICS	1,641,417	30.00
31.00 INTENSIVE CARE UNIT	187,529	31.00
40.00 SUBPROVIDER - IPF	0	40.00
41.00 SUBPROVIDER - IRF	0	41.00
42.00 SUBPROVIDER	0	42.00
43.00 NURSERY	46,919	43.00
ANCILLARY SERVICE COST CENTERS		
50.00 OPERATING ROOM	484,191	50.00
50.01 SAME DAY SURGERY	161,903	50.01
50.02 LI THOTRI PSY	0	50.02
51.00 RECOVERY ROOM	36,647	51.00
52.00 DELIVERY ROOM & LABOR ROOM	64,307	52.00
53.00 ANESTHESIOLOGY	50,861	53.00
54.00 RADIOLOGY-DIAGNOSTIC	423,495	54.00
57.00 CT SCAN	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00 CARDIAC CATHETERIZATION	0	59.00
60.00 LABORATORY	230,542	60.00
60.01 BLOOD LABORATORY	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00 INTRAVENOUS THERAPY	193,345	64.00
65.00 RESPIRATORY THERAPY	54,100	65.00
66.00 PHYSICAL THERAPY	252,884	66.00
69.00 ELECTROCARDIOLOGY	31,903	69.00
69.02 CARDIAC REHAB	112,812	69.02
70.00 ELECTROENCEPHALOGRAPHY	7,207	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	134,184	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	84,215	72.00
73.00 DRUGS CHARGED TO PATIENTS	36,999	73.00
76.00 I/P AMBULANCE SERVICES	0	76.00
OUTPATIENT SERVICE COST CENTERS		
88.00 RURAL HEALTH CLINIC	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00 EMERGENCY	203,502	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS		
95.00 AMBULANCE SERVICES	8,702	95.00
99.10 CORF	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	99.40
101.00 HOME HEALTH AGENCY	1	101.00
SPECIAL PURPOSE COST CENTERS		
109.00 PANCREAS ACQUISITION	0	109.00
110.00 INTESTINAL ACQUISITION	0	110.00
111.00 ISLET ACQUISITION	0	111.00
116.00 HOSPICE	88,096	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,535,761	118.00
NONREIMBURSABLE COST CENTERS		
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,205	190.00
191.00 RESEARCH	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	1,789	192.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part II Date/Time Prepared: 1/23/2012 3:17 am
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Cost Center Description		Total	
		26.00	
192.01	PRIVATE DUTY NURSING	0	192.01
192.02	COMMUNITY HEALTH	6,946	192.02
192.03	OCCUPATIONAL MEDICINE	11,880	192.03
192.04	FAMILY PHARMACY	18,882	192.04
192.05	ADULT DAY CARE	14,012	192.05
192.06	PERSONAL TOUCH	0	192.06
192.07	IV HEALTH CORP	117,085	192.07
192.08	PUBLIC RELATIONS	5,153	192.08
192.09	UTICA MEDICAL CENTER	4,462	192.09
192.10	OGLESBY FAMILY MEDICINE	12,652	192.10
192.11	RETAIL CLINIC	6,825	192.11
192.12	IVCH CARE TODAY	4,591	192.12
194.00	OTHER NONREIMBURSABLE COST CENTERS	51,207	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	4,804,450	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

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

Worksheet B-1

Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	163,946						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		163,946					2.00
4.00 EMPLOYEE BENEFITS	864	864	19,555,304				4.00
5.00 ADMINISTRATIVE & GENERAL	33,163	33,163	3,530,325	-9,043,728	53,564,595		5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0		6.00
7.00 OPERATION OF PLANT	32,385	32,385	703,035	0	3,644,848		7.00
8.00 LAUNDRY & LINEN SERVICE	3,687	3,687	36,566	0	344,631		8.00
9.00 HOUSEKEEPING	2,480	2,480	586,331	0	1,109,367		9.00
10.00 DIETARY	4,138	4,138	327,513	0	726,311		10.00
11.00 CAFETERIA	2,416	2,416	381,735	0	634,625		11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0		12.00
13.00 NURSING ADMINISTRATION	1,365	1,365	560,730	0	888,929		13.00
14.00 CENTRAL SERVICES & SUPPLY	2,681	2,681	143,630	0	330,429		14.00
15.00 PHARMACY	1,262	1,262	563,542	0	911,938		15.00
16.00 MEDICAL RECORDS & LIBRARY	1,686	1,686	530,793	0	933,958		16.00
17.00 SOCIAL SERVICE	432	432	236,092	0	362,440		17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00 NURSING SCHOOL	0	0	0	0	0		20.00
21.00 I&R SERVICES-SALARY & FRINGES 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-(SPECIFY)	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	28,862	28,862	3,341,255	0	5,979,585		30.00
31.00 INTENSIVE CARE UNIT	3,447	3,447	618,306	0	1,038,242		31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	928	928	141,359	0	265,253		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	8,221	8,221	961,032	0	4,391,598		50.00
50.01 SAME DAY SURGERY	3,113	3,113	381,624	0	680,180		50.01
50.02 LI THOTRI PSY	0	0	0	0	0		50.02
51.00 RECOVERY ROOM	865	865	0	0	25,349		51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,308	1,308	197,216	0	354,901		52.00
53.00 ANESTHESIOLOGY	180	180	167,453	0	454,396		53.00
54.00 RADIOLOGY-DIAGNOSTIC	8,027	8,027	1,231,280	0	3,123,910		54.00
57.00 CT SCAN	0	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 LABORATORY	3,480	3,480	1,062,559	0	3,546,898		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	4,029	4,029	187,353	0	612,008		64.00
65.00 RESPIRATORY THERAPY	976	976	365,036	0	565,047		65.00
66.00 PHYSICAL THERAPY	4,740	4,740	1,181,844	0	2,090,781		66.00
69.00 ELECTROCARDIOLOGY	536	536	122,649	0	270,006		69.00
69.02 CARDIAC REHAB	2,738	2,738	61,508	0	175,056		69.02
70.00 ELECTROENCEPHALOGRAPHY	81	81	1,960	0	135,415		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	840,543		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,233,206		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	1,540,093		73.00
76.00 I/P AMBULANCE SERVICES	0	0	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
91.00 EMERGENCY	3,282	3,282	1,113,247	0	1,866,175		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES	42	42	61,288	0	132,913		95.00
99.10 CORF	0	0	0	0	0		99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0		99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	79		101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0	0		111.00
116.00 HOSPICE	1,915	1,915	250,548	0	618,106		116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

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

Worksheet B-1

Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
118.00 SUBTOTALS (SUM OF LINES 1-117)	163,329	163,329	19,047,809	-9,043,728	42,827,216	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	328	328	0	0	9,612	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	98,133	192.00
192.01 PRIVATE DUTY NURSING	0	0	0	0	0	192.01
192.02 COMMUNITY HEALTH	0	0	176,917	0	325,898	192.02
192.03 OCCUPATIONAL MEDICINE	161	161	92,320	0	142,074	192.03
192.04 FAMILY PHARMACY	0	0	0	0	1,035,813	192.04
192.05 ADULT DAY CARE	0	0	0	0	597,531	192.05
192.06 PERSONAL TOUCH	0	0	0	0	0	192.06
192.07 IV HEALTH CORP	0	0	0	0	6,423,759	192.07
192.08 PUBLIC RELATIONS	128	128	0	0	3,751	192.08
192.09 UTICA MEDICAL CENTER	0	0	0	0	244,787	192.09
192.10 OGLESBY FAMILY MEDICINE	0	0	0	0	694,065	192.10
192.11 RETAIL CLINIC	0	0	132,586	0	364,951	192.11
192.12 IVCH CARE TODAY	0	0	35,480	0	217,669	192.12
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	70,192	0	579,336	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,073,582	730,868	8,841,062		9,043,728	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	24.847096	4.457980	0.452106		0.168838	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			25,320		976,412	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001295		0.018229	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

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

Worksheet B-1

Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	6.00	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						5.00
6.00 MAINTENANCE & REPAIRS	0					6.00
7.00 OPERATION OF PLANT	0	97,534				7.00
8.00 LAUNDRY & LINEN SERVICE	0	3,687	399,591			8.00
9.00 HOUSEKEEPING	0	2,480	0	12,430		9.00
10.00 DIETARY	0	4,138	2,651	402	41,772	10.00
11.00 CAFETERIA	0	2,416	0	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	0	1,365	0	81	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	2,681	418	273	0	14.00
15.00 PHARMACY	0	1,262	0	116	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	1,686	0	78	0	16.00
17.00 SOCIAL SERVICE	0	432	0	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES 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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	28,862	209,190	5,312	34,886	30.00
31.00 INTENSIVE CARE UNIT	0	3,447	13,295	414	2,067	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	928	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	8,221	39,485	1,902	0	50.00
50.01 SAME DAY SURGERY	0	3,113	33,732	600	0	50.01
50.02 LITHOTRIPSY	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	865	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,308	5,056	0	0	52.00
53.00 ANESTHESIOLOGY	0	180	5,796	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	8,027	31,373	326	0	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	3,480	1,836	270	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	4,029	1,944	0	0	64.00
65.00 RESPIRATORY THERAPY	0	976	0	290	0	65.00
66.00 PHYSICAL THERAPY	0	4,740	52	90	0	66.00
69.00 ELECTROCARDIOLOGY	0	536	3,487	113	0	69.00
69.02 CARDIAC REHAB	0	2,738	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	0	81	0	114	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
76.00 I/P AMBULANCE SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	0	3,282	23,881	62	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	42	10,710	0	0	95.00
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 HOSPICE	0	1,915	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	96,917	382,906	10,443	36,953	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

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

Worksheet B-1

Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	328	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	PRIVATE DUTY NURSING	0	0	0	0	0	192.01
192.02	COMMUNITY HEALTH	0	0	0	10	0	192.02
192.03	OCCUPATIONAL MEDICINE	0	161	0	285	0	192.03
192.04	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	ADULT DAY CARE	0	0	8,159	0	0	192.05
192.06	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	IV HEALTH CORP	0	0	0	0	0	192.07
192.08	PUBLIC RELATIONS	0	128	0	0	0	192.08
192.09	UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	RETAIL CLINIC	0	0	0	0	0	192.11
192.12	IVCH CARE TODAY	0	0	0	60	0	192.12
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	8,526	1,632	4,819	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	4,260,237	563,864	1,404,995	1,078,866	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	43.679507	1.411103	113.032582	25.827492	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,016,397	152,799	119,503	182,929	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	10.420951	0.382388	9.614079	4.379225	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

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

Worksheet B-1

Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	
	11.00	12.00	13.00	14.00	15.00	
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
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	26,495					11.00
12.00 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00 NURSING ADMINISTRATION	834	0	360,166			13.00
14.00 CENTRAL SERVICES & SUPPLY	459	0	0	100		14.00
15.00 PHARMACY	765	0	0	0	105,516	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,689	0	0	0	0	16.00
17.00 SOCIAL SERVICE	456	0	9,475	0	0	17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES 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-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,449	0	154,933	0	8,375	30.00
31.00 INTENSIVE CARE UNIT	1,073	0	22,321	0	1,687	31.00
40.00 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	253	0	5,260	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,834	0	38,145	0	16,414	50.00
50.01 SAME DAY SURGERY	659	0	13,705	0	186	50.01
50.02 LI THOTRI PSY	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	347	0	7,211	0	0	52.00
53.00 ANESTHESIOLOGY	336	0	6,992	0	39,828	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,184	0	0	0	7,020	54.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,629	0	0	0	28	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	638	0	13,274	0	21,153	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	485	65.00
66.00 PHYSICAL THERAPY	2,260	0	47,007	0	2,723	66.00
69.00 ELECTROCARDIOLOGY	348	0	0	0	321	69.00
69.02 CARDIAC REHAB	158	0	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	6	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	100	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
76.00 I/P AMBULANCE SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	2,012	0	41,843	0	5,315	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	106	0	0	0	0	95.00
99.10 CORF	0	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 HOSPICE	0	0	0	0	192	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	26,495	0	360,166	100	103,727	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

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

Worksheet B-1

Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	
	11.00	12.00	13.00	14.00	15.00	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 PRIVATE DUTY NURSING	0	0	0	0	0	192.01
192.02 COMMUNITY HEALTH	0	0	0	0	1,000	192.02
192.03 OCCUPATIONAL MEDICINE	0	0	0	0	50	192.03
192.04 FAMILY PHARMACY	0	0	0	0	0	192.04
192.05 ADULT DAY CARE	0	0	0	0	0	192.05
192.06 PERSONAL TOUCH	0	0	0	0	0	192.06
192.07 IV HEALTH CORP	0	0	0	0	0	192.07
192.08 PUBLIC RELATIONS	0	0	0	0	0	192.08
192.09 UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10 OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11 RETAIL CLINIC	0	0	0	0	0	192.11
192.12 IVCH CARE TODAY	0	0	0	0	0	192.12
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	739	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	847,304	0	1,134,464	549,450	1,158,609	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	31.979770	0.000000	3.149836	5.494500000	10.980411	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	108,041	0	75,336	117,372	71,723	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	4.077788	0.000000	0.209170	1.173720000	0.679736	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

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

Worksheet B-1

Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
	16.00	17.00	19.00	20.00		
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
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	166,327,534					16.00
17.00 SOCIAL SERVICE	0	9,852				17.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 NURSING SCHOOL	0	0		0		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	9,596,548	8,428		0		30.00
31.00 INTENSIVE CARE UNIT	1,945,220	522		0		31.00
40.00 SUBPROVIDER - IPF	0	0		0		40.00
41.00 SUBPROVIDER - IRF	0	0		0		41.00
42.00 SUBPROVIDER	0	0		0		42.00
43.00 NURSERY	625,297	902		0		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	29,377,247	0	0	0		50.00
50.01 SAME DAY SURGERY	1,794,095	0	0	0		50.01
50.02 LI THOTRI PSY	0	0	0	0		50.02
51.00 RECOVERY ROOM	3,283,006	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,378,741	0	0	0		52.00
53.00 ANESTHESIOLOGY	5,567,548	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	31,076,931	0	0	0		54.00
57.00 CT SCAN	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 LABORATORY	22,027,588	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	2,503,964	0	0	0		64.00
65.00 RESPIRATORY THERAPY	2,588,101	0	0	0		65.00
66.00 PHYSICAL THERAPY	5,685,625	0	0	0		66.00
69.00 ELECTROCARDIOLOGY	2,654,944	0	0	0		69.00
69.02 CARDIAC REHAB	229,512	0	0	0		69.02
70.00 ELECTROENCEPHALOGRAPHY	717,266	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,684,950	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	12,699,618	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	16,080,543	0	0	0		73.00
76.00 I/P AMBULANCE SERVICES	0	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
91.00 EMERGENCY	13,264,719	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	6,566	0	0	0		95.00
99.10 CORF	0	0	0	0		99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0		99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0		99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0		99.40
101.00 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0		111.00
116.00 HOSPICE	539,505	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	166,327,534	9,852	0	0		118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

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

Worksheet B-1

Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	PRIVATE DUTY NURSING	0	0	0	0	192.01
192.02	COMMUNITY HEALTH	0	0	0	0	192.02
192.03	OCCUPATIONAL MEDICINE	0	0	0	0	192.03
192.04	FAMILY PHARMACY	0	0	0	0	192.04
192.05	ADULT DAY CARE	0	0	0	0	192.05
192.06	PERSONAL TOUCH	0	0	0	0	192.06
192.07	IV HEALTH CORP	0	0	0	0	192.07
192.08	PUBLIC RELATIONS	0	0	0	0	192.08
192.09	UTICA MEDICAL CENTER	0	0	0	0	192.09
192.10	OGLESBY FAMILY MEDICINE	0	0	0	0	192.10
192.11	RETAIL CLINIC	0	0	0	0	192.11
192.12	IVCH CARE TODAY	0	0	0	0	192.12
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,228,121	486,932	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.007384	49.424685	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	92,327	27,916	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000555	2.833536	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

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

Worksheet B-1
Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	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
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
19.00 NONPHYSICIAN ANESTHETISTS					19.00
20.00 NURSING SCHOOL					20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0	0	50.00
50.01 SAME DAY SURGERY	0	0	0	0	50.01
50.02 LI THOTRI PSY	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	69.00
69.02 CARDIAC REHAB	0	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00 I/P AMBULANCE SERVICES	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00 EMERGENCY	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES	0	0	0	0	95.00
99.10 CORF	0	0	0	0	99.10
99.20 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	111.00
116.00 HOSPICE	0	0	0	0	116.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

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

Worksheet B-1
Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00 RESEARCH	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
192.01 PRIVATE DUTY NURSING	0	0	0		192.01
192.02 COMMUNITY HEALTH	0	0	0		192.02
192.03 OCCUPATIONAL MEDICINE	0	0	0		192.03
192.04 FAMILY PHARMACY	0	0	0		192.04
192.05 ADULT DAY CARE	0	0	0		192.05
192.06 PERSONAL TOUCH	0	0	0		192.06
192.07 IV HEALTH CORP	0	0	0		192.07
192.08 PUBLIC RELATIONS	0	0	0		192.08
192.09 UTICA MEDICAL CENTER	0	0	0		192.09
192.10 OGLESBY FAMILY MEDICINE	0	0	0		192.10
192.11 RETAIL CLINIC	0	0	0		192.11
192.12 IVCH CARE TODAY	0	0	0		192.12
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0		194.00
200.00 Cross Foot Adjustments					200.00
201.00 Negative Cost Centers					201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/23/2012 3:17 am		
		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		11,352,079	0	11,352,079	30.00
31.00	INTENSIVE CARE UNIT		1,646,350	0	1,646,350	31.00
40.00	SUBPROVIDER - 1PF		0	0	0	40.00
41.00	SUBPROVIDER - 1RF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		424,430	0	424,430	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		6,338,816	0	6,338,816	50.00
50.01	SAME DAY SURGERY		1,125,947	0	1,125,947	50.01
50.02	LITHOTRIpsy		0	0	0	50.02
51.00	RECOVERY ROOM		91,654	0	91,654	51.00
52.00	DELIVERY ROOM & LABOR ROOM		523,081	0	523,081	52.00
53.00	ANESTHESIOLOGY		1,058,365	0	1,058,365	53.00
54.00	RADIOLOGY-DIAGNOSTIC		4,459,433	0	4,459,433	54.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		4,577,898	0	4,577,898	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	INTRAVENOUS THERAPY		1,207,038	0	1,207,038	64.00
65.00	RESPIRATORY THERAPY	0	760,294	0	760,294	65.00
66.00	PHYSICAL THERAPY	0	2,953,292	0	2,953,292	66.00
69.00	ELECTROCARDIOLOGY		390,957	0	390,957	69.00
69.02	CARDIAC REHAB		330,954	0	330,954	69.02
70.00	ELECTROENCEPHALOGRAPHY		180,190	0	180,190	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,551,735	0	1,551,735	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		5,041,706	0	5,041,706	72.00
73.00	DRUGS CHARGED TO PATIENTS		1,918,858	0	1,918,858	73.00
76.00	I/P AMBULANCE SERVICES		0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
91.00	EMERGENCY		2,717,769	0	2,717,769	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,882,080	0	1,882,080	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES		175,740	0	175,740	95.00
99.10	CORF		0	0	0	99.10
99.20	OUTPATIENT PHYSICAL THERAPY		0	0	0	99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY		0	0	0	99.30
99.40	OUTPATIENT SPEECH PATHOLOGY		0	0	0	99.40
101.00	HOME HEALTH AGENCY		92	0	92	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
116.00	HOSPICE		812,204	0	812,204	116.00
200.00	Subtotal (see instructions)	0	51,520,962	0	51,520,962	200.00
201.00	Less Observation Beds		1,882,080	0	1,882,080	201.00
202.00	Total (see instructions)	0	49,638,882	0	49,638,882	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/23/2012 3:17 am	
			Title XVIIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	7,244,897		7,244,897		30.00
31.00	INTENSIVE CARE UNIT	1,945,220		1,945,220		31.00
40.00	SUBPROVIDER - IPF	0		0		40.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	625,297		625,297		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	8,069,283	21,307,964	29,377,247	0.215773	50.00
50.01	SAME DAY SURGERY	60,578	1,733,517	1,794,095	0.627585	50.01
50.02	LITHOTRIPSY	0	0	0	0.000000	50.02
51.00	RECOVERY ROOM	880,188	2,402,818	3,283,006	0.027918	51.00
52.00	DELIVERY ROOM & LABOR ROOM	993,513	385,228	1,378,741	0.379390	52.00
53.00	ANESTHESIOLOGY	789,358	4,778,190	5,567,548	0.190095	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,781,326	27,295,605	31,076,931	0.143497	54.00
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	4,257,292	17,770,296	22,027,588	0.207826	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	2,343,931	160,033	2,503,964	0.482051	64.00
65.00	RESPIRATORY THERAPY	1,724,881	863,220	2,588,101	0.293765	65.00
66.00	PHYSICAL THERAPY	1,382,695	4,302,930	5,685,625	0.519431	66.00
69.00	ELECTROCARDIOLOGY	586,817	2,068,127	2,654,944	0.147256	69.00
69.02	CARDIAC REHAB	100,000	129,512	229,512	1.441990	69.02
70.00	ELECTROENCEPHALOGRAPHY	6,552	710,714	717,266	0.251218	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,114,728	570,222	2,684,950	0.577938	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	10,377,895	2,321,723	12,699,618	0.396997	72.00
73.00	DRUGS CHARGED TO PATIENTS	6,756,000	9,324,543	16,080,543	0.119328	73.00
76.00	I/P AMBULANCE SERVICES	0	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00	EMERGENCY	2,810,310	10,454,409	13,264,719	0.204887	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	335,165	2,016,486	2,351,651	0.800323	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	3,826	2,740	6,566	26.765154	95.00
99.10	CORF	0	0	0		99.10
99.20	OUTPATIENT PHYSICAL THERAPY	0	0	0		99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0		99.30
99.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0		99.40
101.00	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
116.00	HOSPICE	0	539,505	539,505		116.00
200.00	Subtotal (see instructions)	57,189,752	109,137,782	166,327,534		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	57,189,752	109,137,782	166,327,534		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/23/2012 3:17 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.215773		50.00
50.01	SAME DAY SURGERY	0.627585		50.01
50.02	LITHOTRIPSY	0.000000		50.02
51.00	RECOVERY ROOM	0.027918		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.379390		52.00
53.00	ANESTHESIOLOGY	0.190095		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.143497		54.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.207826		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.482051		64.00
65.00	RESPIRATORY THERAPY	0.293765		65.00
66.00	PHYSICAL THERAPY	0.519431		66.00
69.00	ELECTROCARDIOLOGY	0.147256		69.00
69.02	CARDIAC REHAB	1.441990		69.02
70.00	ELECTROENCEPHALOGRAPHY	0.251218		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577938		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.396997		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.119328		73.00
76.00	I/P AMBULANCE SERVICES	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	EMERGENCY	0.204887		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.800323		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	26.765154		95.00
99.10	CORF			99.10
99.20	OUTPATIENT PHYSICAL THERAPY			99.20
99.30	OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
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: 140234		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part I Date/Time Prepared: 1/23/2012 3:17 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,641,417	0	1,641,417	10,103	162.47	30.00
31.00	INTENSIVE CARE UNIT	187,529		187,529	522	359.25	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	46,919		46,919	902	52.02	43.00
200.00	Total (lines 30-199)	1,875,865		1,875,865	11,527		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140234		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part I Date/Time Prepared: 1/23/2012 3:17 am	
		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	5,469	888,548				30.00
31.00	INTENSIVE CARE UNIT	321	115,319				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	5,790	1,003,867				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/23/2012 3:17 am
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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	
Title XVIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	484,191	29,377,247	0.016482	4,175,105	68,814	50.00
50.01	SAME DAY SURGERY	161,903	1,794,095	0.090242	59,288	5,350	50.01
50.02	LITHOTRIpsy	0	0	0.000000	0	0	50.02
51.00	RECOVERY ROOM	36,647	3,283,006	0.011163	469,058	5,236	51.00
52.00	DELIVERY ROOM & LABOR ROOM	64,307	1,378,741	0.046642	0	0	52.00
53.00	ANESTHESIOLOGY	50,861	5,567,548	0.009135	330,094	3,015	53.00
54.00	RADIOLOGY-DIAGNOSTIC	423,495	31,076,931	0.013627	3,479,340	47,413	54.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	230,542	22,027,588	0.010466	4,078,171	42,682	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	193,345	2,503,964	0.077216	2,266,617	175,019	64.00
65.00	RESPIRATORY THERAPY	54,100	2,588,101	0.020903	1,320,005	27,592	65.00
66.00	PHYSICAL THERAPY	252,884	5,685,625	0.044478	906,562	40,322	66.00
69.00	ELECTROCARDIOLOGY	31,903	2,654,944	0.012016	406,510	4,885	69.00
69.02	CARDIAC REHAB	112,812	229,512	0.491530	561	276	69.02
70.00	ELECTROENCEPHALOGRAPHY	7,207	717,266	0.010048	6,237	63	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	134,184	2,684,950	0.049976	1,694,430	84,681	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	84,215	12,699,618	0.006631	5,337,457	35,393	72.00
73.00	DRUGS CHARGED TO PATIENTS	36,999	16,080,543	0.002301	3,079,500	7,086	73.00
76.00	I/P AMBULANCE SERVICES	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	EMERGENCY	203,502	13,264,719	0.015342	1,524,218	23,385	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	272,134	2,351,651	0.115720	292,023	33,793	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	2,835,231	155,966,049		29,425,176	605,005	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140234		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/23/2012 3:17 am	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/23/2012 3:17 am
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Cost Center Description	Title XVIII				Hospital		PPS
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School		
	6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,103	0.00	5,469	0	0	30.00
31.00	INTENSIVE CARE UNIT	522	0.00	321	0	0	31.00
40.00	SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	NURSERY	902	0.00	0	0	0	43.00
200.00	Total (lines 30-199)	11,527		5,790	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/23/2012 3:17 am
		Title XVIII	Hospital	PPS

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

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/23/2012 3:17 am
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
50.01 SAME DAY SURGERY	0	0	0	0	0	0	0	50.01
50.02 LI THOTRI PSY	0	0	0	0	0	0	0	50.02
51.00 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 DELI VERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 ANESTHESI OLOGY	0	0	0	0	0	0	0	53.00
54.00 RADI OLOGY-DI AGNOSTI C	0	0	0	0	0	0	0	54.00
57.00 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 MAGNETI C RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 CARDI AC CATHETERI ZATION	0	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
65.00 RESPI RATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSI CAL THERAPY	0	0	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
69.02 CARDI AC REHAB	0	0	0	0	0	0	0	69.02
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	0	0	0	0	71.00
72.00 I MPL. DEV. CHARGED TO PATI ENTS	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATI ENTS	0	0	0	0	0	0	0	73.00
76.00 I/P AMBULANCE SERVI CES	0	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DI STI NCT PART)	0	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00 AMBULANCE SERVI CES								95.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/23/2012 3:17 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	29,377,247	0.000000	0.000000	4,175,105	50.00
50.01	SAME DAY SURGERY	0	1,794,095	0.000000	0.000000	59,288	50.01
50.02	LITHOTRIpsy	0	0	0.000000	0.000000	0	50.02
51.00	RECOVERY ROOM	0	3,283,006	0.000000	0.000000	469,058	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,378,741	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	5,567,548	0.000000	0.000000	330,094	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	31,076,931	0.000000	0.000000	3,479,340	54.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	22,027,588	0.000000	0.000000	4,078,171	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	2,503,964	0.000000	0.000000	2,266,617	64.00
65.00	RESPIRATORY THERAPY	0	2,588,101	0.000000	0.000000	1,320,005	65.00
66.00	PHYSICAL THERAPY	0	5,685,625	0.000000	0.000000	906,562	66.00
69.00	ELECTROCARDIOLOGY	0	2,654,944	0.000000	0.000000	406,510	69.00
69.02	CARDIAC REHAB	0	229,512	0.000000	0.000000	561	69.02
70.00	ELECTROENCEPHALOGRAPHY	0	717,266	0.000000	0.000000	6,237	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,684,950	0.000000	0.000000	1,694,430	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	12,699,618	0.000000	0.000000	5,337,457	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	16,080,543	0.000000	0.000000	3,079,500	73.00
76.00	I/P AMBULANCE SERVICES	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	EMERGENCY	0	13,264,719	0.000000	0.000000	1,524,218	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,351,651	0.000000	0.000000	292,023	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	155,966,049			29,425,176	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/23/2012 3:17 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	7,739,714	0	0	0	50.00
50.01	SAME DAY SURGERY	0	1,058,356	0	0	0	50.01
50.02	LITHOTRIPSY	0	0	0	0	0	50.02
51.00	RECOVERY ROOM	0	1,663,271	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	190	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	564,390	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	11,931,649	0	0	0	54.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	774,038	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	390,868	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	3,957	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	749,592	0	0	0	69.00
69.02	CARDIAC REHAB	0	83,168	0	0	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	0	189,509	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	196,293	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	863,507	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,699,080	0	0	0	73.00
76.00	I/P AMBULANCE SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	0	2,097,129	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,008,559	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	32,013,270	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/23/2012 3:17 am
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
50.01 SAME DAY SURGERY	0	0		50.01
50.02 LI THOTRI PSY	0	0		50.02
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELI VERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESI OLOGY	0	0		53.00
54.00 RADI OLOGY-DI AGNOSTI C	0	0		54.00
57.00 CT SCAN	0	0		57.00
58.00 MAGNETI C RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDI AC CATHETERI ZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
60.01 BLOOD LABORATORY	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0		64.00
65.00 RESPI RATORY THERAPY	0	0		65.00
66.00 PHYSI CAL THERAPY	0	0		66.00
69.00 ELECTROCARDI OLOGY	0	0		69.00
69.02 CARDI AC REHAB	0	0		69.02
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDI CAL SUPPLI ES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 I/P AMBULANCE SERVI CES	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALI FIED HEALTH CENTER	0	0		89.00
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DI STI NCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVI CES				95.00
200.00 Total (I ines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/23/2012 3:17 am
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.215773	7,739,714	0	0		50.00
50.01 SAME DAY SURGERY	0.627585	1,058,356	0	0		50.01
50.02 LI THOTRI PSY	0.000000	0	0	0		50.02
51.00 RECOVERY ROOM	0.027918	1,663,271	0	0		51.00
52.00 DELI VERY ROOM & LABOR ROOM	0.379390	190	0	0		52.00
53.00 ANESTHESI OLOGY	0.190095	564,390	0	0		53.00
54.00 RADI OLOGY-DI AGNOSTI C	0.143497	11,931,649	0	10,776		54.00
57.00 CT SCAN	0.000000	0	0	0		57.00
58.00 MAGNETI C RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00 CARDI AC CATHETERI ZATION	0.000000	0	0	0		59.00
60.00 LABORATORY	0.207826	774,038	0	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
63.00 BLOOD STORI NG, PROCESSI NG & TRANS.	0.000000	0	0	0		63.00
64.00 I NTRAVENOUS THERAPY	0.482051	0	0	0		64.00
65.00 RESPI RATORY THERAPY	0.293765	390,868	0	0		65.00
66.00 PHYSI CAL THERAPY	0.519431	3,957	0	0		66.00
69.00 ELECTROCARDI OLOGY	0.147256	749,592	0	0		69.00
69.02 CARDI AC REHAB	1.441990	83,168	0	0		69.02
70.00 ELECTROENCEPHALOGRAPHY	0.251218	189,509	0	0		70.00
71.00 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0.577938	196,293	0	0		71.00
72.00 I MPL. DEV. CHARGED TO PATI ENTS	0.396997	863,507	0	0		72.00
73.00 DRUGS CHARGED TO PATI ENTS	0.119328	2,699,080	0	0		73.00
76.00 I/P AMBULANCE SERVI CES	0.000000	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0.000000					88.00
89.00 FEDERALLY QUALI FIED HEALTH CENTER	0.000000					89.00
91.00 EMERGENCY	0.204887	2,097,129	0	0		91.00
92.00 OBSERVATI ON BEDS (NON-DI STI NCT PART)	0.800323	1,008,559	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVI CES	26.765154		0			95.00
200.00 Subtotal (see instructions)		32,013,270	0	10,776		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		32,013,270	0	10,776		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/23/2012 3:17 am
	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	1,670,021	0	0		50.00
50.01 SAME DAY SURGERY	664,208	0	0		50.01
50.02 LI THOTRI PSY	0	0	0		50.02
51.00 RECOVERY ROOM	46,435	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	72	0	0		52.00
53.00 ANESTHESIOLOGY	107,288	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,712,156	0	1,546		54.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	160,865	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	114,823	0	0		65.00
66.00 PHYSICAL THERAPY	2,055	0	0		66.00
69.00 ELECTROCARDIOLOGY	110,382	0	0		69.00
69.02 CARDIAC REHAB	119,927	0	0		69.02
70.00 ELECTROENCEPHALOGRAPHY	47,608	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	113,445	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	342,810	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	322,076	0	0		73.00
76.00 I/P AMBULANCE SERVICES	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00 EMERGENCY	429,674	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	807,173	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	6,771,018	0	1,546		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	6,771,018	0	1,546		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 1/23/2012 3:17 am
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)		10,483	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,103	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)		10,103	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)		380	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)		5,469	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)		327	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)		11,352,079	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)		11,352,079	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		7,870,194	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		7,870,194	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.442414	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)		779.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		11,352,079	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,123.63	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,145,132	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		6,145,132	41.00

COMPUTATION OF INPATIENT OPERATING COST				Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/23/2012 3:17 am
				Title XVIII	Hospital	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	1,646,350	522	3,153.93	321	1,012,412	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)					8,385,986	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,543,530	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)					1,003,867	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					605,005	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,608,872	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,934,658	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					1,675	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,123.63	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,882,080	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140234		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/23/2012 3:17 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,641,417	11,352,079	0.144592	1,882,080	272,134	90.00
91.00	Nursing School cost	0	11,352,079	0.000000	1,882,080	0	91.00
92.00	Allied health cost	0	11,352,079	0.000000	1,882,080	0	92.00
93.00	All other Medical Education	0	11,352,079	0.000000	1,882,080	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/23/2012 3:17 am	
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		4,488,312		30.00
31.00	INTENSIVE CARE UNIT		621,499		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.215773	4,175,105	900,875	50.00
50.01	SAME DAY SURGERY	0.627585	59,288	37,208	50.01
50.02	LITHOTRIpsy	0.000000	0	0	50.02
51.00	RECOVERY ROOM	0.027918	469,058	13,095	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.379390	0	0	52.00
53.00	ANESTHESIOLOGY	0.190095	330,094	62,749	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.143497	3,479,340	499,275	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.207826	4,078,171	847,550	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.482051	2,266,617	1,092,625	64.00
65.00	RESPIRATORY THERAPY	0.293765	1,320,005	387,771	65.00
66.00	PHYSICAL THERAPY	0.519431	906,562	470,896	66.00
69.00	ELECTROCARDIOLOGY	0.147256	406,510	59,861	69.00
69.02	CARDIAC REHAB	1.441990	561	809	69.02
70.00	ELECTROENCEPHALOGRAPHY	0.251218	6,237	1,567	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577938	1,694,430	979,275	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.396997	5,337,457	2,118,954	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.119328	3,079,500	367,471	73.00
76.00	I/P AMBULANCE SERVICES	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	EMERGENCY	0.204887	1,524,218	312,292	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.800323	292,023	233,713	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		29,425,176	8,385,986	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		29,425,176		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3	
		Component CCN: 14U234		Date/Time Prepared: 1/23/2012 3:17 am	
		Title XVIII	Swing Beds - SNF	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		172,877		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.215773	0	0	50.00
50.01	SAME DAY SURGERY	0.627585	0	0	50.01
50.02	LITHOTRIpsy	0.000000	0	0	50.02
51.00	RECOVERY ROOM	0.027918	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.379390	0	0	52.00
53.00	ANESTHESIOLOGY	0.190095	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.143497	23,396	3,357	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.207826	62,327	12,953	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.482051	46,801	22,560	64.00
65.00	RESPIRATORY THERAPY	0.293765	88,823	26,093	65.00
66.00	PHYSICAL THERAPY	0.519431	91,934	47,753	66.00
69.00	ELECTROCARDIOLOGY	0.147256	2,763	407	69.00
69.02	CARDIAC REHAB	1.441990	0	0	69.02
70.00	ELECTROENCEPHALOGRAPHY	0.251218	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.577938	86,271	49,859	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.396997	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.119328	99,957	11,928	73.00
76.00	I/P AMBULANCE SERVICES	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	EMERGENCY	0.204887	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.800323	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		502,272	174,910	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		502,272		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/23/2012 3:17 am
		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		7,888,250	1.00
2.00	Outlier payments for discharges. (see instructions)		200,092	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		65.37	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.82	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		15.13	31.00
32.00	Sum of lines 30 and 31		16.95	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.77	33.00
34.00	Disproportionate share adjustment (see instructions)		297,387	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)		8,385,729	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		10,906,139	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		10,276,037	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/23/2012 3:17 am	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
			1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		667,560		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		10,943,597		59.00
60.00	Primary payer payments		18,649		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		10,924,948		61.00
62.00	Deductibles billed to program beneficiaries		1,160,544		62.00
63.00	Coinsurance billed to program beneficiaries		5,943		63.00
64.00	Allowable bad debts (see instructions)		45,571		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		31,900		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		9,790,361		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)		9,790,361		71.00
72.00	Interim payments		9,747,263		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)		43,098		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: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/23/2012 3:17 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			1,546 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			6,771,018 2.00
3.00	PPS payments			6,359,527 3.00
4.00	Outlier payment (see instructions)			27,143 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			1,546 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			10,776 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)			10,776 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)			10,776 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			9,230 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)			1,546 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)			6,386,670 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)			1,566,179 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)			4,822,037 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)			4,822,037 30.00
31.00	Primary payer payments			51 31.00
32.00	Subtotal (line 30 minus line 31)			4,821,986 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)			34,904 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			24,433 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)			4,846,419 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)			4,846,419 40.00
41.00	Interim payments			4,897,898 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)			-51,479 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: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/23/2012 3:17 am
		Title XVIII	Hospital
			PPS
			Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 140234		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/23/2012 3:17 am	
		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		9,672,057		4,897,764	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	03/04/2011	75,206	03/04/2011	134	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)		75,206		134	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)		9,747,263		4,897,898	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		43,098		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		51,479	6.02	
7.00	Total Medicare program liability (see instructions)		9,790,361		4,846,419	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: 140234 Component CCN: 14U234		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/23/2012 3:17 am	
		Title XVIII		Swing Beds - SNF		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		98,079		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)		98,079		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)		98,079		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: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part II Date/Time Prepared: 1/23/2012 3:17 am
		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			2,609 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			5,790 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			0 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			8,950 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			166,327,534 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			1,725,879 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)			0 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)			0 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet E-2	
		Component CCN: 14U234		Date/Time Prepared: 1/23/2012 3:17 am	
		Title XVIII	Swing Beds - SNF	PPS	
			Part A	Part B	
			1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)		100,857	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)				2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)				3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days		327	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0	6.00
7.00	Utilization review - physician compensation - SNF optional method only		0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		100,857	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		100,857	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0	11.00
12.00	Subtotal (line 10 minus line 11)		100,857	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		2,778	0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)		98,079	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	16.00
17.00	Reimbursable bad debts (see instructions)		0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)		98,079	0	19.00
20.00	Interim payments		98,079	0	20.00
21.00	Tentative settlement (for contractor use only)		0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)		0	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0	23.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140234 Period: From 07/01/2010 To 06/30/2011 Worksheet G
 Date/Time Prepared: 1/23/2012 3:17 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,197,086	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	8,478,800	0	0	0	4.00
5.00	Other receivable	350,068	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,202,611	0	0	0	7.00
8.00	Prepaid expenses	1,039,445	0	0	0	8.00
9.00	Other current assets	341,213	0	0	0	9.00
10.00	Due from other funds	4,854,348	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	18,463,571	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,476,235	0	0	0	12.00
13.00	Land improvements	1,119,428	0	0	0	13.00
14.00	Accumulated depreciation	-965,714	0	0	0	14.00
15.00	Buildings	39,728,644	0	0	0	15.00
16.00	Accumulated depreciation	-23,915,531	0	0	0	16.00
17.00	Leasehold improvements	273,495	0	0	0	17.00
18.00	Accumulated depreciation	-111,475	0	0	0	18.00
19.00	Fixed equipment	9,092,376	0	0	0	19.00
20.00	Accumulated depreciation	-5,329,985	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	30,288,119	0	0	0	23.00
24.00	Accumulated depreciation	-14,535,297	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)	37,120,295	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	5,007,144	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	18,474,011	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	23,481,155	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	79,065,021	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,806,418	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	3,202,787	0	0	0	43.00
44.00	Other current liabilities	4,106,477	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,115,682	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	22,641,669	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,451,529	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	30,093,198	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	41,208,880	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	37,856,141				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)	37,856,141	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	79,065,021	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140234

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

Worksheet G-1

Date/Time Prepared:
1/23/2012 3:17 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		27,057,542		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		826,739			2.00
3.00	Total (sum of line 1 and line 2)		27,884,281		0	3.00
4.00	NET CHANGES IN UNREALIZED GAINS	1,166,430		0		4.00
5.00	NET ASSETS RELEASED FROM RESTRICTION	186,114		0		5.00
6.00	PENSION EQUITY ADJUSTMENT	8,802,650		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		10,155,194		0	10.00
11.00	Subtotal (line 3 plus line 10)		38,039,475		0	11.00
12.00	OTHER	183,334		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)		183,334		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		37,856,141		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140234

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

Worksheet G-1

Date/Time Prepared:
1/23/2012 3:17 am

	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 NET CHANGES IN UNREALIZED GAINS	0		0			4.00
5.00 NET ASSETS RELEASED FROM RESTRICTION	0		0			5.00
6.00 PENSION EQUITY ADJUSTMENT	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 OTHER	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: 140234

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

Worksheet G-2 Parts
Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	7,870,194		7,870,194	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	7,870,194		7,870,194	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	1,945,220		1,945,220	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	1,945,220		1,945,220	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	9,815,414		9,815,414	17.00
18.00	Ancillary services	44,114,338	101,561,919	145,676,257	18.00
19.00	Outpatient services	0	10,454,409	10,454,409	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	539,505	539,505	26.00
27.00	NONREIMBURSABLE/PROFESSIONAL FEES	0	13,540,337	13,540,337	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	53,929,752	126,096,170	180,025,922	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		59,291,100		29.00
30.00	BAD DEBTS	4,542,467			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		4,542,467		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		63,833,567		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140234

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

Worksheet G-3

Date/Time Prepared:
1/23/2012 3:17 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	180,025,922	1.00
2.00	Less contractual allowances and discounts on patients' accounts	116,914,714	2.00
3.00	Net patient revenues (line 1 minus line 2)	63,111,208	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	63,833,567	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-722,359	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	1,068,920	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	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	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	UNREALIZED CHANGE FAIR VALUE	480,178	24.00
25.00	Total other income (sum of lines 6-24)	1,549,098	25.00
26.00	Total (line 5 plus line 25)	826,739	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)	826,739	29.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140234

Period: From 07/01/2010

Worksheet K

Hospice CCN: 141533

To 06/30/2011

Date/Time Prepared: 1/23/2012 3:17 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	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	250,548	0	17,214	0	203,029	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	Total (sum of lines 1 thru 38)	250,548	0	17,214	0	203,029	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140234

Period: From 07/01/2010

Worksheet K

Hospice CCN: 141533

To 06/30/2011

Date/Time Prepared: 1/23/2012 3:17 am

		Hospice I				
	Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	470,791	-2,074	468,717	-20,004	448,713
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	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	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)	470,791	-2,074	468,717	-20,004	448,713

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140234

Period: From 07/01/2010

Worksheet K-1

Hospice CCN: 141533

To 06/30/2011

Date/Time Prepared: 1/23/2012 3:17 am

		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	55,121	0	0	160,351	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	55,121	0	0	160,351	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140234

Period: From 07/01/2010

Worksheet K-1

Hospice CCN: 141533

To 06/30/2011

Date/Time Prepared: 1/23/2012 3:17 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		15,033	20,043	250,548	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	15,033	20,043	250,548	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140234

Period: From 07/01/2010

Worksheet K-4

Hospice CCN: 141533

To 06/30/2011

Part I
Date/Time Prepared:
1/23/2012 3:17 am

		Hospice I				
		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT		
		0	1.00	2.00	3.00	4.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0			1.00
2.00	Capital Related Costs-Movable Equip.	0		0		2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	448,713	0	0	0	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	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	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)	448,713	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140234

Period:

Worksheet K-4

Hospice CCN: 141533

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

Part I
Date/Time Prepared:
1/23/2012 3:17 am

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	Hospice I		TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00			7.00	
GENERAL SERVICE COST CENTERS								
1.00	Capital Related Costs-Bldg and Fixt.		0					1.00
2.00	Capital Related Costs-Movable Equip.		0					2.00
3.00	Plant Operation and Maintenance		0					3.00
4.00	Transportation - Staff		0					4.00
5.00	Volunteer Service Coordination	0						5.00
6.00	Administrative and General	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	448,713	0	0	448,713		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	Total (sum of lines 1 thru 38)	0	448,713	0	0	448,713		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

Period: From 07/01/2010

Worksheet K-4

Hospice CCN: 141533

To 06/30/2011

Part II
Date/Time Prepared:
1/23/2012 3:17 am

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

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 140234	Period:	Worksheet K-4
	Hospice CCN: 141533	From 07/01/2010 To 06/30/2011	Part II Date/Time Prepared: 1/23/2012 3:17 am
			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	0		5.00
6.00	Administrative and General	0	448,713	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	448,713	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	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	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)		0	39.00
40.00	Unit Cost Multiplier		0.000000	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140234

Period: From 07/01/2010

Worksheet K-5

Hospice CCN: 141533

To 06/30/2011

Part I
Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
			1.00	2.00			
0	0	1.00	2.00	4.00	4A		
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	448,713	47,582	8,537	113,274	618,106	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)	448,713	47,582	8,537	113,274	618,106	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 140234	Period: From 07/01/2010	Worksheet K-5 Part I Date/Time Prepared: 1/23/2012 3:17 am
	Hospice CCN: 141533	To 06/30/2011	

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	104,360	0	83,646	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)	104,360	0	83,646	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 140234	Period: From 07/01/2010	Worksheet K-5 Part I Date/Time Prepared: 1/23/2012 3:17 am
	Hospice CCN: 141533	To 06/30/2011	

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 140234	Period: From 07/01/2010	Worksheet K-5 Part I Date/Time Prepared: 1/23/2012 3:17 am
	Hospice CCN: 141533	To 06/30/2011	

Cost Center Description	Hospice I					
	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	15.00	16.00	17.00	19.00	20.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	2,108	3,984	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)	2,108	3,984	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140234

Period:

Worksheet K-5

Hospice CCN: 141533

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

Part I
Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description		INTERNS & RESIDENTS		PARAMED PRGM	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		21.00	22.00				
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	812,204	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	812,204	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS	Provider CCN: 140234	Period: From 07/01/2010	Worksheet K-5 Part I Date/Time Prepared: 1/23/2012 3:17 am
	Hospice CCN: 141533	To 06/30/2011	

Cost Center Description	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)	Hospice I	
	26.00	27.00	28.00		
1.00 Administrative and General					1.00
2.00 Inpatient - General Care	0	0	0		2.00
3.00 Inpatient - Respite Care	0	0	0		3.00
4.00 Physician Services	0	0	0		4.00
5.00 Nursing Care	812,204	0	812,204		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)	812,204		812,204		34.00
35.00 Unit Cost Multiplier (see instructions)		0.000000			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140234
Hospice CCN: 141533

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

Worksheet K-5
Part II
Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,915	1,915	250,548	0	618,106	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)	1,915	1,915	250,548		618,106	34.00
35.00	Total cost to be allocated	47,582	8,537	113,274		104,360	35.00
36.00	Unit Cost Multiplier (see instructions)	24.846997	4.457963	0.452105		0.168838	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140234
Hospice CCN: 141533

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

Worksheet K-5
Part II
Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	1,915	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	1,915	0	0	0	34.00
35.00	Total cost to be allocated	0	83,646	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	43.679373	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140234
Hospice CCN: 141533

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

Worksheet K-5
Part II
Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description		Hospice I					
		CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	
		11.00	12.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	192	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	192	34.00
35.00	Total cost to be allocated	0	0	0	0	2,108	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	10.979167	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140234
Hospice CCN: 141533

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

Worksheet K-5
Part II
Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description		Hospice I					
		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
		16.00	17.00	19.00	20.00		
1.00	Administrative and General	0	0	0	0		1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	539,505	0	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	539,505	0	0	0		34.00
35.00	Total cost to be allocated	3,984	0	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.007385	0.000000	0.000000	0.000000		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140234
Hospice CCN: 141533

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

Worksheet K-5
Part II
Date/Time Prepared:
1/23/2012 3:17 am

Cost Center Description		INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	Hospice I	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		21.00	22.00			
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: 140234	Period: From 07/01/2010	Worksheet K-5
		Hospice CCN: 141533	To 06/30/2011	Part III
				Date/Time Prepared: 1/23/2012 3:17 am

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	0.519431	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00		0	0	2.00
3.00	SPEECH PATHOLOGY	68.00		0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.119328	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00		0	0	5.00
6.00	LABORATORY	60.00	0.207826	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.577938	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00		0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00		0	0	9.00
10.00	I/P AMBULANCE SERVICES	76.00	0.000000	0	0	10.00
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST	Provider CCN: 140234	Period: From 07/01/2010	Worksheet K-6
	Hospice CCN: 141533	To 06/30/2011	Date/Time Prepared: 1/23/2012 3:17 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				812,204	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				332	2.00
3.00	Average cost per diem (line 1 divided by line 2)				2,446.40	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	332				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	812,205				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140234	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/23/2012 3:17 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		635,950	1.00
2.00	Capital DRG outlier payments		31,610	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		24.52	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		667,560	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