This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure 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: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/20/2012 2:22 pm

PART I - COST REPORT STATUS

Provider use only

1. [ ] Electronically filed cost report — Date: 1/20/2012 Time: 2:22 pm
2. [ ] Manually submitted cost report
3. [0] 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. [0] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 GREAT RIVER MEDICAL CENTER for the cost reporting period beginning 07/01/2010 and ending 06/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	208,640	1,164	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	16,996	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	Skilled Nursing Facility	0	0	0		0	7.00
8.00	Nursing Facility	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	225,636	1,164	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.

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure 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: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet S Parts I-III Date/Time Prepared: 1/20/2012 2:22 pm

PART I - COST REPORT STATUS

Provider use only

1. [ ] Electronically filed cost report — Date: 1/20/2012 Time: 2:22 pm
2. [ ] Manually submitted cost report
3. [0] 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. [0] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 GREAT RIVER MEDICAL CENTER 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.

Encryption Information
ECR: Date: 1/20/2012 Time: 2:22 pm
zhDtixF9i6h9Xcpen0XPKpiPFc4Bg0
kWAQ90kT17rEoD7MgWZDAYgqlw4Ol8
EtE.1rUCF5070JtJ
PI: Date: 1/20/2012 Time: 2:22 pm
lzZYTYtE5Ea5:XJw0snxPRPa2gsT62
iGinW0OABENb.pGuoP3tkYxlN62Jwf
b2zfGxuejs0bXbxK

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

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	208,640	1,164	0	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	16,996	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	Skilled Nursing Facility	0	0	0		0	7.00
8.00	Nursing Facility	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	225,636	1,164	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: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/20/2012 2:19 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street:1221 SOUTH GEAR AVENUE	PO Box:			1.00
2.00	City: WEST BURLINGTON	State: IA	Zip Code:52655	County:DES MOINES	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	GREAT RIVER MEDICAL CENTER	160057	99916	1	07/01/1965	N	P	N	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	GREAT RIVER MEDICAL CENTER	16T057	99916	5	07/01/1985	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF	GREAT RIVER MEDICAL CENTER	165110	99916		05/01/1977	N	P	N	9.00
10.00	Hospital-Based NF	GREAT RIVER MEDICAL CENTER	160927	99916		05/01/1977	N		N	10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	GREAT RIVER MEDICAL CENTER	167136	99916		11/08/1984	N	P	N	12.00
13.00	Separately Certified ASC						N	N	N	13.00
14.00	Hospital-Based Hospice	GREAT RIVER MEDICAL CENTER	161567	99916		03/06/2002				14.00
15.00	Hospital-Based Health Clinic - RHC						N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC						N	N	N	16.00
17.00	Hospital-Based (CMHC) 1						N	N	N	17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 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 receive disproportionate share hospital payment in accordance with 42 CFR Section §412.106, or low income payment in accordance with 42 CFR Section §412.624(e)(2)? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of State Medicaid paid days	Out-of State Medicaid eligible days	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	3,569	1,162	162	32	0	0	24.00
25.00	If this provider is an IRF then enter the in-state Mediciad paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid 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.	197	6	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/20/2012 2:19 pm

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00

		Y/N	IME Average	Direct GME Average	
		1.00	2.00	3.00	
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)				
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings				
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	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.				
64.00	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	64.00

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
	1.00	2.00	3.00	4.00	5.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/20/2012 2:19 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	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	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/20/2012 2:19 pm

		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)(ii)? Enter "Y" for yes and "N" for no.	N	86.00

		V	XIX	
		1.00	2.00	
	Title V or XIX Inpatient Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00

		1.00	2.00	
	Miscellaneous Cost Reporting Information			
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1		118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.	1,000,000	3,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part I Date/Time Prepared: 1/20/2012 2:19 pm

		1.00	2.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	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	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/20/2012 2:19 pm

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

		Y/N	Date	
		1.00	2.00	
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N	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

		Description	Part A Y/N	Part A Date		
		0	1.00	2.00		
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	11/14/2011		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: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/20/2012 2:19 pm

		Description	Part A Y/N	Part A Date		
		0	1.00	2.00		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N			21.00
					1.00	

	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		31.00
	Purchased Services		
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet S-2 Part II Date/Time Prepared: 1/20/2012 2:19 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
	PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/14/2011	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: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours		
		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	126	45,990	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)		126	45,990	0.00		7.00
8.00	INTENSIVE CARE UNIT	31.00	12	4,380	0.00		8.00
9.00	CORONARY CARE UNIT	32.00	0	0	0.00		9.00
10.00	BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00					13.00
14.00	Total (see instructions)		138	50,370	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	15	5,475			17.00
18.00	SUBPROVIDER	42.00	0	0			18.00
19.00	SKILLED NURSING FACILITY	44.00	18	6,570			19.00
20.00	NURSING FACILITY	45.00	125	45,625			20.00
21.00	OTHER LONG TERM CARE	46.00	0	0			21.00
22.00	HOME HEALTH AGENCY	101.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00	HOSPICE	116.00	6	2,190			24.00
25.00	CMHC - CMHC	99.00					25.00
25.10	CMHC - CORF	99.10					25.10
26.00	RURAL HEALTH CLINIC	88.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00	Total (sum of lines 14-26)		302				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: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	I/P Days / O/P Visits / Trips					
		Title V	Title XVIII	Title XIX	Total All Patients		
		5.00	6.00	7.00	8.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	13,022	2,532	23,019		1.00
2.00	HMO		606	1,356			2.00
3.00	HMO IPF		0	0			3.00
4.00	HMO IRF		41	0			4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00	Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	0	13,022	2,532	23,019		7.00
8.00	INTENSIVE CARE UNIT	0	1,465	187	2,162		8.00
9.00	CORONARY CARE UNIT	0	0	0	0		9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	0		783	1,459		13.00
14.00	Total (see instructions)	0	14,487	3,502	26,640		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	978	197	1,757		17.00
18.00	SUBPROVIDER	0	0	0	0		18.00
19.00	SKILLED NURSING FACILITY	0	3,172	145	3,657		19.00
20.00	NURSING FACILITY	0		25,216	37,616		20.00
21.00	OTHER LONG TERM CARE				0		21.00
22.00	HOME HEALTH AGENCY	0	6,243	5,355	18,674		22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE		682	47	834		24.00
25.00	CMHC - CMHC	0	0	0	0		25.00
25.10	CMHC - CORF	0	0	0	0		25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00	Total (sum of lines 14-26)						27.00
28.00	Observation Bed Days	0		118	792		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)			67	115		32.00
33.00	LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	Full Time Equivalents			Discharges		
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
		9.00	10.00	11.00	12.00	13.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	3,285	1.00
2.00	HMO					158	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	1,057.70	0.00	0	3,285	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	9.21	0.00	0	83	17.00
18.00	SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00	19.97	0.00			19.00
20.00	NURSING FACILITY	0.00	117.09	0.00			20.00
21.00	OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00	HOME HEALTH AGENCY	0.00	31.07	0.00			22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00	HOSPICE	0.00	27.86	0.00			24.00
25.00	CMHC - CMHC	0.00	0.00	0.00			25.00
25.10	CMHC - CORF	0.00	0.00	0.00			25.10
26.00	RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00	Total (sum of lines 14-26)	0.00	1,262.90	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: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	Discharges			
		Title XIX	Total All Patients		
		14.00	15.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,157	6,325		1.00
2.00	HMO				2.00
3.00	HMO IPF				3.00
4.00	HMO IRF				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF				5.00
6.00	Hospital Adults & Peds. Swing Bed NF				6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00	INTENSIVE CARE UNIT				8.00
9.00	CORONARY CARE UNIT				9.00
10.00	BURN INTENSIVE CARE UNIT				10.00
11.00	SURGICAL INTENSIVE CARE UNIT				11.00
12.00	OTHER SPECIAL CARE (SPECIFY)				12.00
13.00	NURSERY				13.00
14.00	Total (see instructions)	1,157	6,325		14.00
15.00	CAH visits				15.00
16.00	SUBPROVIDER - IPF	0	0		16.00
17.00	SUBPROVIDER - IRF	3	145		17.00
18.00	SUBPROVIDER	0	0		18.00
19.00	SKILLED NURSING FACILITY				19.00
20.00	NURSING FACILITY				20.00
21.00	OTHER LONG TERM CARE		0		21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00	HOSPICE				24.00
25.00	CMHC - CMHC				25.00
25.10	CMHC - CORF				25.10
26.00	RURAL HEALTH CLINIC				26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00	Total (sum of lines 14-26)				27.00
28.00	Observation Bed Days				28.00
28.01	SUBPROVIDER - IPF				28.01
28.02	SUBPROVIDER - IRF				28.02
28.03	SUBPROVIDER				28.03
29.00	Ambulance Trips				29.00
30.00	Employee discount days (see instruction)				30.00
31.00	Employee discount days - IRF				31.00
32.00	Labor & delivery days (see instructions)				32.00
33.00	LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part II Date/Time Prepared: 1/20/2012 2:19 pm

		Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	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	61,492,831	0	0	61,492,831	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
5.00	Physician-Part B		383,883	0	0	383,883	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0	7.00
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	981,349	0	0	981,349	9.00
10.00	Excluded area salaries (see instructions)		7,497,747	0	99,068	7,596,815	10.00
	OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		69,914	0	0	69,914	11.00
12.00	Management and administrative services		179,725	0	0	179,725	12.00
13.00	Contract labor: physician-Part A		323,508	0	0	323,508	13.00
14.00	Home office salaries & wage-related costs		2,353,481	0	0	2,353,481	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		17,428,860	0	0	17,428,860	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		2,826,567	0	0	2,826,567	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		127,243	0	0	127,243	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	0	25.00
	OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	560,785	0	0	560,785	26.00
27.00	Administrative & General	5.00	4,690,566	0	-99,068	4,591,498	27.00
28.00	Administrative & General under contract (see inst.)		73,651	0	0	73,651	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0	29.00
30.00	Operation of Plant	7.00	2,434,373	0	0	2,434,373	30.00
31.00	Laundry & Linen Service	8.00	398,889	0	0	398,889	31.00
32.00	Housekeeping	9.00	1,481,803	0	0	1,481,803	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	1,744,734	0	0	1,744,734	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	0	0	0	0	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	2,261,353	0	0	2,261,353	38.00
39.00	Central Services and Supply	14.00	1,256,212	0	0	1,256,212	39.00
40.00	Pharmacy	15.00	1,756,154	0	0	1,756,154	40.00
41.00	Medical Records & Medical Records Library	16.00	1,769,876	0	0	1,769,876	41.00
42.00	Social Service	17.00	434,175	0	0	434,175	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-3 Part II Date/Time Prepared: 1/20/2012 2:19 pm

		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)	2,626,847.31	23.41		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
5.00	Physician-Part B	5,985.00	64.14		5.00
6.00	Non-physician-Part B	0.00	0.00		6.00
7.00	Interns & residents (in an approved program)	0.00	0.00		7.00
8.00	Home office personnel	0.00	0.00		8.00
9.00	SNF	41,527.88	23.63		9.00
10.00	Excluded area salaries (see instructions)	432,967.94	17.55		10.00
	OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	945.80	73.92		11.00
12.00	Management and administrative services	617.60	291.01		12.00
13.00	Contract labor: physician-Part A	2,635.00	122.77		13.00
14.00	Home office salaries & wage-related costs	15,994.00	147.15		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	19,519.13	28.73		26.00
27.00	Administrative & General	49,567.66	92.63		27.00
28.00	Administrative & General under contract (see inst.)	574.35	128.23		28.00
29.00	Maintenance & Repairs	0.00	0.00		29.00
30.00	Operation of Plant	94,404.40	25.79		30.00
31.00	Laundry & Linen Service	28,760.61	13.87		31.00
32.00	Housekeeping	98,958.38	14.97		32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00		33.00
34.00	Dietary	94,431.41	18.48		34.00
35.00	Dietary under contract (see instructions)	0.00	0.00		35.00
36.00	Cafeteria	0.00	0.00		36.00
37.00	Maintenance of Personnel	0.00	0.00		37.00
38.00	Nursing Administration	74,274.08	30.45		38.00
39.00	Central Services and Supply	77,669.91	16.17		39.00
40.00	Pharmacy	49,707.00	35.33		40.00
41.00	Medical Records & Medical Records Library	82,769.79	21.38		41.00
42.00	Social Service	18,538.31	23.42		42.00
43.00	Other General Service	0.00	0.00		43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160057

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

Worksheet S-3
Part III
Date/Time Prepared:
1/20/2012 2:19 pm

		Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Reclassification 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)		61,182,599	0	0	61,182,599	1.00
2.00	Excluded area salaries (see instructions)		8,479,096	0	99,068	8,578,164	2.00
3.00	Subtotal salaries (line 1 minus line 2)		52,703,503	0	-99,068	52,604,435	3.00
4.00	Subtotal other wages & related costs (see inst.)		2,926,628	0	0	2,926,628	4.00
5.00	Subtotal wage-related costs (see inst.)		17,428,860	0	0	17,428,860	5.00
6.00	Total (sum of lines 3 thru 5)		73,058,991	0	-99,068	72,959,923	6.00
7.00	Total overhead cost (see instructions)		18,862,571	0	-99,068	18,763,503	7.00

HOSPITAL WAGE INDEX INFORMATION	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part III Date/Time Prepared: 1/20/2012 2:19 pm

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	2,621,436.66	23.34	1.00
2.00	Excluded area salaries (see instructions)	474,495.82	18.08	2.00
3.00	Subtotal salaries (line 1 minus line 2)	2,146,940.84	24.50	3.00
4.00	Subtotal other wages & related costs (see inst.)	20,192.40	144.94	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	33.13	5.00
6.00	Total (sum of lines 3 thru 5)	2,167,133.24	33.67	6.00
7.00	Total overhead cost (see instructions)	689,175.03	27.23	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/20/2012 2:19 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	2,354,986	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	205,249	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	8,376,411	8.00
9.00	Prescription Drug Plan	983,982	9.00
10.00	Dental, Hearing and Vision Plan	281,213	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	71,174	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)	213,544	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	645,862	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	3,837,819	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	128,159	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation	8,192	21.00
22.00	Day Care Cost and Allowances	248,024	22.00
23.00	Tuition Reimbursement	74,245	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	17,428,860	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: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/20/2012 2:19 pm

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

HOME HEALTH AGENCY STATISTICAL DATA	Provider CCN: 160057 Component CCN:167136	Period: From 07/01/2010 To 06/30/2011	Worksheet S-4 Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

					1.00		
0.00	County				DES MOINES		0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	2,917	6,232	4,110	13,259	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	307.00	53.00	97.00	457.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)		40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.20	0.00	0.20	4.00
5.00	Other Administrative Personnel			2.25	0.00	2.25	5.00
6.00	Direct Nursing Service			9.89	0.00	9.89	6.00
7.00	Nursing Supervisor			1.11	0.00	1.11	7.00
8.00	Physical Therapy Service			2.72	0.00	2.72	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.37	0.00	0.37	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.14	0.00	0.14	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.05	0.00	0.05	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			6.06	0.00	6.06	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
	HOME HEALTH AGENCY CBSA CODES						
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99916			20.00
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	2,034	224	92	69	2,419	21.00
22.00	Skilled Nursing Visit Charges	305,100	33,600	13,800	10,350	362,850	22.00
23.00	Physical Therapy Visits	1,401	12	43	55	1,511	23.00
24.00	Physical Therapy Visit Charges	215,754	1,848	6,622	8,470	232,694	24.00
25.00	Occupational Therapy Visits	333	2	4	17	356	25.00
26.00	Occupational Therapy Visit Charges	56,610	340	680	2,890	60,520	26.00
27.00	Speech Pathology Visits	66	0	3	0	69	27.00
28.00	Speech Pathology Visit Charges	11,220	0	510	0	11,730	28.00
29.00	Medical Social Service Visits	6	0	0	1	7	29.00
30.00	Medical Social Service Visit Charges	1,194	0	0	199	1,393	30.00
31.00	Home Health Aide Visits	1,672	148	13	48	1,881	31.00
32.00	Home Health Aide Visit Charges	145,464	12,876	1,131	4,176	163,647	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,512	386	155	190	6,243	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	735,342	48,664	22,743	26,085	832,834	35.00
36.00	Total Number of Episodes (standard/non outlier)	325		52	11	388	36.00
37.00	Total Number of Outlier Episodes		7		0	7	37.00
38.00	Total Non-Routine Medical Supply Charges	165	0	0	0	165	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet S-7 Date/Time Prepared: 1/20/2012 2:19 pm

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

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	12	0	12	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	0	0	0	8.00
9.00		RMX	279	0	279	9.00
10.00		RML	438	0	438	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	0	0	18.00
19.00		RHB	3	0	3	19.00
20.00		RHA	29	0	29	20.00
21.00		RMC	213	0	213	21.00
22.00		RMB	244	0	244	22.00
23.00		RMA	449	0	449	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	24	0	24	27.00
28.00		ES1	174	0	174	28.00
29.00		HE2	56	0	56	29.00
30.00		HE1	59	0	59	30.00
31.00		HD2	26	0	26	31.00
32.00		HD1	62	0	62	32.00
33.00		HC2	33	0	33	33.00
34.00		HC1	68	0	68	34.00
35.00		HB2	40	0	40	35.00
36.00		HB1	220	0	220	36.00
37.00		LE2	12	0	12	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	7	0	7	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	6	0	6	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	18	0	18	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	12	0	12	47.00
48.00		CD1	26	0	26	48.00
49.00		CC2	7	0	7	49.00
50.00		CC1	6	0	6	50.00
51.00		CB2	9	0	9	51.00
52.00		CB1	157	0	157	52.00
53.00		CA2	18	0	18	53.00
54.00		CA1	141	0	141	54.00
55.00		SE3	45	0	45	55.00
56.00		SE2	124	0	124	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	73	0	73	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: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-7 Date/Time Prepared: 1/20/2012 2:19 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	27	0	27	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	7	0	7	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	48	0	48	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		3,172	0	3,172	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).	99916	99916	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	2,650,704	92.10	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	100,733	3.50	Y	205.00
206.00	OTHER (SPECIFY)	126,635	4.40	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	3,074,510			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: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet S-7 | Date/Time Prepared: 1/20/2012 2:19 pm

		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	
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: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet S-7 Date/Time Prepared: 1/20/2012 2:19 pm

		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: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet S-7 Date/Time Prepared: 1/20/2012 2:19 pm

		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: 160057 Component CCN:161567	Period: From 07/01/2010 To 06/30/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 1/20/2012 2:19 pm

Hospice I

		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ENROLLMENT DAYS						
1.00	Continuous Home Care	0	0	0	0	0	1.00
2.00	Routine Home Care	12,590	471	0	0	511	2.00
3.00	Inpatient Respite Care	169	7	0	0	8	3.00
4.00	General Inpatient Care	513	40	0	0	97	4.00
5.00	Total Hospice Days	13,272	518	0	0	616	5.00
	Part II - CENSUS DATA						
6.00	Number of Patients Receiving Hospice Care	341	17	0	0	47	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)	38.92	30.47	0.00	0.00	13.11	8.00
9.00	Unduplicated Census Count	272	12	0	0	35	9.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 160057 Component CCN:161567	Period: From 07/01/2010 To 06/30/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 1/20/2012 2:19 pm
		Hospice I	

		Unduplicated Days Total (sum of cols. 1, 2 & 5) 6.00	
	PART I - ENROLLMENT DAYS		
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	13,572	2.00
3.00	Inpatient Respite Care	184	3.00
4.00	General Inpatient Care	650	4.00
5.00	Total Hospice Days	14,406	5.00
	Part II - CENSUS DATA		
6.00	Number of Patients Receiving Hospice Care	405	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)	35.57	8.00
9.00	Unduplicated Census Count	319	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/20/2012 2:19 pm

		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)	0.407861	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	14,265,206	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	36,323,989	6.00
7.00	Medicaid cost (line 1 times line 6)	14,815,138	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)	549,932	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	256,680	9.00
10.00	Stand-alone SCHIP charges	458,871	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	187,156	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)	32,305	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	141,703	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	57,795	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)	25,490	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)	575,422	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	5,526,030	4,065,495	9,591,525	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,253,852	1,658,157	3,912,009	21.00
22.00	Partial payment by patients approved for charity care	198,338	725,695	924,033	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,055,514	932,462	2,987,976	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)	7,202,833	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	0	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	7,202,833	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	2,937,755	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	5,925,731	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	6,501,153	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT		5,227,389	5,227,389	125,673	5,353,062	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN		100,266	100,266	4,864	105,130	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER		8,973	8,973	1,854	10,827	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY		65,226	65,226	1,258	66,484	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY		0	0	0	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN		0	0	0	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP		289,673	289,673	3,605	293,278	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB		0	0	0	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO		0	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP		6,530,588	6,530,588	76,605	6,607,193	2.00
3.00	OTHER CAP REL COSTS		0	0	0	0	3.00
4.00	EMPLOYEE BENEFITS	560,785	2,524,059	3,084,844	0	3,084,844	4.00
5.01	NONPATIENT TELEPHONES	206,294	64,293	270,587	-68,025	202,562	5.01
5.02	DATA PROCESSING	1,458,504	1,153,312	2,611,816	0	2,611,816	5.02
5.03	PURCHASING RECEIVING AND STORES	332,302	416,834	749,136	0	749,136	5.03
5.04	ADMITTING	782,948	258,887	1,041,835	0	1,041,835	5.04
5.05	BUSINESS OFFICE	614,222	747,363	1,361,585	0	1,361,585	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	1,296,296	16,938,730	18,235,026	-798,093	17,436,933	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	2,287,309	3,194,612	5,481,921	0	5,481,921	7.00
7.01	OPERATION OF PLANT KLEIN	147,064	329,999	477,063	0	477,063	7.01
7.02	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	OPERATION OF PLANT CANCER	0	25,759	25,759	0	25,759	7.04
7.05	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	53,297	53,297	0	53,297	7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	LAUNDRY & LINEN SERVICE	398,889	415,261	814,150	0	814,150	8.00
9.00	HOUSEKEEPING	1,313,335	747,511	2,060,846	0	2,060,846	9.00
9.01	HOUSEKEEPING KLEIN	168,468	105,088	273,556	0	273,556	9.01
10.00	DIETARY	1,368,114	1,524,036	2,892,150	0	2,892,150	10.00
10.01	DIETARY KLEIN	376,620	473,284	849,904	0	849,904	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	2,261,353	1,295,945	3,557,298	0	3,557,298	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,256,212	732,829	1,989,041	0	1,989,041	14.00
15.00	PHARMACY	1,756,154	580,520	2,336,674	0	2,336,674	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,769,876	1,158,737	2,928,613	0	2,928,613	16.00
17.00	SOCIAL SERVICE	434,175	109,006	543,181	0	543,181	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	9,144,850	3,404,191	12,549,041	0	12,549,041	30.00
31.00	INTENSIVE CARE UNIT	1,538,138	690,018	2,228,156	0	2,228,156	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	512,008	197,297	709,305	0	709,305	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	385,787	119,496	505,283	0	505,283	43.00
44.00	SKILLED NURSING FACILITY	981,349	384,672	1,366,021	0	1,366,021	44.00
45.00	NURSING FACILITY	3,260,363	1,268,360	4,528,723	0	4,528,723	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	5,209,268	10,771,673	15,980,941	-4,257,033	11,723,908	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,894,998	1,499,386	3,394,384	-1,122	3,393,262	54.00
55.00	RADIOLOGY-THERAPEUTIC	483,783	633,862	1,117,645	0	1,117,645	55.00
56.00	RADIOISOTOPE	236,156	374,872	611,028	0	611,028	56.00
57.00	CT SCAN	472,479	567,196	1,039,675	0	1,039,675	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	295,223	444,467	739,690	0	739,690	58.00
59.00	CARDIAC CATHETERIZATION	963,240	2,940,622	3,903,862	-2,461,354	1,442,508	59.00
60.00	LABORATORY	2,450,654	4,134,881	6,585,535	0	6,585,535	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,082,980	396,212	1,479,192	0	1,479,192	65.00
66.00	PHYSICAL THERAPY	513,021	278,385	791,406	-73,061	718,345	66.00
67.00	OCCUPATIONAL THERAPY	396,203	129,322	525,525	0	525,525	67.00
68.00	SPEECH PATHOLOGY	195,046	54,198	249,244	0	249,244	68.00
69.00	ELECTROCARDIOLOGY	286,900	79,922	366,822	0	366,822	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,481,945	2,481,945	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,327,045	4,327,045	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	7,880,147	7,880,147	0	7,880,147	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	134,078	155,353	289,431	0	289,431	76.00
76.01	EMG & EEG	327,233	133,722	460,955	-902	460,053	76.01
76.02	O/P REHAB SERVICES	1,977,908	731,234	2,709,142	-4,249	2,704,893	76.02
76.03	SPORTS FITNESS	622,091	246,570	868,661	1,620	870,281	76.03
76.04	LIFE CENTER	903,455	1,458,593	2,362,048	-2,400	2,359,648	76.04
76.05	RECREATIONAL THERAPY	61,961	17,852	79,813	0	79,813	76.05
76.06	HEMATOLOGY/ONCOLOGY	710,621	309,347	1,019,968	0	1,019,968	76.06
76.07	CARDIOLOGY	65,770	30,053	95,823	0	95,823	76.07
76.08	O/P DEPENDENCY SERVICES	189,971	82,197	272,168	0	272,168	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	3,644,949	4,681,082	8,326,031	-17,674	8,308,357	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	38,052	17,472	55,524	0	55,524	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	1,543,882	658,886	2,202,768	0	2,202,768	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE		3,250,912	3,250,912	0	3,250,912	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	1,518,632	1,204,763	2,723,395	-1,970	2,721,425	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	60,829,969	94,298,692	155,128,661	-661,414	154,467,247	118.00
	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
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	14,780	14,780	0	14,780	194.00
194.01	DAYCARE	268,626	82,813	351,439	0	351,439	194.01
194.02	ADVERTISING	0	0	0	593,389	593,389	194.02
194.03	OUTREACH REHAB	394,236	102,723	496,959	0	496,959	194.03
194.04	SWITCHBOARD	0	0	0	68,025	68,025	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	0	0	0	0	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	TOTAL (SUM OF LINES 118-199)	61,492,831	94,499,008	155,991,839	0	155,991,839	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
	GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	458,082	5,811,144		1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	105,130		1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	10,827		1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	66,484		1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	335,443	335,443		1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	649,881	649,881		1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	293,278		1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	310,518	310,518		1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	16,057	16,057		1.08
2.00	CAP REL COSTS-MVBLE EQUIP	-10,837	6,596,356		2.00
3.00	OTHER CAP REL COSTS	0	0		3.00
4.00	EMPLOYEE BENEFITS	-97,627	2,987,217		4.00
5.01	NONPATIENT TELEPHONES	-42,375	160,187		5.01
5.02	DATA PROCESSING	-27,426	2,584,390		5.02
5.03	PURCHASING RECEIVING AND STORES	-89,269	659,867		5.03
5.04	ADMITTING	0	1,041,835		5.04
5.05	BUSINESS OFFICE	0	1,361,585		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-9,833,662	7,603,271		5.06
6.00	MAINTENANCE & REPAIRS	0	0		6.00
7.00	OPERATION OF PLANT	-111,910	5,370,011		7.00
7.01	OPERATION OF PLANT KLEIN	0	477,063		7.01
7.02	OPERATION OF PLANT EASTMAN	188,570	188,570		7.02
7.03	OPERATION OF PLANT MERCY	154,652	154,652		7.03
7.04	OPERATION OF PLANT CANCER	-4,154	21,605		7.04
7.05	OPERATION OF PLANT REHAB	95,239	95,239		7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	53,297		7.06
7.07	OPERATION OF PLANT WAPELLO	12,015	12,015		7.07
8.00	LAUNDRY & LINEN SERVICE	0	814,150		8.00
9.00	HOUSEKEEPING	-25,279	2,035,567		9.00
9.01	HOUSEKEEPING KLEIN	0	273,556		9.01
10.00	DIETARY	-950,690	1,941,460		10.00
10.01	DIETARY KLEIN	-24,747	825,157		10.01
11.00	CAFETERIA	0	0		11.00
12.00	MAINTENANCE OF PERSONNEL	0	0		12.00
13.00	NURSING ADMINISTRATION	264,715	3,822,013		13.00
14.00	CENTRAL SERVICES & SUPPLY	-204,826	1,784,215		14.00
15.00	PHARMACY	-36,517	2,300,157		15.00
16.00	MEDICAL RECORDS & LIBRARY	-16,036	2,912,577		16.00
17.00	SOCIAL SERVICE	0	543,181		17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0		18.00
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	-36,989	12,512,052		30.00
31.00	INTENSIVE CARE UNIT	0	2,228,156		31.00
32.00	CORONARY CARE UNIT	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	709,305		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	-282	505,001		43.00
44.00	SKILLED NURSING FACILITY	0	1,366,021		44.00
45.00	NURSING FACILITY	126,539	4,655,262		45.00
46.00	OTHER LONG TERM CARE	0	0		46.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-39,600	11,684,308		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	3,393,262		54.00
55.00	RADIOLOGY-THERAPEUTIC	-105,075	1,012,570		55.00
56.00	RADIOISOTOPE	0	611,028		56.00
57.00	CT SCAN	0	1,039,675		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	739,690		58.00
59.00	CARDIAC CATHETERIZATION	-8,000	1,434,508		59.00
60.00	LABORATORY	-62,830	6,522,705		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	-8,848	1,470,344		65.00
66.00	PHYSICAL THERAPY	-1,800	716,545		66.00
67.00	OCCUPATIONAL THERAPY	0	525,525		67.00
68.00	SPEECH PATHOLOGY	0	249,244		68.00
69.00	ELECTROCARDIOLOGY	0	366,822		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,481,945		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	4,327,045		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	7,880,147		73.00
74.00	RENAL DIALYSIS	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	AUDIOLOGY	0	289,431		76.00
76.01	EMG & EEG	0	460,053		76.01
76.02	O/P REHAB SERVICES	-25,670	2,679,223		76.02
76.03	SPORTS FITNESS	-52,538	817,743		76.03
76.04	LIFE CENTER	-764,462	1,595,186		76.04
76.05	RECREATIONAL THERAPY	0	79,813		76.05
76.06	HEMATOLOGY/ONCOLOGY	0	1,019,968		76.06
76.07	CARDIOLOGY	0	95,823		76.07
76.08	O/P DEPENDENCY SERVICES	-9,250	262,918		76.08
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	-3,736,008	4,572,349		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	WELLNESS PROGRAM	0	55,524		93.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
99.00	CMHC	0	0		99.00
99.10	CORF	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0		100.00
101.00	HOME HEALTH AGENCY	0	2,202,768		101.00
	SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0		105.00
106.00	HEART ACQUISITION	0	0		106.00
107.00	LIVER ACQUISITION	0	0		107.00
108.00	LUNG ACQUISITION	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0		110.00
111.00	ISLET ACQUISITION	0	0		111.00
113.00	INTEREST EXPENSE	-3,250,912	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0		115.00
116.00	HOSPICE	0	2,721,425		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-16,965,908	137,501,339		118.00
	NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00	RESEARCH	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
193.00	NONPAID WORKERS	0	0		193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	14,780		194.00
194.01	DAYCARE	0	351,439		194.01
194.02	ADVERTISING	0	593,389		194.02
194.03	OUTREACH REHAB	0	496,959		194.03
194.04	SWITCHBOARD	0	68,025		194.04
194.05	HENRY COUNTY HEALTH CENTER	31,338,376	31,338,376		194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	0		194.06
194.07	MEALS ON WHEELS	0	0		194.07
200.00	TOTAL (SUM OF LINES 118-199)	14,372,468	170,364,307		200.00

RECLASSIFICATIONS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/20/2012 2:19 pm

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - ADVERTISING				
1.00	ADVERTISING	194.02	47,206	546,183	1.00
2.00	SPORTS FITNESS	76.03	0	1,620	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
	TOTALS		47,206	547,803	
	B - SWITCHBOARD				
1.00	SWITCHBOARD	194.04	51,862	16,163	1.00
	TOTALS		51,862	16,163	
	C - PROPERTY INSURANCE				
1.00	OTHER CAP REL COSTS	3.00	0	213,859	1.00
	TOTALS		0	213,859	
	D - BILLABLE SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,481,945	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
	TOTALS		0	2,481,945	
	E - DEVICES AND IMPLANTS				
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,327,045	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	4,327,045	
500.00	Grand Total: Increases		99,068	7,586,815	500.00

RECLASSIFICATIONS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-6 | Date/Time Prepared: 1/20/2012 2:19 pm

	Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - ADVERTISING					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	47,206	2,629	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	534,399	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,122	0	3.00
4.00	EMG & EEG	76.01	0	902	0	4.00
5.00	O/P REHAB SERVICES	76.02	0	4,249	0	5.00
6.00	LIFE CENTER	76.04	0	2,400	0	6.00
7.00	EMERGENCY	91.00	0	132	0	7.00
8.00	HOSPICE	116.00	0	1,970	0	8.00
	TOTALS		47,206	547,803		
	B - SWITCHBOARD					
1.00	NONPATIENT TELEPHONES	5.01	51,862	16,163	0	1.00
	TOTALS		51,862	16,163		
	C - PROPERTY INSURANCE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	213,859	0	1.00
	TOTALS		0	213,859		
	D - BILLABLE SUPPLIES					
1.00	OPERATING ROOM	50.00	0	1,436,901	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	954,441	0	2.00
3.00	PHYSICAL THERAPY	66.00	0	73,061	0	3.00
4.00	EMERGENCY	91.00	0	17,542	0	4.00
	TOTALS		0	2,481,945		
	E - DEVICES AND IMPLANTS					
1.00	OPERATING ROOM	50.00	0	2,820,132	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	1,506,913	0	2.00
	TOTALS		0	4,327,045		
500.00	Grand Total: Decreases		99,068	7,586,815		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 1/20/2012 2:19 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	5,351,356	25,775	0	25,775	74,531	1.00
2.00	Land Improvements	9,191,556	0	0	0	0	2.00
3.00	Buildings and Fixtures	96,618,276	30,524	0	30,524	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	53,047,097	68,083	0	68,083	0	5.00
6.00	Movable Equipment	87,181,783	5,042,311	0	5,042,311	547,120	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	251,390,068	5,166,693	0	5,166,693	621,651	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	251,390,068	5,166,693	0	5,166,693	621,651	10.00

	Cost Center Description	SUMMARY OF CAPITAL: 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	CAP REL COSTS-BLDG & FIXT	5,227,389	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	100,266	0	0	0	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	8,973	0	0	0	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	65,226	0	0	0	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	289,673	0	0	0	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	6,530,588	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	12,222,115	0	0	0	0	3.00

	Cost Center Description	COMPUTATION OF RATIOS: 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	CAP REL COSTS-BLDG & FIXT	150,398,805	0	150,398,805	0.587645	125,673	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	5,820,841	0	5,820,841	0.022743	4,864	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	2,218,680	0	2,218,680	0.008669	1,854	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	1,505,464	0	1,505,464	0.005882	1,258	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0.000000	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0.000000	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	4,314,342	0	4,314,342	0.016857	3,605	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0.000000	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0.000000	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	91,676,978	0	91,676,978	0.358204	76,605	2.00
3.00	Total (sum of lines 1-2)	255,935,110	0	255,935,110	1.000000	213,859	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 1/20/2012 2:19 pm

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	5,302,600	5,302,600	1.00
2.00	Land Improvements	9,191,556	5,046,209	2.00
3.00	Buildings and Fixtures	96,648,800	68,305,428	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	53,115,180	24,767,209	5.00
6.00	Movable Equipment	91,676,974	19,227,328	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	255,935,110	122,648,774	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	255,935,110	122,648,774	10.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	5,227,389	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	100,266	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	8,973	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	65,226	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	289,673	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	6,530,588	2.00
3.00	Total (sum of lines 1-2)	0	12,222,115	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	125,673	5,685,471	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	0	4,864	100,266	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	1,854	8,973	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	1,258	65,226	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	335,443	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	649,881	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	3,605	289,673	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	310,518	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	16,057	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	76,605	6,519,751	0	2.00
3.00	Total (sum of lines 1-2)	0	0	213,859	13,981,259	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	125,673	0	0	5,811,144	1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	4,864	0	0	105,130	1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	1,854	0	0	10,827	1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	1,258	0	0	66,484	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	335,443	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	649,881	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	3,605	0	0	293,278	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	310,518	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	16,057	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	0	76,605	0	0	6,596,356	2.00
3.00	Total (sum of lines 1-2)	0	213,859	0	0	14,195,118	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/20/2012 2:19 pm

				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)		0	CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00	Investment income - movable equipment (chapter 2)		0	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	-82,797	PURCHASING RECEIVING AND STORES	5.03	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	7.00
8.00	Television and radio service (chapter 21)		0		0.00	8.00
9.00	Parking lot (chapter 21)		0		0.00	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,235,263			10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	30,692,539			12.00
13.00	Laundry and linen service		0		0.00	13.00
14.00	Cafeteria-employees and guests	B	-867,086	DIETARY	10.00	14.00
15.00	Rental of quarters to employee and others		0		0.00	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients	B	-420	PHARMACY	15.00	17.00
18.00	Sale of medical records and abstracts	B	-4,730	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	0	RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00	25.00
26.00	Depreciation - buildings and fixtures		0	CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00	Depreciation - movable equipment		0	CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00	Physicians' assistant		0		0.00	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00	NCRC - REHABILITATION CENTER	A	310,518	CAP REL COSTS-BLDG & FIXT - REHAB	1.07	33.00
33.01	DIALYSIS DEPRECIATION	A	-57,700	CAP REL COSTS-BLDG & FIXT	1.00	33.01
33.02	GRMC - MERCY MOB	A	335,443	CAP REL COSTS-BLDG & FIXT - MERCY	1.04	33.02
33.03	GRMC - EASTMAN MOB	A	649,881	CAP REL COSTS-BLDG & FIXT - EASTMAN	1.05	33.03
33.04	REMOVE MARKUP ON HMES TRANSACTIONS	A	-204,818	CENTRAL SERVICES & SUPPLY	14.00	33.04
33.05	AHA/IHA DUES - LOBBYING EXPENSES	A	-28,173	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.05
33.06	BAD DEBTS	A	-7,202,833	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.06
33.07	OFFSET RENTAL COSTS - PETERSON - OTH	A	-75,413	OPERATION OF PLANT	7.00	33.07
33.08	HELICOPTER DEPRECIATION	A	-69,125	CAP REL COSTS-BLDG & FIXT	1.00	33.08
33.09	OFFSET RENTAL COSTS TO HCR	A	-675,802	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.09
33.10	INTEREST EXPENSE	A	-3,250,912	INTEREST EXPENSE	113.00	33.10
33.11	SUPERIOR AMBULANCE	B	-478,000	EMERGENCY	91.00	33.11
33.12	PHONE COST OFFSET	A	-34,358	NONPATIENT TELEPHONES	5.01	33.12

ADJUSTMENTS TO EXPENSES | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/20/2012 2:19 pm

		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
33.13	CAPITALIZED COSTS	A	63,900	CAP REL COSTS-BLDG & FIXT	1.00	33.13
33.14	PHYSICIAN COSTS	A	-549,178	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.14
33.15	ALCOHOL	A	-2,400	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.15
33.16	ADMINISTRATIVE COST REDUCTIONS	A	-95,332	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.16
33.17	TV DEPRECIATION EXPENSE	A	-10,837	CAP REL COSTS-MVBLE EQUIP	2.00	33.17
33.18	WAPELLO BUILDING PLANT OP OTHER	A	12,015	OPERATION OF PLANT WAPELLO	7.07	33.18
33.19	WAPELLO BUILDING DEPRECIATION	A	16,057	CAP REL COSTS-BLDG & FIXT - WAPELLO	1.08	33.19
33.20	REHAB PLANT OP OTHER	A	95,239	OPERATION OF PLANT REHAB	7.05	33.20
33.21	EASTMAN PLANT OP OTHER	A	188,570	OPERATION OF PLANT EASTMAN	7.02	33.21
33.22	MERCY PLANT OP OTHER	A	154,652	OPERATION OF PLANT MERCY	7.03	33.22
33.23	CAPITALIZED INTEREST ON UNNEC BORROW	A	-79,978	CAP REL COSTS-BLDG & FIXT	1.00	33.23
33.24	USEFUL LIFE ADJUSTMENTS	A	662,250	CAP REL COSTS-BLDG & FIXT	1.00	33.24
33.25	AMORTIZATION OF BOND COSTS	A	-204,873	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.25
33.26	DEFERRED COMP LIABILITY	A	9,580	EMPLOYEE BENEFITS	4.00	33.26
33.27	UNEMPLOYMENT PAYABLE ADJUSTMENT	A	-100,000	EMPLOYEE BENEFITS	4.00	33.27
33.28	HR NONOPERATING INCOME	B	-1,207	EMPLOYEE BENEFITS	4.00	33.28
33.29	SWITCHBOARD MISC REVENUE	B	-8,017	NONPATIENT TELEPHONES	5.01	33.29
33.30	IS MISC REVENUE	B	-27,426	DATA PROCESSING	5.02	33.30
33.31	GRMC ACCOUNTING MISC NON-OPER REV	B	-921	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.31
33.32	GRMC ADMIN RENTAL INCOME	B	-8,840	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.32
33.33	GRMC MISC NON-OPER REV	B	-20,191	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.33
33.34	GRMC VOLUNTEER SERVICES MISC REV	B	-43,862	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.34
33.35	GRMC PLANT OPS MISC REV	B	-4,327	OPERATION OF PLANT	7.00	33.35
33.36	GRMC PLANT OPS NON-OP REV	B	-5,769	OPERATION OF PLANT	7.00	33.36
33.37	GRMC BIOMED ENGIN REV MISC	B	-26,401	OPERATION OF PLANT	7.00	33.37
33.38	GRMC CANCER CENTER RENTAL INCOME	B	-4,154	OPERATION OF PLANT CANCER	7.04	33.38
33.39	GRMC ENVIR SERVI REV INFECT WASTE	B	-2,769	HOUSEKEEPING	9.00	33.39
33.40	GRMC ENVIR SERVI REV MISC	B	-22,510	HOUSEKEEPING	9.00	33.40
33.41	GRMC NUTRITION SERVICES MOW	B	-83,441	DIETARY	10.00	33.41
33.42	GRMC NUTRITION SERVICES POP	B	-163	DIETARY	10.00	33.42
33.43	KLN NUTRITION SERV REV CAFETERIA	B	-23,667	DIETARY KLEIN	10.01	33.43
33.44	KLN NUTRITION SERV DISCOUNTS	B	-1,080	DIETARY KLEIN	10.01	33.44
33.45	GRMC CORPORATE EDUCATION REV MISC	B	-620	NURSING ADMINISTRATION	13.00	33.45
33.46	GRMC CORPORATE EDUCATION/NSA NON-OP	B	-1,610	NURSING ADMINISTRATION	13.00	33.46
33.47	GRMC CORPORATE EDUCATION INT/DIV	B	-2,991	NURSING ADMINISTRATION	13.00	33.47
33.48	GRMC COMMUNITY EDUCATION REV MISC	B	-875	NURSING ADMINISTRATION	13.00	33.48
33.49	GRMC STORES MISC REV	B	-8	CENTRAL SERVICES & SUPPLY	14.00	33.49
33.50	GRMC PHARMACY REV MISC	B	-36,097	PHARMACY	15.00	33.50
33.51	GRMC QUALITY RESOURCES REV MISC	B	-20	MEDICAL RECORDS & LIBRARY	16.00	33.51
33.52	GRMC EMERGENCY MGMT GRANT FUNDS RECD	B	-11,286	MEDICAL RECORDS & LIBRARY	16.00	33.52
33.53	GRMC WFC - PEDS & SWING KID KARE	B	-560	ADULTS & PEDIATRICS	30.00	33.53
33.54	GRMC BEHAVIORAL HEALTH GRANT FUNDS	B	-17,894	ADULTS & PEDIATRICS	30.00	33.54
33.55	GRMC NURSERY REV MISC	B	-282	NURSERY	43.00	33.55
33.56	KLN BUS OFFICE REV MISC	B	-92	NURSING FACILITY	45.00	33.56
33.57	GRMC SURGICAL SERVICES MISC NON-OPER	B	-2,400	OPERATING ROOM	50.00	33.57
33.58	GRMC HEART & VASCULAR CN DISC. EARN	B	-8,000	CARDIAC CATHETERIZATION	59.00	33.58
33.59	GRMC PHLEB - PROCS. REV MISC	B	-922	LABORATORY	60.00	33.59
33.60	GRMC CARDIO PULMONARY REV MISC	B	-8,848	RESPIRATORY THERAPY	65.00	33.60
33.61	GRMC P.T. OTHER OPERATING REV	B	-1,800	PHYSICAL THERAPY	66.00	33.61
33.62	GRMC PHY REHAB P.T. - OP MISC NON OP	B	-165	O/P REHAB SERVICES	76.02	33.62
33.63	GRMC PHY REHAB P.T. - OP REV MISC	B	-8,095	O/P REHAB SERVICES	76.02	33.63
33.64	GRMC PHY REHAB P.T. - OP REV - OB RE	B	-110	O/P REHAB SERVICES	76.02	33.64
33.65	GRMC PAIN MGMT RENTAL INC	B	-1,700	O/P REHAB SERVICES	76.02	33.65
33.66	GRMC HEALTH FITNESS REV MISC	B	-21,650	SPORTS FITNESS	76.03	33.66
33.67	GRMC HEALTHY LIFESTYLES REV MISC	B	-20,840	SPORTS FITNESS	76.03	33.67
33.68	GRMC DIABETES EDUCATION REV MISC	B	-238	SPORTS FITNESS	76.03	33.68
33.69	GRMC WOUND & HYPERBARIC REV-OB REHAB	B	-3,100	LIFE CENTER	76.04	33.69

ADJUSTMENTS TO EXPENSES | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/20/2012 2:19 pm

				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	
33.70	GRMC BUSINESS HEALTH REV MISC	B	-11,512	LIFE CENTER	76.04	33.70
33.71	GRMC SUPERIOR AMB DISCOUNTS EARNED	B	-10	EMERGENCY	91.00	33.71
33.72	GRMC SUPERIOR AMB REV MISC	B	-413	EMERGENCY	91.00	33.72
33.73	DAYCARE DEPRECIATION	A	-61,265	CAP REL COSTS-BLDG & FIXT	1.00	33.73
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		14,372,468			50.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/20/2012 2:19 pm

		Wkst. A-7 Ref. 5.00		
1.00	Investment income - buildings and fixtures (chapter 2)	0		1.00
2.00	Investment income - movable equipment (chapter 2)	0		2.00
3.00	Investment income - other (chapter 2)	0		3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0		4.00
5.00	Refunds and rebates of expenses (chapter 8)	0		5.00
6.00	Rental of provider space by suppliers (chapter 8)	0		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	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	NCRC - REHABILITATION CENTER	9		33.00
33.01	DIALYSIS DEPRECIATION	9		33.01
33.02	GRMC - MERCY MOB	9		33.02
33.03	GRMC - EASTMAN MOB	9		33.03
33.04	REMOVE MARKUP ON HMES TRANSACTIONS	0		33.04
33.05	AHA/IHA DUES - LOBBYING EXPENSES	0		33.05
33.06	BAD DEBTS	0		33.06
33.07	OFFSET RENTAL COSTS - PETERSON - OTH	0		33.07
33.08	HELICOPTER DEPRECIATION	9		33.08
33.09	OFFSET RENTAL COSTS TO HCR	0		33.09
33.10	INTEREST EXPENSE	0		33.10
33.11	SUPERIOR AMBULANCE	0		33.11
33.12	PHONE COST OFFSET	0		33.12
33.13	CAPITALIZED COSTS	9		33.13
33.14	PHYSICIAN COSTS	0		33.14
33.15	ALCOHOL	0		33.15
33.16	ADMINISTRATIVE COST REDUCTIONS	0		33.16
33.17	TV DEPRECIATION EXPENSE	9		33.17
33.18	WAPELLO BUILDING PLANT OP OTHER	0		33.18
33.19	WAPELLO BUILDING DEPRECIATION	9		33.19
33.20	REHAB PLANT OP OTHER	0		33.20
33.21	EASTMAN PLANT OP OTHER	0		33.21
33.22	MERCY PLANT OP OTHER	0		33.22
33.23	CAPITALIZED INTEREST ON UNNEC BORROW	9		33.23
33.24	USEFUL LIFE ADJUSTMENTS	9		33.24
33.25	AMORTIZATION OF BOND COSTS	0		33.25

ADJUSTMENTS TO EXPENSES | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8 | Date/Time Prepared: 1/20/2012 2:19 pm

		Wkst. A-7 Ref.		
		5.00		
33.26	DEFERRED COMP LIABILITY	0		33.26
33.27	UNEMPLOYMENT PAYABLE ADJUSTMENT	0		33.27
33.28	HR NONOPERATING INCOME	0		33.28
33.29	SWITCHBOARD MISC REVENUE	0		33.29
33.30	IS MISC REVENUE	0		33.30
33.31	GRMC ACCOUNTING MISC NON-OPER REV	0		33.31
33.32	GRMC ADMIN RENTAL INCOME	0		33.32
33.33	GRMC MISC NON-OPER REV	0		33.33
33.34	GRMC VOLUNTEER SERVICES MISC REV	0		33.34
33.35	GRMC PLANT OPS MISC REV	0		33.35
33.36	GRMC PLANT OPS NON-OP REV	0		33.36
33.37	GRMC BIOMED ENGIN REV MISC	0		33.37
33.38	GRMC CANCER CENTER RENTAL INCOME	0		33.38
33.39	GRMC ENVIR SERVI REV INFECT WASTE	0		33.39
33.40	GRMC ENVIR SERVI REV MISC	0		33.40
33.41	GRMC NUTRITION SERVICES MOW	0		33.41
33.42	GRMC NUTRITION SERVICES POP	0		33.42
33.43	KLN NUTRITION SERV REV CAFETERIA	0		33.43
33.44	KLN NUTRITION SERV DISCOUNTS	0		33.44
33.45	GRMC CORPORATE EDUCATION REV MISC	0		33.45
33.46	GRMC CORPORATE EDUCATION/NSA NON-OP	0		33.46
33.47	GRMC CORPORATE EDUCATION INT/DIV	0		33.47
33.48	GRMC COMMUNITY EDUCATION REV MISC	0		33.48
33.49	GRMC STORES MISC REV	0		33.49
33.50	GRMC PHARMACY REV MISC	0		33.50
33.51	GRMC QUALITY RESOURCES REV MISC	0		33.51
33.52	GRMC EMERGENCY MGMT GRANT FUNDS RECD	0		33.52
33.53	GRMC WFC - PEDS & SWING KID KARE	0		33.53
33.54	GRMC BEHAVIORAL HEALTH GRANT FUNDS	0		33.54
33.55	GRMC NURSERY REV MISC	0		33.55
33.56	KLN BUS OFFICE REV MISC	0		33.56
33.57	GRMC SURGICAL SERVICES MISC NON-OPER	0		33.57
33.58	GRMC HEART & VASCULAR CN DISC. EARN	0		33.58
33.59	GRMC PHLEB - PROCS. REV MISC	0		33.59
33.60	GRMC CARDIO PULMONARY REV MISC	0		33.60
33.61	GRMC P.T. OTHER OPERATING REV	0		33.61
33.62	GRMC PHY REHAB P.T. - OP MISC NON OP	0		33.62
33.63	GRMC PHY REHAB P.T. - OP REV MISC	0		33.63
33.64	GRMC PHY REHAB P.T. - OP REV - OB RE	0		33.64
33.65	GRMC PAIN MGMT RENTAL INC	0		33.65
33.66	GRMC HEALTH FITNESS REV MISC	0		33.66
33.67	GRMC HEALTHY LIFESTYLES REV MISC	0		33.67
33.68	GRMC DIABETES EDUCATION REV MISC	0		33.68
33.69	GRMC WOUND & HYPERBARIC REV-OB REHAB	0		33.69
33.70	GRMC BUSINESS HEALTH REV MISC	0		33.70
33.71	GRMC SUPERIOR AMB DISCOUNTS EARNED	0		33.71
33.72	GRMC SUPERIOR AMB REV MISC	0		33.72
33.73	DAYCARE DEPRECIATION	9		33.73
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/20/2012 2:19 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00		50.00	OPERATING ROOM	LITHOTRIPTER	1.00
2.00		5.03	PURCHASING RECEIVING AND STORES	PURCHASING	2.00
3.00		5.06	OTHER ADMINISTRATIVE AND GENERAL	ADMIN	3.00
4.00		13.00	NURSING ADMINISTRATION	NURSING ADMIN	4.00
4.01		45.00	NURSING FACILITY	NURSING ADMIN - KLEIN	4.01
4.02		5.06	OTHER ADMINISTRATIVE AND GENERAL	ADMIN & GENERAL	4.02
4.03		194.05	HENRY COUNTY HEALTH CENTER	HCHC EXPENSES	4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

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

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

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

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

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

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-1 Date/Time Prepared: 1/20/2012 2:19 pm

		Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
		4.00	5.00	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00		148,800	186,000	-37,200	0		1.00
2.00		15,100	21,572	-6,472	0		2.00
3.00		24,682	29,038	-4,356	0		3.00
4.00		270,811	0	270,811	0		4.00
4.01		128,281	0	128,281	0		4.01
4.02		2,372,443	3,369,344	-996,901	0		4.02
4.03		31,338,376	0	31,338,376	0		4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	34,298,493	3,605,954	30,692,539			5.00

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

		Related Organization(s) and/or Home Office			
		Name	Percentage of Ownership	Type of Business	
		4.00	5.00	6.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				
6.00		HEALTH ENTERPRI	0.00		6.00
7.00		MCMS	100.00		7.00
8.00		HENRY COUNTY HE	0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/20/2012 2:19 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	60.00	LAB ADMIN - SPECIALIST	271,908	0	1.00
2.00	76.02	COMP REHAB - IP SPECIALISTS	51,600	0	2.00
3.00	30.00	BEHAVIORAL HEALTH SPECIALIST	18,535	18,535	3.00
4.00	91.00	ETC PROF SERVICES SPECIAL	241,694	241,694	4.00
5.00	91.00	ETC PROF SERV SPECIALIST	3,015,891	3,015,891	5.00
6.00	76.08	ADDICTION SERV SPECIALIST	9,250	9,250	6.00
7.00	76.04	WOUND & HYPERBARIC MED SPECIALIST	345,014	345,014	7.00
8.00	76.04	BUSINESS HEALTH SPECIALISTS	404,836	404,836	8.00
9.00	4.00	EMPLOYEE HEALTH SPECIALISTS	6,000	6,000	9.00
10.00	55.00	RAD THERAPY SPECIALIST	105,075	105,075	10.00
11.00	76.03	HEALTHY LIFESTYLES SPECIALIST	9,810	9,810	11.00
12.00	45.00	KLEIN MED SPECIALIST	1,650	1,650	12.00
200.00		TOTAL (lines 1.00 through 199.00)	4,481,263	4,157,755	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/20/2012 2:19 pm

		Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
		5.00	6.00	7.00	8.00	9.00	
1.00		271,908	208,000	2,100	210,000	10,500	1.00
2.00		51,600	208,000	360	36,000	1,800	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
11.00		0	0	0	0	0	11.00
12.00		0	0	0	0	0	12.00
200.00		323,508		2,460	246,000	12,300	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet A-8-2 | Date/Time Prepared: 1/20/2012 2:19 pm

		Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
		12.00	13.00	14.00	15.00	16.00	
1.00		0	0	0	0	210,000	1.00
2.00		0	0	0	0	36,000	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
11.00		0	0	0	0	0	11.00
12.00		0	0	0	0	0	12.00
200.00		0	0	0	0	246,000	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet A-8-2 Date/Time Prepared: 1/20/2012 2:19 pm

		RCE Disallowance	Adjustment		
		17.00	18.00		
1.00		61,908	61,908		1.00
2.00		15,600	15,600		2.00
3.00		0	18,535		3.00
4.00		0	241,694		4.00
5.00		0	3,015,891		5.00
6.00		0	9,250		6.00
7.00		0	345,014		7.00
8.00		0	404,836		8.00
9.00		0	6,000		9.00
10.00		0	105,075		10.00
11.00		0	9,810		11.00
12.00		0	1,650		12.00
200.00		77,508	4,235,263		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
		0	1.00	1.01	1.02	1.03	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	5,811,144	5,811,144				1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	105,130	0	105,130			1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	10,827	0	0	10,827		1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	66,484	0	0	0	66,484	1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	335,443	0	0	0	0	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	649,881	0	0	0	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	293,278	0	0	0	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	310,518	0	0	0	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	16,057	0	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP	6,596,356					2.00
4.00	EMPLOYEE BENEFITS	2,987,217	38,996	0	0	0	4.00
5.01	NONPATIENT TELEPHONES	160,187	0	0	0	0	5.01
5.02	DATA PROCESSING	2,584,390	97,438	0	0	0	5.02
5.03	PURCHASING RECEIVING AND STORES	659,867	223,394	0	0	0	5.03
5.04	ADMITTING	1,041,835	39,245	0	0	0	5.04
5.05	BUSINESS OFFICE	1,361,585	44,927	0	0	0	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	7,603,271	268,481	0	0	0	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	5,370,011	156,980	0	0	0	7.00
7.01	OPERATION OF PLANT KLEIN	477,063	0	0	0	0	7.01
7.02	OPERATION OF PLANT EASTMAN	188,570	0	0	0	0	7.02
7.03	OPERATION OF PLANT MERCY	154,652	0	0	0	0	7.03
7.04	OPERATION OF PLANT CANCER	21,605	0	0	0	0	7.04
7.05	OPERATION OF PLANT REHAB	95,239	0	0	0	0	7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	53,297	0	0	0	0	7.06
7.07	OPERATION OF PLANT WAPELLO	12,015	0	0	0	0	7.07
8.00	LAUNDRY & LINEN SERVICE	814,150	0	0	0	66,484	8.00
9.00	HOUSEKEEPING	2,035,567	0	0	0	0	9.00
9.01	HOUSEKEEPING KLEIN	273,556	0	0	0	0	9.01
10.00	DIETARY	1,941,460	251,008	0	0	0	10.00
10.01	DIETARY KLEIN	825,157	0	0	0	0	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	3,822,013	77,957	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	1,784,215	180,473	0	0	0	14.00
15.00	PHARMACY	2,300,157	51,427	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,912,577	0	0	0	0	16.00
17.00	SOCIAL SERVICE	543,181	139,364	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	12,512,052	636,567	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	2,228,156	181,983	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	709,305	273,365	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	505,001	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	1,366,021	131,835	0	0	0	44.00
45.00	NURSING FACILITY	4,655,262	0	105,130	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	11,684,308	1,548,470	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,393,262	387,513	0	10,827	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,012,570	31,875	0	0	0	55.00
56.00	RADIOISOTOPE	611,028	22,375	0	0	0	56.00
57.00	CT SCAN	1,039,675	44,253	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	739,690	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	1,434,508	220,411	0	0	0	59.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
		0	1.00	1.01	1.02	1.03	
60.00	LABORATORY	6,522,705	185,854	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0					61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,470,344	65,171	0	0	0	65.00
66.00	PHYSICAL THERAPY	716,545	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	525,525	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	249,244	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	366,822	14,206	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,481,945	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	4,327,045	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	7,880,147	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	289,431	0	0	0	0	76.00
76.01	EMG & EEG	460,053	41,411	0	0	0	76.01
76.02	O/P REHAB SERVICES	2,679,223	0	0	0	0	76.02
76.03	SPORTS FITNESS	817,743	0	0	0	0	76.03
76.04	LIFE CENTER	1,595,186	0	0	0	0	76.04
76.05	RECREATIONAL THERAPY	79,813	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	1,019,968	0	0	0	0	76.06
76.07	CARDIOLOGY	95,823	0	0	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	262,918	64,461	0	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	4,572,349	238,471	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	55,524	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	2,202,768	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	2,721,425	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	137,501,339	5,657,911	105,130	10,827	66,484	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,534	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
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	14,780	0	0	0	0	194.00
194.01	DAYCARE	351,439	0	0	0	0	194.01
194.02	ADVERTISING	593,389	77,957	0	0	0	194.02
194.03	OUTREACH REHAB	496,959	0	0	0	0	194.03
194.04	SWITCHBOARD	68,025	0	0	0	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	31,338,376	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	39,742	0	0	0	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
		0	1.00	1.01	1.02	1.03	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	170,364,307	5,811,144	105,130	10,827	66,484	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	335,443					1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	649,881				1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	293,278			1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	310,518		1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	16,057	1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.01	NONPATIENT TELEPHONES	4,790	0	0	0	0	5.01
5.02	DATA PROCESSING	0	0	0	0	0	5.02
5.03	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	ADMITTING	0	0	0	0	0	5.04
5.05	BUSINESS OFFICE	0	0	0	0	0	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	35,747	22,136	0	0	0	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	DIETARY	0	0	0	0	0	10.00
10.01	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	4,790	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	346	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	346	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	346	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	346	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	1,064	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	6,648	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	10,975	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	4,520	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	0	2,928	0	76.00
76.01	EMG & EEG	0	0	0	0	0	76.01
76.02	O/P REHAB SERVICES	0	0	0	132,414	0	76.02
76.03	SPORTS FITNESS	0	0	0	83,659	0	76.03
76.04	LIFE CENTER	426	0	0	62,119	0	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	35,124	0	0	0	0	76.06
76.07	CARDIOLOGY	0	0	0	13,903	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	149,964	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	143,314	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	83,325	22,136	293,278	310,518	6,648	118.00
	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	251,213	627,745	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	DAYCARE	0	0	0	0	0	194.01
194.02	ADVERTISING	905	0	0	0	0	194.02
194.03	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	SWITCHBOARD	0	0	0	0	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	0	0	0	9,409	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
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)	335,443	649,881	293,278	310,518	16,057	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	Subtotal	DATA PROCESSING	
		2.00	4.00	5.01	5A.01	5.02	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP	6,596,356					2.00
4.00	EMPLOYEE BENEFITS	26,881	3,053,094				4.00
5.01	NONPATIENT TELEPHONES	0	13,607	178,584			5.01
5.02	DATA PROCESSING	772,122	64,205	1,353	3,519,508	3,519,508	5.02
5.03	PURCHASING RECEIVING AND STORES	171,883	16,460	528	1,072,132	27,846	5.03
5.04	ADMITTING	193	55,280	627	1,137,180	29,536	5.04
5.05	BUSINESS OFFICE	2,047	41,698	957	1,451,214	37,692	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	51,255	58,035	2,409	8,041,334	208,858	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	311,730	115,217	4,423	5,958,361	154,757	7.00
7.01	OPERATION OF PLANT KLEIN	6,113	7,632	0	490,808	12,748	7.01
7.02	OPERATION OF PLANT EASTMAN	0	0	0	188,570	4,898	7.02
7.03	OPERATION OF PLANT MERCY	0	0	0	154,652	4,017	7.03
7.04	OPERATION OF PLANT CANCER	0	0	0	21,605	561	7.04
7.05	OPERATION OF PLANT REHAB	0	0	0	95,239	2,474	7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	0	0	53,297	1,384	7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	0	12,015	312	7.07
8.00	LAUNDRY & LINEN SERVICE	63,212	33,626	99	977,571	25,390	8.00
9.00	HOUSEKEEPING	31,787	115,705	297	2,183,356	56,708	9.00
9.01	HOUSEKEEPING KLEIN	0	15,533	33	289,122	7,509	9.01
10.00	DIETARY	58,825	110,413	957	2,362,663	61,365	10.00
10.01	DIETARY KLEIN	5,202	34,480	0	864,839	22,462	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	310,524	86,833	2,805	4,304,922	111,812	13.00
14.00	CENTRAL SERVICES & SUPPLY	71,888	90,808	231	2,127,615	55,261	14.00
15.00	PHARMACY	97,223	58,108	528	2,507,443	65,126	15.00
16.00	MEDICAL RECORDS & LIBRARY	134,264	96,758	2,970	3,146,569	81,726	16.00
17.00	SOCIAL SERVICE	0	21,678	462	704,685	18,303	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	174,210	412,123	6,238	13,741,536	356,909	30.00
31.00	INTENSIVE CARE UNIT	45,903	64,205	792	2,521,385	65,488	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	12,221	22,385	198	1,017,474	26,427	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	9,360	12,217	0	526,578	13,677	43.00
44.00	SKILLED NURSING FACILITY	33,596	48,550	561	1,580,909	41,061	44.00
45.00	NURSING FACILITY	56,673	227,093	1,848	5,046,006	131,060	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,147,693	217,413	4,357	14,602,587	379,271	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	619,124	98,904	2,475	4,512,105	117,193	54.00
55.00	RADIOLOGY-THERAPEUTIC	441,673	20,239	759	1,507,116	39,144	55.00
56.00	RADIOISOTOPE	108,530	7,437	0	749,370	19,463	56.00
57.00	CT SCAN	306,346	20,459	0	1,410,733	36,641	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	394,016	14,119	0	1,147,825	29,812	58.00
59.00	CARDIAC CATHETERIZATION	389,649	33,748	1,650	2,079,966	54,023	59.00
60.00	LABORATORY	258,210	131,750	1,683	7,101,266	184,441	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	Subtotal	DATA PROCESSING	
		2.00	4.00	5.01	5A.01	5.02	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	60,564	54,621	561	1,651,261	42,888	65.00
66.00	PHYSICAL THERAPY	5,480	24,409	1,683	754,765	19,604	66.00
67.00	OCCUPATIONAL THERAPY	29	15,387	0	551,916	14,335	67.00
68.00	SPEECH PATHOLOGY	0	6,340	0	260,104	6,756	68.00
69.00	ELECTROCARDIOLOGY	61,523	11,217	0	453,768	11,786	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,481,945	64,464	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,327,045	112,386	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	7,880,147	204,671	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	3,883	4,877	0	301,119	7,821	76.00
76.01	EMG & EEG	25,955	14,972	396	542,787	14,098	76.01
76.02	O/P REHAB SERVICES	29,417	80,884	2,904	2,924,842	75,967	76.02
76.03	SPORTS FITNESS	20,031	34,163	0	955,596	24,820	76.03
76.04	LIFE CENTER	81,009	41,137	594	1,780,471	46,244	76.04
76.05	RECREATIONAL THERAPY	0	2,951	0	82,764	2,150	76.05
76.06	HEMATOLOGY/ONCOLOGY	4,819	34,650	858	1,095,419	28,451	76.06
76.07	CARDIOLOGY	4,040	3,243	0	117,009	3,039	76.07
76.08	O/P DEPENDENCY SERVICES	0	9,705	0	337,084	8,755	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	70,242	149,038	2,211	5,032,311	130,704	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	WELLNESS PROGRAM	0	1,731	0	57,255	1,487	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	29,715	75,568	1,683	2,459,698	63,886	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	74,451	67,740	759	3,007,689	78,119	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,583,511	2,999,351	50,889	136,264,551	3,447,786	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	35,534	923	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	878,958	22,829	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	14,780	384	194.00
194.01	DAYCARE	12,845	34,870	297	399,451	10,375	194.01
194.02	ADVERTISING	0	2,438	0	674,689	17,524	194.02
194.03	OUTREACH REHAB	0	11,875	0	508,834	13,216	194.03
194.04	SWITCHBOARD	0	4,560	9,637	82,222	2,136	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	31,338,376	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	0	117,761	166,912	4,335	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,596,356	3,053,094	178,584	170,364,307	3,519,508	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.03	5.04	5.05	5A.05	5.06	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES	1,099,978					5.03
5.04	ADMITTING	2,178	1,168,894				5.04
5.05	BUSINESS OFFICE	1,710	0	1,490,616			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	5,195	0	0	8,255,387	8,255,387	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	1,047	0	0	6,114,165	311,364	7.00
7.01	OPERATION OF PLANT KLEIN	31	0	0	503,587	25,645	7.01
7.02	OPERATION OF PLANT EASTMAN	0	0	0	193,468	9,852	7.02
7.03	OPERATION OF PLANT MERCY	0	0	0	158,669	8,080	7.03
7.04	OPERATION OF PLANT CANCER	168	0	0	22,334	1,137	7.04
7.05	OPERATION OF PLANT REHAB	0	0	0	97,713	4,976	7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	0	0	54,681	2,785	7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	0	12,327	628	7.07
8.00	LAUNDRY & LINEN SERVICE	1,845	0	0	1,004,806	51,170	8.00
9.00	HOUSEKEEPING	1,641	0	0	2,241,705	114,159	9.00
9.01	HOUSEKEEPING KLEIN	181	0	0	296,812	15,115	9.01
10.00	DIETARY	1,179	0	0	2,425,207	123,504	10.00
10.01	DIETARY KLEIN	486	0	0	887,787	45,211	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,422	0	0	4,418,156	224,995	13.00
14.00	CENTRAL SERVICES & SUPPLY	21,196	0	0	2,204,072	112,242	14.00
15.00	PHARMACY	8,775	0	0	2,581,344	131,455	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,071	0	0	3,231,366	164,557	16.00
17.00	SOCIAL SERVICE	228	0	0	723,216	36,830	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	92,374	110,903	139,029	14,440,751	735,395	30.00
31.00	INTENSIVE CARE UNIT	38,704	19,377	24,291	2,669,245	135,931	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	1,590	6,690	8,387	1,060,568	54,009	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	2,767	4,939	6,192	554,153	28,220	43.00
44.00	SKILLED NURSING FACILITY	11,595	10,850	13,602	1,658,017	84,435	44.00
45.00	NURSING FACILITY	8,598	0	25,214	5,210,878	265,364	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	622,243	226,834	284,418	16,115,353	820,674	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	14,344	56,225	70,484	4,770,351	242,930	54.00
55.00	RADIOLOGY-THERAPEUTIC	189	25,465	31,923	1,603,837	81,675	55.00
56.00	RADIOISOTOPE	67	7,363	9,230	785,493	40,001	56.00
57.00	CT SCAN	3,361	58,649	73,523	1,582,907	80,610	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	132	36,660	45,958	1,260,387	64,185	58.00
59.00	CARDIAC CATHETERIZATION	105,838	61,258	76,794	2,377,879	121,093	59.00
60.00	LABORATORY	32,628	117,263	147,003	7,582,601	386,144	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.03	5.04	5.05	5A.05	5.06	
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	3,436	36,574	45,850	1,780,009	90,647	65.00
66.00	PHYSICAL THERAPY	435	6,072	7,612	788,488	40,154	66.00
67.00	OCCUPATIONAL THERAPY	8	4,480	5,617	576,356	29,351	67.00
68.00	SPEECH PATHOLOGY	0	1,513	1,896	270,269	13,763	68.00
69.00	ELECTROCARDIOLOGY	1,679	16,094	20,176	503,503	25,641	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,098	26,449	2,593,956	132,097	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	38,175	47,857	4,525,463	230,459	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	100,600	126,114	8,311,532	423,265	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	173	1,623	2,035	312,771	15,928	76.00
76.01	EMG & EEG	340	8,422	10,558	576,205	29,343	76.01
76.02	O/P REHAB SERVICES	4,735	15,076	18,900	3,039,520	154,788	76.02
76.03	SPORTS FITNESS	62	2,559	3,208	986,245	50,225	76.03
76.04	LIFE CENTER	13,774	40,794	51,140	1,932,423	98,409	76.04
76.05	RECREATIONAL THERAPY	4	454	569	85,941	4,377	76.05
76.06	HEMATOLOGY/ONCOLOGY	7,679	6,230	7,810	1,145,589	58,339	76.06
76.07	CARDIOLOGY	75	458	575	121,156	6,170	76.07
76.08	O/P DEPENDENCY SERVICES	72	935	1,173	348,019	17,723	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	58,291	106,369	133,345	5,461,020	278,102	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	WELLNESS PROGRAM	0	241	302	59,285	3,019	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	4,649	8,078	10,127	2,546,438	129,677	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	3,687	10,568	13,248	3,113,311	158,545	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,083,882	1,168,889	1,490,609	136,176,721	6,514,393	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	36,457	1,857	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	13,720	0	0	915,507	46,622	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	466	0	0	15,630	796	194.00
194.01	DAYCARE	174	0	0	410,000	20,879	194.01
194.02	ADVERTISING	0	0	0	692,213	35,251	194.02
194.03	OUTREACH REHAB	0	5	7	522,062	26,586	194.03
194.04	SWITCHBOARD	0	0	0	84,358	4,296	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	31,338,376	1,595,898	194.05
194.06	OTHER NONREIMBURSABLE COSTS	1,736	0	0	172,983	8,809	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,099,978	1,168,894	1,490,616	170,364,307	8,255,387	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	
		6.00	7.00	7.01	7.02	7.03	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	BUSINESS OFFICE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS	0					6.00
7.00	OPERATION OF PLANT	0	6,425,529				7.00
7.01	OPERATION OF PLANT KLEIN	0	0	529,232			7.01
7.02	OPERATION OF PLANT EASTMAN	0	0	0	203,320		7.02
7.03	OPERATION OF PLANT MERCY	0	0	0	0	166,749	7.03
7.04	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	LAUNDRY & LINEN SERVICE	0	103,169	0	0	0	8.00
9.00	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	DIETARY	0	321,138	0	0	0	10.00
10.01	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	99,738	0	0	2,708	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	230,897	0	0	0	14.00
15.00	PHARMACY	0	65,795	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	178,301	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	814,420	0	0	196	30.00
31.00	INTENSIVE CARE UNIT	0	232,828	0	0	196	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	349,742	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	168,668	0	0	196	44.00
45.00	NURSING FACILITY	0	0	529,232	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	1,981,105	0	0	196	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	495,781	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	40,781	0	0	0	55.00
56.00	RADIOISOTOPE	0	28,626	0	0	0	56.00
57.00	CT SCAN	0	56,617	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	281,992	0	0	0	59.00
60.00	LABORATORY	0	237,781	0	0	602	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	
		6.00	7.00	7.01	7.02	7.03	
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	83,380	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	18,175	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	0	0	0	76.00
76.01	EMG & EEG	0	52,981	0	0	0	76.01
76.02	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	LIFE CENTER	0	0	0	0	241	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	0	19,860	76.06
76.07	CARDIOLOGY	0	0	0	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	82,471	0	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	305,098	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,229,484	529,232	0	24,195	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	45,461	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	203,320	142,042	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	DAYCARE	0	0	0	0	0	194.01
194.02	ADVERTISING	0	99,738	0	0	512	194.02
194.03	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	SWITCHBOARD	0	0	0	0	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	50,846	0	0	0	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	6,425,529	529,232	203,320	166,749	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	
		7.04	7.05	7.06	7.07	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	BUSINESS OFFICE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT KLEIN						7.01
7.02	OPERATION OF PLANT EASTMAN						7.02
7.03	OPERATION OF PLANT MERCY						7.03
7.04	OPERATION OF PLANT CANCER	23,471					7.04
7.05	OPERATION OF PLANT REHAB	0	102,689				7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	0	57,466			7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	0	12,955		7.07
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	1,159,145	8.00
9.00	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	DIETARY	0	0	0	0	0	10.00
10.01	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	7,222	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	0	0	0	301,488	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	34,822	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	11,334	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	7,376	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	44,956	44.00
45.00	NURSING FACILITY	0	0	0	0	106,379	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	238,094	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	23,471	0	0	0	61,110	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	4,878	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	19,548	59.00
60.00	LABORATORY	0	0	0	0	669	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	
		7.04	7.05	7.06	7.07	8.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	208	65.00
66.00	PHYSICAL THERAPY	0	0	0	5,364	175	66.00
67.00	OCCUPATIONAL THERAPY	0	3,630	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	1,495	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	968	0	0	0	76.00
76.01	EMG & EEG	0	0	0	0	3,528	76.01
76.02	O/P REHAB SERVICES	0	43,789	0	0	35,590	76.02
76.03	SPORTS FITNESS	0	27,666	0	0	27,901	76.03
76.04	LIFE CENTER	0	20,543	0	0	6,077	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	0	1,826	76.06
76.07	CARDIOLOGY	0	4,598	0	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	83,351	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	29,384	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	28,082	0	6,799	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	23,471	102,689	57,466	5,364	1,003,331	118.00
	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
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	DAYCARE	0	0	0	0	0	194.01
194.02	ADVERTISING	0	0	0	0	0	194.02
194.03	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	SWITCHBOARD	0	0	0	0	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	0	0	7,591	155,814	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
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)	23,471	102,689	57,466	12,955	1,159,145	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	HOUSEKEEPING	HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	
		9.00	9.01	10.00	10.01	11.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	BUSINESS OFFICE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT KLEIN						7.01
7.02	OPERATION OF PLANT EASTMAN						7.02
7.03	OPERATION OF PLANT MERCY						7.03
7.04	OPERATION OF PLANT CANCER						7.04
7.05	OPERATION OF PLANT REHAB						7.05
7.06	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	OPERATION OF PLANT WAPELLO						7.07
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING	2,355,864					9.00
9.01	HOUSEKEEPING KLEIN	0	311,927				9.01
10.00	DIETARY	29,579	0	2,899,428			10.00
10.01	DIETARY KLEIN	0	0	0	932,998		10.01
11.00	CAFETERIA	0	0	1,949,085	0	1,949,085	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	2,659	0	0	0	71,375	13.00
14.00	CENTRAL SERVICES & SUPPLY	31,906	0	0	0	74,643	14.00
15.00	PHARMACY	46,861	0	0	0	47,764	15.00
16.00	MEDICAL RECORDS & LIBRARY	9,971	0	0	0	79,533	16.00
17.00	SOCIAL SERVICE	5,318	0	0	0	17,819	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	899,173	0	566,125	0	338,759	30.00
31.00	INTENSIVE CARE UNIT	123,634	0	40,967	0	52,775	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	4,985	0	46,466	0	18,400	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	7,810	0	0	0	10,042	43.00
44.00	SKILLED NURSING FACILITY	339,994	0	98,009	0	39,907	44.00
45.00	NURSING FACILITY	0	311,927	0	932,998	186,667	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	323,377	0	196	0	178,709	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	86,411	0	0	0	81,297	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	16,636	55.00
56.00	RADIOISOTOPE	0	0	0	0	6,113	56.00
57.00	CT SCAN	0	0	0	0	16,817	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	11,605	58.00
59.00	CARDIAC CATHETERIZATION	0	0	4,956	0	27,740	59.00
60.00	LABORATORY	32,903	0	0	0	108,296	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	HOUSEKEEPING	HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	
		9.00	9.01	10.00	10.01	11.00	
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	8,641	0	0	0	44,898	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	20,064	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	12,648	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	5,211	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	9,220	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	0	0	4,009	76.00
76.01	EMG & EEG	0	0	0	0	12,307	76.01
76.02	O/P REHAB SERVICES	171,160	0	0	0	66,485	76.02
76.03	SPORTS FITNESS	0	0	0	0	28,081	76.03
76.04	LIFE CENTER	36,060	0	0	0	33,814	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	2,425	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	0	28,482	76.06
76.07	CARDIOLOGY	0	0	0	0	2,666	76.07
76.08	O/P DEPENDENCY SERVICES	10,469	0	0	0	7,977	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	155,041	0	8,257	0	122,507	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	0	1,423	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	29,912	0	0	0	62,115	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	11,829	0	55,681	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,355,864	311,927	2,725,890	932,998	1,904,910	118.00
	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
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	DAYCARE	0	0	0	0	28,662	194.01
194.02	ADVERTISING	0	0	0	0	2,004	194.02
194.03	OUTREACH REHAB	0	0	0	0	9,761	194.03
194.04	SWITCHBOARD	0	0	0	0	3,748	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	0	0	0	0	194.06
194.07	MEALS ON WHEELS	0	0	173,538	0	0	194.07
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)	2,355,864	311,927	2,899,428	932,998	1,949,085	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	BUSINESS OFFICE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT KLEIN						7.01
7.02	OPERATION OF PLANT EASTMAN						7.02
7.03	OPERATION OF PLANT MERCY						7.03
7.04	OPERATION OF PLANT CANCER						7.04
7.05	OPERATION OF PLANT REHAB						7.05
7.06	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	OPERATION OF PLANT WAPELLO						7.07
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING KLEIN						9.01
10.00	DIETARY						10.00
10.01	DIETARY KLEIN						10.01
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL	0					12.00
13.00	NURSING ADMINISTRATION	0	4,819,631				13.00
14.00	CENTRAL SERVICES & SUPPLY	0	366,602	3,027,584			14.00
15.00	PHARMACY	0	0	25,024	2,898,243		15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	8,756	0	3,494,183	16.00
17.00	SOCIAL SERVICE	0	0	650	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	1,663,817	263,416	1,142	325,858	30.00
31.00	INTENSIVE CARE UNIT	0	259,170	110,371	29	56,933	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	90,416	4,533	0	19,657	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	49,296	7,889	40	14,512	43.00
44.00	SKILLED NURSING FACILITY	0	196,012	33,065	0	31,880	44.00
45.00	NURSING FACILITY	0	0	24,519	9,459	59,096	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	877,750	1,774,420	64,727	667,095	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	40,904	2,228	165,200	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	538	22	74,822	55.00
56.00	RADIOISOTOPE	0	0	192	12,145	21,634	56.00
57.00	CT SCAN	0	0	9,584	1,428	172,324	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	375	4	107,716	58.00
59.00	CARDIAC CATHETERIZATION	0	136,224	301,811	46,532	179,990	59.00
60.00	LABORATORY	0	0	93,045	951	344,546	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	9,798	111	107,463	65.00
66.00	PHYSICAL THERAPY	0	0	1,242	0	17,841	66.00
67.00	OCCUPATIONAL THERAPY	0	0	23	0	13,164	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	4,445	68.00
69.00	ELECTROCARDIOLOGY	0	0	4,789	0	47,288	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	61,991	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	112,168	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	2,695,964	295,586	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	494	0	4,770	76.00
76.01	EMG & EEG	0	0	969	0	24,747	76.01
76.02	O/P REHAB SERVICES	0	0	13,502	334	44,298	76.02
76.03	SPORTS FITNESS	0	0	177	0	7,519	76.03
76.04	LIFE CENTER	0	0	39,277	13,563	119,863	76.04
76.05	RECREATIONAL THERAPY	0	0	10	0	1,334	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	21,897	0	18,304	76.06
76.07	CARDIOLOGY	0	0	215	0	1,347	76.07
76.08	O/P DEPENDENCY SERVICES	0	0	206	0	2,748	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	601,743	166,225	349	312,535	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	0	708	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	305,072	13,256	428	23,735	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	273,529	10,514	48,787	31,050	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	4,819,631	2,981,686	2,898,243	3,494,167	118.00
	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	39,123	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	1,328	0	0	194.00
194.01	DAYCARE	0	0	496	0	0	194.01
194.02	ADVERTISING	0	0	0	0	0	194.02
194.03	OUTREACH REHAB	0	0	0	0	16	194.03
194.04	SWITCHBOARD	0	0	0	0	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	0	4,951	0	0	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	4,819,631	3,027,584	2,898,243	3,494,183	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
		17.00	18.00	19.00	20.00		
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	BUSINESS OFFICE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT KLEIN						7.01
7.02	OPERATION OF PLANT EASTMAN						7.02
7.03	OPERATION OF PLANT MERCY						7.03
7.04	OPERATION OF PLANT CANCER						7.04
7.05	OPERATION OF PLANT REHAB						7.05
7.06	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	OPERATION OF PLANT WAPELLO						7.07
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING KLEIN						9.01
10.00	DIETARY						10.00
10.01	DIETARY KLEIN						10.01
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	962,134					17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	NURSING SCHOOL	0	0	0	0		20.00
21.00	I&R SERVICES-SALARY & FRINGES 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	668,061	0	0	0		30.00
31.00	INTENSIVE CARE UNIT	61,910	0	0	0		31.00
32.00	CORONARY CARE UNIT	0	0	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0	0	0		40.00
41.00	SUBPROVIDER - IRF	32,534	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0	0		42.00
43.00	NURSERY	0	0	0	0		43.00
44.00	SKILLED NURSING FACILITY	196,786	0	0	0		44.00
45.00	NURSING FACILITY	0	0	0	0		45.00
46.00	OTHER LONG TERM CARE	0	0	0	0		46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0		50.00
51.00	RECOVERY ROOM	0	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0	0		56.00
57.00	CT SCAN	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	632	0	0	0		59.00
60.00	LABORATORY	0	0	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
		17.00	18.00	19.00	20.00		
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00	AUDIOLOGY	0	0	0	0		76.00
76.01	EMG & EEG	0	0	0	0		76.01
76.02	O/P REHAB SERVICES	0	0	0	0		76.02
76.03	SPORTS FITNESS	0	0	0	0		76.03
76.04	LIFE CENTER	0	0	0	0		76.04
76.05	RECREATIONAL THERAPY	0	0	0	0		76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	0		76.06
76.07	CARDIOLOGY	0	0	0	0		76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0	0		76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	CLINIC	0	0	0	0		90.00
91.00	EMERGENCY	1,263	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00	AMBULANCE SERVICES	0	0	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00	CMHC	0	0	0	0		99.00
99.10	CORF	0	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	0	0	0		101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	HOSPICE	948	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	962,134	0	0	0		118.00
	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
193.00	NONPAID WORKERS	0	0	0	0		193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0		194.00
194.01	DAYCARE	0	0	0	0		194.01
194.02	ADVERTISING	0	0	0	0		194.02
194.03	OUTREACH REHAB	0	0	0	0		194.03
194.04	SWITCHBOARD	0	0	0	0		194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0		194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	0	0	0		194.06
194.07	MEALS ON WHEELS	0	0	0	0		194.07
200.00	Cross Foot Adjustments			0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	962,134	0	0	0		202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		21.00	22.00	23.00	24.00	25.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	BUSINESS OFFICE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT KLEIN						7.01
7.02	OPERATION OF PLANT EASTMAN						7.02
7.03	OPERATION OF PLANT MERCY						7.03
7.04	OPERATION OF PLANT CANCER						7.04
7.05	OPERATION OF PLANT REHAB						7.05
7.06	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	OPERATION OF PLANT WAPELLO						7.07
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING KLEIN						9.01
10.00	DIETARY						10.00
10.01	DIETARY KLEIN						10.01
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
18.00	OTHER GENERAL SERVICE (SPECIFY)						18.00
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 ED PRGM-(SPECIFY)	0	0	0			23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	21,018,601	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	3,778,811	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	1,692,644	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	679,338	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	2,891,925	0	44.00
45.00	NURSING FACILITY	0	0	0	7,636,519	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	23,041,696	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	5,969,683	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	1,823,189	0	55.00
56.00	RADIOISOTOPE	0	0	0	894,204	0	56.00
57.00	CT SCAN	0	0	0	1,920,287	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,444,272	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	3,498,397	0	59.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		21.00	22.00	23.00	24.00	25.00	
60.00	LABORATORY	0	0	0	8,787,538	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	2,125,155	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	873,328	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	635,172	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	295,183	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	608,616	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,788,044	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,868,090	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	11,726,347	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	0	338,940	0	76.00
76.01	EMG & EEG	0	0	0	700,080	0	76.01
76.02	O/P REHAB SERVICES	0	0	0	3,569,466	0	76.02
76.03	SPORTS FITNESS	0	0	0	1,127,814	0	76.03
76.04	LIFE CENTER	0	0	0	2,300,270	0	76.04
76.05	RECREATIONAL THERAPY	0	0	0	94,087	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	1,294,297	0	76.06
76.07	CARDIOLOGY	0	0	0	136,152	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0	469,613	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	7,495,491	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	WELLNESS PROGRAM	0	0	0	64,435	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	3,140,017	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	3,739,075	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	133,466,776	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	83,775	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,346,614	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	17,754	0	194.00
194.01	DAYCARE	0	0	0	460,037	0	194.01
194.02	ADVERTISING	0	0	0	829,718	0	194.02
194.03	OUTREACH REHAB	0	0	0	558,425	0	194.03
194.04	SWITCHBOARD	0	0	0	92,402	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	32,934,274	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	0	0	400,994	0	194.06
194.07	MEALS ON WHEELS	0	0	0	173,538	0	194.07

COST ALLOCATION - GENERAL SERVICE COSTS	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	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	24.00	25.00	
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	0	170,364,307	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	Total		
		26.00		
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT			1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN			1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER			1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY			1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY			1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN			1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP			1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB			1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO			1.08
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	NONPATIENT TELEPHONES			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCHASING RECEIVING AND STORES			5.03
5.04	ADMITTING			5.04
5.05	BUSINESS OFFICE			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
7.01	OPERATION OF PLANT KLEIN			7.01
7.02	OPERATION OF PLANT EASTMAN			7.02
7.03	OPERATION OF PLANT MERCY			7.03
7.04	OPERATION OF PLANT CANCER			7.04
7.05	OPERATION OF PLANT REHAB			7.05
7.06	OPERATION OF PLANT HHA/HOSPICE			7.06
7.07	OPERATION OF PLANT WAPELLO			7.07
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
9.01	HOUSEKEEPING KLEIN			9.01
10.00	DIETARY			10.00
10.01	DIETARY KLEIN			10.01
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
18.00	OTHER GENERAL SERVICE (SPECIFY)			18.00
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 ED PRGM-(SPECIFY)			23.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	21,018,601		30.00
31.00	INTENSIVE CARE UNIT	3,778,811		31.00
32.00	CORONARY CARE UNIT	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		34.00
40.00	SUBPROVIDER - IPF	0		40.00
41.00	SUBPROVIDER - IRF	1,692,644		41.00
42.00	SUBPROVIDER	0		42.00
43.00	NURSERY	679,338		43.00
44.00	SKILLED NURSING FACILITY	2,891,925		44.00
45.00	NURSING FACILITY	7,636,519		45.00
46.00	OTHER LONG TERM CARE	0		46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	23,041,696		50.00
51.00	RECOVERY ROOM	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	ANESTHESIOLOGY	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,969,683		54.00
55.00	RADIOLOGY-THERAPEUTIC	1,823,189		55.00
56.00	RADIOISOTOPE	894,204		56.00
57.00	CT SCAN	1,920,287		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,444,272		58.00
59.00	CARDIAC CATHETERIZATION	3,498,397		59.00
60.00	LABORATORY	8,787,538		60.00
60.01	BLOOD LABORATORY	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0		63.00
64.00	INTRAVENOUS THERAPY	0		64.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part I Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	Total		
		26.00		
65.00	RESPIRATORY THERAPY	2,125,155		65.00
66.00	PHYSICAL THERAPY	873,328		66.00
67.00	OCCUPATIONAL THERAPY	635,172		67.00
68.00	SPEECH PATHOLOGY	295,183		68.00
69.00	ELECTROCARDIOLOGY	608,616		69.00
70.00	ELECTROENCEPHALOGRAPHY	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,788,044		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	4,868,090		72.00
73.00	DRUGS CHARGED TO PATIENTS	11,726,347		73.00
74.00	RENAL DIALYSIS	0		74.00
75.00	ASC (NON-DISTINCT PART)	0		75.00
76.00	AUDIOLOGY	338,940		76.00
76.01	EMG & EEG	700,080		76.01
76.02	O/P REHAB SERVICES	3,569,466		76.02
76.03	SPORTS FITNESS	1,127,814		76.03
76.04	LIFE CENTER	2,300,270		76.04
76.05	RECREATIONAL THERAPY	94,087		76.05
76.06	HEMATOLOGY/ONCOLOGY	1,294,297		76.06
76.07	CARDIOLOGY	136,152		76.07
76.08	O/P DEPENDENCY SERVICES	469,613		76.08
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	CLINIC	0		90.00
91.00	EMERGENCY	7,495,491		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	WELLNESS PROGRAM	64,435		93.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0		94.00
95.00	AMBULANCE SERVICES	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		98.00
99.00	CMHC	0		99.00
99.10	CORF	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0		100.00
101.00	HOME HEALTH AGENCY	3,140,017		101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	0		105.00
106.00	HEART ACQUISITION	0		106.00
107.00	LIVER ACQUISITION	0		107.00
108.00	LUNG ACQUISITION	0		108.00
109.00	PANCREAS ACQUISITION	0		109.00
110.00	INTESTINAL ACQUISITION	0		110.00
111.00	ISLET ACQUISITION	0		111.00
113.00	INTEREST EXPENSE	0		113.00
114.00	UTILIZATION REVIEW-SNF	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		115.00
116.00	HOSPICE	3,739,075		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	133,466,776		118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	83,775		190.00
191.00	RESEARCH	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,346,614		192.00
193.00	NONPAID WORKERS	0		193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	17,754		194.00
194.01	DAYCARE	460,037		194.01
194.02	ADVERTISING	829,718		194.02
194.03	OUTREACH REHAB	558,425		194.03
194.04	SWITCHBOARD	92,402		194.04
194.05	HENRY COUNTY HEALTH CENTER	32,934,274		194.05
194.06	OTHER NONREIMBURSABLE COSTS	400,994		194.06
194.07	MEALS ON WHEELS	173,538		194.07
200.00	Cross Foot Adjustments	0		200.00
201.00	Negative Cost Centers	0		201.00
202.00	TOTAL (sum lines 118-201)	170,364,307		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
		0	1.00	1.01	1.02	1.03	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	38,996	0	0	0	4.00
5.01	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	DATA PROCESSING	0	97,438	0	0	0	5.02
5.03	PURCHASING RECEIVING AND STORES	0	223,394	0	0	0	5.03
5.04	ADMITTING	0	39,245	0	0	0	5.04
5.05	BUSINESS OFFICE	0	44,927	0	0	0	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	268,481	0	0	0	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	0	156,980	0	0	0	7.00
7.01	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	66,484	8.00
9.00	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	DIETARY	0	251,008	0	0	0	10.00
10.01	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	77,957	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	180,473	0	0	0	14.00
15.00	PHARMACY	0	51,427	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	139,364	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	636,567	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	181,983	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	273,365	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	131,835	0	0	0	44.00
45.00	NURSING FACILITY	0	0	105,130	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	1,548,470	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	387,513	0	10,827	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	31,875	0	0	0	55.00
56.00	RADIOISOTOPE	0	22,375	0	0	0	56.00
57.00	CT SCAN	0	44,253	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	220,411	0	0	0	59.00
60.00	LABORATORY	0	185,854	0	0	0	60.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
		0	1.00	1.01	1.02	1.03	
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	65,171	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	14,206	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	0	0	0	76.00
76.01	EMG & EEG	0	41,411	0	0	0	76.01
76.02	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	LIFE CENTER	0	0	0	0	0	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	0	0	76.06
76.07	CARDIOLOGY	0	0	0	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	64,461	0	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	238,471	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,657,911	105,130	10,827	66,484	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,534	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
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	DAYCARE	0	0	0	0	0	194.01
194.02	ADVERTISING	0	77,957	0	0	0	194.02
194.03	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	SWITCHBOARD	0	0	0	0	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	39,742	0	0	0	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160057

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

Worksheet B
Part II
Date/Time Prepared:
1/20/2012 2:19 pm

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
		0	1.00	1.01	1.02	1.03	
202.00	TOTAL (sum lines 118-201)	0	5,811,144	105,130	10,827	66,484	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.01	NONPATIENT TELEPHONES	4,790	0	0	0	0	5.01
5.02	DATA PROCESSING	0	0	0	0	0	5.02
5.03	PURCHASING RECEIVING AND STORES	0	0	0	0	0	5.03
5.04	ADMITTING	0	0	0	0	0	5.04
5.05	BUSINESS OFFICE	0	0	0	0	0	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	35,747	22,136	0	0	0	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	0	0	0	0	0	7.00
7.01	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	DIETARY	0	0	0	0	0	10.00
10.01	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	4,790	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	346	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	346	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	346	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	346	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	1,064	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	6,648	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	10,975	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	4,520	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	0	2,928	0	76.00
76.01	EMG & EEG	0	0	0	0	0	76.01
76.02	O/P REHAB SERVICES	0	0	0	132,414	0	76.02
76.03	SPORTS FITNESS	0	0	0	83,659	0	76.03
76.04	LIFE CENTER	426	0	0	62,119	0	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	35,124	0	0	0	0	76.06
76.07	CARDIOLOGY	0	0	0	13,903	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	149,964	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	143,314	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	83,325	22,136	293,278	310,518	6,648	118.00
	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	251,213	627,745	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	DAYCARE	0	0	0	0	0	194.01
194.02	ADVERTISING	905	0	0	0	0	194.02
194.03	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	SWITCHBOARD	0	0	0	0	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	0	0	0	9,409	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
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)	335,443	649,881	293,278	310,518	16,057	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	
		2.00	2A	4.00	5.01	5.02	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	26,881	65,877	65,877			4.00
5.01	NONPATIENT TELEPHONES	0	4,790	294	5,084		5.01
5.02	DATA PROCESSING	772,122	869,560	1,385	39	870,984	5.02
5.03	PURCHASING RECEIVING AND STORES	171,883	395,277	355	15	6,892	5.03
5.04	ADMITTING	193	39,438	1,193	18	7,310	5.04
5.05	BUSINESS OFFICE	2,047	46,974	900	27	9,328	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	51,255	377,619	1,252	69	51,690	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	311,730	468,710	2,486	126	38,300	7.00
7.01	OPERATION OF PLANT KLEIN	6,113	6,113	165	0	3,155	7.01
7.02	OPERATION OF PLANT EASTMAN	0	0	0	0	1,212	7.02
7.03	OPERATION OF PLANT MERCY	0	0	0	0	994	7.03
7.04	OPERATION OF PLANT CANCER	0	0	0	0	139	7.04
7.05	OPERATION OF PLANT REHAB	0	0	0	0	612	7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	343	7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	0	0	77	7.07
8.00	LAUNDRY & LINEN SERVICE	63,212	129,696	726	3	6,284	8.00
9.00	HOUSEKEEPING	31,787	31,787	2,497	8	14,035	9.00
9.01	HOUSEKEEPING KLEIN	0	0	335	1	1,858	9.01
10.00	DIETARY	58,825	309,833	2,382	27	15,187	10.00
10.01	DIETARY KLEIN	5,202	5,202	744	0	5,559	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	310,524	393,271	1,874	80	27,672	13.00
14.00	CENTRAL SERVICES & SUPPLY	71,888	252,361	1,959	7	13,676	14.00
15.00	PHARMACY	97,223	148,650	1,254	15	16,118	15.00
16.00	MEDICAL RECORDS & LIBRARY	134,264	134,264	2,088	85	20,226	16.00
17.00	SOCIAL SERVICE	0	139,364	468	13	4,530	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	174,210	811,123	8,890	178	88,331	30.00
31.00	INTENSIVE CARE UNIT	45,903	228,232	1,385	23	16,207	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	12,221	285,586	483	6	6,540	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	9,360	9,360	264	0	3,385	43.00
44.00	SKILLED NURSING FACILITY	33,596	165,777	1,048	16	10,162	44.00
45.00	NURSING FACILITY	56,673	161,803	4,900	53	32,436	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,147,693	2,696,509	4,691	124	93,812	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	619,124	1,017,464	2,134	70	29,004	54.00
55.00	RADIOLOGY-THERAPEUTIC	441,673	473,548	437	22	9,688	55.00
56.00	RADIOISOTOPE	108,530	130,905	160	0	4,817	56.00
57.00	CT SCAN	306,346	350,599	441	0	9,068	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	394,016	394,016	305	0	7,378	58.00
59.00	CARDIAC CATHETERIZATION	389,649	610,060	728	47	13,370	59.00
60.00	LABORATORY	258,210	445,128	2,843	48	45,647	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0				61.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	
		2.00	2A	4.00	5.01	5.02	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	60,564	125,735	1,179	16	10,614	65.00
66.00	PHYSICAL THERAPY	5,480	12,128	527	48	4,852	66.00
67.00	OCCUPATIONAL THERAPY	29	11,004	332	0	3,548	67.00
68.00	SPEECH PATHOLOGY	0	4,520	137	0	1,672	68.00
69.00	ELECTROCARDIOLOGY	61,523	75,729	242	0	2,917	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	15,954	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	27,814	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	50,654	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	3,883	6,811	105	0	1,936	76.00
76.01	EMG & EEG	25,955	67,366	323	11	3,489	76.01
76.02	O/P REHAB SERVICES	29,417	161,831	1,745	83	18,801	76.02
76.03	SPORTS FITNESS	20,031	103,690	737	0	6,143	76.03
76.04	LIFE CENTER	81,009	143,554	888	17	11,445	76.04
76.05	RECREATIONAL THERAPY	0	0	64	0	532	76.05
76.06	HEMATOLOGY/ONCOLOGY	4,819	39,943	748	24	7,041	76.06
76.07	CARDIOLOGY	4,040	17,943	70	0	752	76.07
76.08	O/P DEPENDENCY SERVICES	0	64,461	209	0	2,167	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	70,242	308,713	3,216	63	32,348	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
93.00	WELLNESS PROGRAM	0	0	37	0	368	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	29,715	179,679	1,631	48	15,811	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	74,451	217,765	1,462	22	19,333	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,583,511	13,139,768	64,718	1,452	853,233	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	35,534	0	0	228	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	878,958	0	0	5,650	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	95	194.00
194.01	DAYCARE	12,845	12,845	752	8	2,568	194.01
194.02	ADVERTISING	0	78,862	53	0	4,337	194.02
194.03	OUTREACH REHAB	0	0	256	0	3,271	194.03
194.04	SWITCHBOARD	0	0	98	274	529	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	49,151	0	3,350	1,073	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments		0				200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,596,356	14,195,118	65,877	5,084	870,984	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5.06	6.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES	402,539					5.03
5.04	ADMITTING	797	48,756				5.04
5.05	BUSINESS OFFICE	626	0	57,855			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	1,901	0	0	432,531		5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	383	0	0	16,313	0	7.00
7.01	OPERATION OF PLANT KLEIN	11	0	0	1,344	0	7.01
7.02	OPERATION OF PLANT EASTMAN	0	0	0	516	0	7.02
7.03	OPERATION OF PLANT MERCY	0	0	0	423	0	7.03
7.04	OPERATION OF PLANT CANCER	61	0	0	60	0	7.04
7.05	OPERATION OF PLANT REHAB	0	0	0	261	0	7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	0	0	146	0	7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	0	33	0	7.07
8.00	LAUNDRY & LINEN SERVICE	675	0	0	2,681	0	8.00
9.00	HOUSEKEEPING	601	0	0	5,981	0	9.00
9.01	HOUSEKEEPING KLEIN	66	0	0	792	0	9.01
10.00	DIETARY	431	0	0	6,470	0	10.00
10.01	DIETARY KLEIN	178	0	0	2,369	0	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	520	0	0	11,788	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	7,757	0	0	5,880	0	14.00
15.00	PHARMACY	3,211	0	0	6,887	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,124	0	0	8,621	0	16.00
17.00	SOCIAL SERVICE	83	0	0	1,930	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	33,805	4,620	5,405	38,528	0	30.00
31.00	INTENSIVE CARE UNIT	14,164	807	944	7,122	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	582	279	326	2,830	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,012	206	241	1,478	0	43.00
44.00	SKILLED NURSING FACILITY	4,243	452	529	4,424	0	44.00
45.00	NURSING FACILITY	3,147	0	980	13,903	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	227,712	9,514	10,961	42,996	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,249	2,342	2,740	12,727	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	69	1,061	1,241	4,279	0	55.00
56.00	RADIOISOTOPE	25	307	359	2,096	0	56.00
57.00	CT SCAN	1,230	2,443	2,858	4,223	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	48	1,527	1,787	3,363	0	58.00
59.00	CARDIAC CATHETERIZATION	38,732	2,552	2,986	6,344	0	59.00
60.00	LABORATORY	11,941	4,885	5,715	20,230	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	BUSINESS OFFICE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
		5.03	5.04	5.05	5.06	6.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,257	1,523	1,783	4,749	0	65.00
66.00	PHYSICAL THERAPY	159	253	296	2,104	0	66.00
67.00	OCCUPATIONAL THERAPY	3	187	218	1,538	0	67.00
68.00	SPEECH PATHOLOGY	0	63	74	721	0	68.00
69.00	ELECTROCARDIOLOGY	615	670	784	1,343	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	879	1,028	6,921	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	1,590	1,861	12,074	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	4,190	4,903	22,175	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	63	68	79	834	0	76.00
76.01	EMG & EEG	124	351	410	1,537	0	76.01
76.02	O/P REHAB SERVICES	1,733	628	735	8,109	0	76.02
76.03	SPORTS FITNESS	23	107	125	2,631	0	76.03
76.04	LIFE CENTER	5,041	1,699	1,988	5,156	0	76.04
76.05	RECREATIONAL THERAPY	1	19	22	229	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	2,810	259	304	3,056	0	76.06
76.07	CARDIOLOGY	28	19	22	323	0	76.07
76.08	O/P DEPENDENCY SERVICES	26	39	46	929	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	21,332	4,431	5,184	14,570	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	10	12	158	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	1,701	336	394	6,794	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	1,349	440	515	8,306	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	396,649	48,756	57,855	341,295	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	97	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	5,021	0	0	2,443	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	170	0	0	42	0	194.00
194.01	DAYCARE	64	0	0	1,094	0	194.01
194.02	ADVERTISING	0	0	0	1,847	0	194.02
194.03	OUTREACH REHAB	0	0	0	1,393	0	194.03
194.04	SWITCHBOARD	0	0	0	225	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	83,633	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	635	0	0	462	0	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
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)	402,539	48,756	57,855	432,531	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	OPERATION OF PLANT CANCER	
		7.00	7.01	7.02	7.03	7.04	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	BUSINESS OFFICE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT	526,318					7.00
7.01	OPERATION OF PLANT KLEIN	0	10,788				7.01
7.02	OPERATION OF PLANT EASTMAN	0	0	1,728			7.02
7.03	OPERATION OF PLANT MERCY	0	0	0	1,417		7.03
7.04	OPERATION OF PLANT CANCER	0	0	0	0	260	7.04
7.05	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	LAUNDRY & LINEN SERVICE	8,451	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	DIETARY	26,305	0	0	0	0	10.00
10.01	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	8,170	0	0	23	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	18,913	0	0	0	0	14.00
15.00	PHARMACY	5,389	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	14,605	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	66,710	0	0	2	0	30.00
31.00	INTENSIVE CARE UNIT	19,071	0	0	2	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	28,647	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	13,816	0	0	2	0	44.00
45.00	NURSING FACILITY	0	10,788	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	162,270	0	0	2	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	40,610	0	0	0	260	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,340	0	0	0	0	55.00
56.00	RADIOISOTOPE	2,345	0	0	0	0	56.00
57.00	CT SCAN	4,637	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	23,098	0	0	0	0	59.00
60.00	LABORATORY	19,477	0	0	5	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	OPERATION OF PLANT 7.00	OPERATION OF PLANT KLEIN 7.01	OPERATION OF PLANT EASTMAN 7.02	OPERATION OF PLANT MERCY 7.03	OPERATION OF PLANT CANCER 7.04	
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	6,830	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	1,489	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	0	0	0	76.00
76.01	EMG & EEG	4,340	0	0	0	0	76.01
76.02	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	LIFE CENTER	0	0	0	2	0	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	169	0	76.06
76.07	CARDIOLOGY	0	0	0	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	6,755	0	0	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	24,991	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	510,259	10,788	0	207	260	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,724	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	1,728	1,206	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	DAYCARE	0	0	0	0	0	194.01
194.02	ADVERTISING	8,170	0	0	4	0	194.02
194.03	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	SWITCHBOARD	0	0	0	0	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	4,165	0	0	0	0	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
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)	526,318	10,788	1,728	1,417	260	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		7.05	7.06	7.07	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	BUSINESS OFFICE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT KLEIN						7.01
7.02	OPERATION OF PLANT EASTMAN						7.02
7.03	OPERATION OF PLANT MERCY						7.03
7.04	OPERATION OF PLANT CANCER						7.04
7.05	OPERATION OF PLANT REHAB	873					7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	489				7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	110			7.07
8.00	LAUNDRY & LINEN SERVICE	0	0	0	148,516		8.00
9.00	HOUSEKEEPING	0	0	0	0	54,909	9.00
9.01	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	DIETARY	0	0	0	0	689	10.00
10.01	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	0	0	62	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	925	744	14.00
15.00	PHARMACY	0	0	0	0	1,092	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	232	16.00
17.00	SOCIAL SERVICE	0	0	0	0	124	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	0	0	38,627	20,959	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	4,462	2,882	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	1,452	116	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	945	182	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	5,760	7,924	44.00
45.00	NURSING FACILITY	0	0	0	13,630	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	30,506	7,537	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	7,830	2,014	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	625	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	2,505	0	59.00
60.00	LABORATORY	0	0	0	86	767	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		7.05	7.06	7.07	8.00	9.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	27	201	65.00
66.00	PHYSICAL THERAPY	0	0	46	22	0	66.00
67.00	OCCUPATIONAL THERAPY	31	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	13	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	8	0	0	0	0	76.00
76.01	EMG & EEG	0	0	0	452	0	76.01
76.02	O/P REHAB SERVICES	372	0	0	4,560	3,989	76.02
76.03	SPORTS FITNESS	235	0	0	3,575	0	76.03
76.04	LIFE CENTER	175	0	0	779	840	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	234	0	76.06
76.07	CARDIOLOGY	39	0	0	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0	0	244	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	10,679	3,614	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	250	0	0	697	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	239	0	871	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	873	489	46	128,552	54,909	118.00
	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
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	DAYCARE	0	0	0	0	0	194.01
194.02	ADVERTISING	0	0	0	0	0	194.02
194.03	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	SWITCHBOARD	0	0	0	0	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	0	64	19,964	0	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
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)	873	489	110	148,516	54,909	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	MAINTENANCE OF PERSONNEL	
		9.01	10.00	10.01	11.00	12.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	BUSINESS OFFICE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT KLEIN						7.01
7.02	OPERATION OF PLANT EASTMAN						7.02
7.03	OPERATION OF PLANT MERCY						7.03
7.04	OPERATION OF PLANT CANCER						7.04
7.05	OPERATION OF PLANT REHAB						7.05
7.06	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	OPERATION OF PLANT WAPELLO						7.07
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING KLEIN	3,052					9.01
10.00	DIETARY	0	361,324				10.00
10.01	DIETARY KLEIN	0	0	14,052			10.01
11.00	CAFETERIA	0	242,894	0	242,894		11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	0	8,895	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	9,302	0	14.00
15.00	PHARMACY	0	0	0	5,952	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	9,911	0	16.00
17.00	SOCIAL SERVICE	0	0	0	2,221	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	70,550	0	42,218	0	30.00
31.00	INTENSIVE CARE UNIT	0	5,105	0	6,577	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	5,790	0	2,293	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	1,251	0	43.00
44.00	SKILLED NURSING FACILITY	0	12,214	0	4,973	0	44.00
45.00	NURSING FACILITY	3,052	0	14,052	23,262	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	24	0	22,271	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	10,131	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	2,073	0	55.00
56.00	RADIOISOTOPE	0	0	0	762	0	56.00
57.00	CT SCAN	0	0	0	2,096	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,446	0	58.00
59.00	CARDIAC CATHETERIZATION	0	618	0	3,457	0	59.00
60.00	LABORATORY	0	0	0	13,496	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	MAINTENANCE OF PERSONNEL	
		9.01	10.00	10.01	11.00	12.00	
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	5,595	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	2,500	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	1,576	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	649	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	1,149	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	0	500	0	76.00
76.01	EMG & EEG	0	0	0	1,534	0	76.01
76.02	O/P REHAB SERVICES	0	0	0	8,285	0	76.02
76.03	SPORTS FITNESS	0	0	0	3,499	0	76.03
76.04	LIFE CENTER	0	0	0	4,214	0	76.04
76.05	RECREATIONAL THERAPY	0	0	0	302	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	3,549	0	76.06
76.07	CARDIOLOGY	0	0	0	332	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0	994	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	1,029	0	15,267	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	177	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	7,741	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	1,474	0	6,939	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,052	339,698	14,052	237,389	0	118.00
	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
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	DAYCARE	0	0	0	3,572	0	194.01
194.02	ADVERTISING	0	0	0	250	0	194.02
194.03	OUTREACH REHAB	0	0	0	1,216	0	194.03
194.04	SWITCHBOARD	0	0	0	467	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	0	0	0	0	194.06
194.07	MEALS ON WHEELS	0	21,626	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,052	361,324	14,052	242,894	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	BUSINESS OFFICE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT KLEIN						7.01
7.02	OPERATION OF PLANT EASTMAN						7.02
7.03	OPERATION OF PLANT MERCY						7.03
7.04	OPERATION OF PLANT CANCER						7.04
7.05	OPERATION OF PLANT REHAB						7.05
7.06	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	OPERATION OF PLANT WAPELLO						7.07
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING KLEIN						9.01
10.00	DIETARY						10.00
10.01	DIETARY KLEIN						10.01
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION	452,355					13.00
14.00	CENTRAL SERVICES & SUPPLY	34,408	345,932				14.00
15.00	PHARMACY	0	2,859	191,427			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,000	0	177,551		16.00
17.00	SOCIAL SERVICE	0	74	0	0	163,412	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	156,159	30,098	75	16,562	113,465	30.00
31.00	INTENSIVE CARE UNIT	24,325	12,611	2	2,894	10,515	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	8,486	518	0	999	5,526	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	4,627	901	3	738	0	43.00
44.00	SKILLED NURSING FACILITY	18,397	3,778	0	1,620	33,423	44.00
45.00	NURSING FACILITY	0	2,801	625	3,004	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	82,383	202,746	4,275	33,865	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	4,674	147	8,396	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	62	1	3,803	0	55.00
56.00	RADIOISOTOPE	0	22	802	1,100	0	56.00
57.00	CT SCAN	0	1,095	94	8,758	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	43	0	5,475	0	58.00
59.00	CARDIAC CATHETERIZATION	12,786	34,485	3,073	9,148	107	59.00
60.00	LABORATORY	0	10,631	63	17,511	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	1,119	7	5,462	0	65.00
66.00	PHYSICAL THERAPY	0	142	0	907	0	66.00
67.00	OCCUPATIONAL THERAPY	0	3	0	669	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	226	0	68.00
69.00	ELECTROCARDIOLOGY	0	547	0	2,403	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,151	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,701	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	178,069	15,023	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	56	0	242	0	76.00
76.01	EMG & EEG	0	111	0	1,258	0	76.01
76.02	O/P REHAB SERVICES	0	1,543	22	2,251	0	76.02
76.03	SPORTS FITNESS	0	20	0	382	0	76.03
76.04	LIFE CENTER	0	4,488	896	6,092	0	76.04
76.05	RECREATIONAL THERAPY	0	1	0	68	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	2,502	0	930	0	76.06
76.07	CARDIOLOGY	0	25	0	68	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	23	0	140	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	56,478	18,993	23	15,884	215	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	36	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	28,633	1,515	28	1,206	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	25,673	1,201	3,222	1,578	161	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	452,355	340,687	191,427	177,550	163,412	118.00
	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	4,470	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	152	0	0	0	194.00
194.01	DAYCARE	0	57	0	0	0	194.01
194.02	ADVERTISING	0	0	0	0	0	194.02
194.03	OUTREACH REHAB	0	0	0	1	0	194.03
194.04	SWITCHBOARD	0	0	0	0	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	566	0	0	0	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
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)	452,355	345,932	191,427	177,551	163,412	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
		18.00	19.00	20.00	21.00	22.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	BUSINESS OFFICE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT KLEIN						7.01
7.02	OPERATION OF PLANT EASTMAN						7.02
7.03	OPERATION OF PLANT MERCY						7.03
7.04	OPERATION OF PLANT CANCER						7.04
7.05	OPERATION OF PLANT REHAB						7.05
7.06	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	OPERATION OF PLANT WAPELLO						7.07
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING KLEIN						9.01
10.00	DIETARY						10.00
10.01	DIETARY KLEIN						10.01
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
18.00	OTHER GENERAL SERVICE (SPECIFY)	0					18.00
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					23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0					30.00
31.00	INTENSIVE CARE UNIT	0					31.00
32.00	CORONARY CARE UNIT	0					32.00
33.00	BURN INTENSIVE CARE UNIT	0					33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0					34.00
40.00	SUBPROVIDER - IPF	0					40.00
41.00	SUBPROVIDER - IRF	0					41.00
42.00	SUBPROVIDER	0					42.00
43.00	NURSERY	0					43.00
44.00	SKILLED NURSING FACILITY	0					44.00
45.00	NURSING FACILITY	0					45.00
46.00	OTHER LONG TERM CARE	0					46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0					50.00
51.00	RECOVERY ROOM	0					51.00
52.00	DELIVERY ROOM & LABOR ROOM	0					52.00
53.00	ANESTHESIOLOGY	0					53.00
54.00	RADIOLOGY-DIAGNOSTIC	0					54.00
55.00	RADIOLOGY-THERAPEUTIC	0					55.00
56.00	RADIOISOTOPE	0					56.00
57.00	CT SCAN	0					57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0					58.00
59.00	CARDIAC CATHETERIZATION	0					59.00
60.00	LABORATORY	0					60.00
60.01	BLOOD LABORATORY	0					60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	
		18.00	19.00	20.00	21.00	22.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0					62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0					63.00
64.00	INTRAVENOUS THERAPY	0					64.00
65.00	RESPIRATORY THERAPY	0					65.00
66.00	PHYSICAL THERAPY	0					66.00
67.00	OCCUPATIONAL THERAPY	0					67.00
68.00	SPEECH PATHOLOGY	0					68.00
69.00	ELECTROCARDIOLOGY	0					69.00
70.00	ELECTROENCEPHALOGRAPHY	0					70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0					71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0					72.00
73.00	DRUGS CHARGED TO PATIENTS	0					73.00
74.00	RENAL DIALYSIS	0					74.00
75.00	ASC (NON-DISTINCT PART)	0					75.00
76.00	AUDIOLOGY	0					76.00
76.01	EMG & EEG	0					76.01
76.02	O/P REHAB SERVICES	0					76.02
76.03	SPORTS FITNESS	0					76.03
76.04	LIFE CENTER	0					76.04
76.05	RECREATIONAL THERAPY	0					76.05
76.06	HEMATOLOGY/ONCOLOGY	0					76.06
76.07	CARDIOLOGY	0					76.07
76.08	O/P DEPENDENCY SERVICES	0					76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0					89.00
90.00	CLINIC	0					90.00
91.00	EMERGENCY	0					91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0					93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0					94.00
95.00	AMBULANCE SERVICES	0					95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0					96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0					97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0					98.00
99.00	CMHC	0					99.00
99.10	CORF	0					99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0					100.00
101.00	HOME HEALTH AGENCY	0					101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0					105.00
106.00	HEART ACQUISITION	0					106.00
107.00	LIVER ACQUISITION	0					107.00
108.00	LUNG ACQUISITION	0					108.00
109.00	PANCREAS ACQUISITION	0					109.00
110.00	INTESTINAL ACQUISITION	0					110.00
111.00	ISLET ACQUISITION	0					111.00
113.00	INTEREST EXPENSE	0					113.00
114.00	UTILIZATION REVIEW-SNF	0					114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0					115.00
116.00	HOSPICE	0					116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
191.00	RESEARCH	0					191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0					192.00
193.00	NONPAID WORKERS	0					193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0					194.00
194.01	DAYCARE	0					194.01
194.02	ADVERTISING	0					194.02
194.03	OUTREACH REHAB	0					194.03
194.04	SWITCHBOARD	0					194.04
194.05	HENRY COUNTY HEALTH CENTER	0					194.05
194.06	OTHER NONREIMBURSABLE COSTS	0					194.06
194.07	MEALS ON WHEELS	0					194.07
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	0	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	BUSINESS OFFICE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT KLEIN						7.01
7.02	OPERATION OF PLANT EASTMAN						7.02
7.03	OPERATION OF PLANT MERCY						7.03
7.04	OPERATION OF PLANT CANCER						7.04
7.05	OPERATION OF PLANT REHAB						7.05
7.06	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	OPERATION OF PLANT WAPELLO						7.07
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING KLEIN						9.01
10.00	DIETARY						10.00
10.01	DIETARY KLEIN						10.01
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
18.00	OTHER GENERAL SERVICE (SPECIFY)						18.00
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 ED PRGM-(SPECIFY)	0					23.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		1,546,305	0	1,546,305		30.00
31.00	INTENSIVE CARE UNIT		357,330	0	357,330		31.00
32.00	CORONARY CARE UNIT		0	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT		0	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0		34.00
40.00	SUBPROVIDER - IPF		0	0	0		40.00
41.00	SUBPROVIDER - IRF		350,459	0	350,459		41.00
42.00	SUBPROVIDER		0	0	0		42.00
43.00	NURSERY		24,593	0	24,593		43.00
44.00	SKILLED NURSING FACILITY		288,558	0	288,558		44.00
45.00	NURSING FACILITY		288,436	0	288,436		45.00
46.00	OTHER LONG TERM CARE		0	0	0		46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		3,632,198	0	3,632,198		50.00
51.00	RECOVERY ROOM		0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM		0	0	0		52.00
53.00	ANESTHESIOLOGY		0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC		1,145,792	0	1,145,792		54.00
55.00	RADIOLOGY-THERAPEUTIC		500,249	0	500,249		55.00
56.00	RADIOISOTOPE		143,700	0	143,700		56.00
57.00	CT SCAN		387,542	0	387,542		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		415,388	0	415,388		58.00
59.00	CARDIAC CATHETERIZATION		764,096	0	764,096		59.00
60.00	LABORATORY		598,473	0	598,473		60.00
60.01	BLOOD LABORATORY		0	0	0		60.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B Part II Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0		63.00
64.00	INTRAVENOUS THERAPY		0	0	0		64.00
65.00	RESPIRATORY THERAPY		166,097	0	166,097		65.00
66.00	PHYSICAL THERAPY		23,984	0	23,984		66.00
67.00	OCCUPATIONAL THERAPY		19,109	0	19,109		67.00
68.00	SPEECH PATHOLOGY		8,075	0	8,075		68.00
69.00	ELECTROCARDIOLOGY		87,888	0	87,888		69.00
70.00	ELECTROENCEPHALOGRAPHY		0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		27,933	0	27,933		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		49,040	0	49,040		72.00
73.00	DRUGS CHARGED TO PATIENTS		275,014	0	275,014		73.00
74.00	RENAL DIALYSIS		0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)		0	0	0		75.00
76.00	AUDIOLOGY		10,702	0	10,702		76.00
76.01	EMG & EEG		81,306	0	81,306		76.01
76.02	O/P REHAB SERVICES		214,687	0	214,687		76.02
76.03	SPORTS FITNESS		121,167	0	121,167		76.03
76.04	LIFE CENTER		187,274	0	187,274		76.04
76.05	RECREATIONAL THERAPY		1,238	0	1,238		76.05
76.06	HEMATOLOGY/ONCOLOGY		61,569	0	61,569		76.06
76.07	CARDIOLOGY		19,621	0	19,621		76.07
76.08	O/P DEPENDENCY SERVICES		76,033	0	76,033		76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC		0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0		89.00
90.00	CLINIC		0	0	0		90.00
91.00	EMERGENCY		537,030	0	537,030		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
93.00	WELLNESS PROGRAM		798	0	798		93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS		0	0	0		94.00
95.00	AMBULANCE SERVICES		0	0	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0		98.00
99.00	CMHC		0	0	0		99.00
99.10	CORF		0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0		100.00
101.00	HOME HEALTH AGENCY		246,464	0	246,464		101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION		0	0	0		105.00
106.00	HEART ACQUISITION		0	0	0		106.00
107.00	LIVER ACQUISITION		0	0	0		107.00
108.00	LUNG ACQUISITION		0	0	0		108.00
109.00	PANCREAS ACQUISITION		0	0	0		109.00
110.00	INTESTINAL ACQUISITION		0	0	0		110.00
111.00	ISLET ACQUISITION		0	0	0		111.00
113.00	INTEREST EXPENSE		0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF		0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)		0	0	0		115.00
116.00	HOSPICE		290,550	0	290,550		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	12,948,698	0	12,948,698		118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN		39,583	0	39,583		190.00
191.00	RESEARCH		0	0	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES		899,476	0	899,476		192.00
193.00	NONPAID WORKERS		0	0	0		193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS		459	0	459		194.00
194.01	DAYCARE		20,960	0	20,960		194.01
194.02	ADVERTISING		93,523	0	93,523		194.02
194.03	OUTREACH REHAB		6,137	0	6,137		194.03
194.04	SWITCHBOARD		1,593	0	1,593		194.04
194.05	HENRY COUNTY HEALTH CENTER		83,633	0	83,633		194.05
194.06	OTHER NONREIMBURSABLE COSTS		79,430	0	79,430		194.06
194.07	MEALS ON WHEELS		21,626	0	21,626		194.07
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	0	14,195,118	0	14,195,118		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	327,243					1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN	0	88,304				1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER	0	0	10,192			1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY	0	0	0	4,541		1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY	0	0	0	0	63,031	1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	0	0	0	0	0	1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	0	0	0	0	1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	0	0	0	1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	0	0	1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	2,196	0	0	0	0	4.00
5.01	NONPATIENT TELEPHONES	0	0	0	0	900	5.01
5.02	DATA PROCESSING	5,487	0	0	0	0	5.02
5.03	PURCHASING RECEIVING AND STORES	12,580	0	0	0	0	5.03
5.04	ADMITTING	2,210	0	0	0	0	5.04
5.05	BUSINESS OFFICE	2,530	0	0	0	0	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	15,119	0	0	0	6,717	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	8,840	0	0	0	0	7.00
7.01	OPERATION OF PLANT KLEIN	0	0	0	0	0	7.01
7.02	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	LAUNDRY & LINEN SERVICE	0	0	0	4,541	0	8.00
9.00	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	DIETARY	14,135	0	0	0	0	10.00
10.01	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	4,390	0	0	0	900	13.00
14.00	CENTRAL SERVICES & SUPPLY	10,163	0	0	0	0	14.00
15.00	PHARMACY	2,896	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	7,848	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	35,847	0	0	0	65	30.00
31.00	INTENSIVE CARE UNIT	10,248	0	0	0	65	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	15,394	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	7,424	0	0	0	65	44.00
45.00	NURSING FACILITY	0	88,304	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	87,199	0	0	0	65	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,822	0	10,192	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,795	0	0	0	0	55.00
56.00	RADIOISOTOPE	1,260	0	0	0	0	56.00
57.00	CT SCAN	2,492	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	12,412	0	0	0	0	59.00
60.00	LABORATORY	10,466	0	0	0	200	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	3,670	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	800	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	0	0	0	76.00
76.01	EMG & EEG	2,332	0	0	0	0	76.01
76.02	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	LIFE CENTER	0	0	0	0	80	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	0	6,600	76.06
76.07	CARDIOLOGY	0	0	0	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	3,630	0	0	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	13,429	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	318,614	88,304	10,192	4,541	15,657	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,001	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	47,204	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	DAYCARE	0	0	0	0	0	194.01
194.02	ADVERTISING	4,390	0	0	0	170	194.02
194.03	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	SWITCHBOARD	0	0	0	0	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	2,238	0	0	0	0	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
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)	5,811,144	105,130	10,827	66,484	335,443	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	17.757886	1.190546	1.062304	14.640828	5.321873	203.00

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet B-1 Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT - EASTMAN (SQUARE FEET)	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
		1.05	1.06	1.07	1.08	2.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN	74,276					1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP	0	16,760				1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB	0	0	36,271			1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO	0	0	0	4,548		1.08
2.00	CAP REL COSTS-MVBLE EQUIP					6,530,588	2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	26,613	4.00
5.01	NONPATIENT TELEPHONES	0	0	0	0	0	5.01
5.02	DATA PROCESSING	0	0	0	0	764,423	5.02
5.03	PURCHASING RECEIVING AND STORES	0	0	0	0	170,169	5.03
5.04	ADMITTING	0	0	0	0	191	5.04
5.05	BUSINESS OFFICE	0	0	0	0	2,027	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	2,530	0	0	0	50,744	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	0	0	0	0	308,622	7.00
7.01	OPERATION OF PLANT KLEIN	0	0	0	0	6,052	7.01
7.02	OPERATION OF PLANT EASTMAN	0	0	0	0	0	7.02
7.03	OPERATION OF PLANT MERCY	0	0	0	0	0	7.03
7.04	OPERATION OF PLANT CANCER	0	0	0	0	0	7.04
7.05	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	62,582	8.00
9.00	HOUSEKEEPING	0	0	0	0	31,470	9.00
9.01	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	DIETARY	0	0	0	0	58,238	10.00
10.01	DIETARY KLEIN	0	0	0	0	5,150	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	0	0	307,428	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	71,171	14.00
15.00	PHARMACY	0	0	0	0	96,254	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	132,925	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	0	0	0	172,473	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	45,445	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	12,099	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	9,267	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	33,261	44.00
45.00	NURSING FACILITY	0	0	0	0	56,108	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	1,136,252	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	612,951	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	437,269	55.00
56.00	RADIOISOTOPE	0	0	0	0	107,448	56.00
57.00	CT SCAN	0	0	0	0	303,292	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	390,087	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	385,764	59.00
60.00	LABORATORY	0	0	0	0	255,635	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT - EASTMAN (SQUARE FEET)	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
		1.05	1.06	1.07	1.08	2.00	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	59,960	65.00
66.00	PHYSICAL THERAPY	0	0	0	1,883	5,425	66.00
67.00	OCCUPATIONAL THERAPY	0	0	1,282	0	29	67.00
68.00	SPEECH PATHOLOGY	0	0	528	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	60,910	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	342	0	3,844	76.00
76.01	EMG & EEG	0	0	0	0	25,696	76.01
76.02	O/P REHAB SERVICES	0	0	15,467	0	29,124	76.02
76.03	SPORTS FITNESS	0	0	9,772	0	19,831	76.03
76.04	LIFE CENTER	0	0	7,256	0	80,201	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	0	4,771	76.06
76.07	CARDIOLOGY	0	0	1,624	0	4,000	76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	69,542	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	8,570	0	0	29,419	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	8,190	0	0	73,709	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,530	16,760	36,271	1,883	6,517,871	118.00
	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	71,746	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	DAYCARE	0	0	0	0	12,717	194.01
194.02	ADVERTISING	0	0	0	0	0	194.02
194.03	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	SWITCHBOARD	0	0	0	0	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	0	0	2,665	0	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
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)	649,881	293,278	310,518	16,057	6,596,356	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.749542	17.498687	8.561054	3.530563	1.010071	203.00

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet B-1 Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT - EASTMAN (SQUARE FEET)	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
		1.05	1.06	1.07	1.08	2.00	
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	EMPLOYEE BENEFITS (FTES)	NONPATIENT TELEPHONES (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
		4.00	5.01	5A.02	5.02	5.03	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	125,206					4.00
5.01	NONPATIENT TELEPHONES	558	5,411				5.01
5.02	DATA PROCESSING	2,633	41	-3,519,508	135,506,423		5.02
5.03	PURCHASING RECEIVING AND STORES	675	16	0	1,072,132	7,200,602	5.03
5.04	ADMITTING	2,267	19	0	1,137,180	14,258	5.04
5.05	BUSINESS OFFICE	1,710	29	0	1,451,214	11,195	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	2,380	73	0	8,041,334	34,009	5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	4,725	134	0	5,958,361	6,851	7.00
7.01	OPERATION OF PLANT KLEIN	313	0	0	490,808	202	7.01
7.02	OPERATION OF PLANT EASTMAN	0	0	0	188,570	0	7.02
7.03	OPERATION OF PLANT MERCY	0	0	0	154,652	0	7.03
7.04	OPERATION OF PLANT CANCER	0	0	0	21,605	1,098	7.04
7.05	OPERATION OF PLANT REHAB	0	0	0	95,239	0	7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	0	0	53,297	0	7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	0	12,015	0	7.07
8.00	LAUNDRY & LINEN SERVICE	1,379	3	0	977,571	12,079	8.00
9.00	HOUSEKEEPING	4,745	9	0	2,183,356	10,745	9.00
9.01	HOUSEKEEPING KLEIN	637	1	0	289,122	1,183	9.01
10.00	DIETARY	4,528	29	0	2,362,663	7,718	10.00
10.01	DIETARY KLEIN	1,414	0	0	864,839	3,184	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	3,561	85	0	4,304,922	9,309	13.00
14.00	CENTRAL SERVICES & SUPPLY	3,724	7	0	2,127,615	138,749	14.00
15.00	PHARMACY	2,383	16	0	2,507,443	57,444	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,968	90	0	3,146,569	20,100	16.00
17.00	SOCIAL SERVICE	889	14	0	704,685	1,491	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	16,901	189	0	13,741,536	604,689	30.00
31.00	INTENSIVE CARE UNIT	2,633	24	0	2,521,385	253,364	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	918	6	0	1,017,474	10,406	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	501	0	0	526,578	18,110	43.00
44.00	SKILLED NURSING FACILITY	1,991	17	0	1,580,909	75,902	44.00
45.00	NURSING FACILITY	9,313	56	0	5,046,006	56,284	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	8,916	132	0	14,602,587	4,073,305	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,056	75	0	4,512,105	93,899	54.00
55.00	RADIOLOGY-THERAPEUTIC	830	23	0	1,507,116	1,236	55.00
56.00	RADIOISOTOPE	305	0	0	749,370	441	56.00
57.00	CT SCAN	839	0	0	1,410,733	22,001	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	579	0	0	1,147,825	861	58.00
59.00	CARDIAC CATHETERIZATION	1,384	50	0	2,079,966	692,827	59.00
60.00	LABORATORY	5,403	51	0	7,101,266	213,590	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY			0			61.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	EMPLOYEE BENEFITS (FTES)	NONPATIENT TELEPHONES (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
		4.00	5.01	5A.02	5.02	5.03	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	2,240	17	0	1,651,261	22,491	65.00
66.00	PHYSICAL THERAPY	1,001	51	0	754,765	2,850	66.00
67.00	OCCUPATIONAL THERAPY	631	0	0	551,916	52	67.00
68.00	SPEECH PATHOLOGY	260	0	0	260,104	0	68.00
69.00	ELECTROCARDIOLOGY	460	0	0	453,768	10,994	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,481,945	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,327,045	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	7,880,147	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	200	0	0	301,119	1,134	76.00
76.01	EMG & EEG	614	12	0	542,787	2,225	76.01
76.02	O/P REHAB SERVICES	3,317	88	0	2,924,842	30,994	76.02
76.03	SPORTS FITNESS	1,401	0	0	955,596	406	76.03
76.04	LIFE CENTER	1,687	18	0	1,780,471	90,164	76.04
76.05	RECREATIONAL THERAPY	121	0	0	82,764	23	76.05
76.06	HEMATOLOGY/ONCOLOGY	1,421	26	0	1,095,419	50,266	76.06
76.07	CARDIOLOGY	133	0	0	117,009	493	76.07
76.08	O/P DEPENDENCY SERVICES	398	0	0	337,084	472	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	6,112	67	0	5,032,311	381,580	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	71	0	0	57,255	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	3,099	51	0	2,459,698	30,430	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	2,778	23	0	3,007,689	24,136	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	123,002	1,542	-3,519,508	132,745,043	7,095,240	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	35,534	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	878,958	89,810	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	14,780	3,048	194.00
194.01	DAYCARE	1,430	9	0	399,451	1,139	194.01
194.02	ADVERTISING	100	0	0	674,689	0	194.02
194.03	OUTREACH REHAB	487	0	0	508,834	0	194.03
194.04	SWITCHBOARD	187	292	0	82,222	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	-31,338,376	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	3,568	0	166,912	11,365	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,053,094	178,584		3,519,508	1,099,978	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	24.384566	33.003881		0.025973	0.152762	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	65,877	5,084		870,984	402,539	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.526149	0.939568		0.006428	0.055904	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	ADMITTING (GROSS CHARGES)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING	331,270,006					5.04
5.05	BUSINESS OFFICE	0	336,969,290				5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	-8,255,387	162,108,920		5.06
6.00	MAINTENANCE & REPAIRS	0	0	0	0	287,121	6.00
7.00	OPERATION OF PLANT	0	0	0	6,114,165	8,840	7.00
7.01	OPERATION OF PLANT KLEIN	0	0	0	503,587	0	7.01
7.02	OPERATION OF PLANT EASTMAN	0	0	0	193,468	0	7.02
7.03	OPERATION OF PLANT MERCY	0	0	0	158,669	0	7.03
7.04	OPERATION OF PLANT CANCER	0	0	0	22,334	0	7.04
7.05	OPERATION OF PLANT REHAB	0	0	0	97,713	0	7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	0	0	54,681	0	7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	0	12,327	0	7.07
8.00	LAUNDRY & LINEN SERVICE	0	0	0	1,004,806	0	8.00
9.00	HOUSEKEEPING	0	0	0	2,241,705	0	9.00
9.01	HOUSEKEEPING KLEIN	0	0	0	296,812	0	9.01
10.00	DIETARY	0	0	0	2,425,207	14,135	10.00
10.01	DIETARY KLEIN	0	0	0	887,787	0	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	0	4,418,156	4,390	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	2,204,072	10,163	14.00
15.00	PHARMACY	0	0	0	2,581,344	2,896	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	3,231,366	0	16.00
17.00	SOCIAL SERVICE	0	0	0	723,216	7,848	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	31,426,146	31,426,146	0	14,440,751	35,847	30.00
31.00	INTENSIVE CARE UNIT	5,490,657	5,490,657	0	2,669,245	10,248	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	1,895,760	1,895,760	0	1,060,568	15,394	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,399,550	1,399,550	0	554,153	0	43.00
44.00	SKILLED NURSING FACILITY	3,074,510	3,074,510	0	1,658,017	7,424	44.00
45.00	NURSING FACILITY	0	5,699,284	0	5,210,878	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	64,321,430	64,321,430	0	16,115,353	87,199	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	15,932,142	15,932,142	0	4,770,351	21,822	54.00
55.00	RADIOLOGY-THERAPEUTIC	7,215,946	7,215,946	0	1,603,837	1,795	55.00
56.00	RADIOISOTOPE	2,086,383	2,086,383	0	785,493	1,260	56.00
57.00	CT SCAN	16,619,148	16,619,148	0	1,582,907	2,492	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	10,388,239	10,388,239	0	1,260,387	0	58.00
59.00	CARDIAC CATHETERIZATION	17,358,511	17,358,511	0	2,377,879	12,412	59.00
60.00	LABORATORY	33,228,435	33,228,435	0	7,582,601	10,466	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY			0			61.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	ADMITTING (GROSS CHARGES)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	10,363,889	10,363,889	0	1,780,009	3,670	65.00
66.00	PHYSICAL THERAPY	1,720,622	1,720,622	0	788,488	0	66.00
67.00	OCCUPATIONAL THERAPY	1,269,593	1,269,593	0	576,356	0	67.00
68.00	SPEECH PATHOLOGY	428,642	428,642	0	270,269	0	68.00
69.00	ELECTROCARDIOLOGY	4,560,489	4,560,489	0	503,503	800	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,978,466	5,978,466	0	2,593,956	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	10,817,609	10,817,609	0	4,525,463	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	28,506,732	28,506,732	0	8,311,532	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	460,031	460,031	0	312,771	0	76.00
76.01	EMG & EEG	2,386,592	2,386,592	0	576,205	2,332	76.01
76.02	O/P REHAB SERVICES	4,272,141	4,272,141	0	3,039,520	0	76.02
76.03	SPORTS FITNESS	725,097	725,097	0	986,245	0	76.03
76.04	LIFE CENTER	11,559,741	11,559,741	0	1,932,423	0	76.04
76.05	RECREATIONAL THERAPY	128,651	128,651	0	85,941	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	1,765,302	1,765,302	0	1,145,589	0	76.06
76.07	CARDIOLOGY	129,908	129,908	0	121,156	0	76.07
76.08	O/P DEPENDENCY SERVICES	265,050	265,050	0	348,019	3,630	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	30,141,259	30,141,259	0	5,461,020	13,429	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	68,276	68,276	0	59,285	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	2,289,044	2,289,044	0	2,546,438	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	2,994,494	2,994,494	0	3,113,311	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	331,268,485	336,967,769	-8,255,387	127,921,334	278,492	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	36,457	2,001	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	915,507	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	15,630	0	194.00
194.01	DAYCARE	0	0	0	410,000	0	194.01
194.02	ADVERTISING	0	0	0	692,213	4,390	194.02
194.03	OUTREACH REHAB	1,521	1,521	0	522,062	0	194.03
194.04	SWITCHBOARD	0	0	0	84,358	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	31,338,376	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	0	0	172,983	2,238	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
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)	1,168,894	1,490,616		8,255,387	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.003529	0.004424		0.050925	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	48,756	57,855		432,531	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000147	0.000172		0.002668	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	
		7.00	7.01	7.02	7.03	7.04	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	BUSINESS OFFICE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT	282,822					7.00
7.01	OPERATION OF PLANT KLEIN	0	88,304				7.01
7.02	OPERATION OF PLANT EASTMAN	0	0	71,746			7.02
7.03	OPERATION OF PLANT MERCY	0	0	0	55,414		7.03
7.04	OPERATION OF PLANT CANCER	0	0	0	0	10,192	7.04
7.05	OPERATION OF PLANT REHAB	0	0	0	0	0	7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	0	0	0	0	7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	0	0	0	7.07
8.00	LAUNDRY & LINEN SERVICE	4,541	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	0	0	0	0	9.00
9.01	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	DIETARY	14,135	0	0	0	0	10.00
10.01	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	4,390	0	0	900	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	10,163	0	0	0	0	14.00
15.00	PHARMACY	2,896	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	SOCIAL SERVICE	7,848	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	35,847	0	0	65	0	30.00
31.00	INTENSIVE CARE UNIT	10,248	0	0	65	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	15,394	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	7,424	0	0	65	0	44.00
45.00	NURSING FACILITY	0	88,304	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	87,199	0	0	65	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,822	0	0	0	10,192	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,795	0	0	0	0	55.00
56.00	RADIOISOTOPE	1,260	0	0	0	0	56.00
57.00	CT SCAN	2,492	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	12,412	0	0	0	0	59.00
60.00	LABORATORY	10,466	0	0	200	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	
		7.00	7.01	7.02	7.03	7.04	
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	3,670	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	800	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	0	0	0	76.00
76.01	EMG & EEG	2,332	0	0	0	0	76.01
76.02	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	LIFE CENTER	0	0	0	80	0	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	6,600	0	76.06
76.07	CARDIOLOGY	0	0	0	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	3,630	0	0	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	13,429	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	274,193	88,304	0	8,040	10,192	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,001	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	71,746	47,204	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	DAYCARE	0	0	0	0	0	194.01
194.02	ADVERTISING	4,390	0	0	170	0	194.02
194.03	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	SWITCHBOARD	0	0	0	0	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	2,238	0	0	0	0	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,425,529	529,232	203,320	166,749	23,471	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	22.719339	5.993296	2.833886	3.009149	2.302885	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	526,318	10,788	1,728	1,417	260	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.860951	0.122169	0.024085	0.025571	0.025510	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	OPERATION OF PLANT REHAB (SQUARE FEET)	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		7.05	7.06	7.07	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	BUSINESS OFFICE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT KLEIN						7.01
7.02	OPERATION OF PLANT EASTMAN						7.02
7.03	OPERATION OF PLANT MERCY						7.03
7.04	OPERATION OF PLANT CANCER						7.04
7.05	OPERATION OF PLANT REHAB	36,271					7.05
7.06	OPERATION OF PLANT HHA/HOSPICE	0	16,760				7.06
7.07	OPERATION OF PLANT WAPELLO	0	0	4,548			7.07
8.00	LAUNDRY & LINEN SERVICE	0	0	0	1,724,051		8.00
9.00	HOUSEKEEPING	0	0	0	0	850,620	9.00
9.01	HOUSEKEEPING KLEIN	0	0	0	0	0	9.01
10.00	DIETARY	0	0	0	0	10,680	10.00
10.01	DIETARY KLEIN	0	0	0	0	0	10.01
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	0	0	960	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	10,742	11,520	14.00
15.00	PHARMACY	0	0	0	0	16,920	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,600	16.00
17.00	SOCIAL SERVICE	0	0	0	0	1,920	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	0	0	448,414	324,660	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	51,792	44,640	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	16,858	1,800	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	10,970	2,820	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	66,865	122,760	44.00
45.00	NURSING FACILITY	0	0	0	158,223	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	354,129	116,760	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	90,892	31,200	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	7,255	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	29,074	0	59.00
60.00	LABORATORY	0	0	0	995	11,880	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	OPERATION OF PLANT REHAB (SQUARE FEET)	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		7.05	7.06	7.07	8.00	9.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	310	3,120	65.00
66.00	PHYSICAL THERAPY	0	0	1,883	261	0	66.00
67.00	OCCUPATIONAL THERAPY	1,282	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	528	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	342	0	0	0	0	76.00
76.01	EMG & EEG	0	0	0	5,248	0	76.01
76.02	O/P REHAB SERVICES	15,467	0	0	52,935	61,800	76.02
76.03	SPORTS FITNESS	9,772	0	0	41,499	0	76.03
76.04	LIFE CENTER	7,256	0	0	9,039	13,020	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	2,716	0	76.06
76.07	CARDIOLOGY	1,624	0	0	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0	0	3,780	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	123,972	55,980	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	8,570	0	0	10,800	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	8,190	0	10,112	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	36,271	16,760	1,883	1,492,301	850,620	118.00
	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
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	DAYCARE	0	0	0	0	0	194.01
194.02	ADVERTISING	0	0	0	0	0	194.02
194.03	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	SWITCHBOARD	0	0	0	0	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	0	2,665	231,750	0	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
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)	102,689	57,466	12,955	1,159,145	2,355,864	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.831160	3.428759	2.848505	0.672338	2.769585	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	873	489	110	148,516	54,909	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.024069	0.029177	0.024186	0.086144	0.064552	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		9.01	10.00	10.01	11.00	12.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	BUSINESS OFFICE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT KLEIN						7.01
7.02	OPERATION OF PLANT EASTMAN						7.02
7.03	OPERATION OF PLANT MERCY						7.03
7.04	OPERATION OF PLANT CANCER						7.04
7.05	OPERATION OF PLANT REHAB						7.05
7.06	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	OPERATION OF PLANT WAPELLO						7.07
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING KLEIN	100					9.01
10.00	DIETARY	0	310,063				10.00
10.01	DIETARY KLEIN	0	0	100			10.01
11.00	CAFETERIA	0	208,434	0	97,242		11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	0	3,561	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	3,724	0	14.00
15.00	PHARMACY	0	0	0	2,383	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	3,968	0	16.00
17.00	SOCIAL SERVICE	0	0	0	889	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	60,541	0	16,901	0	30.00
31.00	INTENSIVE CARE UNIT	0	4,381	0	2,633	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	4,969	0	918	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	501	0	43.00
44.00	SKILLED NURSING FACILITY	0	10,481	0	1,991	0	44.00
45.00	NURSING FACILITY	100	0	100	9,313	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	21	0	8,916	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	4,056	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	830	0	55.00
56.00	RADIOISOTOPE	0	0	0	305	0	56.00
57.00	CT SCAN	0	0	0	839	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	579	0	58.00
59.00	CARDIAC CATHETERIZATION	0	530	0	1,384	0	59.00
60.00	LABORATORY	0	0	0	5,403	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		9.01	10.00	10.01	11.00	12.00	
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	2,240	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	1,001	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	631	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	260	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	460	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	0	200	0	76.00
76.01	EMG & EEG	0	0	0	614	0	76.01
76.02	O/P REHAB SERVICES	0	0	0	3,317	0	76.02
76.03	SPORTS FITNESS	0	0	0	1,401	0	76.03
76.04	LIFE CENTER	0	0	0	1,687	0	76.04
76.05	RECREATIONAL THERAPY	0	0	0	121	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	1,421	0	76.06
76.07	CARDIOLOGY	0	0	0	133	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0	398	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	883	0	6,112	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	71	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	3,099	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	1,265	0	2,778	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	291,505	100	95,038	0	118.00
	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
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	DAYCARE	0	0	0	1,430	0	194.01
194.02	ADVERTISING	0	0	0	100	0	194.02
194.03	OUTREACH REHAB	0	0	0	487	0	194.03
194.04	SWITCHBOARD	0	0	0	187	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	0	0	0	0	194.06
194.07	MEALS ON WHEELS	0	18,558	0	0	0	194.07
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)	311,927	2,899,428	932,998	1,949,085	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3,119.270000	9.351093	9,329.980000	20.043654	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,052	361,324	14,052	242,894	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	30.520000	1.165324	140.520000	2.497830	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (PURCHASES)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	BUSINESS OFFICE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT KLEIN						7.01
7.02	OPERATION OF PLANT EASTMAN						7.02
7.03	OPERATION OF PLANT MERCY						7.03
7.04	OPERATION OF PLANT CANCER						7.04
7.05	OPERATION OF PLANT REHAB						7.05
7.06	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	OPERATION OF PLANT WAPELLO						7.07
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING KLEIN						9.01
10.00	DIETARY						10.00
10.01	DIETARY KLEIN						10.01
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION	1,021,109					13.00
14.00	CENTRAL SERVICES & SUPPLY	77,670	6,950,022				14.00
15.00	PHARMACY	0	57,444	8,380,282			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	20,100	0	336,969,290		16.00
17.00	SOCIAL SERVICE	0	1,491	0	0	3,046	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	352,504	604,689	3,303	31,426,146	2,115	30.00
31.00	INTENSIVE CARE UNIT	54,909	253,364	84	5,490,657	196	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	19,156	10,406	0	1,895,760	103	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	10,444	18,110	116	1,399,550	0	43.00
44.00	SKILLED NURSING FACILITY	41,528	75,902	0	3,074,510	623	44.00
45.00	NURSING FACILITY	0	56,284	27,350	5,699,284	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	185,964	4,073,305	187,158	64,321,430	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	93,899	6,441	15,932,142	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	1,236	64	7,215,946	0	55.00
56.00	RADIOISOTOPE	0	441	35,117	2,086,383	0	56.00
57.00	CT SCAN	0	22,001	4,128	16,619,148	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	861	13	10,388,239	0	58.00
59.00	CARDIAC CATHETERIZATION	28,861	692,827	134,546	17,358,511	2	59.00
60.00	LABORATORY	0	213,590	2,750	33,228,435	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (PURCHASES)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	22,491	320	10,363,889	0	65.00
66.00	PHYSICAL THERAPY	0	2,850	0	1,720,622	0	66.00
67.00	OCCUPATIONAL THERAPY	0	52	0	1,269,593	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	428,642	0	68.00
69.00	ELECTROCARDIOLOGY	0	10,994	0	4,560,489	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	5,978,466	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,817,609	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	7,795,394	28,506,732	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	1,134	0	460,031	0	76.00
76.01	EMG & EEG	0	2,225	0	2,386,592	0	76.01
76.02	O/P REHAB SERVICES	0	30,994	966	4,272,141	0	76.02
76.03	SPORTS FITNESS	0	406	0	725,097	0	76.03
76.04	LIFE CENTER	0	90,164	39,218	11,559,741	0	76.04
76.05	RECREATIONAL THERAPY	0	23	0	128,651	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	50,266	0	1,765,302	0	76.06
76.07	CARDIOLOGY	0	493	0	129,908	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	472	0	265,050	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	127,488	381,580	1,009	30,141,259	4	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	68,276	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	64,634	30,430	1,237	2,289,044	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	57,951	24,136	141,068	2,994,494	3	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,021,109	6,844,660	8,380,282	336,967,769	3,046	118.00
	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	89,810	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	3,048	0	0	0	194.00
194.01	DAYCARE	0	1,139	0	0	0	194.01
194.02	ADVERTISING	0	0	0	0	0	194.02
194.03	OUTREACH REHAB	0	0	0	1,521	0	194.03
194.04	SWITCHBOARD	0	0	0	0	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	11,365	0	0	0	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
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)	4,819,631	3,027,584	2,898,243	3,494,183	962,134	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	4.719997	0.435622	0.345841	0.010369	315.868024	203.00

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet B-1 Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (PURCHASES)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	452,355	345,932	191,427	177,551	163,412	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.443004	0.049774	0.022843	0.000527	53.648063	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
		18.00	19.00	20.00	21.00	22.00	
	GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN						1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER						1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY						1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY						1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN						1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP						1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB						1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO						1.08
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	ADMITTING						5.04
5.05	BUSINESS OFFICE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
7.01	OPERATION OF PLANT KLEIN						7.01
7.02	OPERATION OF PLANT EASTMAN						7.02
7.03	OPERATION OF PLANT MERCY						7.03
7.04	OPERATION OF PLANT CANCER						7.04
7.05	OPERATION OF PLANT REHAB						7.05
7.06	OPERATION OF PLANT HHA/HOSPICE						7.06
7.07	OPERATION OF PLANT WAPELLO						7.07
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
9.01	HOUSEKEEPING KLEIN						9.01
10.00	DIETARY						10.00
10.01	DIETARY KLEIN						10.01
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
18.00	OTHER GENERAL SERVICE (SPECIFY)	0					18.00
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					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
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	0		0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
46.00	OTHER LONG TERM CARE	0		0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
		18.00	19.00	20.00	21.00	22.00	
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	0	0	0	76.00
76.01	EMG & EEG	0	0	0	0	0	76.01
76.02	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	LIFE CENTER	0	0	0	0	0	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	0	0	76.06
76.07	CARDIOLOGY	0	0	0	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	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
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0	0	0	0	0	194.00
194.01	DAYCARE	0	0	0	0	0	194.01
194.02	ADVERTISING	0	0	0	0	0	194.02
194.03	OUTREACH REHAB	0	0	0	0	0	194.03
194.04	SWITCHBOARD	0	0	0	0	0	194.04
194.05	HENRY COUNTY HEALTH CENTER	0	0	0	0	0	194.05
194.06	OTHER NONREIMBURSABLE COSTS	0	0	0	0	0	194.06
194.07	MEALS ON WHEELS	0	0	0	0	0	194.07
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet B-1 Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
		18.00	19.00	20.00	21.00	22.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)		
		23.00		
	GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT			1.00
1.01	CAP REL COSTS-BLDG & FIXT - KLEIN			1.01
1.02	CAP REL COSTS-BLDG & FIXT - CANCER			1.02
1.03	CAP REL COSTS-BLDG & FIXT - LAUNDRY			1.03
1.04	CAP REL COSTS-BLDG & FIXT - MERCY			1.04
1.05	CAP REL COSTS-BLDG & FIXT - EASTMAN			1.05
1.06	CAP REL COSTS-BLDG & FIXT - HHA/HOSP			1.06
1.07	CAP REL COSTS-BLDG & FIXT - REHAB			1.07
1.08	CAP REL COSTS-BLDG & FIXT - WAPELLO			1.08
2.00	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	NONPATIENT TELEPHONES			5.01
5.02	DATA PROCESSING			5.02
5.03	PURCHASING RECEIVING AND STORES			5.03
5.04	ADMITTING			5.04
5.05	BUSINESS OFFICE			5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
7.01	OPERATION OF PLANT KLEIN			7.01
7.02	OPERATION OF PLANT EASTMAN			7.02
7.03	OPERATION OF PLANT MERCY			7.03
7.04	OPERATION OF PLANT CANCER			7.04
7.05	OPERATION OF PLANT REHAB			7.05
7.06	OPERATION OF PLANT HHA/HOSPICE			7.06
7.07	OPERATION OF PLANT WAPELLO			7.07
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
9.01	HOUSEKEEPING KLEIN			9.01
10.00	DIETARY			10.00
10.01	DIETARY KLEIN			10.01
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
18.00	OTHER GENERAL SERVICE (SPECIFY)			18.00
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 ED PRGM-(SPECIFY)	0		23.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	0		30.00
31.00	INTENSIVE CARE UNIT	0		31.00
32.00	CORONARY CARE UNIT	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		34.00
40.00	SUBPROVIDER - IPF	0		40.00
41.00	SUBPROVIDER - IRF	0		41.00
42.00	SUBPROVIDER	0		42.00
43.00	NURSERY	0		43.00
44.00	SKILLED NURSING FACILITY	0		44.00
45.00	NURSING FACILITY	0		45.00
46.00	OTHER LONG TERM CARE	0		46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0		50.00
51.00	RECOVERY ROOM	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		52.00
53.00	ANESTHESIOLOGY	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0		55.00
56.00	RADIOISOTOPE	0		56.00
57.00	CT SCAN	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		58.00
59.00	CARDIAC CATHETERIZATION	0		59.00
60.00	LABORATORY	0		60.00
60.01	BLOOD LABORATORY	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet B-1 | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	PARAMED ED PRGM (ASSIGNED TIME)		
		23.00		
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0		63.00
64.00	INTRAVENOUS THERAPY	0		64.00
65.00	RESPIRATORY THERAPY	0		65.00
66.00	PHYSICAL THERAPY	0		66.00
67.00	OCCUPATIONAL THERAPY	0		67.00
68.00	SPEECH PATHOLOGY	0		68.00
69.00	ELECTROCARDIOLOGY	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0		73.00
74.00	RENAL DIALYSIS	0		74.00
75.00	ASC (NON-DISTINCT PART)	0		75.00
76.00	AUDIOLOGY	0		76.00
76.01	EMG & EEG	0		76.01
76.02	O/P REHAB SERVICES	0		76.02
76.03	SPORTS FITNESS	0		76.03
76.04	LIFE CENTER	0		76.04
76.05	RECREATIONAL THERAPY	0		76.05
76.06	HEMATOLOGY/ONCOLOGY	0		76.06
76.07	CARDIOLOGY	0		76.07
76.08	O/P DEPENDENCY SERVICES	0		76.08
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	CLINIC	0		90.00
91.00	EMERGENCY	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	WELLNESS PROGRAM	0		93.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0		94.00
95.00	AMBULANCE SERVICES	0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		98.00
99.00	CMHC	0		99.00
99.10	CORF	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0		100.00
101.00	HOME HEALTH AGENCY	0		101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	0		105.00
106.00	HEART ACQUISITION	0		106.00
107.00	LIVER ACQUISITION	0		107.00
108.00	LUNG ACQUISITION	0		108.00
109.00	PANCREAS ACQUISITION	0		109.00
110.00	INTESTINAL ACQUISITION	0		110.00
111.00	ISLET ACQUISITION	0		111.00
113.00	INTEREST EXPENSE	0		113.00
114.00	UTILIZATION REVIEW-SNF	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		115.00
116.00	HOSPICE	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0		118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		190.00
191.00	RESEARCH	0		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0		192.00
193.00	NONPAID WORKERS	0		193.00
194.00	SALES TO OUTSIDE ORGANIZATIONS	0		194.00
194.01	DAYCARE	0		194.01
194.02	ADVERTISING	0		194.02
194.03	OUTREACH REHAB	0		194.03
194.04	SWITCHBOARD	0		194.04
194.05	HENRY COUNTY HEALTH CENTER	0		194.05
194.06	OTHER NONREIMBURSABLE COSTS	0		194.06
194.07	MEALS ON WHEELS	0		194.07
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/20/2012 2:19 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	21,018,601		21,018,601	0	21,018,601	30.00
31.00	INTENSIVE CARE UNIT	3,778,811		3,778,811	0	3,778,811	31.00
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	SUBPROVIDER - IRF	1,692,644		1,692,644	0	1,692,644	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	679,338		679,338	0	679,338	43.00
44.00	SKILLED NURSING FACILITY	2,891,925		2,891,925	0	2,891,925	44.00
45.00	NURSING FACILITY	7,636,519		7,636,519	0	7,636,519	45.00
46.00	OTHER LONG TERM CARE	0		0	0	0	46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	23,041,696		23,041,696	0	23,041,696	50.00
51.00	RECOVERY ROOM	0		0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,969,683		5,969,683	0	5,969,683	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,823,189		1,823,189	0	1,823,189	55.00
56.00	RADIOISOTOPE	894,204		894,204	0	894,204	56.00
57.00	CT SCAN	1,920,287		1,920,287	0	1,920,287	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,444,272		1,444,272	0	1,444,272	58.00
59.00	CARDIAC CATHETERIZATION	3,498,397		3,498,397	0	3,498,397	59.00
60.00	LABORATORY	8,787,538		8,787,538	61,908	8,849,446	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	RESPIRATORY THERAPY	2,125,155	0	2,125,155	0	2,125,155	65.00
66.00	PHYSICAL THERAPY	873,328	0	873,328	0	873,328	66.00
67.00	OCCUPATIONAL THERAPY	635,172	0	635,172	0	635,172	67.00
68.00	SPEECH PATHOLOGY	295,183	0	295,183	0	295,183	68.00
69.00	ELECTROCARDIOLOGY	608,616		608,616	0	608,616	69.00
70.00	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,788,044		2,788,044	0	2,788,044	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	4,868,090		4,868,090	0	4,868,090	72.00
73.00	DRUGS CHARGED TO PATIENTS	11,726,347		11,726,347	0	11,726,347	73.00
74.00	RENAL DIALYSIS	0		0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	AUDIOLOGY	338,940		338,940	0	338,940	76.00
76.01	EMG & EEG	700,080		700,080	0	700,080	76.01
76.02	O/P REHAB SERVICES	3,569,466		3,569,466	15,600	3,585,066	76.02
76.03	SPORTS FITNESS	1,127,814		1,127,814	0	1,127,814	76.03
76.04	LIFE CENTER	2,300,270		2,300,270	0	2,300,270	76.04
76.05	RECREATIONAL THERAPY	94,087		94,087	0	94,087	76.05
76.06	HEMATOLOGY/ONCOLOGY	1,294,297		1,294,297	0	1,294,297	76.06
76.07	CARDIOLOGY	136,152		136,152	0	136,152	76.07
76.08	O/P DEPENDENCY SERVICES	469,613		469,613	0	469,613	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	0		0	0	0	90.00
91.00	EMERGENCY	7,495,491		7,495,491	0	7,495,491	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	699,122		699,122		699,122	92.00
93.00	WELLNESS PROGRAM	64,435		64,435	0	64,435	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	CMHC	0		0		0	99.00
99.10	CORF	0		0		0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	HOME HEALTH AGENCY	3,140,017		3,140,017		3,140,017	101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0		0		0	105.00
106.00	HEART ACQUISITION	0		0		0	106.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
107.00	LIVER ACQUISITION	0		0		0	107.00
108.00	LUNG ACQUISITION	0		0		0	108.00
109.00	PANCREAS ACQUISITION	0		0		0	109.00
110.00	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	ISLET ACQUISITION	0		0		0	111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	HOSPICE	3,739,075		3,739,075		3,739,075	116.00
200.00	Subtotal (see instructions)	134,165,898	0	134,165,898	77,508	134,243,406	200.00
201.00	Less Observation Beds	699,122		699,122		699,122	201.00
202.00	Total (see instructions)	133,466,776	0	133,466,776	77,508	133,544,284	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet C Part I Date/Time Prepared: 1/20/2012 2:19 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	30,277,949		30,277,949			30.00
31.00	INTENSIVE CARE UNIT	5,480,385		5,480,385			31.00
32.00	CORONARY CARE UNIT	0		0			32.00
33.00	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	SUBPROVIDER - IPF	0		0			40.00
41.00	SUBPROVIDER - IRF	1,895,760		1,895,760			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	1,399,550		1,399,550			43.00
44.00	SKILLED NURSING FACILITY	3,074,510		3,074,510			44.00
45.00	NURSING FACILITY	5,699,284		5,699,284			45.00
46.00	OTHER LONG TERM CARE	0		0			46.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	23,112,886	41,208,544	64,321,430	0.358227	0.000000	50.00
51.00	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,201,369	12,730,773	15,932,142	0.374694	0.000000	54.00
55.00	RADIOLOGY-THERAPEUTIC	128,429	7,087,517	7,215,946	0.252661	0.000000	55.00
56.00	RADIOISOTOPE	549,983	1,536,400	2,086,383	0.428591	0.000000	56.00
57.00	CT SCAN	3,753,814	12,865,334	16,619,148	0.115547	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,590,693	8,797,546	10,388,239	0.139030	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	7,181,298	10,177,213	17,358,511	0.201538	0.000000	59.00
60.00	LABORATORY	14,666,792	18,561,643	33,228,435	0.264458	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	RESPIRATORY THERAPY	8,477,586	1,886,303	10,363,889	0.205054	0.000000	65.00
66.00	PHYSICAL THERAPY	1,701,308	19,314	1,720,622	0.507565	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	1,256,437	13,156	1,269,593	0.500296	0.000000	67.00
68.00	SPEECH PATHOLOGY	426,957	1,685	428,642	0.688647	0.000000	68.00
69.00	ELECTROCARDIOLOGY	2,044,682	2,515,807	4,560,489	0.133454	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,974,554	3,003,912	5,978,466	0.466348	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	7,490,411	3,327,198	10,817,609	0.450015	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	16,625,463	11,881,269	28,506,732	0.411354	0.000000	73.00
74.00	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	AUDIOLOGY	2,366	457,665	460,031	0.736776	0.000000	76.00
76.01	EMG & EEG	568,850	1,817,742	2,386,592	0.293339	0.000000	76.01
76.02	O/P REHAB SERVICES	3,925	4,268,216	4,272,141	0.835522	0.000000	76.02
76.03	SPORTS FITNESS	31,023	694,074	725,097	1.555397	0.000000	76.03
76.04	LIFE CENTER	710,903	10,848,838	11,559,741	0.198990	0.000000	76.04
76.05	RECREATIONAL THERAPY	128,651	0	128,651	0.731335	0.000000	76.05
76.06	HEMATOLOGY/ONCOLOGY	15,626	1,749,676	1,765,302	0.733187	0.000000	76.06
76.07	CARDIOLOGY	1,391	128,517	129,908	1.048065	0.000000	76.07
76.08	O/P DEPENDENCY SERVICES	27,950	237,100	265,050	1.771790	0.000000	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	EMERGENCY	5,744,408	16,393,958	22,138,366	0.338575	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	310,646	833,069	1,143,715	0.611273	0.000000	92.00
93.00	WELLNESS PROGRAM	0	68,276	68,276	0.943743	0.000000	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	CMHC	0	0	0			99.00
99.10	CORF	0	0	0			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	HOME HEALTH AGENCY	0	2,289,044	2,289,044			101.00
	SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0			105.00
106.00	HEART ACQUISITION	0	0	0			106.00
107.00	LIVER ACQUISITION	0	0	0			107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Charges Inpatient	Charges Outpatient	Charges Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
108.00	LUNG ACQUISITION	0	0	0			108.00
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE						113.00
114.00	UTILIZATION REVIEW-SNF						114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	HOSPICE	752,259	2,242,235	2,994,494			116.00
200.00	Subtotal (see instructions)	151,308,098	177,642,024	328,950,122			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	151,308,098	177,642,024	328,950,122			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	PPS Inpatient Ratio		
		11.00		
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.358227		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.374694		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.252661		55.00
56.00	RADIOISOTOPE	0.428591		56.00
57.00	CT SCAN	0.115547		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.139030		58.00
59.00	CARDIAC CATHETERIZATION	0.201538		59.00
60.00	LABORATORY	0.266321		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.000000		64.00
65.00	RESPIRATORY THERAPY	0.205054		65.00
66.00	PHYSICAL THERAPY	0.507565		66.00
67.00	OCCUPATIONAL THERAPY	0.500296		67.00
68.00	SPEECH PATHOLOGY	0.688647		68.00
69.00	ELECTROCARDIOLOGY	0.133454		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.466348		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.450015		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.411354		73.00
74.00	RENAL DIALYSIS	0.000000		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	AUDIOLOGY	0.736776		76.00
76.01	EMG & EEG	0.293339		76.01
76.02	O/P REHAB SERVICES	0.839173		76.02
76.03	SPORTS FITNESS	1.555397		76.03
76.04	LIFE CENTER	0.198990		76.04
76.05	RECREATIONAL THERAPY	0.731335		76.05
76.06	HEMATOLOGY/ONCOLOGY	0.733187		76.06
76.07	CARDIOLOGY	1.048065		76.07
76.08	O/P DEPENDENCY SERVICES	1.771790		76.08
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.338575		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.611273		92.00
93.00	WELLNESS PROGRAM	0.943743		93.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.000000		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00

COMPUTATION OF RATIO OF COSTS TO CHARGES	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	PPS Inpatient Ratio		
		11.00		
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,546,305	0	1,546,305	23,811	64.94	30.00
31.00	INTENSIVE CARE UNIT	357,330		357,330	2,162	165.28	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	350,459	0	350,459	1,757	199.46	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	24,593		24,593	1,459	16.86	43.00
44.00	SKILLED NURSING FACILITY	288,558		288,558	3,657	78.91	44.00
45.00	NURSING FACILITY	288,436		288,436	37,616	7.67	45.00
200.00	Total (lines 30-199)	2,855,681		2,855,681	70,462		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	13,022	845,649		30.00
31.00	INTENSIVE CARE UNIT	1,465	242,135		31.00
32.00	CORONARY CARE UNIT	0	0		32.00
33.00	BURN INTENSIVE CARE UNIT	0	0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	978	195,072		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	3,172	250,303		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	18,637	1,533,159		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part II Date/Time Prepared: 1/20/2012 2:19 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	3,632,198	64,321,430	0.056469	11,567,381	653,198	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,145,792	15,932,142	0.071917	1,935,194	139,173	54.00
55.00	RADIOLOGY-THERAPEUTIC	500,249	7,215,946	0.069325	71,526	4,959	55.00
56.00	RADIOISOTOPE	143,700	2,086,383	0.068875	356,153	24,530	56.00
57.00	CT SCAN	387,542	16,619,148	0.023319	2,324,839	54,213	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	415,388	10,388,239	0.039986	1,003,321	40,119	58.00
59.00	CARDIAC CATHETERIZATION	764,096	17,358,511	0.044019	4,642,700	204,367	59.00
60.00	LABORATORY	598,473	33,228,435	0.018011	8,987,090	161,866	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	166,097	10,363,889	0.016027	5,184,062	83,085	65.00
66.00	PHYSICAL THERAPY	23,984	1,720,622	0.013939	691,650	9,641	66.00
67.00	OCCUPATIONAL THERAPY	19,109	1,269,593	0.015051	476,048	7,165	67.00
68.00	SPEECH PATHOLOGY	8,075	428,642	0.018839	108,927	2,052	68.00
69.00	ELECTROCARDIOLOGY	87,888	4,560,489	0.019272	1,391,177	26,811	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,933	5,978,466	0.004672	1,623,684	7,586	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	49,040	10,817,609	0.004533	4,265,717	19,336	72.00
73.00	DRUGS CHARGED TO PATIENTS	275,014	28,506,732	0.009647	9,403,155	90,712	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	AUDIOLOGY	10,702	460,031	0.023264	203	5	76.00
76.01	EMG & EEG	81,306	2,386,592	0.034068	282,006	9,607	76.01
76.02	O/P REHAB SERVICES	214,687	4,272,141	0.050253	3,358	169	76.02
76.03	SPORTS FITNESS	121,167	725,097	0.167105	5,160	862	76.03
76.04	LIFE CENTER	187,274	11,559,741	0.016201	352,107	5,704	76.04
76.05	RECREATIONAL THERAPY	1,238	128,651	0.009623	135	1	76.05
76.06	HEMATOLOGY/ONCOLOGY	61,569	1,765,302	0.034877	13,881	484	76.06
76.07	CARDIOLOGY	19,621	129,908	0.151038	758	114	76.07
76.08	O/P DEPENDENCY SERVICES	76,033	265,050	0.286863	3,030	869	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
91.00	EMERGENCY	537,030	22,138,366	0.024258	3,363,630	81,595	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	51,433	1,143,715	0.044970	192,589	8,661	92.00
93.00	WELLNESS PROGRAM	798	68,276	0.011688	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	9,607,436	275,839,146		58,249,481	1,636,884	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	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	31.00
32.00	CORONARY CARE UNIT	0	0	0		0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0		0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0		0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	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	43.00
44.00	SKILLED NURSING FACILITY	0	0	0		0	44.00
45.00	NURSING FACILITY	0	0	0		0	45.00
200.00	Total (lines 30-199)	0	0	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	23,811	0.00	13,022	0	0	30.00
31.00	INTENSIVE CARE UNIT	2,162	0.00	1,465	0	0	31.00
32.00	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00	SUBPROVIDER - IRF	1,757	0.00	978	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	NURSERY	1,459	0.00	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	3,657	0.00	3,172	0	0	44.00
45.00	NURSING FACILITY	37,616	0.00	0	0	0	45.00
200.00	Total (lines 30-199)	70,462		18,637	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/20/2012 2:19 pm
	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
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:19 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	0	0	0	76.00
76.01	EMG & EEG	0	0	0	0	0	76.01
76.02	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	LIFE CENTER	0	0	0	0	0	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	0	0	76.06
76.07	CARDIOLOGY	0	0	0	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:19 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	64,321,430	0.000000	0.000000	11,567,381	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	15,932,142	0.000000	0.000000	1,935,194	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	7,215,946	0.000000	0.000000	71,526	55.00
56.00	RADIOISOTOPE	0	2,086,383	0.000000	0.000000	356,153	56.00
57.00	CT SCAN	0	16,619,148	0.000000	0.000000	2,324,839	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	10,388,239	0.000000	0.000000	1,003,321	58.00
59.00	CARDIAC CATHETERIZATION	0	17,358,511	0.000000	0.000000	4,642,700	59.00
60.00	LABORATORY	0	33,228,435	0.000000	0.000000	8,987,090	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	10,363,889	0.000000	0.000000	5,184,062	65.00
66.00	PHYSICAL THERAPY	0	1,720,622	0.000000	0.000000	691,650	66.00
67.00	OCCUPATIONAL THERAPY	0	1,269,593	0.000000	0.000000	476,048	67.00
68.00	SPEECH PATHOLOGY	0	428,642	0.000000	0.000000	108,927	68.00
69.00	ELECTROCARDIOLOGY	0	4,560,489	0.000000	0.000000	1,391,177	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,978,466	0.000000	0.000000	1,623,684	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	10,817,609	0.000000	0.000000	4,265,717	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	28,506,732	0.000000	0.000000	9,403,155	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	AUDIOLOGY	0	460,031	0.000000	0.000000	203	76.00
76.01	EMG & EEG	0	2,386,592	0.000000	0.000000	282,006	76.01
76.02	O/P REHAB SERVICES	0	4,272,141	0.000000	0.000000	3,358	76.02
76.03	SPORTS FITNESS	0	725,097	0.000000	0.000000	5,160	76.03
76.04	LIFE CENTER	0	11,559,741	0.000000	0.000000	352,107	76.04
76.05	RECREATIONAL THERAPY	0	128,651	0.000000	0.000000	135	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	1,765,302	0.000000	0.000000	13,881	76.06
76.07	CARDIOLOGY	0	129,908	0.000000	0.000000	758	76.07
76.08	O/P DEPENDENCY SERVICES	0	265,050	0.000000	0.000000	3,030	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	22,138,366	0.000000	0.000000	3,363,630	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,143,715	0.000000	0.000000	192,589	92.00
93.00	WELLNESS PROGRAM	0	68,276	0.000000	0.000000	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	275,839,146			58,249,481	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:19 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	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	12,775,987	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	4,138,308	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	3,625,750	0	0	0	55.00
56.00	RADIOISOTOPE	0	770,108	0	0	0	56.00
57.00	CT SCAN	0	4,982,739	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	3,008,668	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	7,393,885	0	0	0	59.00
60.00	LABORATORY	0	1,228,218	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	878,696	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	1,870	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,150,990	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,529,958	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	1,866,878	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	6,505,041	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	47,848	0	0	0	76.00
76.01	EMG & EEG	0	550,747	0	0	0	76.01
76.02	O/P REHAB SERVICES	0	81,920	0	0	0	76.02
76.03	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	LIFE CENTER	0	5,550,707	0	0	0	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	796,355	0	0	0	76.06
76.07	CARDIOLOGY	0	81,386	0	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	14,132	0	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	3,464,706	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	389,698	0	0	0	92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	60,834,595	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:19 pm
	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
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	AUDIOLOGY	0	0		76.00
76.01	EMG & EEG	0	0		76.01
76.02	O/P REHAB SERVICES	0	0		76.02
76.03	SPORTS FITNESS	0	0		76.03
76.04	LIFE CENTER	0	0		76.04
76.05	RECREATIONAL THERAPY	0	0		76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0		76.06
76.07	CARDIOLOGY	0	0		76.07
76.08	O/P DEPENDENCY SERVICES	0	0		76.08
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	WELLNESS PROGRAM	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/20/2012 2:19 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: 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	0.358227	12,775,987	0	0		50.00
51.00	RECOVERY ROOM	0.000000	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.374694	4,138,308	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.252661	3,625,750	0	0		55.00
56.00	RADIOISOTOPE	0.428591	770,108	0	0		56.00
57.00	CT SCAN	0.115547	4,982,739	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.139030	3,008,668	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.201538	7,393,885	0	0		59.00
60.00	LABORATORY	0.264458	1,228,218	0	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0.205054	878,696	0	0		65.00
66.00	PHYSICAL THERAPY	0.507565	1,870	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.500296	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.688647	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.133454	1,150,990	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.466348	1,529,958	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.450015	1,866,878	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.411354	6,505,041	0	8,424		73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
76.00	AUDIOLOGY	0.736776	47,848	0	0		76.00
76.01	EMG & EEG	0.293339	550,747	0	0		76.01
76.02	O/P REHAB SERVICES	0.835522	81,920	0	0		76.02
76.03	SPORTS FITNESS	1.555397	0	0	0		76.03
76.04	LIFE CENTER	0.198990	5,550,707	0	0		76.04
76.05	RECREATIONAL THERAPY	0.731335	0	0	0		76.05
76.06	HEMATOLOGY/ONCOLOGY	0.733187	796,355	0	0		76.06
76.07	CARDIOLOGY	1.048065	81,386	0	0		76.07
76.08	O/P DEPENDENCY SERVICES	1.771790	14,132	0	0		76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	0.000000	0	0	0		90.00
91.00	EMERGENCY	0.338575	3,464,706	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.611273	389,698	0	0		92.00
93.00	WELLNESS PROGRAM	0.943743	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	AMBULANCE SERVICES	0.000000		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00	Subtotal (see instructions)		60,834,595	0	8,424		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		60,834,595	0	8,424		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D Part V Date/Time Prepared: 1/20/2012 2:19 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Costs: PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	4,576,703	0	0		50.00
51.00	RECOVERY ROOM	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,550,599	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	916,086	0	0		55.00
56.00	RADIOISOTOPE	330,061	0	0		56.00
57.00	CT SCAN	575,741	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	418,295	0	0		58.00
59.00	CARDIAC CATHETERIZATION	1,490,149	0	0		59.00
60.00	LABORATORY	324,812	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	RESPIRATORY THERAPY	180,180	0	0		65.00
66.00	PHYSICAL THERAPY	949	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	153,604	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	713,493	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	840,123	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	2,675,875	0	3,465		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	AUDIOLOGY	35,253	0	0		76.00
76.01	EMG & EEG	161,556	0	0		76.01
76.02	O/P REHAB SERVICES	68,446	0	0		76.02
76.03	SPORTS FITNESS	0	0	0		76.03
76.04	LIFE CENTER	1,104,535	0	0		76.04
76.05	RECREATIONAL THERAPY	0	0	0		76.05
76.06	HEMATOLOGY/ONCOLOGY	583,877	0	0		76.06
76.07	CARDIOLOGY	85,298	0	0		76.07
76.08	O/P DEPENDENCY SERVICES	25,039	0	0		76.08
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
91.00	EMERGENCY	1,173,063	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	238,212	0	0		92.00
93.00	WELLNESS PROGRAM	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		0	0		94.00
95.00	AMBULANCE SERVICES		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Subtotal (see instructions)	18,221,949	0	3,465		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	18,221,949	0	3,465		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 160057
Component CCN:16T057

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

Worksheet D
Part II
Date/Time Prepared:
1/20/2012 2:19 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	3,632,198	64,321,430	0.056469	7,662	433	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,145,792	15,932,142	0.071917	15,309	1,101	54.00
55.00	RADIOLOGY-THERAPEUTIC	500,249	7,215,946	0.069325	0	0	55.00
56.00	RADIOISOTOPE	143,700	2,086,383	0.068875	0	0	56.00
57.00	CT SCAN	387,542	16,619,148	0.023319	21,489	501	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	415,388	10,388,239	0.039986	26,146	1,045	58.00
59.00	CARDIAC CATHETERIZATION	764,096	17,358,511	0.044019	0	0	59.00
60.00	LABORATORY	598,473	33,228,435	0.018011	114,525	2,063	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	166,097	10,363,889	0.016027	65,541	1,050	65.00
66.00	PHYSICAL THERAPY	23,984	1,720,622	0.013939	249,317	3,475	66.00
67.00	OCCUPATIONAL THERAPY	19,109	1,269,593	0.015051	218,156	3,283	67.00
68.00	SPEECH PATHOLOGY	8,075	428,642	0.018839	161,268	3,038	68.00
69.00	ELECTROCARDIOLOGY	87,888	4,560,489	0.019272	4,156	80	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	27,933	5,978,466	0.004672	21,923	102	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	49,040	10,817,609	0.004533	713	3	72.00
73.00	DRUGS CHARGED TO PATIENTS	275,014	28,506,732	0.009647	184,862	1,783	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	AUDIOLOGY	10,702	460,031	0.023264	1,960	46	76.00
76.01	EMG & EEG	81,306	2,386,592	0.034068	0	0	76.01
76.02	O/P REHAB SERVICES	214,687	4,272,141	0.050253	320	16	76.02
76.03	SPORTS FITNESS	121,167	725,097	0.167105	25,863	4,322	76.03
76.04	LIFE CENTER	187,274	11,559,741	0.016201	74,526	1,207	76.04
76.05	RECREATIONAL THERAPY	1,238	128,651	0.009623	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	61,569	1,765,302	0.034877	0	0	76.06
76.07	CARDIOLOGY	19,621	129,908	0.151038	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	76,033	265,050	0.286863	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	0	0	0.000000	0	0	90.00
91.00	EMERGENCY	537,030	22,138,366	0.024258	5,648	137	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	51,433	1,143,715	0.044970	0	0	92.00
93.00	WELLNESS PROGRAM	798	68,276	0.011688	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	9,607,436	275,839,146		1,199,384	23,685	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN:16T057	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	0	0	0	76.00
76.01	EMG & EEG	0	0	0	0	0	76.01
76.02	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	LIFE CENTER	0	0	0	0	0	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	0	0	76.06
76.07	CARDIOLOGY	0	0	0	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN:16T057	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	64,321,430	0.000000	0.000000	7,662	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	15,932,142	0.000000	0.000000	15,309	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	7,215,946	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	2,086,383	0.000000	0.000000	0	56.00
57.00	CT SCAN	0	16,619,148	0.000000	0.000000	21,489	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	10,388,239	0.000000	0.000000	26,146	58.00
59.00	CARDIAC CATHETERIZATION	0	17,358,511	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	33,228,435	0.000000	0.000000	114,525	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	10,363,889	0.000000	0.000000	65,541	65.00
66.00	PHYSICAL THERAPY	0	1,720,622	0.000000	0.000000	249,317	66.00
67.00	OCCUPATIONAL THERAPY	0	1,269,593	0.000000	0.000000	218,156	67.00
68.00	SPEECH PATHOLOGY	0	428,642	0.000000	0.000000	161,268	68.00
69.00	ELECTROCARDIOLOGY	0	4,560,489	0.000000	0.000000	4,156	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,978,466	0.000000	0.000000	21,923	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	10,817,609	0.000000	0.000000	713	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	28,506,732	0.000000	0.000000	184,862	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	AUDIOLOGY	0	460,031	0.000000	0.000000	1,960	76.00
76.01	EMG & EEG	0	2,386,592	0.000000	0.000000	0	76.01
76.02	O/P REHAB SERVICES	0	4,272,141	0.000000	0.000000	320	76.02
76.03	SPORTS FITNESS	0	725,097	0.000000	0.000000	25,863	76.03
76.04	LIFE CENTER	0	11,559,741	0.000000	0.000000	74,526	76.04
76.05	RECREATIONAL THERAPY	0	128,651	0.000000	0.000000	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	1,765,302	0.000000	0.000000	0	76.06
76.07	CARDIOLOGY	0	129,908	0.000000	0.000000	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	265,050	0.000000	0.000000	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	22,138,366	0.000000	0.000000	5,648	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,143,715	0.000000	0.000000	0	92.00
93.00	WELLNESS PROGRAM	0	68,276	0.000000	0.000000	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	275,839,146			1,199,384	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN:16T057	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	0	0	0	76.00
76.01	EMG & EEG	0	0	0	0	0	76.01
76.02	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	LIFE CENTER	0	0	0	0	0	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	0	0	76.06
76.07	CARDIOLOGY	0	0	0	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN:16T057	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Subprovider - IRF	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
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	AUDIOLOGY	0	0		76.00
76.01	EMG & EEG	0	0		76.01
76.02	O/P REHAB SERVICES	0	0		76.02
76.03	SPORTS FITNESS	0	0		76.03
76.04	LIFE CENTER	0	0		76.04
76.05	RECREATIONAL THERAPY	0	0		76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0		76.06
76.07	CARDIOLOGY	0	0		76.07
76.08	O/P DEPENDENCY SERVICES	0	0		76.08
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	WELLNESS PROGRAM	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160057 Component CCN:16T057	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: 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	0.358227	0	0	0		50.00
51.00	RECOVERY ROOM	0.000000	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.374694	0	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.252661	0	0	0		55.00
56.00	RADIOISOTOPE	0.428591	0	0	0		56.00
57.00	CT SCAN	0.115547	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.139030	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.201538	0	0	0		59.00
60.00	LABORATORY	0.264458	0	0	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0.205054	0	0	0		65.00
66.00	PHYSICAL THERAPY	0.507565	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.500296	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.688647	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.133454	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.466348	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.450015	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.411354	0	0	0		73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
76.00	AUDIOLOGY	0.736776	0	0	0		76.00
76.01	EMG & EEG	0.293339	0	0	0		76.01
76.02	O/P REHAB SERVICES	0.835522	0	0	0		76.02
76.03	SPORTS FITNESS	1.555397	0	0	0		76.03
76.04	LIFE CENTER	0.198990	0	0	0		76.04
76.05	RECREATIONAL THERAPY	0.731335	0	0	0		76.05
76.06	HEMATOLOGY/ONCOLOGY	0.733187	0	0	0		76.06
76.07	CARDIOLOGY	1.048065	0	0	0		76.07
76.08	O/P DEPENDENCY SERVICES	1.771790	0	0	0		76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	0.000000	0	0	0		90.00
91.00	EMERGENCY	0.338575	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.611273	0	0	0		92.00
93.00	WELLNESS PROGRAM	0.943743	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	AMBULANCE SERVICES	0.000000		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00	Subtotal (see instructions)		0	0	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160057 Component CCN:16T057	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Subprovider - IRF	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	0	0	0		50.00
51.00	RECOVERY ROOM	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0		56.00
57.00	CT SCAN	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	LABORATORY	0	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	AUDIOLOGY	0	0	0		76.00
76.01	EMG & EEG	0	0	0		76.01
76.02	O/P REHAB SERVICES	0	0	0		76.02
76.03	SPORTS FITNESS	0	0	0		76.03
76.04	LIFE CENTER	0	0	0		76.04
76.05	RECREATIONAL THERAPY	0	0	0		76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0		76.06
76.07	CARDIOLOGY	0	0	0		76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0		76.08
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
91.00	EMERGENCY	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	WELLNESS PROGRAM	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		0	0		94.00
95.00	AMBULANCE SERVICES		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Subtotal (see instructions)	0	0	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	0		202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN:165110	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	0	0	0	76.00
76.01	EMG & EEG	0	0	0	0	0	76.01
76.02	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	LIFE CENTER	0	0	0	0	0	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	0	0	76.06
76.07	CARDIOLOGY	0	0	0	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN:165110	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	64,321,430	0.000000	0.000000	8,986	50.00
51.00	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	15,932,142	0.000000	0.000000	64,900	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	7,215,946	0.000000	0.000000	3,960	55.00
56.00	RADIOISOTOPE	0	2,086,383	0.000000	0.000000	8,219	56.00
57.00	CT SCAN	0	16,619,148	0.000000	0.000000	1,719	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	10,388,239	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	17,358,511	0.000000	0.000000	1,137	59.00
60.00	LABORATORY	0	33,228,435	0.000000	0.000000	472,470	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	10,363,889	0.000000	0.000000	664,081	65.00
66.00	PHYSICAL THERAPY	0	1,720,622	0.000000	0.000000	278,052	66.00
67.00	OCCUPATIONAL THERAPY	0	1,269,593	0.000000	0.000000	201,448	67.00
68.00	SPEECH PATHOLOGY	0	428,642	0.000000	0.000000	20,551	68.00
69.00	ELECTROCARDIOLOGY	0	4,560,489	0.000000	0.000000	3,455	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,978,466	0.000000	0.000000	7,927	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	10,817,609	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	28,506,732	0.000000	0.000000	1,334,873	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	AUDIOLOGY	0	460,031	0.000000	0.000000	203	76.00
76.01	EMG & EEG	0	2,386,592	0.000000	0.000000	980	76.01
76.02	O/P REHAB SERVICES	0	4,272,141	0.000000	0.000000	0	76.02
76.03	SPORTS FITNESS	0	725,097	0.000000	0.000000	0	76.03
76.04	LIFE CENTER	0	11,559,741	0.000000	0.000000	31,138	76.04
76.05	RECREATIONAL THERAPY	0	128,651	0.000000	0.000000	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	1,765,302	0.000000	0.000000	531	76.06
76.07	CARDIOLOGY	0	129,908	0.000000	0.000000	117	76.07
76.08	O/P DEPENDENCY SERVICES	0	265,050	0.000000	0.000000	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	22,138,366	0.000000	0.000000	103	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,143,715	0.000000	0.000000	0	92.00
93.00	WELLNESS PROGRAM	0	68,276	0.000000	0.000000	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	275,839,146			3,104,850	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN:165110	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	AUDIOLOGY	0	0	0	0	0	76.00
76.01	EMG & EEG	0	0	0	0	0	76.01
76.02	O/P REHAB SERVICES	0	0	0	0	0	76.02
76.03	SPORTS FITNESS	0	0	0	0	0	76.03
76.04	LIFE CENTER	0	0	0	0	0	76.04
76.05	RECREATIONAL THERAPY	0	0	0	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0	0	0	76.06
76.07	CARDIOLOGY	0	0	0	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	WELLNESS PROGRAM	0	0	0	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES						95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160057 Component CCN:165110	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Skilled Nursing Facility	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
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	ANESTHESIOLOGY	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	BLOOD LABORATORY	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	RENAL DIALYSIS	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	AUDIOLOGY	0	0		76.00
76.01	EMG & EEG	0	0		76.01
76.02	O/P REHAB SERVICES	0	0		76.02
76.03	SPORTS FITNESS	0	0		76.03
76.04	LIFE CENTER	0	0		76.04
76.05	RECREATIONAL THERAPY	0	0		76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0		76.06
76.07	CARDIOLOGY	0	0		76.07
76.08	O/P DEPENDENCY SERVICES	0	0		76.08
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	WELLNESS PROGRAM	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160057 Component CCN:165110	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: 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	0.358227	0	0	0		50.00
51.00	RECOVERY ROOM	0.000000	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0		52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.374694	0	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.252661	0	0	0		55.00
56.00	RADIOISOTOPE	0.428591	0	0	0		56.00
57.00	CT SCAN	0.115547	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.139030	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.201538	0	0	0		59.00
60.00	LABORATORY	0.264458	0	0	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0.205054	0	0	0		65.00
66.00	PHYSICAL THERAPY	0.507565	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.500296	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.688647	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.133454	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.466348	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.450015	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.411354	0	0	0		73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
76.00	AUDIOLOGY	0.736776	0	0	0		76.00
76.01	EMG & EEG	0.293339	0	0	0		76.01
76.02	O/P REHAB SERVICES	0.835522	0	0	0		76.02
76.03	SPORTS FITNESS	1.555397	0	0	0		76.03
76.04	LIFE CENTER	0.198990	0	0	0		76.04
76.05	RECREATIONAL THERAPY	0.731335	0	0	0		76.05
76.06	HEMATOLOGY/ONCOLOGY	0.733187	0	0	0		76.06
76.07	CARDIOLOGY	1.048065	0	0	0		76.07
76.08	O/P DEPENDENCY SERVICES	1.771790	0	0	0		76.08
	OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	0.000000	0	0	0		90.00
91.00	EMERGENCY	0.338575	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.611273	0	0	0		92.00
93.00	WELLNESS PROGRAM	0.943743	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	AMBULANCE SERVICES	0.000000		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0		98.00
200.00	Subtotal (see instructions)		0	0	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160057 Component CCN:165110	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Skilled Nursing Facility	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	0	0	0		50.00
51.00	RECOVERY ROOM	0	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	RADIOISOTOPE	0	0	0		56.00
57.00	CT SCAN	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	LABORATORY	0	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0			61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	AUDIOLOGY	0	0	0		76.00
76.01	EMG & EEG	0	0	0		76.01
76.02	O/P REHAB SERVICES	0	0	0		76.02
76.03	SPORTS FITNESS	0	0	0		76.03
76.04	LIFE CENTER	0	0	0		76.04
76.05	RECREATIONAL THERAPY	0	0	0		76.05
76.06	HEMATOLOGY/ONCOLOGY	0	0	0		76.06
76.07	CARDIOLOGY	0	0	0		76.07
76.08	O/P DEPENDENCY SERVICES	0	0	0		76.08
	OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	0	0	0		90.00
91.00	EMERGENCY	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	WELLNESS PROGRAM	0	0	0		93.00
	OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS		0	0		94.00
95.00	AMBULANCE SERVICES		0			95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Subtotal (see instructions)	0	0	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Hospital	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	23,811	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	23,811	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)	23,811	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	13,022	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	21,018,601	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)	21,018,601	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	37,157,884	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	37,157,884	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.565657	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,560.53	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)	21,018,601	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)	882.73	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	11,494,910	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)	11,494,910	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/20/2012 2:19 pm
	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	3,778,811	2,162	1,747.83	1,465	2,560,571	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	18,671,377	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	32,726,858	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)	1,087,784	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,636,884	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	2,724,668	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	30,002,190	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)	792	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	882.73	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	699,122	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/20/2012 2:19 pm
	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	1,546,305	21,018,601	0.073568	699,122	51,433	90.00
91.00	Nursing School cost	0	21,018,601	0.000000	699,122	0	91.00
92.00	Allied health cost	0	21,018,601	0.000000	699,122	0	92.00
93.00	All other Medical Education	0	21,018,601	0.000000	699,122	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 160057 Component CCN:16T057	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	1,757	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,757	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)	1,757	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	978	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	1,692,644	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	1,692,644	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	1,895,760	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	1,895,760	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.892858	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,078.98	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	1,692,644	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)	963.37	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	942,176	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)	942,176	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 160057 Component CCN:16T057	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	551,109	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,493,285	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)	195,072	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	23,685	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	218,757	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,274,528	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 160057 Component CCN:16T057	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	350,459	1,692,644	0.207048	0	0	90.00
91.00	Nursing School cost	0	1,692,644	0.000000	0	0	91.00
92.00	Allied health cost	0	1,692,644	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,692,644	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 160057 Component CCN:165110	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description		
		1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,657	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,657	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,657	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,172	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,891,925	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,891,925	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	3,074,510	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	3,074,510	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.940613	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)	840.72	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,891,925	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 160057 Component CCN:165110	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description						
						1.00	

48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)	2,891,925	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	790.79	71.00
72.00	Program routine service cost (line 9 x line 71)	2,508,386	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	2,508,386	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	2,508,386	83.00
84.00	Program inpatient ancillary services (see instructions)	1,110,117	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	3,618,503	86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 160057 Component CCN:165110	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Skilled Nursing Facility	PPS

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet D-3 | Date/Time Prepared: 1/20/2012 2:19 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		17,521,341		30.00
31.00	INTENSIVE CARE UNIT		3,898,948		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.358227	11,567,381	4,143,748	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.374694	1,935,194	725,106	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.252661	71,526	18,072	55.00
56.00	RADIOISOTOPE	0.428591	356,153	152,644	56.00
57.00	CT SCAN	0.115547	2,324,839	268,628	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.139030	1,003,321	139,492	58.00
59.00	CARDIAC CATHETERIZATION	0.201538	4,642,700	935,680	59.00
60.00	LABORATORY	0.266321	8,987,090	2,393,451	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.205054	5,184,062	1,063,013	65.00
66.00	PHYSICAL THERAPY	0.507565	691,650	351,057	66.00
67.00	OCCUPATIONAL THERAPY	0.500296	476,048	238,165	67.00
68.00	SPEECH PATHOLOGY	0.688647	108,927	75,012	68.00
69.00	ELECTROCARDIOLOGY	0.133454	1,391,177	185,658	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.466348	1,623,684	757,202	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.450015	4,265,717	1,919,637	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.411354	9,403,155	3,868,025	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	AUDIOLOGY	0.736776	203	150	76.00
76.01	EMG & EEG	0.293339	282,006	82,723	76.01
76.02	O/P REHAB SERVICES	0.839173	3,358	2,818	76.02
76.03	SPORTS FITNESS	1.555397	5,160	8,026	76.03
76.04	LIFE CENTER	0.198990	352,107	70,066	76.04
76.05	RECREATIONAL THERAPY	0.731335	135	99	76.05
76.06	HEMATOLOGY/ONCOLOGY	0.733187	13,881	10,177	76.06
76.07	CARDIOLOGY	1.048065	758	794	76.07
76.08	O/P DEPENDENCY SERVICES	1.771790	3,030	5,369	76.08
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.338575	3,363,630	1,138,841	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.611273	192,589	117,724	92.00
93.00	WELLNESS PROGRAM	0.943743	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		58,249,481	18,671,377	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)		58,249,481		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 160057 Component CCN:16T057	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		9,630		30.00
31.00	INTENSIVE CARE UNIT		5,120		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		1,063,370		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.358227	7,662	2,745	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.374694	15,309	5,736	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.252661	0	0	55.00
56.00	RADIOISOTOPE	0.428591	0	0	56.00
57.00	CT SCAN	0.115547	21,489	2,483	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.139030	26,146	3,635	58.00
59.00	CARDIAC CATHETERIZATION	0.201538	0	0	59.00
60.00	LABORATORY	0.266321	114,525	30,500	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.205054	65,541	13,439	65.00
66.00	PHYSICAL THERAPY	0.507565	249,317	126,545	66.00
67.00	OCCUPATIONAL THERAPY	0.500296	218,156	109,143	67.00
68.00	SPEECH PATHOLOGY	0.688647	161,268	111,057	68.00
69.00	ELECTROCARDIOLOGY	0.133454	4,156	555	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.466348	21,923	10,224	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.450015	713	321	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.411354	184,862	76,044	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	AUDIOLOGY	0.736776	1,960	1,444	76.00
76.01	EMG & EEG	0.293339	0	0	76.01
76.02	O/P REHAB SERVICES	0.839173	320	269	76.02
76.03	SPORTS FITNESS	1.555397	25,863	40,227	76.03
76.04	LIFE CENTER	0.198990	74,526	14,830	76.04
76.05	RECREATIONAL THERAPY	0.731335	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0.733187	0	0	76.06
76.07	CARDIOLOGY	1.048065	0	0	76.07
76.08	O/P DEPENDENCY SERVICES	1.771790	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.338575	5,648	1,912	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.611273	0	0	92.00
93.00	WELLNESS PROGRAM	0.943743	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		1,199,384	551,109	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		1,199,384		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 160057 Component CCN:165110	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.358227	8,986	3,219	50.00
51.00	RECOVERY ROOM	0.000000	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.374694	64,900	24,318	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.252661	3,960	1,001	55.00
56.00	RADIOISOTOPE	0.428591	8,219	3,523	56.00
57.00	CT SCAN	0.115547	1,719	199	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.139030	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.201538	1,137	229	59.00
60.00	LABORATORY	0.264458	472,470	124,948	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.205054	664,081	136,172	65.00
66.00	PHYSICAL THERAPY	0.507565	278,052	141,129	66.00
67.00	OCCUPATIONAL THERAPY	0.500296	201,448	100,784	67.00
68.00	SPEECH PATHOLOGY	0.688647	20,551	14,152	68.00
69.00	ELECTROCARDIOLOGY	0.133454	3,455	461	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.466348	7,927	3,697	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.450015	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.411354	1,334,873	549,105	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	AUDIOLOGY	0.736776	203	150	76.00
76.01	EMG & EEG	0.293339	980	287	76.01
76.02	O/P REHAB SERVICES	0.835522	0	0	76.02
76.03	SPORTS FITNESS	1.555397	0	0	76.03
76.04	LIFE CENTER	0.198990	31,138	6,196	76.04
76.05	RECREATIONAL THERAPY	0.731335	0	0	76.05
76.06	HEMATOLOGY/ONCOLOGY	0.733187	531	389	76.06
76.07	CARDIOLOGY	1.048065	117	123	76.07
76.08	O/P DEPENDENCY SERVICES	1.771790	0	0	76.08
	OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.000000	0	0	90.00
91.00	EMERGENCY	0.338575	103	35	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.611273	0	0	92.00
93.00	WELLNESS PROGRAM	0.943743	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		3,104,850	1,110,117	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)		3,104,850		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Hospital	PPS

		before 1/1	on/after 1/1	
		1.00	1.01	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS			
1.00	DRG Amounts Other than Outlier Payments	24,225,088		1.00
2.00	Outlier payments for discharges. (see instructions)	722,157		2.00
3.00	Managed Care Simulated Payments	1,209,578		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	135.83		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	Adjusment 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)	4.95		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	18.41		31.00
32.00	Sum of lines 30 and 31	23.36		32.00
33.00	Allowable disproportionate share percentage (see instructions)	8.48		33.00
34.00	Disproportionate share adjustment (see instructions)	2,054,287		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 an 685. (see instructions)	0	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 an 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)	417.60	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)	27,001,532		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	27,001,532		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Hospital	PPS

		before 1/1	on/after 1/1	
		1.00	1.01	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	2,054,784		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)	29,056,316		59.00
60.00	Primary payer payments	0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	29,056,316		61.00
62.00	Deductibles billed to program beneficiaries	2,695,833		62.00
63.00	Coinsurance billed to program beneficiaries	56,858		63.00
64.00	Allowable bad debts (see instructions)	0		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	0		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)	26,303,625		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)	26,303,625		71.00
72.00	Interim payments	26,094,985		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)	208,640		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	293,124		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: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	3,465	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	18,221,949	2.00
3.00	PPS payments	17,152,593	3.00
4.00	Outlier payment (see instructions)	12,417	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)	3,465	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	8,424	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)	8,424	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 chargebasis 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)	8,424	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	4,959	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)	3,465	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	17,165,010	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)	3,964,645	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	13,203,830	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)	13,203,830	30.00
31.00	Primary payer payments	62	31.00
32.00	Subtotal (line 30 minus line 31)	13,203,768	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	13,203,768	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)	13,203,768	40.00
41.00	Interim payments	13,202,604	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)	1,164	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: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Hospital	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 160057 Component CCN:16T057	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Subprovider - IRF	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 160057 Component CCN:16T057	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Subprovider - IRF	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 160057 Component CCN:165110	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Skilled Nursing Facility	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 160057 Component CCN:165110	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Skilled Nursing Facility	PPS

		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		26,094,985		13,202,604	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)		26,094,985		13,202,604	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		208,640		1,164	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		26,303,625		13,203,768	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: 160057 Component CCN:16T057	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Subprovider - IRF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,498,624		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,498,624		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		16,996		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,515,620		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED	Provider CCN: 160057 Component CCN:165110	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Skilled Nursing Facility	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		988,889		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)		988,889		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)		988,889		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 160057 Component CCN:16T057	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part III Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	1,451,369	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0071	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	79,554	3.00
4.00	Outlier Payments	0	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	4.813699	10.00
11.00	Medical Education Adjustment Factor {((1 + (line 9/line 10)) raised to the power of .6876 -1}.	0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).	0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)	1,530,923	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)	0	14.00
15.00	Organ acquisition	0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	16.00
17.00	Subtotal (see instructions)	1,530,923	17.00
18.00	Primary payer payments	1,500	18.00
19.00	Subtotal (line 17 less line 18).	1,529,423	19.00
20.00	Deductibles	8,992	20.00
21.00	Subtotal (line 19 minus line 20)	1,520,431	21.00
22.00	Coinsurance	4,811	22.00
23.00	Subtotal (line 21 minus line 22)	1,515,620	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	1,515,620	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	1,515,620	32.00
33.00	Interim payments	1,498,624	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)	16,996	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	21,527	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 160057 Component CCN:165110	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VI Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	1,056,125	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	1,056,125	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES		
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	67,236	7.00
8.00	Allowable bad debts (see instructions)	0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Allowable reimbursable bad debts (see instructions)	0	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)	988,889	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14	988,889	15.00
16.00	Interim payments	988,889	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)	0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2	0	19.00

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

Provider CCN: 160057

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

Worksheet G

Date/Time Prepared: 1/20/2012 2:19 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURENT ASSETS					
1.00	Cash on hand in banks	28,378,958	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	18,636,932	0	0	0	4.00
5.00	Other receivable	1,184,214	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,770,752	0	0	0	7.00
8.00	Prepaid expenses	1,660,000	0	0	0	8.00
9.00	Other current assets	1,287	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	52,632,143	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	5,159,725	0	0	0	12.00
13.00	Land improvements	9,334,430	0	0	0	13.00
14.00	Accumulated depreciation	-4,144,991	0	0	0	14.00
15.00	Buildings	101,629,844	0	0	0	15.00
16.00	Accumulated depreciation	-28,343,372	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	53,115,178	0	0	0	19.00
20.00	Accumulated depreciation	-28,348,156	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	91,883,387	0	0	0	23.00
24.00	Accumulated depreciation	-72,449,817	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)	127,836,228	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	116,106,841	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	11,596,724	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	127,703,565	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	308,171,936	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	3,065,045	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)	2,145,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	12,992,720	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,202,765	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	60,170,273	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	4,767,288	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	64,937,561	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	83,140,326	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	225,031,610				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)	225,031,610	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	308,171,936	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet G-1 Date/Time Prepared: 1/20/2012 2:19 pm

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
1.00	Fund balances at beginning of period		213,159,657		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		11,871,953				2.00
3.00	Total (sum of line 1 and line 2)		225,031,610		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0			4.00
5.00		0		0			5.00
6.00		0		0			6.00
7.00		0		0			7.00
8.00		0		0			8.00
9.00		0		0			9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		225,031,610		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0			12.00
13.00		0		0			13.00
14.00		0		0			14.00
15.00		0		0			15.00
16.00		0		0			16.00
17.00		0		0			17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		225,031,610		0		19.00

STATEMENT OF CHANGES IN FUND BALANCES	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet G-1 Date/Time Prepared: 1/20/2012 2:19 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 160057 | Period: From 07/01/2010 To 06/30/2011 | Worksheet G-2 Parts | Date/Time Prepared: 1/20/2012 2:19 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	31,677,499		31,677,499	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	1,895,760		1,895,760	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,074,510		3,074,510	7.00
8.00	NURSING FACILITY	5,699,284		5,699,284	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	42,347,053		42,347,053	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	5,480,385		5,480,385	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	5,480,385		5,480,385	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	47,827,438		47,827,438	17.00
18.00	Ancillary services	96,652,563	155,904,810	252,557,373	18.00
19.00	Outpatient services	6,055,054	17,295,303	23,350,357	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		2,289,044	2,289,044	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	752,259	2,242,235	2,994,494	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	151,287,314	177,731,392	329,018,706	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		155,991,839		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		155,991,839		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet G-3 Date/Time Prepared: 1/20/2012 2:19 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	329,018,706	1.00
2.00	Less contractual allowances and discounts on patients' accounts	170,742,263	2.00
3.00	Net patient revenues (line 1 minus line 2)	158,276,443	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	155,991,839	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,284,604	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	227,961	6.00
7.00	Income from investments	5,261,227	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	OTHER OPERATING REVENUE	2,757,920	24.00
24.01	NET ASSETS RELEASED - KLEIN	658,039	24.01
24.02	NET ASSETS RELEASED - PROPERTY	28,026	24.02
24.03	MISCELLANEOUS	360,944	24.03
24.04	CHANGE IN INTEREST IN PERP TRUST	145,346	24.04
24.05	CHANGE IN BENEFICIAL INT IN TRUST	951,474	24.05
24.06	CONTRIBUTIONS FOR CAPITAL	32,885	24.06
24.07	UNREALIZED GAIN ON INT RATE SWAP	749,592	24.07
25.00	Total other income (sum of lines 6-24)	11,173,414	25.00
26.00	Total (line 5 plus line 25)	13,458,018	26.00
27.00	NET ASSETS RELEASED FROM RESTRICTION	686,065	27.00
27.01	NET TRANSFERS TO AFFILIATES	900,000	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	1,586,065	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	11,871,953	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 160057
HHA CCN: 167136

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

Worksheet H
Date/Time Prepared:
1/20/2012 2:19 pm

Home Health Agency I — PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	202,379	65,612	0	0	153,918	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	860,012	278,819	0	0	0	6.00
7.00	Physical Therapy	211,552	45,332	0	0	0	7.00
8.00	Occupational Therapy	29,541	6,330	0	0	0	8.00
9.00	Speech Pathology	10,784	2,311	0	0	0	9.00
10.00	Medical Social Services	2,980	966	0	0	0	10.00
11.00	Home Health Aide	160,232	51,948	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	22,714	12.00
13.00	Drugs	0	0	0	0	1,237	13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	66,402	28,390	0	0	1,309	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,543,882	479,708	0	0	179,178	24.00

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 160057
HHA CCN: 167136

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

Worksheet H
Date/Time Prepared:
1/20/2012 2:19 pm

Home Health Agency I | PPS

		Total (sum of cols. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	421,909	0	421,909	0	421,909	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,138,831	0	1,138,831	0	1,138,831	6.00
7.00	Physical Therapy	256,884	0	256,884	0	256,884	7.00
8.00	Occupational Therapy	35,871	0	35,871	0	35,871	8.00
9.00	Speech Pathology	13,095	0	13,095	0	13,095	9.00
10.00	Medical Social Services	3,946	0	3,946	0	3,946	10.00
11.00	Home Health Aide	212,180	0	212,180	0	212,180	11.00
12.00	Supplies (see instructions)	22,714	0	22,714	0	22,714	12.00
13.00	Drugs	1,237	0	1,237	0	1,237	13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	96,101	0	96,101	0	96,101	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,202,768	0	2,202,768	0	2,202,768	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 160057
HHA CCN: 167136

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

Worksheet H-1
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Home Health Agency I | PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0				1.00
2.00	Capital Related - Movable Equipment	0		0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	421,909	0	0	0	0	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,138,831	0	0	0	0	6.00
7.00	Physical Therapy	256,884	0	0	0	0	7.00
8.00	Occupational Therapy	35,871	0	0	0	0	8.00
9.00	Speech Pathology	13,095	0	0	0	0	9.00
10.00	Medical Social Services	3,946	0	0	0	0	10.00
11.00	Home Health Aide	212,180	0	0	0	0	11.00
12.00	Supplies (see instructions)	22,714	0	0	0	0	12.00
13.00	Drugs	1,237	0	0	0		13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	96,101	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,202,768	0	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 160057
HHA CCN: 167136

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

Worksheet H-1
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Home Health Agency I

PPS

		Subtotal (cols. 0-4)	Administrative & General	Total (cols. 4A + 5)		
		4A.00	5.00	6.00		
	GENERAL SERVICE COST CENTERS					
1.00	Capital Related - Bldg. & Fixtures	0				1.00
2.00	Capital Related - Movable Equipment	0				2.00
3.00	Plant Operation & Maintenance	0				3.00
4.00	Transportation					4.00
5.00	Administrative and General	421,909	421,909			5.00
	HHA REIMBURSABLE SERVICES					
6.00	Skilled Nursing Care	1,138,831	269,805	1,408,636		6.00
7.00	Physical Therapy	256,884	60,859	317,743		7.00
8.00	Occupational Therapy	35,871	8,498	44,369		8.00
9.00	Speech Pathology	13,095	3,102	16,197		9.00
10.00	Medical Social Services	3,946	935	4,881		10.00
11.00	Home Health Aide	212,180	50,268	262,448		11.00
12.00	Supplies (see instructions)	22,714	5,381	28,095		12.00
13.00	Drugs	1,237	293	1,530		13.00
14.00	DME	0	0	0		14.00
	HHA NONREIMBURSABLE SERVICES					
15.00	Home Dialysis Aide Services	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0		16.00
17.00	Private Duty Nursing	96,101	22,768	118,869		17.00
18.00	Clinic	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0		19.00
20.00	Day Care Program	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0		21.00
22.00	Homemaker Service	0	0	0		22.00
23.00	All Others	0	0	0		23.00
24.00	Total (sum of lines 1-23)	1,780,859		2,202,768		24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 160057
HHA CCN: 167136

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

Worksheet H-1
Part II
Date/Time Prepared:
1/20/2012 2:19 pm

Home Health Agency I | PPS

		Capital Related Costs					
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		1.00	2.00	3.00	4.00	5A.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-421,909	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-421,909	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-1 Part II Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
	GENERAL SERVICE COST CENTERS		
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	1,780,859	5.00
	HHA REIMBURSABLE SERVICES		
6.00	Skilled Nursing Care	1,138,831	6.00
7.00	Physical Therapy	256,884	7.00
8.00	Occupational Therapy	35,871	8.00
9.00	Speech Pathology	13,095	9.00
10.00	Medical Social Services	3,946	10.00
11.00	Home Health Aide	212,180	11.00
12.00	Supplies (see instructions)	22,714	12.00
13.00	Drugs	1,237	13.00
14.00	DME	0	14.00
	HHA NONREIMBURSABLE SERVICES		
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	96,101	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others	0	23.00
24.00	Total (sum of lines 1-23)	1,780,859	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	421,909	25.00
26.00	Unit Cost Multiplier	0.236913	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 160057
HHA CCN: 167136

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

Worksheet H-2
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Home Health Agency I

PPS

			CAPITAL RELATED COSTS				
		HHA Trial Balance (1)	BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
		0	1.00	1.01	1.02	1.03	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,408,636	0	0	0	0	2.00
3.00	Physical Therapy	317,743	0	0	0	0	3.00
4.00	Occupational Therapy	44,369	0	0	0	0	4.00
5.00	Speech Pathology	16,197	0	0	0	0	5.00
6.00	Medical Social Services	4,881	0	0	0	0	6.00
7.00	Home Health Aide	262,448	0	0	0	0	7.00
8.00	Supplies (see instructions)	28,095	0	0	0	0	8.00
9.00	Drugs	1,530	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	118,869	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	2,202,768	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part I Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

		CAPITAL RELATED COSTS					
		BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
1.00	Administrative and General	0	0	149,964	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	149,964	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 160057
HHA CCN: 167136

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

Worksheet H-2
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Home Health Agency I | PPS

		CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	Subtotal	DATA PROCESSING	
		2.00	4.00	5.01	5A.01	5.02	
1.00	Administrative and General	29,715	8,681	1,683	190,043	4,936	1.00
2.00	Skilled Nursing Care	0	37,284	0	1,445,920	37,554	2.00
3.00	Physical Therapy	0	6,633	0	324,376	8,425	3.00
4.00	Occupational Therapy	0	902	0	45,271	1,176	4.00
5.00	Speech Pathology	0	341	0	16,538	430	5.00
6.00	Medical Social Services	0	0	0	4,881	127	6.00
7.00	Home Health Aide	0	14,777	0	277,225	7,200	7.00
8.00	Supplies (see instructions)	0	0	0	28,095	730	8.00
9.00	Drugs	0	0	0	1,530	40	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	6,950	0	125,819	3,268	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	29,715	75,568	1,683	2,459,698	63,886	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part I Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

		PURCHASING RECEIVING AND STORES	ADMITTING	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.03	5.04	5.05	5A.05	5.06	
1.00	Administrative and General	0	0	0	194,979	9,929	1.00
2.00	Skilled Nursing Care	0	3,318	4,158	1,490,950	75,927	2.00
3.00	Physical Therapy	0	1,503	1,884	336,188	17,120	3.00
4.00	Occupational Therapy	0	328	412	47,187	2,403	4.00
5.00	Speech Pathology	0	99	124	17,191	875	5.00
6.00	Medical Social Services	0	6	8	5,022	256	6.00
7.00	Home Health Aide	0	2,369	2,970	289,764	14,756	7.00
8.00	Supplies (see instructions)	4,649	0	0	33,474	1,705	8.00
9.00	Drugs	0	0	0	1,570	80	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	455	571	130,113	6,626	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	4,649	8,078	10,127	2,546,438	129,677	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part I Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

		MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	
		6.00	7.00	7.01	7.02	7.03	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 160057
HHA CCN: 167136

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

Worksheet H-2
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Home Health Agency I

PPS

		OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	
		7.04	7.05	7.06	7.07	8.00	
1.00	Administrative and General	0	0	29,384	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	29,384	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 160057
HHA CCN: 167136

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

Worksheet H-2
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Home Health Agency I

PPS

		HOUSEKEEPING	HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	
		9.00	9.01	10.00	10.01	11.00	
1.00	Administrative and General	29,912	0	0	0	7,136	1.00
2.00	Skilled Nursing Care	0	0	0	0	30,646	2.00
3.00	Physical Therapy	0	0	0	0	5,452	3.00
4.00	Occupational Therapy	0	0	0	0	742	4.00
5.00	Speech Pathology	0	0	0	0	281	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	12,146	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	5,712	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	29,912	0	0	0	62,115	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 160057
HHA CCN: 167136

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

Worksheet H-2
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Home Health Agency I | PPS

		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	305,072	0	0	9,747	2.00
3.00	Physical Therapy	0	0	0	0	4,416	3.00
4.00	Occupational Therapy	0	0	0	0	965	4.00
5.00	Speech Pathology	0	0	0	0	290	5.00
6.00	Medical Social Services	0	0	0	0	19	6.00
7.00	Home Health Aide	0	0	0	0	6,961	7.00
8.00	Supplies (see instructions)	0	0	13,256	0	0	8.00
9.00	Drugs	0	0	0	428	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	1,337	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	305,072	13,256	428	23,735	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part I Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

		SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
		17.00	18.00	19.00	20.00		
1.00	Administrative and General	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0		8.00
9.00	Drugs	0	0	0	0		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others	0	0	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 160057
HHA CCN: 167136

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

Worksheet H-2
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Home Health Agency I

PPS

		INTERNS & RESIDENTS					
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		21.00	22.00	23.00	24.00	25.00	
1.00	Administrative and General	0	0	0	271,340	0	1.00
2.00	Skilled Nursing Care	0	0	0	1,912,342	0	2.00
3.00	Physical Therapy	0	0	0	363,176	0	3.00
4.00	Occupational Therapy	0	0	0	51,297	0	4.00
5.00	Speech Pathology	0	0	0	18,637	0	5.00
6.00	Medical Social Services	0	0	0	5,297	0	6.00
7.00	Home Health Aide	0	0	0	323,627	0	7.00
8.00	Supplies (see instructions)	0	0	0	48,435	0	8.00
9.00	Drugs	0	0	0	2,078	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	143,788	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	3,140,017	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part I Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		26.00	27.00	28.00		
1.00	Administrative and General	271,340				1.00
2.00	Skilled Nursing Care	1,912,342	180,883	2,093,225		2.00
3.00	Physical Therapy	363,176	34,352	397,528		3.00
4.00	Occupational Therapy	51,297	4,852	56,149		4.00
5.00	Speech Pathology	18,637	1,763	20,400		5.00
6.00	Medical Social Services	5,297	501	5,798		6.00
7.00	Home Health Aide	323,627	30,611	354,238		7.00
8.00	Supplies (see instructions)	48,435	4,581	53,016		8.00
9.00	Drugs	2,078	197	2,275		9.00
10.00	DME	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0		12.00
13.00	Private Duty Nursing	143,788	13,600	157,388		13.00
14.00	Clinic	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0		15.00
16.00	Day Care Program	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0		17.00
18.00	Homemaker Service	0	0	0		18.00
19.00	All Others	0	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	3,140,017	271,340	3,140,017		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.094587			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT - KLEIN (SQUARE FEET)	BLDG & FIXT - CANCER (SQUARE FEET)	BLDG & FIXT - LAUNDRY (SQUARE FEET)	BLDG & FIXT - MERCY (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

		CAPITAL RELATED COSTS					
		BLDG & FIXT - EASTMAN (SQUARE FEET)	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
		1.05	1.06	1.07	1.08	2.00	
1.00	Administrative and General	0	8,570	0	0	29,419	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	8,570	0	0	29,419	20.00
21.00	Total cost to be allocated	0	149,964	0	0	29,715	21.00
22.00	Unit cost multiplier	0.000000	17.498716	0.000000	0.000000	1.010062	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

		EMPLOYEE BENEFITS (FTES)	NONPATIENT TELEPHONES (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
		4.00	5.01	5A.02	5.02	5.03	
1.00	Administrative and General	356	51	0	190,043	0	1.00
2.00	Skilled Nursing Care	1,529	0	0	1,445,920	0	2.00
3.00	Physical Therapy	272	0	0	324,376	0	3.00
4.00	Occupational Therapy	37	0	0	45,271	0	4.00
5.00	Speech Pathology	14	0	0	16,538	0	5.00
6.00	Medical Social Services	0	0	0	4,881	0	6.00
7.00	Home Health Aide	606	0	0	277,225	0	7.00
8.00	Supplies (see instructions)	0	0	0	28,095	30,430	8.00
9.00	Drugs	0	0	0	1,530	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	285	0	0	125,819	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	3,099	51		2,459,698	30,430	20.00
21.00	Total cost to be allocated	75,568	1,683		63,886	4,649	21.00
22.00	Unit cost multiplier	24.384640	33.000000		0.025973	0.152777	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

		ADMITTING (GROSS CHARGES)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	
1.00	Administrative and General	0	0	0	194,979	0	1.00
2.00	Skilled Nursing Care	940,082	940,082	0	1,490,950	0	2.00
3.00	Physical Therapy	425,869	425,869	0	336,188	0	3.00
4.00	Occupational Therapy	93,019	93,019	0	47,187	0	4.00
5.00	Speech Pathology	27,983	27,983	0	17,191	0	5.00
6.00	Medical Social Services	1,807	1,807	0	5,022	0	6.00
7.00	Home Health Aide	671,302	671,302	0	289,764	0	7.00
8.00	Supplies (see instructions)	0	0	0	33,474	0	8.00
9.00	Drugs	0	0	0	1,570	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	128,982	128,982	0	130,113	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	2,289,044	2,289,044		2,546,438	0	20.00
21.00	Total cost to be allocated	8,078	10,127		129,677	0	21.00
22.00	Unit cost multiplier	0.003529	0.004424		0.050925	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

		OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	
		7.00	7.01	7.02	7.03	7.04	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

		OPERATION OF PLANT REHAB (SQUARE FEET)	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		7.05	7.06	7.07	8.00	9.00	
1.00	Administrative and General	0	8,570	0	0	10,800	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	8,570	0	0	10,800	20.00
21.00	Total cost to be allocated	0	29,384	0	0	29,912	21.00
22.00	Unit cost multiplier	0.000000	3.428705	0.000000	0.000000	2.769630	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

		HOUSEKEEPING KLEIN (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		9.01	10.00	10.01	11.00	12.00	
1.00	Administrative and General	0	0	0	356	0	1.00
2.00	Skilled Nursing Care	0	0	0	1,529	0	2.00
3.00	Physical Therapy	0	0	0	272	0	3.00
4.00	Occupational Therapy	0	0	0	37	0	4.00
5.00	Speech Pathology	0	0	0	14	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	606	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	285	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	3,099	0	20.00
21.00	Total cost to be allocated	0	0	0	62,115	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	20.043562	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (PURCHASES)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	64,634	0	0	940,082	0	2.00
3.00	Physical Therapy	0	0	0	425,869	0	3.00
4.00	Occupational Therapy	0	0	0	93,019	0	4.00
5.00	Speech Pathology	0	0	0	27,983	0	5.00
6.00	Medical Social Services	0	0	0	1,807	0	6.00
7.00	Home Health Aide	0	0	0	671,302	0	7.00
8.00	Supplies (see instructions)	0	30,430	0	0	0	8.00
9.00	Drugs	0	0	1,237	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	128,982	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	64,634	30,430	1,237	2,289,044	0	20.00
21.00	Total cost to be allocated	305,072	13,256	428	23,735	0	21.00
22.00	Unit cost multiplier	4.719993	0.435623	0.345998	0.010369	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
	Cost Per Visit Computation						
1.00	Skilled Nursing Care	2.00	2,093,225		2,093,225	7,866	1.00
2.00	Physical Therapy	3.00	397,528	0	397,528	2,503	2.00
3.00	Occupational Therapy	4.00	56,149	0	56,149	495	3.00
4.00	Speech Pathology	5.00	20,400	0	20,400	148	4.00
5.00	Medical Social Services	6.00	5,798		5,798	9	5.00
6.00	Home Health Aide	7.00	354,238		354,238	7,653	6.00
7.00	Total (sum of lines 1-6)		2,927,338	0	2,927,338	18,674	7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Program Visits: Part A	Program Visits: Part B: Not Subject to Deductibles & Coinsurance	Program Visits: Part B: Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
	Limitation Cost Computation						
8.00	Skilled Nursing Care		99916	1,532	887		8.00
9.00	Physical Therapy		99916	1,056	455		9.00
10.00	Occupational Therapy		99916	287	69		10.00
11.00	Speech Pathology		99916	40	29		11.00
12.00	Medical Social Services		99916	5	2		12.00
13.00	Home Health Aide		99916	951	930		13.00
14.00	Total (sum of lines 8-13)			3,871	2,372		14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
	Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	8.00	53,016	0	53,016	619	15.00
16.00	Cost of Drugs	9.00	2,275	0	2,275	0	16.00

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS					
1.00	Physical Therapy	66.00	0.507565	0	0	1.00
2.00	Occupational Therapy	67.00	0.500296	0	0	2.00
3.00	Speech Pathology	68.00	0.688647	0	0	3.00
4.00	Cost of Medical Supplies	71.00	0.466348	0	0	4.00
5.00	Cost of Drugs	73.00	0.411354	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Program Visits: Part A	Program Visits: Part B Not Subject to Deductibles & Coinsurance	Program Visits: Part B Subject to Deductibles & Coinsurance		
		5.00	6.00	7.00	8.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
	Cost Per Visit Computation						
1.00	Skilled Nursing Care	266.11	1,532	887			1.00
2.00	Physical Therapy	158.82	1,056	455			2.00
3.00	Occupational Therapy	113.43	287	69			3.00
4.00	Speech Pathology	137.84	40	29			4.00
5.00	Medical Social Services	644.22	5	2			5.00
6.00	Home Health Aide	46.29	951	930			6.00
7.00	Total (sum of lines 1-6)		3,871	2,372			7.00
	Cost Center Description						
		5.00	6.00	7.00	8.00	9.00	
	Limitation Cost Computation						
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

	Cost Center Description	Ratio (col. 3 ÷ col. 4)	Program Covered Charges: Part A	Program Covered Charges: Part B Not Subject to Deductibles & Coinsurance	Program Covered Charges: Part B Subject to Deductibles & Coinsurance		
		5.00	6.00	7.00	8.00		
	Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	85.647819	18	147	0		15.00
16.00	Cost of Drugs	0.000000	0	0	0		16.00

	Cost Center Description	Transfer to Part I as Indicated		
		4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS			
1.00	Physical Therapy	col. 2, line 2.00		1.00
2.00	Occupational Therapy	col. 2, line 3.00		2.00
3.00	Speech Pathology	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00		4.00
5.00	Cost of Drugs	col. 2, line 16.00		5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	Cost of Services: Part A	Part B: Not Subject to Deductibles & Coinsurance	Part B: Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols. 9-10)		
		9.00	10.00	11.00	12.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
	Cost Per Visit Computation						
1.00	Skilled Nursing Care	407,681	236,040		643,721		1.00
2.00	Physical Therapy	167,714	72,263		239,977		2.00
3.00	Occupational Therapy	32,554	7,827		40,381		3.00
4.00	Speech Pathology	5,514	3,997		9,511		4.00
5.00	Medical Social Services	3,221	1,288		4,509		5.00
6.00	Home Health Aide	44,022	43,050		87,072		6.00
7.00	Total (sum of lines 1-6)	660,706	364,465		1,025,171		7.00
	Cost Center Description	10.00	11.00	12.00			
	Limitation Cost Computation						
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

	Cost Center Description	Cost of Services: Part A	Part B: Not Subject to Deductibles & Coinsurance	Part B: Subject to Deductibles & Coinsurance		
		9.00	10.00	11.00		
	Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	1,542	12,590	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-4 Part I-II Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Home Health Agency I	PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	493,565	264,736	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	9,772	4,505	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	10,206	8,287	13.00
14.00	Total PPS Reimbursement - PEP Episodes	5,384	6,698	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	3,333	2,696	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	522,260	286,922	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	522,260	286,922	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	522,260	286,922	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	522,260	286,922	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	522,260	286,922	31.00
32.00	Interim payments (see instructions)	522,260	286,922	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 160057 HHA CCN: 167136	Period: From 07/01/2010 To 06/30/2011	Worksheet H-5 Date/Time Prepared: 1/20/2012 2:19 pm
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		522,260		286,922	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		522,260		286,922	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		522,260		286,922	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K
Date/Time Prepared: 1/20/2012 2:19 pm

Hospice I

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	13,470	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	659,736	183,793	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	10,438	25,942	9.00
10.00	Nursing Care	372,712	103,832	0	206,641	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	247,869	69,053	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	189,475	52,785	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	546	3,166	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	1,494	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	25,300	438,964	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	48,840	15,939	0	0	21,438	37.00
38.00	Other Program Costs	0	0	0	0	31,962	38.00
39.00	Total (sum of lines 1 thru 38)	1,518,632	425,402	0	244,419	534,942	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	13,470	0	13,470	0	13,470	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	843,529	0	843,529	0	843,529	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	36,380	0	36,380	0	36,380	9.00
10.00	Nursing Care	683,185	0	683,185	0	683,185	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	316,922	0	316,922	0	316,922	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	242,260	0	242,260	0	242,260	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	3,712	0	3,712	0	3,712	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	1,494	0	1,494	0	1,494	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	464,264	0	464,264	0	464,264	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	86,217	0	86,217	0	86,217	37.00
38.00	Other Program Costs	31,962	-1,970	29,992	0	29,992	38.00
39.00	Total (sum of lines 1 thru 38)	2,723,395	-1,970	2,721,425	0	2,721,425	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-1

Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	48,739	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	372,712	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)	48,739	0	0	0	372,712	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-1

Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	610,997	659,736		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	372,712		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	247,869	247,869		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		189,475	0	189,475		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	48,840	48,840		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	189,475	907,706	1,518,632		39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-2
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	13,578	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	103,832	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)	13,578	0	0	0	103,832	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-2
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	170,215	183,793		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	103,832		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	69,053	69,053		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		52,785	0	52,785		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	15,939	15,939		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	52,785	255,207	425,402		39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-3
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-3
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	0	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	10,438	10,438		9.00
10.00	Nursing Care		0	206,641	206,641		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	546	546		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	1,494	1,494		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	25,300	25,300		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	244,419	244,419		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-4
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

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	13,470	0	0	13,470		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	843,529	0	0	13,470	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	36,380	0	0	0	0	9.00
10.00	Nursing Care	683,185	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	316,922	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	242,260	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	3,712	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	1,494	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	464,264	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	86,217	0	0	0	0	37.00
38.00	Other Program Costs	29,992	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,721,425	0	0	13,470	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-4
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)		
		5.00	5A	6.00	7.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.		0				1.00
2.00	Capital Related Costs-Movable Equip.		0				2.00
3.00	Plant Operation and Maintenance		0				3.00
4.00	Transportation - Staff		0				4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	856,999				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	36,380	16,722	53,102		9.00
10.00	Nursing Care	0	683,185	314,032	997,217		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	316,922	145,676	462,598		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	242,260	111,357	353,617		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		20.00
21.00	Other	0	3,712	1,706	5,418		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	1,494	687	2,181		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	464,264	213,403	677,667		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	86,217	39,630	125,847		37.00
38.00	Other Program Costs	0	29,992	13,786	43,778		38.00
39.00	Total (sum of lines 1 thru 38)	0	1,864,426	856,999	2,721,425		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-4
Part II
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

		CAPITAL RELATED COST					
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT ($ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	100			3.00
4.00	Transportation - Staff	0	0	0	100		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	100	100	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	13,470	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	134.700000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 160057 Hospice CCN: 161567	Period: From 07/01/2010 To 06/30/2011	Worksheet K-4 Part II Date/Time Prepared: 1/20/2012 2:19 pm
		Hospice I	

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)		
		6A	6.00		
	GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0			1.00
2.00	Capital Related Costs-Movable Equip.	0			2.00
3.00	Plant Operation and Maintenance	0			3.00
4.00	Transportation - Staff	0			4.00
5.00	Volunteer Service Coordination				5.00
6.00	Administrative and General	-856,999	1,864,426		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	36,380		9.00
10.00	Nursing Care	0	683,185		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	316,922		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	242,260		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0		20.00
21.00	Other	0	3,712		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	1,494		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	464,264		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	86,217		37.00
38.00	Other Program Costs	0	29,992		38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		856,999		39.00
40.00	Unit Cost Multiplier		0.459658		40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT - KLEIN	BLDG & FIXT - CANCER	BLDG & FIXT - LAUNDRY	
		0	1.00	1.01	1.02	1.03	
1.00	Administrative and General		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	53,102	0	0	0	0	4.00
5.00	Nursing Care	997,217	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	462,598	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	353,617	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	5,418	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	2,181	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	677,667	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	125,847	0	0	0	0	32.00
33.00	Other Program Costs	43,778	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,721,425	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: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT - MERCY	BLDG & FIXT - EASTMAN	BLDG & FIXT - HHA/HOSP	BLDG & FIXT - REHAB	BLDG & FIXT - WAPELLO	
		1.04	1.05	1.06	1.07	1.08	
1.00	Administrative and General	0	0	143,314	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	143,314	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	Subtotal	DATA PROCESSING	
		2.00	4.00	5.01	5A.01	5.02	
1.00	Administrative and General	74,451	67,740	759	286,264	7,435	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	53,102	1,379	4.00
5.00	Nursing Care	0	0	0	997,217	25,901	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	462,598	12,015	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	353,617	9,184	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	5,418	141	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	2,181	57	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	677,667	17,601	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	125,847	3,269	32.00
33.00	Other Program Costs	0	0	0	43,778	1,137	33.00
34.00	Total (sum of lines 1 thru 33) (2)	74,451	67,740	759	3,007,689	78,119	34.00
35.00	Unit Cost Multiplier (see instructions)				0.000000		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.03	5.04	5.05	5A.05	5.06	
1.00	Administrative and General	3,687	10,568	13,248	321,202	16,357	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	54,481	2,774	4.00
5.00	Nursing Care	0	0	0	1,023,118	52,102	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	474,613	24,170	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	362,801	18,476	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	5,559	283	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	2,238	114	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	695,268	35,407	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	129,116	6,575	32.00
33.00	Other Program Costs	0	0	0	44,915	2,287	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,687	10,568	13,248	3,113,311	158,545	34.00
35.00	Unit Cost Multiplier (see instructions)				0.000000		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	OPERATION OF PLANT KLEIN	OPERATION OF PLANT EASTMAN	OPERATION OF PLANT MERCY	
		6.00	7.00	7.01	7.02	7.03	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	OPERATION OF PLANT CANCER	OPERATION OF PLANT REHAB	OPERATION OF PLANT HHA/HOSPICE	OPERATION OF PLANT WAPELLO	LAUNDRY & LINEN SERVICE	
		7.04	7.05	7.06	7.07	8.00	
1.00	Administrative and General	0	0	28,082	0	6,799	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	28,082	0	6,799	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	HOUSEKEEPING	HOUSEKEEPING KLEIN	DIETARY	DIETARY KLEIN	CAFETERIA	
		9.00	9.01	10.00	10.01	11.00	
1.00	Administrative and General	0	0	11,829	0	55,681	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	11,829	0	55,681	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	273,529	10,514	48,787	31,050	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	273,529	10,514	48,787	31,050	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
		17.00	18.00	19.00	20.00		
1.00	Administrative and General	948	0	0	0		1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	0	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	948	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: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	PARAMED ED PRGM	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
		21.00	22.00	23.00	24.00	25.00	
1.00	Administrative and General	0	0	0	804,778		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	57,255	0	4.00
5.00	Nursing Care	0	0	0	1,075,220	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	498,783	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	381,277	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	5,842	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	2,352	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	730,675	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	135,691	0	32.00
33.00	Other Program Costs	0	0	0	47,202	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	3,739,075	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part I
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	57,255	15,703	72,958		4.00
5.00	Nursing Care	1,075,220	294,898	1,370,118		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	498,783	136,799	635,582		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	381,277	104,571	485,848		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	5,842	1,602	7,444		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	2,352	645	2,997		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	730,675	200,399	931,074		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	135,691	37,215	172,906		32.00
33.00	Other Program Costs	47,202	12,946	60,148		33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,739,075		3,739,075		34.00
35.00	Unit Cost Multiplier (see instructions)		0.274266			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		BLDG & FIXT - EASTMAN (SQUARE FEET)	BLDG & FIXT - HHA/HOSP (SQUARE FEET)	BLDG & FIXT - REHAB (SQUARE FEET)	BLDG & FIXT - WAPELLO (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	
		1.05	1.06	1.07	1.08	2.00	
1.00	Administrative and General	0	8,190	0	0	73,709	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	8,190	0	0	73,709	34.00
35.00	Total cost to be allocated	0	143,314	0	0	74,451	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	17.498657	0.000000	0.000000	1.010067	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	EMPLOYEE BENEFITS (FTES)	NONPATIENT TELEPHONES (PHONES)	Reconciliation	DATA PROCESSING (ACCUM. COST)	PURCHASING RECEIVING AND STORES (PURCHASES)	
		4.00	5.01	5A.02	5.02	5.03	
1.00	Administrative and General	2,778	23	0	286,264	24,136	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	53,102	0	4.00
5.00	Nursing Care	0	0	0	997,217	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	462,598	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	353,617	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	5,418	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	2,181	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	677,667	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	125,847	0	32.00
33.00	Other Program Costs	0	0	0	43,778	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,778	23		3,007,689	24,136	34.00
35.00	Total cost to be allocated	67,740	759		78,119	3,687	35.00
36.00	Unit Cost Multiplier (see instructions)	24.384449	33.000000		0.025973	0.152759	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	ADMITTING (GROSS CHARGES)	BUSINESS OFFICE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.04	5.05	5A.06	5.06	6.00	
1.00	Administrative and General	24,136	2,994,494	0	321,202	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	54,481	0	4.00
5.00	Nursing Care	0	0	0	1,023,118	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	474,613	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	362,801	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	5,559	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	2,238	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	695,268	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	129,116	0	32.00
33.00	Other Program Costs	0	0	0	44,915	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	24,136	2,994,494		3,113,311	0	34.00
35.00	Total cost to be allocated	10,568	13,248		158,545	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.437852	0.004424		0.050925	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT KLEIN (SQUARE FEET)	OPERATION OF PLANT EASTMAN (SQUARE FEET)	OPERATION OF PLANT MERCY (SQUARE FEET)	OPERATION OF PLANT CANCER (SQUARE FEET)	
		7.00	7.01	7.02	7.03	7.04	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	OPERATION OF PLANT REHAB (SQUARE FEET)	OPERATION OF PLANT HHA/HOSPICE (SQUARE FEET)	OPERATION OF PLANT WAPELLO (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		7.05	7.06	7.07	8.00	9.00	
1.00	Administrative and General	0	8,190	0	10,112	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	8,190	0	10,112	0	34.00
35.00	Total cost to be allocated	0	28,082	0	6,799	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	3.428816	0.000000	0.672369	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	HOUSEKEEPING KLEIN (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	DIETARY KLEIN (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		9.01	10.00	10.01	11.00	12.00	
1.00	Administrative and General	0	1,265	0	2,778	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	1,265	0	2,778	0	34.00
35.00	Total cost to be allocated	0	11,829	0	55,681	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	9.350988	0.000000	20.043557	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (PURCHASES)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	57,951	24,136	141,068	2,994,494	3	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	57,951	24,136	141,068	2,994,494	3	34.00
35.00	Total cost to be allocated	273,529	10,514	48,787	31,050	948	35.00
36.00	Unit Cost Multiplier (see instructions)	4.720005	0.435615	0.345840	0.010369	316.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part II
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-5
Part III
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

	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	0.507565	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.500296	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.688647	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.411354	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0	5.00
6.00	LABORATORY	60.00	0.266321	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	0.466348	0	0	7.00
8.00	WELLNESS PROGRAM	93.00	0.943743	0	0	8.00
8.01	WELLNESS PROGRAM	93.01				8.01
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.252661	0	0	9.00
10.00	AUDIOLOGY	76.00	0.736776	0	0	10.00
10.01	EMG & EEG	76.01	0.293339	0	0	10.01
10.02	O/P REHAB SERVICES	76.02	0.839173	0	0	10.02
10.03	SPORTS FITNESS	76.03	1.555397	0	0	10.03
10.04	LIFE CENTER	76.04	0.198990	0	0	10.04
10.05	RECREATIONAL THERAPY	76.05	0.731335	0	0	10.05
10.06	HEMATOLOGY/ONCOLOGY	76.06	0.733187	0	0	10.06
10.07	CARDIOLOGY	76.07	1.048065	0	0	10.07
10.08	O/P DEPENDENCY SERVICES	76.08	1.771790	0	0	10.08
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 160057
Hospice CCN: 161567

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

Worksheet K-6
Date/Time Prepared:
1/20/2012 2:19 pm

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				3,678,927	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				14,406	2.00
3.00	Average cost per diem (line 1 divided by line 2)				255.37	3.00
4.00	Upduplicated Medicare Days (Worksheet S-9, column 1, line 5)	13,272				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	3,389,271				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		518			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		132,282			7.00
8.00	Upduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			616		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			157,308		13.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 160057	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/20/2012 2:19 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	1,966,076	1.00
2.00	Capital DRG outlier payments	88,708	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	68.99	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	2,054,784	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