

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED
OMB NO. 0938-0050
 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND Provider CCN: 160069 Worksheet S
Parts I-III
Date/Time Prepared:
1/30/2012 1:08 pm
 SETTLEMENT SUMMARY

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MERCY 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

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-14,926	50,670	0	0 1.00
2.00	Subprovider - IPF	0	15,574	0	0	0 2.00
3.00	Subprovider - IRF	0	-15,727	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	Skilled Nursing Facility	0	-2,872	5	0	0 7.00
8.00	Nursing Facility	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	-17,951	50,675	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: 160069		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part I Date/Time Prepared: 1/30/2012 1:08 pm					
1.00		2.00		3.00		4.00							
Hospital and Hospital Health Care Complex Address:													
1.00	Street: 250 MERCY DRIVE			PO Box:							1.00		
2.00	City: DUBUQUE			State: IA		Zip Code: 52001-		County: DUBUQUE			2.00		
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00			
								V	XVIII	XIX			
Hospital and Hospital-Based Component Identification:													
3.00	Hospital		MERCY MEDICAL CENTER	160069	20220	1	07/01/1966	N	P	O	3.00		
4.00	Subprovider - IPF		MERCY MEDICAL CENTER	16S069	20220	4	07/01/1988	N	P	N	4.00		
5.00	Subprovider - IRF		MERCY MEDICAL CENTER	16T069	20220	5	07/01/1984	N	P	O	5.00		
6.00	Subprovider - (Other)										6.00		
7.00	Swing Beds - SNF							N	N	N	7.00		
8.00	Swing Beds - NF							N		N	8.00		
9.00	Hospital-Based SNF		MERCY MEDICAL CENTER	165116	20220		11/29/1983	N	P	O	9.00		
10.00	Hospital-Based NF							N		N	10.00		
11.00	Hospital-Based OLTC										11.00		
12.00	Hospital-Based HHA		MERCY HOME CARE	167145	20220		07/01/1987	N	P	N	12.00		
13.00	Separately Certified ASC										13.00		
14.00	Hospital-Based Hospice										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										17.00		
17.10	Hospital-Based (CORF) 1							N	N	N	17.10		
18.00	Renal Dialysis										18.00		
19.00	Other										19.00		
							From:	To:					
							1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2010	06/30/2011		20.00			
21.00	Type of Control (see instructions)						1		21.00				
Inpatient PPS Information													
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						N	N		22.00			
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						2		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.						2,044	0	126	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.						7	0	0	0	0	0	25.00
							1.00						
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.								1	26.00			
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.								1	27.00			
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.								0	35.00			
							Beginning:	Ending:					
							1.00	2.00					
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.									36.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.								0	37.00			

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		Beginning: 1.00	Ending: 2.00			
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive capital payment for disproportionate share in accordance with 42 CFR section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/(col. 1 + col. 2)) 3.00		
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 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/(col. 3 + col. 4)) 5.00
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

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000 67.00
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	0	71.00
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
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	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	97.00

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		V 1.00	XIX 2.00		
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		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.		20,000,000	20,000,000	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
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	902022	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: TRINITY HEALTH SYSTEMS	Contractor's Name: NGS		Contractor's Number: 00452	
142.00	Street: 34605 12 MILE RD	PO Box:			
143.00	City: FARMINGTON HILLS	State: MI		Zip Code: 48331	
				1.00	
144.00	Are provider based physicians' costs included in worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00

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		1.00	2.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A	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
		1.00					
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.		N			167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 160069		Period: From 07/01/2010 To 06/30/2011		Worksheet S-2 Part II Date/Time Prepared: 1/30/2012 1:08 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date				
		1.00	2.00				
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					3.00
		Y/N	Type				
		1.00	2.00				
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.	N					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					1.00
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A					
		Description	Y/N	Date			
		0	1.00	2.00			
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y		11/01/2011			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N					17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N					18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N					19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N					20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 160069

Period:
From 07/01/2010
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Worksheet S-2
Part II
Date/Time Prepared:
1/30/2012 1:08 pm

		Part A			
Description		Y/N	Date		
21.00	was the cost report prepared only using the provider's records? If yes, see instructions	N			21.00
		1.00	2.00		
				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	N			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.	N			23.00
24.00	were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N			25.00
26.00	were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N			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.	N			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	N			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N			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.	N			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.	N			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.	Y			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.	N			35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	were home office costs claimed on the cost report?	Y			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.	Y			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.	N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N			40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 160069

Period:
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Worksheet S-2
Part II
Date/Time Prepared:
1/30/2012 1:08 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	11/01/2011	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions,	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part I Date/Time Prepared: 1/30/2012 1:08 pm
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Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	156	56,940	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)		156	56,940	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		172	62,780	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	16	5,840			16.00
17.00 SUBPROVIDER - IRF	41.00	9	3,285			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	22	8,030			19.00
20.00 NURSING FACILITY	45.00	40	14,600			20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						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)		259				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: 160069

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

Worksheet S-3
Part I
Date/Time Prepared:
1/30/2012 1:08 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	14,673	1,281	22,102		1.00
2.00 HMO		168	0			2.00
3.00 HMO IPF		25	0			3.00
4.00 HMO IRF		7	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	14,673	1,281	22,102		7.00
8.00 INTENSIVE CARE UNIT	0	1,213	33	2,748		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		856	2,644		13.00
14.00 Total (see instructions)	0	15,886	2,170	27,494		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	1,364	1,063	4,694		16.00
17.00 SUBPROVIDER - IRF	0	724	7	1,191		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	4,840	448	5,989		19.00
20.00 NURSING FACILITY	0		4,850	14,223		20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	9,656	5,316	18,708		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	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		0	1,349		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)				335		30.00
31.00 Employee discount days - IRF				39		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 160069

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

Worksheet S-3
Part I
Date/Time Prepared:
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Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	4,017	1.00
2.00 HMO					43	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	858.22	0.00	0	4,017	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	27.62	0.00	0	217	16.00
17.00 SUBPROVIDER - IRF	0.00	7.57	0.00	0	58	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	30.31	0.00			19.00
20.00 NURSING FACILITY	0.00	27.20	0.00			20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	44.17	0.00			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	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	995.09	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: 160069

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

Worksheet S-3
Part I
Date/Time Prepared:
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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)	444	7,048		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)	444	7,048		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	289	1,085		16.00
17.00 SUBPROVIDER - IRF	1	94		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 160069

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

Worksheet S-3
Part II
Date/Time Prepared:
1/30/2012 1:08 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	Reclassificati on 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	45,233,498	0	0	45,233,498	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0	3.00
4.00	Physician-Part A		0	0	0	0	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0	4.01
5.00	Physician-Part B		0	0	0	0	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0	7.01
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	1,299,879	0	0	1,299,879	9.00
10.00	Excluded area salaries (see instructions)		8,750,596	0	178,621	8,929,217	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		2,598,919	0	0	2,598,919	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		235,362	0	0	235,362	13.00
14.00	Home office salaries & wage-related costs		8,073,540	0	0	8,073,540	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		14,504,742	0	0	14,504,742	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		4,238,621	0	0	4,238,621	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	0	21.00
22.00	Physician Part A		0	0	0	0	22.00
23.00	Physician Part B		0	0	0	0	23.00
24.00	Wage-related costs (RHC/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	1,233,287	0	0	1,233,287	26.00
27.00	Administrative & General	5.00	2,003,541	0	-176,871	1,826,670	27.00
28.00	Administrative & General under contract (see inst.)		76,094	0	0	76,094	28.00
29.00	Maintenance & Repairs	6.00	1,160,226	0	-1,750	1,158,476	29.00
30.00	Operation of Plant	7.00	0	0	0	0	30.00
31.00	Laundry & Linen Service	8.00	506,926	0	0	506,926	31.00
32.00	Housekeeping	9.00	1,031,776	0	0	1,031,776	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	1,465,757	0	0	1,465,757	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	1,026,936	0	0	1,026,936	38.00
39.00	Central Services and Supply	14.00	351,917	0	0	351,917	39.00
40.00	Pharmacy	15.00	1,653,929	0	0	1,653,929	40.00
41.00	Medical Records & Medical Records Library	16.00	2,132,225	0	0	2,132,225	41.00
42.00	Social Service	17.00	238,107	0	0	238,107	42.00
43.00	Other General Service	18.00	244,127	0	0	244,127	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part II Date/Time Prepared: 1/30/2012 1:08 pm
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		Paid Hours Related to Salaries in col. 4	Average Hourly wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART II - WAGE DATA				
SALARIES				
1.00	Total salaries (see instructions)	2,067,088.00	21.88	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	0.00	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	0.00	4.01
5.00	Physician-Part B	0.00	0.00	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00	7.01
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	63,040.00	20.62	9.00
10.00	Excluded area salaries (see instructions)	411,247.00	21.71	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	91,439.00	28.42	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	1,602.00	146.92	13.00
14.00	Home office salaries & wage-related costs	154,497.00	52.26	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	79,299.00	15.55	26.00
27.00	Administrative & General	95,524.00	19.12	27.00
28.00	Administrative & General under contract (see inst.)	401.35	189.60	28.00
29.00	Maintenance & Repairs	57,874.00	20.02	29.00
30.00	Operation of Plant	0.00	0.00	30.00
31.00	Laundry & Linen Service	42,614.00	11.90	31.00
32.00	Housekeeping	85,068.00	12.13	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	108,986.00	13.45	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	35,254.00	29.13	38.00
39.00	Central Services and Supply	25,204.00	13.96	39.00
40.00	Pharmacy	46,025.00	35.94	40.00
41.00	Medical Records & Medical Records Library	97,958.00	21.77	41.00
42.00	Social Service	11,999.00	19.84	42.00
43.00	Other General Service	16,522.00	14.78	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part III Date/Time Prepared: 1/30/2012 1:08 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	Reclassificati on 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)	45,309,592	0	0	45,309,592	1.00
2.00	Excluded area salaries (see instructions)	10,050,475	0	178,621	10,229,096	2.00
3.00	Subtotal salaries (line 1 minus line 2)	35,259,117	0	-178,621	35,080,496	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,907,821	0	0	10,907,821	4.00
5.00	Subtotal wage-related costs (see inst.)	14,504,742	0	0	14,504,742	5.00
6.00	Total (sum of lines 3 thru 5)	60,671,680	0	-178,621	60,493,059	6.00
7.00	Total overhead cost (see instructions)	13,124,848	0	-178,621	12,946,227	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part III Date/Time Prepared: 1/30/2012 1:08 pm
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		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	2,067,489.35	21.92	1.00
2.00	Excluded area salaries (see instructions)	474,287.00	21.57	2.00
3.00	Subtotal salaries (line 1 minus line 2)	1,593,202.35	22.02	3.00
4.00	Subtotal other wages & related costs (see inst.)	247,538.00	44.07	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	41.35	5.00
6.00	Total (sum of lines 3 thru 5)	1,840,740.35	32.86	6.00
7.00	Total overhead cost (see instructions)	702,728.35	18.42	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 1/30/2012 1:08 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	1,233,108	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	3,403,468	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	308,524	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	8,393,234	8.00
9.00	Prescription Drug Plan	44,710	9.00
10.00	Dental, Hearing and Vision Plan	513,387	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	87,148	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)	8,115	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'workers' Compensation Insurance	645,995	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	3,226,116	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	29,823	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	656,522	22.00
23.00	Tuition Reimbursement	193,213	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	18,743,363	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: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet S-3 Part V Date/Time Prepared: 1/30/2012 1:08 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	2,191,657	407,262	1.00
2.00	Hospital	2,191,657	407,262	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 160069 Component CCN:167145		Period: From 07/01/2010 To 06/30/2011		Worksheet S-4 Date/Time Prepared: 1/30/2012 1:09 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	509	2,518	349	3,376	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	812.00	121.00	302.00	1,235.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		20.00	0.00	20.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			14.00	0.00	14.00	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			3.00	0.00	3.00	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.00	0.00	1.00	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			3.00	0.00	3.00	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	RESPIRATORY THERAPY			5.00	0.00	5.00	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).			20220			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		without Outliers	with Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	5,743	201	151	175	6,270	21.00
22.00	Skilled Nursing Visit Charges	735,104	25,728	19,328	22,400	802,560	22.00
23.00	Physical Therapy Visits	2,102	0	24	53	2,179	23.00
24.00	Physical Therapy Visit Charges	323,680	0	3,696	8,162	335,538	24.00
25.00	Occupational Therapy Visits	574	0	5	15	594	25.00
26.00	Occupational Therapy Visit Charges	88,396	0	770	2,310	91,476	26.00
27.00	Speech Pathology Visits	10	7	0	0	17	27.00
28.00	Speech Pathology Visit Charges	1,540	1,078	0	0	2,618	28.00
29.00	Medical Social Service Visits	1	0	0	0	1	29.00
30.00	Medical Social Service Visit Charges	198	0	0	0	198	30.00
31.00	Home Health Aide Visits	582	1	0	12	595	31.00
32.00	Home Health Aide Visit Charges	38,994	67	0	804	39,865	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	9,012	209	180	255	9,656	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)	1,187,912	26,873	23,794	33,676	1,272,255	35.00
36.00	Total Number of Episodes (standard/non outlier)	777		59	24	860	36.00
37.00	Total Number of Outlier Episodes		4		0	4	37.00
38.00	Total Non-Routine Medical Supply Charges	17,892	2,032	2,294	765	22,983	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 160069

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

Worksheet S-7

Date/Time Prepared:
1/30/2012 1:08 pm

		1.00	2.00	3.00
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	6	0	6	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	277	0	277	5.00
6.00	RVL	41	0	41	6.00
7.00	RHX	133	0	133	7.00
8.00	RHL	109	0	109	8.00
9.00	RMX	652	0	652	9.00
10.00	RML	163	0	163	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	12	0	12	12.00
13.00	RUB	16	0	16	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	622	0	622	15.00
16.00	RVB	321	0	321	16.00
17.00	RVA	147	0	147	17.00
18.00	RHC	835	0	835	18.00
19.00	RHB	368	0	368	19.00
20.00	RHA	142	0	142	20.00
21.00	RMC	176	0	176	21.00
22.00	RMB	163	0	163	22.00
23.00	RMA	110	0	110	23.00
24.00	RLB	3	0	3	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	9	0	9	28.00
29.00	HE2	65	0	65	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	24	0	24	31.00
32.00	HD1	13	0	13	32.00
33.00	HC2	58	0	58	33.00
34.00	HC1	26	0	26	34.00
35.00	HB2	176	0	176	35.00
36.00	HB1	55	0	55	36.00
37.00	LE2	1	0	1	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	3	0	3	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	2	0	2	43.00
44.00	LB1	5	0	5	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	0	0	0	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	0	0	0	52.00
53.00	CA2	14	0	14	53.00
54.00	CA1	32	0	32	54.00
55.00	SE3	6	0	6	55.00
56.00	SE2	14	0	14	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	41	0	41	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

1/30/2012 1:08 pm

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 160069

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

Worksheet S-7

Date/Time Prepared:
1/30/2012 1:08 pm

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
69.00	PE2	0	0	0	69.00
70.00	PE1	0	0	0	70.00
71.00	PD2	0	0	0	71.00
72.00	PD1	0	0	0	72.00
73.00	PC2	0	0	0	73.00
74.00	PC1	0	0	0	74.00
75.00	PB2	0	0	0	75.00
76.00	PB1	0	0	0	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	4,840	0	4,840	200.00

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

201.00 **SNF SERVICES**
Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable). 20220 20220 201.00

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

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

202.00	Staffing	0	0.00	202.00
203.00	Recruitment	0	0.00	203.00
204.00	Retention of employees	0	0.00	204.00
205.00	Training	0	0.00	205.00
206.00	OTHER (SPECIFY)	0	0.00	206.00
207.00	Total SNF revenue (worksheet G-2, Part I, line 7, column 3)	3,037,830		207.00

		1.00
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1.00	Wage Index Factor	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	186.11	186.11	0	266.82	3.00
4.00		RUL	164.57	164.57	0	260.04	4.00
5.00		RVX	141.03	141.03	0	241.42	5.00
6.00		RVL	131.67	131.67	0	214.30	6.00
7.00		RHX	119.31	119.31	0	221.85	7.00
8.00		RHL	116.50	116.50	0	195.70	8.00
9.00		RMX	135.32	135.32	0	205.09	9.00
10.00		RML	124.55	124.55	0	187.66	10.00
11.00		RLX	96.17	96.17	0	182.17	11.00
12.00		RUC	159.42	159.42	0	194.65	12.00
13.00		RUB	146.31	146.31	0	194.65	13.00
14.00		RUA	139.76	139.76	0	157.36	14.00
15.00		RVC	126.99	126.99	0	169.25	15.00
16.00		RVB	120.90	120.90	0	143.58	16.00
17.00		RVA	109.67	109.67	0	143.10	17.00
18.00		RHC	109.95	109.95	0	149.69	18.00
19.00		RHB	105.26	105.26	0	133.22	19.00
20.00		RHA	98.24	98.24	0	115.30	20.00
21.00		RMC	101.14	101.14	0	133.41	21.00
22.00		RMB	98.33	98.33	0	123.73	22.00
23.00		RMA	96.46	96.46	0	99.51	23.00
24.00		RLB	88.68	88.68	0	132.28	24.00
25.00		RLA	76.04	76.04	0	80.95	25.00
26.00		ES3	202.92	202.92	0	202.92	26.00
27.00		ES2	158.84	158.84	0	158.84	27.00
28.00		ES1	141.89	141.89	0	141.89	28.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 160069

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

Worksheet S-7

Date/Time Prepared:
1/30/2012 1:08 pm

	Group	Base Rate	Actual Rate	Days for	Base Rate	
		Prior to 10/1	for Services Prior to 10/1	Services Prior to 10/1	On/After 10/1	
	1.00	2.00	3.00	4.00	5.00	
29.00	HE2	137.04	137.04	0	137.04	29.00
30.00	HE1	113.80	113.80	0	113.80	30.00
31.00	HD2	128.33	128.33	0	128.33	31.00
32.00	HD1	107.02	107.02	0	107.02	32.00
33.00	HC2	121.06	121.06	0	121.06	33.00
34.00	HC1	101.20	101.20	0	101.20	34.00
35.00	HB2	119.61	119.61	0	119.61	35.00
36.00	HB1	100.24	100.24	0	100.24	36.00
37.00	LE2	124.45	124.45	0	124.45	37.00
38.00	LE1	104.11	104.11	0	104.11	38.00
39.00	LD2	119.61	119.61	0	119.61	39.00
40.00	LD1	100.24	100.24	0	100.24	40.00
41.00	LC2	105.08	105.08	0	105.08	41.00
42.00	LC1	88.61	88.61	0	88.61	42.00
43.00	LB2	99.75	99.75	0	99.75	43.00
44.00	LB1	84.74	84.74	0	84.74	44.00
45.00	CE2	110.89	110.89	0	110.89	45.00
46.00	CE1	102.17	102.17	0	102.17	46.00
47.00	CD2	105.08	105.08	0	105.08	47.00
48.00	CD1	96.36	96.36	0	96.36	48.00
49.00	CC2	81.44	81.44	0	92.00	49.00
50.00	CC1	74.89	74.89	0	85.22	50.00
51.00	CB2	71.14	71.14	0	85.22	51.00
52.00	CB1	67.86	67.86	0	78.93	52.00
53.00	CA2	67.40	67.40	0	72.14	53.00
54.00	CA1	63.65	63.65	0	67.30	54.00
55.00	SE3	109.06	109.06	0	0.00	55.00
56.00	SE2	93.15	93.15	0	0.00	56.00
57.00	SE1	83.31	83.31	0	0.00	57.00
58.00	SSC	81.91	81.91	0	0.00	58.00
59.00	SSB	77.70	77.70	0	0.00	59.00
60.00	SSA	76.29	76.29	0	0.00	60.00
61.00	IB2	60.84	60.84	0	0.00	61.00
62.00	IB1	59.90	59.90	0	0.00	62.00
63.00	IA2	55.22	55.22	0	0.00	63.00
64.00	IA1	53.35	53.35	0	0.00	64.00
65.00	BB2	60.37	60.37	0	76.50	65.00
66.00	BB1	58.97	58.97	0	73.11	66.00
67.00	BA2	54.76	54.76	0	63.42	67.00
68.00	BA1	51.01	51.01	0	60.52	68.00
69.00	PE2	65.52	65.52	0	102.17	69.00
70.00	PE1	64.59	64.59	0	97.33	70.00
71.00	PD2	62.25	62.25	0	96.36	71.00
72.00	PD1	61.31	61.31	0	91.52	72.00
73.00	PC2	59.44	59.44	0	82.80	73.00
74.00	PC1	58.97	58.97	0	78.93	74.00
75.00	PB2	52.88	52.88	0	70.21	75.00
76.00	PB1	51.95	51.95	0	67.30	76.00
77.00	PA2	51.48	51.48	0	58.10	77.00
78.00	PA1	50.07	50.07	0	55.68	78.00
199.00	AAA	50.07	50.07	0	0.00	199.00
200.00	TOTAL			0		200.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 160069

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

Worksheet S-7
Date/Time Prepared:
1/30/2012 1:08 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	266.82	0	0	3.00
4.00	260.04	0	0	4.00
5.00	241.42	0	0	5.00
6.00	214.30	0	0	6.00
7.00	221.85	0	0	7.00
8.00	195.70	0	0	8.00
9.00	205.09	0	0	9.00
10.00	187.66	0	0	10.00
11.00	182.17	0	0	11.00
12.00	194.65	0	0	12.00
13.00	194.65	0	0	13.00
14.00	157.36	0	0	14.00
15.00	169.25	0	0	15.00
16.00	143.58	0	0	16.00
17.00	143.10	0	0	17.00
18.00	149.69	0	0	18.00
19.00	133.22	0	0	19.00
20.00	115.30	0	0	20.00
21.00	133.41	0	0	21.00
22.00	123.73	0	0	22.00
23.00	99.51	0	0	23.00
24.00	132.28	0	0	24.00
25.00	80.95	0	0	25.00
26.00	202.92	0	0	26.00
27.00	158.84	0	0	27.00
28.00	141.89	0	0	28.00
29.00	137.04	0	0	29.00
30.00	113.80	0	0	30.00
31.00	128.33	0	0	31.00
32.00	107.02	0	0	32.00
33.00	121.06	0	0	33.00
34.00	101.20	0	0	34.00
35.00	119.61	0	0	35.00
36.00	100.24	0	0	36.00
37.00	124.45	0	0	37.00
38.00	104.11	0	0	38.00
39.00	119.61	0	0	39.00
40.00	100.24	0	0	40.00
41.00	105.08	0	0	41.00
42.00	88.61	0	0	42.00
43.00	99.75	0	0	43.00
44.00	84.74	0	0	44.00
45.00	110.89	0	0	45.00
46.00	102.17	0	0	46.00
47.00	105.08	0	0	47.00
48.00	96.36	0	0	48.00
49.00	92.00	0	0	49.00
50.00	85.22	0	0	50.00
51.00	85.22	0	0	51.00
52.00	78.93	0	0	52.00
53.00	72.14	0	0	53.00
54.00	67.30	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	76.50	0	0	65.00
66.00	73.11	0	0	66.00
67.00	63.42	0	0	67.00
68.00	60.52	0	0	68.00
69.00	102.17	0	0	69.00
70.00	97.33	0	0	70.00
71.00	96.36	0	0	71.00
72.00	91.52	0	0	72.00
73.00	82.80	0	0	73.00
74.00	78.93	0	0	74.00
75.00	70.21	0	0	75.00

1/30/2012 1:08 pm

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 160069

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

Worksheet S-7
Date/Time Prepared:
1/30/2012 1:08 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	67.30	0	0	76.00
77.00	58.10	0	0	77.00
78.00	55.68	0	0	78.00
199.00	0.00	0	0	199.00
200.00 TOTAL		0	0	200.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet S-10 Date/Time Prepared: 1/30/2012 1:08 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.350096	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		5,559,579	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		17,578,038	6.00	
7.00	Medicaid cost (line 1 times line 6)		6,154,001	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)		594,422	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		189,963	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		436,159	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		152,698	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		29,155	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 12 and 16)	8,	594,422	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	3,891,701	1,069,954	4,961,655	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,362,469	374,587	1,737,056	21.00
22.00	Partial payment by patients approved for charity care	33,137	190,947	224,084	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,329,332	183,640	1,512,972	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)		3,034,160	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		121,308	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		2,912,852	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,019,778	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		2,532,750	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,127,172	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160069

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

Worksheet A

Date/Time Prepared:
1/30/2012 1:08 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		3,500,531	3,500,531	-1,944,112	1,556,419	1.00
1.01 NEW CAP REL COSTS-47 BLDG		0	0	837,481	837,481	1.01
1.02 NEW CAP REL COSTS-DYERSVILLE		0	0	130,166	130,166	1.02
1.03 NEW CAP REL COSTS-PROF ARTS PLAZA		0	0	204,937	204,937	1.03
1.04 NEW CAP REL COSTS-ASBURY SQUARE		0	0	280	280	1.04
1.05 NEW CAP REL COSTS-MED ARTS BUILDING		0	0	9,370	9,370	1.05
1.06 NEW CAP REL COSTS-ENERGY CENTER		0	0	177,625	177,625	1.06
1.07 NEW CAP REL COSTS-RENTAL PROPERTIES		0	0	6,859	6,859	1.07
1.08 NEW CAP REL COSTS-PARKING DECK		0	0	63,617	63,617	1.08
1.09 NEW CAP REL COSTS-97 BUILDING		0	0	1,009,748	1,009,748	1.09
1.10 NEW CAP REL COSTS-BELLEVUE CLINIC		0	0	1,704	1,704	1.10
1.11 NEW CAP REL COSTS-CASCADE CLINIC		0	0	634	634	1.11
1.12 NEW CAP REL COSTS-RETAIL PHARMACY		0	0	54,785	54,785	1.12
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	5,189,233	5,189,233	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	559,843	1,622,164	2,182,007	-6,601	2,175,406	4.00
4.01 CHILD CARE	673,444	330,963	1,004,407	-5,969	998,438	4.01
5.01 COMMUNICATIONS	251,736	88,144	339,880	-893	338,987	5.01
5.02 PURCHASING	191,760	459,092	650,852	-375	650,477	5.02
5.03 PFS/COLLECTION	524,625	1,672,887	2,197,512	-207	2,197,305	5.03
5.06 OTHER ADMINISTRATIVE AND GENERAL	1,035,420	12,526,965	13,562,385	-2,344,938	11,217,447	5.06
6.00 MAINTENANCE & REPAIRS	1,160,226	4,159,185	5,319,411	-43,461	5,275,950	6.00
7.00 OPERATION OF PLANT	0	136,476	136,476	-14,700	121,776	7.00
8.00 LAUNDRY & LINEN SERVICE	506,926	600,063	1,106,989	-60,773	1,046,216	8.00
9.00 HOUSEKEEPING	1,031,776	627,207	1,658,983	-5,150	1,653,833	9.00
10.00 DIETARY	1,465,757	1,464,883	2,930,640	-23,172	2,907,468	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	1,026,936	597,448	1,624,384	-26,225	1,598,159	13.00
14.00 CENTRAL SERVICES & SUPPLY	351,917	140,932	492,849	-5,202	487,647	14.00
15.00 PHARMACY	1,653,929	819,077	2,473,006	-89,329	2,383,677	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,132,225	799,967	2,932,192	-25,041	2,907,151	16.00
17.00 SOCIAL SERVICE	238,107	68,652	306,759	0	306,759	17.00
18.00 CENTRAL STERILIZATION	244,127	244,886	489,013	-34,581	454,432	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	411,927	411,927	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	7,711,515	3,799,152	11,510,667	-1,182,416	10,328,251	30.00
31.00 INTENSIVE CARE UNIT	1,138,180	471,379	1,609,559	-90,972	1,518,587	31.00
40.00 SUBPROVIDER - IPF	1,399,950	419,048	1,818,998	-20,315	1,798,683	40.00
41.00 SUBPROVIDER - IRF	379,234	237,283	616,517	-1,826	614,691	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	546,748	228,670	775,418	416,169	1,191,587	43.00
44.00 SKILLED NURSING FACILITY	1,299,879	473,488	1,773,367	-28,983	1,744,384	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,235,969	11,293,073	14,529,042	-8,273,171	6,255,871	50.00
51.00 RECOVERY ROOM	1,598,826	666,395	2,265,221	-123,948	2,141,273	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	573,468	573,468	52.00
53.00 ANESTHESIOLOGY	55,578	777,507	833,085	-629,547	203,538	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,743,531	1,497,977	3,241,508	-334,370	2,907,138	54.00
54.01 MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	163,524	520,237	683,761	-453,152	230,609	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	5,339,927	5,339,927	-445	5,339,482	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	997,366	997,366	-1,646	995,720	63.00
65.00 RESPIRATORY THERAPY	830,687	484,643	1,315,330	-47,724	1,267,606	65.00
66.00 PHYSICAL THERAPY	2,093,232	741,309	2,834,541	-27,453	2,807,088	66.00
69.00 ELECTROCARDIOLOGY	723,773	4,003,339	4,727,112	-3,460,978	1,266,134	69.00
70.00 ELECTROENCEPHALOGRAPHY	292,287	142,363	434,650	-31,826	402,824	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	273,896	273,896	2,748,874	3,022,770	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,189,166	8,189,166	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	4,155,051	4,155,051	385,917	4,540,968	73.00
76.00 CARDIAC REHAB	267,953	89,507	357,460	-100,910	256,550	76.00
76.01 BEHAVIORAL OUTPATIENT	178,507	77,222	255,729	-53	255,676	76.01
76.02 SHOCK THERAPY	26,397	19,043	45,440	-3,457	41,983	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	1,527,562	1,679,590	3,207,152	-102,829	3,104,323	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

1/30/2012 1:08 pm

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 160069		Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/30/2012 1:08 pm		
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassificati ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	0	224,039	224,039	-175	223,864	98.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	2,093,250	2,069,584	4,162,834	-39,375	4,123,459	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE		968,293	968,293	-968,293	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	300	300	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	40,355,336	71,508,903	111,864,239	-142,333	111,721,906	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OAKCREST NH	918,312	427,144	1,345,456	-11,255	1,334,201	190.01
190.02	SHARED SERVICES	444,481	107,179	551,660	-186	551,474	190.02
190.03	MATERNAL HEALTH SERVICES	93,823	70,233	164,056	-60	163,996	190.03
190.04	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	TV SERVICE	0	0	0	28,173	28,173	190.05
190.06	FUND DEVELOPMENT	287,990	396,499	684,489	190,342	874,831	190.06
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	KENNEDY LIVING CENTER	564,358	182,065	746,423	-73,355	673,068	194.01
194.02	MERCY CRESCENT DIABETES PROGRAM	0	107	107	-107	0	194.02
194.03	RENTAL PROPERTIES	0	8,912	8,912	14,700	23,612	194.03
194.04	AUXILIARY	0	0	0	0	0	194.04
194.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	96,497	34,111	130,608	0	130,608	194.05
194.06	RURAL OUTREACH PROGRAM	41,710	108,854	150,564	0	150,564	194.06
194.07	BAD DEBT EXPENSE	0	2,988,799	2,988,799	0	2,988,799	194.07
194.08	LIFELINE	17,911	32,501	50,412	0	50,412	194.08
194.09	MMC DYERSVILLE	2,229,501	2,420,541	4,650,042	-86,446	4,563,596	194.09
194.10	CCH ELKADER	183,185	39,835	223,020	0	223,020	194.10
194.11	RETAIL PHARMACY	394	23,663,163	23,663,557	80,527	23,744,084	194.11
194.12	IDLE SPACE	0	0	0	0	0	194.12
200.00	TOTAL (SUM OF LINES 118-199)	45,233,498	101,988,846	147,222,344	0	147,222,344	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/30/2012 1:08 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-971,982	584,437	1.00
1.01	NEW CAP REL COSTS-47 BLDG	0	837,481	1.01
1.02	NEW CAP REL COSTS-DYERSVILLE	0	130,166	1.02
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA	0	204,937	1.03
1.04	NEW CAP REL COSTS-ASBURY SQUARE	0	280	1.04
1.05	NEW CAP REL COSTS-MED ARTS BUILDING	0	9,370	1.05
1.06	NEW CAP REL COSTS-ENERGY CENTER	0	177,625	1.06
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES	0	6,859	1.07
1.08	NEW CAP REL COSTS-PARKING DECK	0	63,617	1.08
1.09	NEW CAP REL COSTS-97 BUILDING	0	1,009,748	1.09
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC	0	1,704	1.10
1.11	NEW CAP REL COSTS-CASCADE CLINIC	0	634	1.11
1.12	NEW CAP REL COSTS-RETAIL PHARMACY	0	54,785	1.12
2.00	NEW CAP REL COSTS-MVBLE EQUIP	335,201	5,524,434	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-614,066	1,561,340	4.00
4.01	CHILD CARE	-767,258	231,180	4.01
5.01	COMMUNICATIONS	-28,368	310,619	5.01
5.02	PURCHASING	-159,122	491,355	5.02
5.03	PFS/COLLECTION	0	2,197,305	5.03
5.06	OTHER ADMINISTRATIVE AND GENERAL	-1,645,431	9,572,016	5.06
6.00	MAINTENANCE & REPAIRS	0	5,275,950	6.00
7.00	OPERATION OF PLANT	0	121,776	7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,046,216	8.00
9.00	HOUSEKEEPING	0	1,653,833	9.00
10.00	DIETARY	-928,187	1,979,281	10.00
11.00	CAFETERIA	0	0	11.00
13.00	NURSING ADMINISTRATION	-34,089	1,564,070	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	487,647	14.00
15.00	PHARMACY	0	2,383,677	15.00
16.00	MEDICAL RECORDS & LIBRARY	-84,046	2,823,105	16.00
17.00	SOCIAL SERVICE	0	306,759	17.00
18.00	CENTRAL STERILIZATION	0	454,432	18.00
19.00	NONPHYSICIAN ANESTHETISTS	-411,927	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-985,142	9,343,109	30.00
31.00	INTENSIVE CARE UNIT	0	1,518,587	31.00
40.00	SUBPROVIDER - IPF	0	1,798,683	40.00
41.00	SUBPROVIDER - IRF	-36,747	577,944	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	-1,101	1,190,486	43.00
44.00	SKILLED NURSING FACILITY	0	1,744,384	44.00
45.00	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-28,245	6,227,626	50.00
51.00	RECOVERY ROOM	-1,590	2,139,683	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	573,468	52.00
53.00	ANESTHESIOLOGY	0	203,538	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	2,907,138	54.00
54.01	MAGNETIC RES. IMAGING	0	0	54.01
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	230,609	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-1,562,465	3,777,017	60.00
60.01	BLOOD LABORATORY	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	995,720	63.00
65.00	RESPIRATORY THERAPY	-3,496	1,264,110	65.00
66.00	PHYSICAL THERAPY	-770	2,806,318	66.00
69.00	ELECTROCARDIOLOGY	0	1,266,134	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	402,824	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-1,430	3,021,340	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	8,189,166	72.00
73.00	DRUGS CHARGED TO PATIENTS	-56,809	4,484,159	73.00
76.00	CARDIAC REHAB	0	256,550	76.00
76.01	BEHAVIORAL OUTPATIENT	-6,886	248,790	76.01
76.02	SHOCK THERAPY	0	41,983	76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	EMERGENCY	-915,468	2,188,855	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	PURCHASED DIALYSIS SERVICES	0	223,864	98.00

1/30/2012 1:08 pm

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES	Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet A Date/Time Prepared: 1/30/2012 1:08 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	0	4,123,459	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	-300	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-8,909,724	102,812,182	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	OAKCREST NH	0	1,334,201	190.01
190.02	SHARED SERVICES	0	551,474	190.02
190.03	MATERNAL HEALTH SERVICES	0	163,996	190.03
190.04	CAFETERIA VISITORS	0	0	190.04
190.05	TV SERVICE	0	28,173	190.05
190.06	FUND DEVELOPMENT	0	874,831	190.06
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.00
194.01	KENNEDY LIVING CENTER	0	673,068	194.01
194.02	MERCY CRESCENT DIABETES PROGRAM	0	0	194.02
194.03	RENTAL PROPERTIES	0	23,612	194.03
194.04	AUXILIARY	0	0	194.04
194.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	0	130,608	194.05
194.06	RURAL OUTREACH PROGRAM	0	150,564	194.06
194.07	BAD DEBT EXPENSE	-2,988,799	0	194.07
194.08	LIFELINE	0	50,412	194.08
194.09	MMC DYERSVILLE	0	4,563,596	194.09
194.10	CCH ELKADER	0	223,020	194.10
194.11	RETAIL PHARMACY	0	23,744,084	194.11
194.12	IDLE SPACE	0	0	194.12
200.00	TOTAL (SUM OF LINES 118-199)	-11,898,523	135,323,821	200.00

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - EQUIPMENT DEPRECIATION						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	5,189,233		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
44.00		0.00	0	0		44.00
TOTALS			0	5,189,233		
B - DEPRECIATION TO INDIVIDUAL BUILDINGS						
1.00	NEW CAP REL COSTS-47 BLDG	1.01	0	805,365		1.00
2.00	NEW CAP REL COSTS-DYERSVILLE	1.02	0	119,907		2.00
3.00	NEW CAP REL COSTS-PROF ARTS PLAZA	1.03	0	194,678		3.00
4.00	NEW CAP REL COSTS-ASBURY SQUARE	1.04	0	280		4.00
5.00	NEW CAP REL COSTS-MED ARTS BUILDING	1.05	0	6,899		5.00
6.00	NEW CAP REL COSTS-ENERGY CENTER	1.06	0	175,543		6.00
7.00	NEW CAP REL COSTS-RENTAL PROPERTIES	1.07	0	6,859		7.00
8.00	NEW CAP REL COSTS-PARKING DECK	1.08	0	63,617		8.00
9.00	NEW CAP REL COSTS-97 BUILDING	1.09	0	994,390		9.00
10.00	NEW CAP REL COSTS-BELLEVUE CLINIC	1.10	0	1,704		10.00
11.00	NEW CAP REL COSTS-CASCADE CLINIC	1.11	0	634		11.00
12.00	NEW CAP REL COSTS-RETAIL PHARMACY	1.12	0	54,785		12.00
TOTALS			0	2,424,661		
C - PROPERTY INSURANCE TO BLDG						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	38,496		1.00
2.00	NEW CAP REL COSTS-47 BLDG	1.01	0	32,116		2.00
3.00	NEW CAP REL COSTS-DYERSVILLE	1.02	0	10,259		3.00

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
4.00	NEW CAP REL COSTS-PROF ARTS PLAZA	1.03	0	10,259		4.00
5.00	NEW CAP REL COSTS-MED ARTS BUILDING	1.05	0	2,471		5.00
6.00	NEW CAP REL COSTS-ENERGY CENTER	1.06	0	2,082		6.00
7.00	NEW CAP REL COSTS-97 BUILDING	1.09	0	15,358		7.00
	TOTALS		0	111,041		
D - RETAIL PHARMACY DEPRECIATION						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	44,473		1.00
	TOTALS		0	44,473		
E - TV SERVICE MAINTENANCE RECLASS						
1.00	TV SERVICE	190.05	0	26,423		1.00
2.00	TV SERVICE	190.05	1,750	0		2.00
	TOTALS		1,750	26,423		
F - CRNA FEES RE-CLASS						
1.00	NONPHYSICIAN ANESTHETISTS	19.00	0	411,927		1.00
	TOTALS		0	411,927		
G - PAP PROPERTY TAXES						
1.00	RENTAL PROPERTIES	194.03	0	14,700		1.00
	TOTALS		0	14,700		
H - NON ALLOWABLE ADVERTISING RECLASS						
1.00	FUND DEVELOPMENT	190.06	176,871	13,530		1.00
	TOTALS		176,871	13,530		
I - SNF UTILIZATION REVIEW COST RECLASS						
1.00	UTILIZATION REVIEW-SNF	114.00	0	300		1.00
	TOTALS		0	300		
J - BIRTH CENTER COSTS RECLASS						
1.00	NURSERY	43.00	410,931	29,731		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	534,777	38,691		2.00
	TOTALS		945,708	68,422		
K - GENERAL INSURANCE RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	570,713		1.00
	TOTALS		0	570,713		
L - INTEREST EXPENSE RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	968,293		1.00
	TOTALS		0	968,293		
N - MEDICAL SUPPLIES TO PATIENTS RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	303,712		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	93		2.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
15.00		0.00	0	0		15.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
	TOTALS		0	303,805		
O - DRUGS TO PATIENTS RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	385,824		1.00
2.00		0.00	0	0		2.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00

Increases						
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
	TOTALS		0	385,824		
P - RECLASS INCOME TAX AND BAD DEBT						
1.00	RETAIL PHARMACY	194.11	0	125,000		1.00
	TOTALS		0	125,000		
Q - IMPLANTABLE SUPPLIES RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	8,189,166		1.00
2.00		0.00	0	0		2.00
	TOTALS		0	8,189,166		
R - MEDICAL SUPPLIES TO PATIENTS RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,537,348		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		0	2,537,348		
S - CARDIAC REHAB RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	73,151	24,435		1.00
	TOTALS		73,151	24,435		
500.00	Grand Total: Increases		1,197,480	21,409,294		500.00

RECLASSIFICATIONS

Provider CCN: 160069

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

Worksheet A-6
Date/Time Prepared:
1/30/2012 1:08 pm

		Decreases				wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS	4.00	0	6,601	9	1.00	
2.00	CHILD CARE	4.01	0	5,969	9	2.00	
3.00	COMMUNICATIONS	5.01	0	893	9	3.00	
4.00	PURCHASING	5.02	0	375	9	4.00	
5.00	PFS/COLLECTION	5.03	0	207	9	5.00	
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,489,209	9	6.00	
7.00	MAINTENANCE & REPAIRS	6.00	0	15,288	9	7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	0	60,773	9	8.00	
9.00	HOUSEKEEPING	9.00	0	5,150	9	9.00	
10.00	DIETARY	10.00	0	23,172	9	10.00	
11.00	NURSING ADMINISTRATION	13.00	0	26,225	9	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,202	9	12.00	
13.00	PHARMACY	15.00	0	89,329	9	13.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	25,041	9	14.00	
15.00	CENTRAL STERILIZATION	18.00	0	34,581	9	15.00	
16.00	ADULTS & PEDIATRICS	30.00	0	92,907	9	16.00	
17.00	INTENSIVE CARE UNIT	31.00	0	47,395	9	17.00	
18.00	SUBPROVIDER - IPF	40.00	0	20,315	9	18.00	
19.00	SUBPROVIDER - IRF	41.00	0	795	9	19.00	
20.00	NURSERY	43.00	0	19,696	9	20.00	
21.00	SKILLED NURSING FACILITY	44.00	0	6,681	9	21.00	
22.00	OPERATING ROOM	50.00	0	461,093	9	22.00	
23.00	RECOVERY ROOM	51.00	0	29,472	9	23.00	
24.00	ANESTHESIOLOGY	53.00	0	97,914	9	24.00	
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	326,130	9	25.00	
26.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	452,931	9	26.00	
27.00	LABORATORY	60.00	0	176	9	27.00	
28.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	1,646	9	28.00	
29.00	RESPIRATORY THERAPY	65.00	0	45,950	9	29.00	
30.00	PHYSICAL THERAPY	66.00	0	14,485	9	30.00	
31.00	ELECTROCARDIOLOGY	69.00	0	420,343	9	31.00	
32.00	ELECTROENCEPHALOGRAPHY	70.00	0	31,806	9	32.00	
33.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	92,186	9	33.00	
34.00	CARDIAC REHAB	76.00	0	3,290	9	34.00	
35.00	BEHAVIORAL OUTPATIENT	76.01	0	53	9	35.00	
36.00	SHOCK THERAPY	76.02	0	3,298	9	36.00	
37.00	EMERGENCY	91.00	0	37,682	9	37.00	
38.00	HOME HEALTH AGENCY	101.00	0	24,432	9	38.00	
39.00	OAKCREST NH	190.01	0	10,389	9	39.00	
40.00	SHARED SERVICES	190.02	0	186	9	40.00	
41.00	FUND DEVELOPMENT	190.06	0	59	9	41.00	
42.00	MERCY CRESCENT DIABETES PROGRAM	194.02	0	107	9	42.00	
43.00	MMC DYERSVILLE	194.09	0	86,446	9	43.00	
44.00	KENNEDY LIVING CENTER	194.01	0	73,355	9	44.00	
TOTALS			0	5,189,233			
B - DEPRECIATION TO INDIVIDUAL BUILDINGS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,424,661	9	1.00	
2.00		0.00	0	0	9	2.00	
3.00		0.00	0	0	9	3.00	
4.00		0.00	0	0	9	4.00	
5.00		0.00	0	0	9	5.00	
6.00		0.00	0	0	9	6.00	
7.00		0.00	0	0	9	7.00	
8.00		0.00	0	0	9	8.00	
9.00		0.00	0	0	9	9.00	
10.00		0.00	0	0	9	10.00	
11.00		0.00	0	0	9	11.00	
12.00		0.00	0	0	9	12.00	
TOTALS			0	2,424,661			
C - PROPERTY INSURANCE TO BLDG							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	111,041	12	1.00	
2.00		0.00	0	0	12	2.00	
3.00		0.00	0	0	12	3.00	
4.00		0.00	0	0	12	4.00	
5.00		0.00	0	0	12	5.00	
6.00		0.00	0	0	12	6.00	
7.00		0.00	0	0	12	7.00	

1/30/2012 1:08 pm

		Decreases				wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
	6.00	7.00	8.00	9.00	10.00		
	TOTALS		0	111,041			
D - RETAIL PHARMACY DEPRECIATION							
1.00	RETAIL PHARMACY	194.11	0	44,473	9		1.00
	TOTALS		0	44,473			
E - TV SERVICE MAINTENANCE RECLASS							
1.00	MAINTENANCE & REPAIRS	6.00	0	26,423	0		1.00
2.00	MAINTENANCE & REPAIRS	6.00	1,750	0	0		2.00
	TOTALS		1,750	26,423			
F - CRNA FEES RE-CLASS							
1.00	ANESTHESIOLOGY	53.00	0	411,927	0		1.00
	TOTALS		0	411,927			
G - PAP PROPERTY TAXES							
1.00	OPERATION OF PLANT	7.00	0	14,700	0		1.00
	TOTALS		0	14,700			
H - NON ALLOWABLE ADVERTISING RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	176,871	13,530	0		1.00
	TOTALS		176,871	13,530			
I - SNF UTILIZATION REVIEW COST RECLASS							
1.00	SKILLED NURSING FACILITY	44.00	0	300	0		1.00
	TOTALS		0	300			
J - BIRTH CENTER COSTS RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	945,708	68,422	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		945,708	68,422			
K - GENERAL INSURANCE RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	570,713	9		1.00
	TOTALS		0	570,713			
L - INTEREST EXPENSE RECLASS							
1.00	INTEREST EXPENSE	113.00	0	968,293	11		1.00
	TOTALS		0	968,293			
N - MEDICAL SUPPLIES TO PATIENTS RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	0	63,343	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	20,432	0		2.00
4.00	SUBPROVIDER - IRF	41.00	0	417	0		4.00
5.00	NURSERY	43.00	0	2,008	0		5.00
6.00	SKILLED NURSING FACILITY	44.00	0	10,471	0		6.00
7.00	OPERATING ROOM	50.00	0	79,824	0		7.00
8.00	RECOVERY ROOM	51.00	0	21,852	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	40,555	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,327	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	731	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	12,593	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	4,422	0		13.00
15.00	CARDIAC REHAB	76.00	0	26	0		15.00
17.00	EMERGENCY	91.00	0	29,757	0		17.00
18.00	PURCHASED DIALYSIS SERVICES	98.00	0	175	0		18.00
19.00	HOME HEALTH AGENCY	101.00	0	14,491	0		19.00
20.00	OAKCREST NH	190.01	0	368	0		20.00
21.00	MATERNAL HEALTH SERVICES	190.03	0	13	0		21.00
	TOTALS		0	303,805			
O - DRUGS TO PATIENTS RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	0	109,622	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	0	23,145	0		2.00
4.00	SUBPROVIDER - IRF	41.00	0	614	0		4.00
5.00	NURSERY	43.00	0	2,789	0		5.00
6.00	SKILLED NURSING FACILITY	44.00	0	11,531	0		6.00
7.00	OPERATING ROOM	50.00	0	33,619	0		7.00
8.00	RECOVERY ROOM	51.00	0	72,624	0		8.00
9.00	ANESTHESIOLOGY	53.00	0	69,011	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,913	0		10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	221	0		11.00
12.00	LABORATORY	60.00	0	269	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	1,043	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	375	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	18,474	0		15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	20	0		16.00
17.00	CARDIAC REHAB	76.00	0	8	0		17.00
18.00	SHOCK THERAPY	76.02	0	159	0		18.00
19.00	EMERGENCY	91.00	0	35,390	0		19.00
20.00	HOME HEALTH AGENCY	101.00	0	452	0		20.00
21.00	OAKCREST NH	190.01	0	498	0		21.00
22.00	MATERNAL HEALTH SERVICES	190.03	0	47	0		22.00

Provider CCN: 160069

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

Worksheet A-6
Date/Time Prepared:
1/30/2012 1:08 pm

Decreases						wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
TOTALS			0	385,824			
P - RECLASS INCOME TAX AND BAD DEBT							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	125,000	0		1.00
TOTALS			0	125,000			
Q - IMPLANTABLE SUPPLIES RECLASS							
1.00	ELECTROCARDIOLOGY	69.00	0	2,558,692	0		1.00
2.00	OPERATING ROOM	50.00	0	5,630,474	0		2.00
TOTALS			0	8,189,166			
R - MEDICAL SUPPLIES TO PATIENTS RECLASS							
1.00	ELECTROCARDIOLOGY	69.00	0	459,047	0		1.00
2.00	OPERATING ROOM	50.00	0	2,068,161	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	10,140	0		3.00
TOTALS			0	2,537,348			
S - CARDIAC REHAB RECLASS							
1.00	CARDIAC REHAB	76.00	73,151	24,435	0		1.00
TOTALS			73,151	24,435			
500.00	Grand Total: Decreases		1,197,480	21,409,294			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160069

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/30/2012 1:08 pm

		Beginning Balances 1.00	Acquisitions			Disposals and Retirements 5.00	
			Purchases 2.00	Donation 3.00	Total 4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,874,124	0	0	0	0	1.00
2.00	Land Improvements	3,476,317	0	0	0	0	2.00
3.00	Buildings and Fixtures	47,290,750	834,763	0	834,763	0	3.00
4.00	Building Improvements	37,299,373	717,661	0	717,661	0	4.00
5.00	Fixed Equipment	2,472,771	0	0	0	0	5.00
6.00	Movable Equipment	50,766,865	3,992,351	0	3,992,351	757,965	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	144,180,200	5,544,775	0	5,544,775	757,965	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	144,180,200	5,544,775	0	5,544,775	757,965	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation 9.00	Lease 10.00	Interest 11.00	Insurance (see instructions) 12.00	Taxes (see instructions) 13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,500,531	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-47 BLDG	0	0	0	0	0	1.01
1.02	NEW CAP REL COSTS-DYERSVILLE	0	0	0	0	0	1.02
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA	0	0	0	0	0	1.03
1.04	NEW CAP REL COSTS-ASBURY SQUARE	0	0	0	0	0	1.04
1.05	NEW CAP REL COSTS-MED ARTS BUILDING	0	0	0	0	0	1.05
1.06	NEW CAP REL COSTS-ENERGY CENTER	0	0	0	0	0	1.06
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES	0	0	0	0	0	1.07
1.08	NEW CAP REL COSTS-PARKING DECK	0	0	0	0	0	1.08
1.09	NEW CAP REL COSTS-97 BUILDING	0	0	0	0	0	1.09
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0	0	1.10
1.11	NEW CAP REL COSTS-CASCADE CLINIC	0	0	0	0	0	1.11
1.12	NEW CAP REL COSTS-RETAIL PHARMACY	0	0	0	0	0	1.12
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,500,531	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets 1.00	Capitalized Leases 2.00	Gross Assets for Ratio (col. 1 - col. 2) 3.00	ALLOCATION OF OTHER CAPITAL Ratio (see instructions) 4.00	Insurance 5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
1.01	NEW CAP REL COSTS-47 BLDG	0	0	0	0.000000	0	1.01
1.02	NEW CAP REL COSTS-DYERSVILLE	0	0	0	0.000000	0	1.02
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA	0	0	0	0.000000	0	1.03
1.04	NEW CAP REL COSTS-ASBURY SQUARE	0	0	0	0.000000	0	1.04
1.05	NEW CAP REL COSTS-MED ARTS BUILDING	0	0	0	0.000000	0	1.05
1.06	NEW CAP REL COSTS-ENERGY CENTER	0	0	0	0.000000	0	1.06
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES	0	0	0	0.000000	0	1.07
1.08	NEW CAP REL COSTS-PARKING DECK	0	0	0	0.000000	0	1.08
1.09	NEW CAP REL COSTS-97 BUILDING	0	0	0	0.000000	0	1.09
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0.000000	0	1.10
1.11	NEW CAP REL COSTS-CASCADE CLINIC	0	0	0	0.000000	0	1.11
1.12	NEW CAP REL COSTS-RETAIL PHARMACY	0	0	0	0.000000	0	1.12
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160069

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
1/30/2012 1:08 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,874,124	0		1.00		
2.00	Land Improvements	3,476,317	2,739,944		2.00		
3.00	Buildings and Fixtures	48,125,513	14,992,485		3.00		
4.00	Building Improvements	38,017,034	15,910,450		4.00		
5.00	Fixed Equipment	2,472,771	1,078,805		5.00		
6.00	Movable Equipment	54,001,251	34,848,283		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	148,967,010	69,569,967		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	148,967,010	69,569,967		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,500,531		1.00		
1.01	NEW CAP REL COSTS-47 BLDG	0	0		1.01		
1.02	NEW CAP REL COSTS-DYERSVILLE	0	0		1.02		
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA	0	0		1.03		
1.04	NEW CAP REL COSTS-ASBURY SQUARE	0	0		1.04		
1.05	NEW CAP REL COSTS-MED ARTS BUILDING	0	0		1.05		
1.06	NEW CAP REL COSTS-ENERGY CENTER	0	0		1.06		
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES	0	0		1.07		
1.08	NEW CAP REL COSTS-PARKING DECK	0	0		1.08		
1.09	NEW CAP REL COSTS-97 BUILDING	0	0		1.09		
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC	0	0		1.10		
1.11	NEW CAP REL COSTS-CASCADE CLINIC	0	0		1.11		
1.12	NEW CAP REL COSTS-RETAIL PHARMACY	0	0		1.12		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	3,500,531		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	545,941	0	1.00
1.01	NEW CAP REL COSTS-47 BLDG	0	0	0	805,365	0	1.01
1.02	NEW CAP REL COSTS-DYERSVILLE	0	0	0	119,907	0	1.02
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA	0	0	0	194,678	0	1.03
1.04	NEW CAP REL COSTS-ASBURY SQUARE	0	0	0	280	0	1.04
1.05	NEW CAP REL COSTS-MED ARTS BUILDING	0	0	0	6,899	0	1.05
1.06	NEW CAP REL COSTS-ENERGY CENTER	0	0	0	175,543	0	1.06
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES	0	0	0	6,859	0	1.07
1.08	NEW CAP REL COSTS-PARKING DECK	0	0	0	63,617	0	1.08
1.09	NEW CAP REL COSTS-97 BUILDING	0	0	0	994,390	0	1.09
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC	0	0	0	1,704	0	1.10
1.11	NEW CAP REL COSTS-CASCADE CLINIC	0	0	0	634	0	1.11
1.12	NEW CAP REL COSTS-RETAIL PHARMACY	0	0	0	54,785	0	1.12
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,524,434	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,495,036	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS	Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet A-7 Parts I-III Date/Time Prepared: 1/30/2012 1:08 pm
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	38,496	0	0	584,437	1.00
1.01	NEW CAP REL COSTS-47 BLDG	0	32,116	0	0	837,481	1.01
1.02	NEW CAP REL COSTS-DYERSVILLE	0	10,259	0	0	130,166	1.02
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA	0	10,259	0	0	204,937	1.03
1.04	NEW CAP REL COSTS-ASBURY SQUARE	0	0	0	0	280	1.04
1.05	NEW CAP REL COSTS-MED ARTS BUILDING	0	2,471	0	0	9,370	1.05
1.06	NEW CAP REL COSTS-ENERGY CENTER	0	2,082	0	0	177,625	1.06
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES	0	0	0	0	6,859	1.07
1.08	NEW CAP REL COSTS-PARKING DECK	0	0	0	0	63,617	1.08
1.09	NEW CAP REL COSTS-97 BUILDING	0	15,358	0	0	1,009,748	1.09
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0	1,704	1.10
1.11	NEW CAP REL COSTS-CASCADE CLINIC	0	0	0	0	634	1.11
1.12	NEW CAP REL COSTS-RETAIL PHARMACY	0	0	0	0	54,785	1.12
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,524,434	2.00
3.00	Total (sum of lines 1-2)	0	111,041	0	0	8,606,077	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 160069

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

Worksheet A-8

Date/Time Prepared:
1/30/2012 1:08 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)			NEW CAP REL COSTS-BLDG & FIXT	1.00
2.00	Investment income - movable equipment (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00
3.00	Investment income - other (chapter 2)		0		0.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-2,619	COMMUNICATIONS	5.01
8.00	Television and radio service (chapter 21)		0		0.00
9.00	Parking lot (chapter 21)		0		0.00
10.00	Provider-based physician adjustment	A-8-2	-1,922,937		10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00
12.00	Related organization transactions (chapter 10)	A-8-1	-3,312,929		12.00
13.00	Laundry and linen service		0		0.00
14.00	Cafeteria-employees and guests		0		0.00
15.00	Rental of quarters to employee and others		0		0.00
16.00	Sale of medical and surgical supplies to other than patients	B	-1,430	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
17.00	Sale of drugs to other than patients	B	-56,809	DRUGS CHARGED TO PATIENTS	73.00
18.00	Sale of medical records and abstracts	B	-83,496	MEDICAL RECORDS & LIBRARY	16.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00
20.00	Vending machines	B	-14,015	DIETARY	10.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00
25.00	Utilization review - physicians' compensation (chapter 21)	A	-300	UTILIZATION REVIEW-SNF	114.00
26.00	Depreciation - buildings and fixtures		0	NEW CAP REL COSTS-BLDG & FIXT	1.00
27.00	Depreciation - movable equipment		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00
28.00	Non-physician Anesthetist	A	-411,927	NONPHYSICIAN ANESTHETISTS	19.00
29.00	Physicians' assistant		0		0.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00
33.01	TRINITY INFORMATION SYSTEMSS	B	-3,468	OTHER ADMINISTRATIVE AND GENERAL	5.06
33.02	CHILD CARE CENTER REVENUE	B	-767,258	CHILD CARE	4.01
33.03	EMPLOYEE ASSISTANCE	B	-37,665	EMPLOYEE BENEFITS	4.00
33.04	TELEPHONE REVENUE-DUBUQUE	B	-24,459	COMMUNICATIONS	5.01
33.05	TELEPHONE REVENUE -DYERSVILLE	B	-1,290	COMMUNICATIONS	5.01
33.06	OTHER OPERATING INCOME	B	-27,238	OTHER ADMINISTRATIVE AND GENERAL	5.06
33.07	HEALTH EDUC BIRTH CENTER	B	-34,089	NURSING ADMINISTRATION	13.00
33.08	HEALTH EDUCATION NON PATIENT	B	-550	MEDICAL RECORDS & LIBRARY	16.00
33.09	INSURANCE PROCEEDS	B	-366,967	OTHER ADMINISTRATIVE AND GENERAL	5.06
33.10	NEWBORN PHOTOGRAPHY	B	-1,101	NURSERY	43.00
33.12	INVENTORY ADJUSTMENT	B	-159,122	PURCHASING	5.02
33.14	MISC. PT SERVICES	B	-770	PHYSICAL THERAPY	66.00
33.15	WORKFORCE HEALTH INITIATIVE	B	-4,500	EMPLOYEE BENEFITS	4.00
33.16	ER SVC DRUG TESTING	B	-24,802	EMERGENCY	91.00
33.17	MASSAGE THERAPY	B	-1,590	RECOVERY ROOM	51.00
33.18	VOLUNTEER SERVICES DBQ	B	-256	OTHER ADMINISTRATIVE AND GENERAL	5.06
33.20	NON-ALLOWABLE ADVERTISING	A	-282,039	OTHER ADMINISTRATIVE AND GENERAL	5.06

		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
33.21	CAFETERIA EMPLOYEES-DUBUQUE	B	-914,172	DIETARY	10.00 33.21
33.24	SURGICAL SUPPLIES/RENTALS	B	-28,245	OPERATING ROOM	50.00 33.24
33.25	MISC BILLING SYSTEM	B	-51,429	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.25
33.26	TUITION ASSIST-PART TIME EMPLOYEES	A	-21,750	EMPLOYEE BENEFITS	4.00 33.26
33.27	DUES-LOBBYING ALLOCATION	A	-24,282	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.27
33.28	IC INT EXP TO EXTENT OF OPER INT INC	B	-241,981	NEW CAP REL COSTS-BLDG & FIXT	1.00 33.28
33.30	BAD DEBT EXP. HOSPITAL	A	-2,926,419	BAD DEBT EXPENSE	194.07 33.30
33.31	BAD DEBT EXP RETAIL PHARMACY	A	-15,199	BAD DEBT EXPENSE	194.07 33.31
33.32	BAD DEBT EXP HOME HEALTH	A	-47,181	BAD DEBT EXPENSE	194.07 33.32
33.35	MORGUE FACILITIES	B	-525	LABORATORY	60.00 33.35
34.00	LOSS ON SALE OF ASSETS	A	-3,689	NEW CAP REL COSTS-BLDG & FIXT	1.00 34.00
35.00	ATHLETIC TRAINER - MEDICAL ASSOCIATE	A	-35,000	OTHER ADMINISTRATIVE AND GENERAL	5.06 35.00
36.00	DONATIONS	A	-15,662	OTHER ADMINISTRATIVE AND GENERAL	5.06 36.00
37.00	LEGAL FEES	A	-15,854	OTHER ADMINISTRATIVE AND GENERAL	5.06 37.00
38.00	CHAMBER & CREATIVE TOUCH PURCH SERVI	A	-13,509	OTHER ADMINISTRATIVE AND GENERAL	5.06 38.00
39.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00 39.00
40.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00 40.00
41.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00 41.00
42.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00 42.00
43.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00 43.00
44.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00 44.00
45.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00 45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-11,898,523		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 160069

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

Worksheet A-8

Date/Time Prepared:
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		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	0	1.00
2.00	Investment income - movable equipment (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	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)	0	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	0	24.00
25.00	Utilization review - physicians' compensation (chapter 21)	0	25.00
26.00	Depreciation - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	0	27.00
28.00	Non-physician Anesthetist	0	28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	0	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	0	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)	0	33.00
33.01	TRINITY INFORMATION SYSTEMSS	0	33.01
33.02	CHILD CARE CENTER REVENUE	0	33.02
33.03	EMPLOYEE ASSISTANCE	0	33.03
33.04	TELEPHONE REVENUE-DUBUQUE	0	33.04
33.05	TELEPHONE REVENUE -DYERSVILLE	0	33.05
33.06	OTHER OPERATING INCOME	0	33.06
33.07	HEALTH EDUC BIRTH CENTER	0	33.07
33.08	HEALTH EDUCATION NON PATIENT	0	33.08
33.09	INSURANCE PROCEEDS	0	33.09
33.10	NEWBORN PHOTOGRAPHY	0	33.10
33.12	INVENTORY ADJUSTMENT	0	33.12
33.14	MISC. PT SERVICES	0	33.14
33.15	WORKFORCE HEALTH INITIATIVE	0	33.15
33.16	ER SVC DRUG TESTING	0	33.16
33.17	MASSAGE THERAPY	0	33.17
33.18	VOLUNTEER SERVICES DBQ	0	33.18
33.20	NON-ALLOWABLE ADVERTISING	0	33.20
33.21	CAFETERIA EMPLOYEES-DUBUQUE	0	33.21
33.24	SURGICAL SUPPLIES/RENTALS	0	33.24
33.25	MISC BILLING SYSTEM	0	33.25
33.26	TUITION ASSIST-PART TIME EMPLOYEES	0	33.26
33.27	DUES-LOBBYING ALLOCATION	0	33.27
33.28	IC INT EXP TO EXTENT OF OPER INT INC	11	33.28
33.30	BAD DEBT EXP. HOSPITAL	0	33.30
33.31	BAD DEBT EXP RETAIL PHARMACY	0	33.31
33.32	BAD DEBT EXP HOME HEALTH	0	33.32
33.35	MORGUE FACILITIES	0	33.35
34.00	LOSS ON SALE OF ASSETS	9	34.00

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ADJUSTMENTS TO EXPENSES

Provider CCN: 160069

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

Worksheet A-8

Date/Time Prepared:
1/30/2012 1:08 pm

		Wkst. A-7 Ref.	
		5.00	
35.00	ATHLETIC TRAINER - MEDICAL ASSOCIATE	0	35.00
36.00	DONATIONS	0	36.00
37.00	LEGAL FEES	0	37.00
38.00	CHAMBER & CREATIVE TOUCH PURCH SERVI	0	38.00
39.00	OTHER ADJUSTMENTS (SPECIFY)	0	39.00
40.00	OTHER ADJUSTMENTS (SPECIFY)	0	40.00
41.00	OTHER ADJUSTMENTS (SPECIFY)	0	41.00
42.00	OTHER ADJUSTMENTS (SPECIFY)	0	42.00
43.00	OTHER ADJUSTMENTS (SPECIFY)	0	43.00
44.00	OTHER ADJUSTMENTS (SPECIFY)	0	44.00
45.00	OTHER ADJUSTMENTS (SPECIFY)	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 160069

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

Worksheet A-8-1

Date/Time Prepared:
1/30/2012 1:08 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	5.06	OTHER ADMINISTRATIVE AND GENERAL	INSURANCE EXPENSE	1.00
2.00	4.00	EMPLOYEE BENEFITS	EMPLOYEE STOPLOSS INS	2.00
3.00	4.00	EMPLOYEE BENEFITS	WORKMANS COMP	3.00
4.00	4.00	EMPLOYEE BENEFITS	PENSION	4.00
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUIP	EQUIPMENT DEPRECIATION	4.01
4.02	5.06	OTHER ADMINISTRATIVE AND GENERAL	CENTRAL ADMIN/ MAINT	4.02
4.03	5.06	OTHER ADMINISTRATIVE AND GENERAL	INFORMATION SYSTEMS	4.03
4.04	60.00	LABORATORY	UNITED CLINICAL LAB SERVICES	4.04
4.05	1.00	NEW CAP REL COSTS-BLDG & FIX	INTEREST-CORP BORROWING	4.05
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	B		0.00	6.00
7.00	C		0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

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

Provider CCN: 160069

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

Worksheet A-8-1

Date/Time Prepared:
1/30/2012 1:08 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	363,571	562,041	-198,470	9	1.00	
2.00	299,956	27,670	272,286	0	2.00	
3.00	268,429	645,995	-377,566	0	3.00	
4.00	2,958,597	3,403,468	-444,871	0	4.00	
4.01	335,201	0	335,201	9	4.01	
4.02	6,139,322	6,199,469	-60,147	0	4.02	
4.03	4,887,122	5,438,232	-551,110	0	4.03	
4.04	3,720,073	5,282,013	-1,561,940	0	4.04	
4.05	241,981	968,293	-726,312	11	4.05	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	19,214,252	22,527,181	-3,312,929		5.00

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

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

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

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

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

6.00	TRINITY HEALTH	100.00	HOME OFFICE	6.00
7.00	UNITED CLINICAL	33.33	CONSOLIDATED LAB SERVICE	7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 160069

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

Worksheet A-8-2

Date/Time Prepared:
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	1.00	2.00	3.00	4.00	
1.00	54.00	RADIATIONS	44,031	0	1.00
2.00	91.00	TRAUMA COVERAGE	178,850	178,850	2.00
3.00	91.00	TRAUMA DIRECTOR	27,358	0	3.00
4.00	91.00	EMS ADMINISTARATIVE FEES	137,500	0	4.00
5.00	91.00	ER COVERAGE	229,027	229,027	5.00
6.00	91.00	ORTHOS COVERAGE	288,939	288,939	6.00
7.00	91.00	ON CALL CLINICAL	109,500	109,500	7.00
8.00	76.01	BEHAVORIAL HEALTH MED DIRECTOR	15,313	0	8.00
9.00	41.00	REHAB	117,420	0	9.00
10.00	30.00	HOSPITALIST	985,142	985,142	10.00
11.00	65.00	PULMONARY MEDICINE	11,160	0	11.00
200.00		TOTAL (lines 1.00 through 199.00)	2,144,240	1,791,458	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 160069

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

Worksheet A-8-2

Date/Time Prepared:
1/30/2012 1:08 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	44,031	231,100	409	45,442	2,272	1.00
2.00	0	171,400	0	0	0	2.00
3.00	27,358	171,400	177	14,585	729	3.00
4.00	137,500	171,400	800	65,923	3,296	4.00
5.00	0	171,400	0	0	0	5.00
6.00	0	171,400	0	0	0	6.00
7.00	0	171,400	0	0	0	7.00
8.00	15,313	142,500	123	8,427	421	8.00
9.00	117,420	171,400	979	80,673	4,034	9.00
10.00	0	171,400	0	0	0	10.00
11.00	11,160	171,400	93	7,664	383	11.00
200.00	352,782		2,581	222,714	11,135	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 160069

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

Worksheet A-8-2

Date/Time Prepared:
1/30/2012 1:08 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	45,442	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	14,585	3.00
4.00	0	0	0	0	65,923	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	8,427	8.00
9.00	0	0	0	0	80,673	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	7,664	11.00
200.00	0	0	0	0	222,714	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 160069

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

Worksheet A-8-2
Date/Time Prepared:
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	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	0	1.00
2.00	0	178,850	2.00
3.00	12,773	12,773	3.00
4.00	71,577	71,577	4.00
5.00	0	229,027	5.00
6.00	0	288,939	6.00
7.00	0	109,500	7.00
8.00	6,886	6,886	8.00
9.00	36,747	36,747	9.00
10.00	0	985,142	10.00
11.00	3,496	3,496	11.00
200.00	131,479	1,922,937	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160069

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

Worksheet B
Part I
Date/Time Prepared:
1/30/2012 1:08 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS				NEW PROF ARTS PLAZA	
		NEW BLDG & FIXT	NEW 47 BLDG	NEW DYERSVILLE			
		1.00	1.01	1.02	1.03		
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	584,437	584,437					1.00
1.01 NEW CAP REL COSTS-47 BLDG	837,481	0	837,481				1.01
1.02 NEW CAP REL COSTS-DYERSVILLE	130,166	0	0	130,166			1.02
1.03 NEW CAP REL COSTS-PROF ARTS PLAZA	204,937	0	0	0	204,937		1.03
1.04 NEW CAP REL COSTS-ASBURY SQUARE	280	0	0	0	0		1.04
1.05 NEW CAP REL COSTS-MED ARTS BUILDING	9,370	0	0	0	0		1.05
1.06 NEW CAP REL COSTS-ENERGY CENTER	177,625	0	0	0	0		1.06
1.07 NEW CAP REL COSTS-RENTAL PROPERTIES	6,859	0	0	0	0		1.07
1.08 NEW CAP REL COSTS-PARKING DECK	63,617	0	0	0	0		1.08
1.09 NEW CAP REL COSTS-97 BUILDING	1,009,748	0	0	0	0		1.09
1.10 NEW CAP REL COSTS-BELLEVUE CLINIC	1,704	0	0	0	0		1.10
1.11 NEW CAP REL COSTS-CASCADE CLINIC	634	0	0	0	0		1.11
1.12 NEW CAP REL COSTS-RETAIL PHARMACY	54,785	0	0	0	0		1.12
2.00 NEW CAP REL COSTS-MVBLE EQUIP	5,524,434						2.00
4.00 EMPLOYEE BENEFITS	1,561,340	0	13,563	0	0		4.00
4.01 CHILD CARE	231,180	0	0	0	44,492		4.01
5.01 COMMUNICATIONS	310,619	2,038	3,026	0	0		5.01
5.02 PURCHASING	491,355	2,837	0	0	0		5.02
5.03 PFS/COLLECTION	2,197,305	0	0	0	0		5.03
5.06 OTHER ADMINISTRATIVE AND GENERAL	9,572,016	83,816	201,174	0	29,890		5.06
6.00 MAINTENANCE & REPAIRS	5,275,950	58,804	92,482	0	1,116		6.00
7.00 OPERATION OF PLANT	121,776	2,188	0	0	0		7.00
8.00 LAUNDRY & LINEN SERVICE	1,046,216	1,518	54,941	0	0		8.00
9.00 HOUSEKEEPING	1,653,833	12,699	2,138	0	1,172		9.00
10.00 DIETARY	1,979,281	34,827	0	0	0		10.00
11.00 CAFETERIA	0	0	0	0	0		11.00
13.00 NURSING ADMINISTRATION	1,564,070	0	17,466	0	0		13.00
14.00 CENTRAL SERVICES & SUPPLY	487,647	31,121	0	0	0		14.00
15.00 PHARMACY	2,383,677	5,112	5,274	0	0		15.00
16.00 MEDICAL RECORDS & LIBRARY	2,823,105	15,057	1,118	0	0		16.00
17.00 SOCIAL SERVICE	306,759	1,268	609	0	0		17.00
18.00 CENTRAL STERILIZATION	454,432	10,211	0	0	0		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	9,343,109	113,485	71,349	0	0		30.00
31.00 INTENSIVE CARE UNIT	1,518,587	0	27,246	0	0		31.00
40.00 SUBPROVIDER - IPF	1,798,683	0	79,769	0	0		40.00
41.00 SUBPROVIDER - IRF	577,944	0	30,787	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	1,190,486	0	18,107	0	0		43.00
44.00 SKILLED NURSING FACILITY	1,744,384	0	58,746	0	0		44.00
45.00 NURSING FACILITY	0	0	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	6,227,626	55,472	7,220	0	0		50.00
51.00 RECOVERY ROOM	2,139,683	0	460	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	573,468	0	27,712	0	0		52.00
53.00 ANESTHESIOLOGY	203,538	0	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,907,138	33,897	0	0	0		54.00
54.01 MAGNETIC RES. IMAGING	0	0	0	0	0		54.01
57.00 CT SCAN	0	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	230,609	2,508	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 LABORATORY	3,777,017	13,652	10,838	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	995,720	0	0	0	0		63.00
65.00 RESPIRATORY THERAPY	1,264,110	0	6,463	0	0		65.00
66.00 PHYSICAL THERAPY	2,806,318	0	3,585	0	21,079		66.00
69.00 ELECTROCARDIOLOGY	1,266,134	0	504	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	402,824	0	14,615	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,021,340	0	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	8,189,166	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	4,484,159	0	0	0	0		73.00
76.00 CARDIAC REHAB	256,550	0	0	0	26,379		76.00
76.01 BEHAVIORAL OUTPATIENT	248,790	1,217	0	0	0		76.01
76.02 SHOCK THERAPY	41,983	0	7,340	0	0		76.02
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00

1/30/2012 1:08 pm

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160069

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

Worksheet B
Part I
Date/Time Prepared:
1/30/2012 1:08 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS				NEW PROF ARTS PLAZA	
		NEW BLDG & FIXT	NEW 47 BLDG	NEW DYERSVILLE			
	0	1.00	1.01	1.02	1.03		
91.00 EMERGENCY	2,188,855	31,808	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
98.00 PURCHASED DIALYSIS SERVICES	223,864	0	0	0	0	0	98.00
99.10 CORF	0	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	4,123,459	9,105	21,106	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	102,812,182	522,640	777,638	0	124,128	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
190.01 OAKCREST NH	1,334,201	0	0	29,203	0	0	190.01
190.02 SHARED SERVICES	551,474	0	0	0	388	0	190.02
190.03 MATERNAL HEALTH SERVICES	163,996	0	0	0	1,824	0	190.03
190.04 CAFETERIA VISITORS	0	0	0	0	0	0	190.04
190.05 TV SERVICE	28,173	639	0	0	0	0	190.05
190.06 FUND DEVELOPMENT	874,831	0	2,681	0	0	0	190.06
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 KENNEDY LIVING CENTER	673,068	0	0	0	0	0	194.01
194.02 MERCY CRESCENT DIABETES PROGRAM	0	0	0	0	0	0	194.02
194.03 RENTAL PROPERTIES	23,612	4,335	36,527	0	78,597	0	194.03
194.04 AUXILIARY	0	3,332	3,377	0	0	0	194.04
194.05 COMMUNITY EDUC/OUTSIDE LAUNDRY	130,608	0	4,035	0	0	0	194.05
194.06 RURAL OUTREACH PROGRAM	150,564	0	0	0	0	0	194.06
194.07 BAD DEBT EXPENSE	0	0	0	0	0	0	194.07
194.08 LIFELINE	50,412	0	0	0	0	0	194.08
194.09 MMC DYERSVILLE	4,563,596	0	0	100,963	0	0	194.09
194.10 CCH ELKADER	223,020	0	0	0	0	0	194.10
194.11 RETAIL PHARMACY	23,744,084	0	0	0	0	0	194.11
194.12 IDLE SPACE	0	53,491	13,223	0	0	0	194.12
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)	135,323,821	584,437	837,481	130,166	204,937	0	202.00

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Cost Center Description	CAPITAL RELATED COSTS					NEW PARKING DECK	
	NEW ASBURY SQUARE	NEW MED ARTS BUILDING	NEW ENERGY CENTER	NEW RENTAL PROPERTIES			
	1.04	1.05	1.06	1.07	1.08		
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 NEW CAP REL COSTS-47 BLDG							1.01
1.02 NEW CAP REL COSTS-DYERSVILLE							1.02
1.03 NEW CAP REL COSTS-PROF ARTS PLAZA							1.03
1.04 NEW CAP REL COSTS-ASBURY SQUARE	280						1.04
1.05 NEW CAP REL COSTS-MED ARTS BUILDING	0	9,370					1.05
1.06 NEW CAP REL COSTS-ENERGY CENTER	0	0	177,625				1.06
1.07 NEW CAP REL COSTS-RENTAL PROPERTIES	0	0	0	6,859			1.07
1.08 NEW CAP REL COSTS-PARKING DECK	0	0	0	0	63,617		1.08
1.09 NEW CAP REL COSTS-97 BUILDING	0	0	0	0	0		1.09
1.10 NEW CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0	0		1.10
1.11 NEW CAP REL COSTS-CASCADE CLINIC	0	0	0	0	0		1.11
1.12 NEW CAP REL COSTS-RETAIL PHARMACY	0	0	0	0	0		1.12
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS	0	0	0	0	0	0	4.00
4.01 CHILD CARE	0	0	0	0	0	0	4.01
5.01 COMMUNICATIONS	0	0	0	0	0	0	5.01
5.02 PURCHASING	0	0	0	0	0	0	5.02
5.03 PFS/COLLECTION	0	0	0	0	0	0	5.03
5.06 OTHER ADMINISTRATIVE AND GENERAL	200	0	0	0	63,617		5.06
6.00 MAINTENANCE & REPAIRS	0	0	29,981	0	0		6.00
7.00 OPERATION OF PLANT	0	0	147,644	0	0		7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0		8.00
9.00 HOUSEKEEPING	0	0	0	0	0		9.00
10.00 DIETARY	0	0	0	0	0		10.00
11.00 CAFETERIA	0	0	0	0	0		11.00
13.00 NURSING ADMINISTRATION	0	0	0	0	0		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0		14.00
15.00 PHARMACY	0	0	0	0	0		15.00
16.00 MEDICAL RECORDS & LIBRARY	67	0	0	0	0		16.00
17.00 SOCIAL SERVICE	0	0	0	0	0		17.00
18.00 CENTRAL STERILIZATION	0	0	0	0	0		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	13	0	0	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 MAGNETIC RES. IMAGING	0	0	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00 CARDIAC REHAB	0	0	0	0	0	0	76.00
76.01 BEHAVIORAL OUTPATIENT	0	0	0	0	0	0	76.01
76.02 SHOCK THERAPY	0	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00

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Cost Center Description	CAPITAL RELATED COSTS					NEW PARKING DECK	
	NEW ASBURY SQUARE	NEW MED ARTS BUILDING	NEW ENERGY CENTER	NEW RENTAL PROPERTIES			
	1.04	1.05	1.06	1.07	1.08		
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	280	0	177,625	0	63,617	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OAKCREST NH	0	0	0	0	0	190.01
190.02	SHARED SERVICES	0	0	0	0	0	190.02
190.03	MATERNAL HEALTH SERVICES	0	0	0	0	0	190.03
190.04	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	TV SERVICE	0	0	0	0	0	190.05
190.06	FUND DEVELOPMENT	0	0	0	0	0	190.06
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	MERCY CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	RENTAL PROPERTIES	0	0	0	6,859	0	194.03
194.04	AUXILIARY	0	0	0	0	0	194.04
194.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	0	0	0	0	0	194.05
194.06	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	BAD DEBT EXPENSE	0	0	0	0	0	194.07
194.08	LIFELINE	0	0	0	0	0	194.08
194.09	MMC DYERSVILLE	0	7,911	0	0	0	194.09
194.10	CCH ELKADER	0	0	0	0	0	194.10
194.11	RETAIL PHARMACY	0	1,459	0	0	0	194.11
194.12	IDLE SPACE	0	0	0	0	0	194.12
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)	280	9,370	177,625	6,859	63,617	202.00

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Cost Center Description	CAPITAL RELATED COSTS					
	NEW 97 BUILDING	NEW BELLEVUE CLINIC	NEW CASCADE CLINIC	NEW RETAIL PHARMACY	NEW MVBLE EQUIP	
	1.09	1.10	1.11	1.12	2.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-47 BLDG						1.01
1.02 NEW CAP REL COSTS-DYERSVILLE						1.02
1.03 NEW CAP REL COSTS-PROF ARTS PLAZA						1.03
1.04 NEW CAP REL COSTS-ASBURY SQUARE						1.04
1.05 NEW CAP REL COSTS-MED ARTS BUILDING						1.05
1.06 NEW CAP REL COSTS-ENERGY CENTER						1.06
1.07 NEW CAP REL COSTS-RENTAL PROPERTIES						1.07
1.08 NEW CAP REL COSTS-PARKING DECK						1.08
1.09 NEW CAP REL COSTS-97 BUILDING	1,009,748					1.09
1.10 NEW CAP REL COSTS-BELLEVUE CLINIC	0	1,704				1.10
1.11 NEW CAP REL COSTS-CASCADE CLINIC	0	0	634			1.11
1.12 NEW CAP REL COSTS-RETAIL PHARMACY	0	0	0	54,785		1.12
2.00 NEW CAP REL COSTS-MVBLE EQUIP					5,524,434	2.00
4.00 EMPLOYEE BENEFITS	733	0	0	0	7,027	4.00
4.01 CHILD CARE	0	0	0	0	6,355	4.01
5.01 COMMUNICATIONS	0	0	0	0	951	5.01
5.02 PURCHASING	0	0	0	0	399	5.02
5.03 PFS/COLLECTION	18,088	0	0	0	220	5.03
5.06 OTHER ADMINISTRATIVE AND GENERAL	212,980	0	0	0	2,650,000	5.06
6.00 MAINTENANCE & REPAIRS	134,970	0	0	0	16,276	6.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	3,029	0	0	0	64,699	8.00
9.00 HOUSEKEEPING	9,611	0	0	0	5,483	9.00
10.00 DIETARY	10,828	0	0	0	24,669	10.00
11.00 CAFETERIA	88,381	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	553	0	0	0	27,919	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	5,538	14.00
15.00 PHARMACY	0	0	0	0	95,099	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,508	0	0	0	26,659	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 CENTRAL STERILIZATION	0	0	0	0	36,815	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	16,913	0	0	0	75,101	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	50,456	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	21,627	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	846	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	44,776	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	7,113	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	42,427	0	0	0	490,877	50.00
51.00 RECOVERY ROOM	191,393	0	0	0	31,376	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	5,656	0	0	0	104,239	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,937	0	0	0	347,196	54.00
54.01 MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	482,189	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	187	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,752	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	48,918	65.00
66.00 PHYSICAL THERAPY	0	1,704	226	0	15,421	66.00
69.00 ELECTROCARDIOLOGY	129,287	0	0	0	447,495	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	33,861	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	98,141	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 CARDIAC REHAB	0	0	0	0	3,503	76.00
76.01 BEHAVIORAL OUTPATIENT	9,058	0	0	0	56	76.01
76.02 SHOCK THERAPY	0	0	0	0	3,511	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	71,758	0	0	0	40,116	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

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Cost Center Description	CAPITAL RELATED COSTS					
	NEW 97 BUILDING	NEW BELLEVUE CLINIC	NEW CASCADE CLINIC	NEW RETAIL PHARMACY	NEW MVBLE EQUIP	
	1.09	1.10	1.11	1.12	2.00	
OTHER REIMBURSABLE COST CENTERS						
98.00 PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	27,395	0	0	0	26,010	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	982,505	1,704	226	0	5,342,876	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 OAKCREST NH	0	0	0	0	11,060	190.01
190.02 SHARED SERVICES	0	0	0	0	198	190.02
190.03 MATERNAL HEALTH SERVICES	0	0	0	0	0	190.03
190.04 CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05 TV SERVICE	0	0	0	0	0	190.05
190.06 FUND DEVELOPMENT	0	0	0	0	63	190.06
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02 MERCY CRESCENT DIABETES PROGRAM	0	0	0	0	114	194.02
194.03 RENTAL PROPERTIES	0	0	313	0	0	194.03
194.04 AUXILIARY	9,487	0	0	0	0	194.04
194.05 COMMUNITY EDUC/OUTSIDE LAUNDRY	0	0	0	0	0	194.05
194.06 RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07 BAD DEBT EXPENSE	0	0	0	0	0	194.07
194.08 LIFELINE	0	0	0	0	0	194.08
194.09 MMC DYERSVILLE	0	0	0	0	92,030	194.09
194.10 CCH ELKADER	0	0	0	0	0	194.10
194.11 RETAIL PHARMACY	17,756	0	95	54,785	78,093	194.11
194.12 IDLE SPACE	0	0	0	0	0	194.12
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,009,748	1,704	634	54,785	5,524,434	202.00

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Cost Center Description		EMPLOYEE BENEFITS	CHILD CARE	COMMUNICATIONS	PURCHASING	PFS/COLLECTION	
		4.00	4.01	5.01	5.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-47 BLDG						1.01
1.02	NEW CAP REL COSTS-DYERSVILLE						1.02
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA						1.03
1.04	NEW CAP REL COSTS-ASBURY SQUARE						1.04
1.05	NEW CAP REL COSTS-MED ARTS BUILDING						1.05
1.06	NEW CAP REL COSTS-ENERGY CENTER						1.06
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES						1.07
1.08	NEW CAP REL COSTS-PARKING DECK						1.08
1.09	NEW CAP REL COSTS-97 BUILDING						1.09
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC						1.10
1.11	NEW CAP REL COSTS-CASCADE CLINIC						1.11
1.12	NEW CAP REL COSTS-RETAIL PHARMACY						1.12
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	1,582,663					4.00
4.01	CHILD CARE	23,858	305,885				4.01
5.01	COMMUNICATIONS	8,918	1,905	327,457			5.01
5.02	PURCHASING	6,793	0	1,470	502,854		5.02
5.03	PFS/COLLECTION	18,586	2,350	8,085	446	2,245,080	5.03
5.06	OTHER ADMINISTRATIVE AND GENERAL	30,416	16,698	45,940	0	0	5.06
6.00	MAINTENANCE & REPAIRS	41,041	452	5,145	6,898	0	6.00
7.00	OPERATION OF PLANT	0	5,025	0	9	0	7.00
8.00	LAUNDRY & LINEN SERVICE	17,959	0	735	5,307	0	8.00
9.00	HOUSEKEEPING	36,553	1,668	735	2,745	0	9.00
10.00	DIETARY	51,927	7,818	8,820	15,987	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	36,381	7,499	2,205	178	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	12,467	351	1,103	236	0	14.00
15.00	PHARMACY	58,594	30,530	2,573	1,150	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	75,538	565	19,111	510	0	16.00
17.00	SOCIAL SERVICE	8,435	10,321	0	16	0	17.00
18.00	CENTRAL STERILIZATION	8,649	0	368	2,140	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	242,290	28,177	83,424	10,343	250,160	30.00
31.00	INTENSIVE CARE UNIT	40,322	14,187	8,453	2,349	33,518	31.00
40.00	SUBPROVIDER - IPF	49,596	3,931	9,555	527	49,393	40.00
41.00	SUBPROVIDER - IRF	13,435	2,724	8,085	337	11,216	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	33,928	589	0	1,837	26,399	43.00
44.00	SKILLED NURSING FACILITY	46,051	5,678	11,025	1,648	23,940	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	114,641	27,206	11,025	68,521	324,790	50.00
51.00	RECOVERY ROOM	56,642	24,517	15,436	3,712	46,142	51.00
52.00	DELIVERY ROOM & LABOR ROOM	18,946	0	0	890	15,749	52.00
53.00	ANESTHESIOLOGY	1,969	1,065	0	4,230	90,291	53.00
54.00	RADIOLOGY-DIAGNOSTIC	61,768	43,952	4,043	9,863	212,906	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,793	0	1,470	445	38,746	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	13,598	74	182,825	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	14,609	63.00
65.00	RESPIRATORY THERAPY	29,429	9,332	1,838	3,488	55,802	65.00
66.00	PHYSICAL THERAPY	74,157	17,221	5,880	1,316	69,565	66.00
69.00	ELECTROCARDIOLOGY	25,641	8,244	4,778	12,194	180,367	69.00
70.00	ELECTROENCEPHALOGRAPHY	10,355	9,445	1,103	541	18,719	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	578	88,136	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	139,221	98,884	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	70,837	217,983	73.00
76.00	CARDIAC REHAB	6,901	896	2,573	157	4,806	76.00
76.01	BEHAVIORAL OUTPATIENT	6,324	454	5,513	102	6,540	76.01
76.02	SHOCK THERAPY	935	0	0	149	3,299	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	117,722	89.00
91.00	EMERGENCY	54,117	12,528	7,350	4,511	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	0	0	0	4	3,944	98.00
99.10	CORF	0	0	0	0	0	99.10

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COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160069

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

Worksheet B
Part I
Date/Time Prepared:
1/30/2012 1:08 pm

Cost Center Description		EMPLOYEE BENEFITS	CHILD CARE	COMMUNICATIONS	PURCHASING	PFS/COLLECTION	
		4.00	4.01	5.01	5.02	5.03	
101.00	HOME HEALTH AGENCY	74,158	10,557	15,436	21,331	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,403,513	305,885	306,875	394,827	2,186,451	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OAKCREST NH	32,533	0	0	1,366	17,643	190.01
190.02	SHARED SERVICES	15,747	0	0	83	0	190.02
190.03	MATERNAL HEALTH SERVICES	3,324	0	735	121	1,027	190.03
190.04	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	TV SERVICE	62	0	0	0	0	190.05
190.06	FUND DEVELOPMENT	16,469	0	2,205	533	0	190.06
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	56	0	194.00
194.01	KENNEDY LIVING CENTER	19,994	0	0	0	0	194.01
194.02	MERCY CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	RENTAL PROPERTIES	0	0	4,043	0	0	194.03
194.04	AUXILIARY	0	0	0	0	0	194.04
194.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	3,419	0	1,103	56	0	194.05
194.06	RURAL OUTREACH PROGRAM	1,478	0	368	519	0	194.06
194.07	BAD DEBT EXPENSE	0	0	0	0	0	194.07
194.08	LIFELINE	635	0	1,103	119	0	194.08
194.09	MMC DYERSVILLE	78,985	0	0	7,547	39,959	194.09
194.10	CCH ELKADER	6,490	0	0	0	0	194.10
194.11	RETAIL PHARMACY	14	0	11,025	97,627	0	194.11
194.12	IDLE SPACE	0	0	0	0	0	194.12
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,582,663	305,885	327,457	502,854	2,245,080	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160069

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

Worksheet B
Part I
Date/Time Prepared:
1/30/2012 1:08 pm

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.03	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-47 BLDG						1.01
1.02	NEW CAP REL COSTS-DYERSVILLE						1.02
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA						1.03
1.04	NEW CAP REL COSTS-ASBURY SQUARE						1.04
1.05	NEW CAP REL COSTS-MED ARTS BUILDING						1.05
1.06	NEW CAP REL COSTS-ENERGY CENTER						1.06
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES						1.07
1.08	NEW CAP REL COSTS-PARKING DECK						1.08
1.09	NEW CAP REL COSTS-97 BUILDING						1.09
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC						1.10
1.11	NEW CAP REL COSTS-CASCADE CLINIC						1.11
1.12	NEW CAP REL COSTS-RETAIL PHARMACY						1.12
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.01	CHILD CARE						4.01
5.01	COMMUNICATIONS						5.01
5.02	PURCHASING						5.02
5.03	PFS/COLLECTION						5.03
5.06	OTHER ADMINISTRATIVE AND GENERAL	12,906,747	12,906,747				5.06
6.00	MAINTENANCE & REPAIRS	5,663,115	597,079	6,260,194			6.00
7.00	OPERATION OF PLANT	276,642	29,167	175,468	481,277		7.00
8.00	LAUNDRY & LINEN SERVICE	1,194,404	125,930	210,939	16,684	1,547,957	8.00
9.00	HOUSEKEEPING	1,726,637	182,045	105,922	8,378	45,041	9.00
10.00	DIETARY	2,134,157	225,011	229,994	18,192	13,699	10.00
11.00	CAFETERIA	88,381	9,318	125,804	9,951	0	11.00
13.00	NURSING ADMINISTRATION	1,656,271	174,626	63,502	5,023	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	538,463	56,772	191,747	15,166	1,660	14.00
15.00	PHARMACY	2,582,009	272,229	50,432	3,989	1,668	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,966,238	312,739	103,206	8,163	0	16.00
17.00	SOCIAL SERVICE	327,408	34,520	10,000	791	0	17.00
18.00	CENTRAL STERILIZATION	512,615	54,047	62,912	4,976	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,234,364	1,079,040	979,485	77,476	298,846	30.00
31.00	INTENSIVE CARE UNIT	1,695,118	178,721	97,832	7,738	35,868	31.00
40.00	SUBPROVIDER - IPF	2,013,081	212,245	286,430	22,655	26,857	40.00
41.00	SUBPROVIDER - IRF	645,374	68,044	110,548	8,744	9,758	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,316,122	138,763	65,018	5,143	0	43.00
44.00	SKILLED NURSING FACILITY	1,898,585	200,174	210,939	16,684	57,265	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	7,369,805	777,021	427,548	33,817	222,960	50.00
51.00	RECOVERY ROOM	2,509,361	264,569	274,087	21,679	10,894	51.00
52.00	DELIVERY ROOM & LABOR ROOM	636,765	67,136	99,505	7,870	0	52.00
53.00	ANESTHESIOLOGY	410,988	43,332	8,051	637	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,625,700	382,268	215,880	17,075	32,460	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	761,760	80,315	15,452	1,222	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	3,998,191	421,541	123,028	9,731	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	1,012,081	106,707	0	0	0	63.00
65.00	RESPIRATORY THERAPY	1,419,380	149,649	23,208	1,836	549	65.00
66.00	PHYSICAL THERAPY	3,016,472	318,036	174,523	13,804	7,681	66.00
69.00	ELECTROCARDIOLOGY	2,074,644	218,736	185,842	14,699	20,659	69.00
70.00	ELECTROENCEPHALOGRAPHY	491,463	51,816	52,479	4,151	9,277	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,208,195	338,250	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	8,427,271	888,512	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,772,979	503,229	0	0	0	73.00
76.00	CARDIAC REHAB	301,765	31,816	129,780	10,265	0	76.00
76.01	BEHAVIORAL OUTPATIENT	278,054	29,316	20,393	1,613	0	76.01
76.02	SHOCK THERAPY	57,217	6,033	26,358	2,085	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	117,722	12,412	0	0	0	89.00
91.00	EMERGENCY	2,411,043	254,203	298,122	23,580	95,897	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	227,812	24,019	0	0	0	98.00

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COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet B Part I Date/Time Prepared: 1/30/2012 1:08 pm
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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.03	5.06	6.00	7.00	8.00	
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	4,328,557	456,373	143,087	11,318	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	101,832,956	9,375,759	5,297,521	405,135	891,039	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OAKCREST NH	1,426,006	150,348	0	0	66,159	190.01
190.02	SHARED SERVICES	567,890	59,874	0	0	0	190.02
190.03	MATERNAL HEALTH SERVICES	171,027	18,032	8,425	666	1,173	190.03
190.04	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	TV SERVICE	28,874	3,044	3,937	311	0	190.05
190.06	FUND DEVELOPMENT	896,782	94,550	9,626	761	0	190.06
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	56	6	0	0	0	194.00
194.01	KENNEDY LIVING CENTER	693,062	73,072	0	0	0	194.01
194.02	MERCY CRESCENT DIABETES PROGRAM	114	12	2,303	182	0	194.02
194.03	RENTAL PROPERTIES	154,286	16,267	520,971	41,207	0	194.03
194.04	AUXILIARY	16,196	1,708	46,160	3,651	0	194.04
194.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	139,221	14,678	14,488	1,146	532,684	194.05
194.06	RURAL OUTREACH PROGRAM	152,929	16,124	0	0	0	194.06
194.07	BAD DEBT EXPENSE	0	0	0	0	0	194.07
194.08	LIFELINE	52,269	5,511	0	0	0	194.08
194.09	MMC DYERSVILLE	4,890,991	515,672	0	0	31,150	194.09
194.10	CCH ELKADER	229,510	24,198	0	0	25,752	194.10
194.11	RETAIL PHARMACY	24,004,938	2,530,858	25,275	1,999	0	194.11
194.12	IDLE SPACE	66,714	7,034	331,488	26,219	0	194.12
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)	135,323,821	12,906,747	6,260,194	481,277	1,547,957	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160069			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/30/2012 1:08 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
GENERAL SERVICE COST CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01	NEW CAP REL COSTS-47 BLDG							1.01
1.02	NEW CAP REL COSTS-DYERSVILLE							1.02
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA							1.03
1.04	NEW CAP REL COSTS-ASBURY SQUARE							1.04
1.05	NEW CAP REL COSTS-MED ARTS BUILDING							1.05
1.06	NEW CAP REL COSTS-ENERGY CENTER							1.06
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES							1.07
1.08	NEW CAP REL COSTS-PARKING DECK							1.08
1.09	NEW CAP REL COSTS-97 BUILDING							1.09
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC							1.10
1.11	NEW CAP REL COSTS-CASCADE CLINIC							1.11
1.12	NEW CAP REL COSTS-RETAIL PHARMACY							1.12
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
4.01	CHILD CARE							4.01
5.01	COMMUNICATIONS							5.01
5.02	PURCHASING							5.02
5.03	PFS/COLLECTION							5.03
5.06	OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00	MAINTENANCE & REPAIRS							6.00
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING	2,068,023						9.00
10.00	DIETARY	87,491	2,708,544					10.00
11.00	CAFETERIA	47,856	142,232	423,542				11.00
13.00	NURSING ADMINISTRATION	24,157	0	10,741	1,934,320			13.00
14.00	CENTRAL SERVICES & SUPPLY	72,941	0	7,679	0	884,428		14.00
15.00	PHARMACY	19,184	0	14,023	0	2,159		15.00
16.00	MEDICAL RECORDS & LIBRARY	39,260	0	29,849	0	957		16.00
17.00	SOCIAL SERVICE	3,804	0	3,656	0	30		17.00
18.00	CENTRAL STERILIZATION	23,932	0	5,034	31,343	4,018		18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	372,600	1,467,501	85,960	535,204	19,420		30.00
31.00	INTENSIVE CARE UNIT	37,216	90,335	12,948	80,620	4,411		31.00
40.00	SUBPROVIDER - IPF	108,959	280,166	17,504	108,988	990		40.00
41.00	SUBPROVIDER - IRF	42,053	65,026	4,798	29,874	634		41.00
42.00	SUBPROVIDER	0	0	0	0	0		42.00
43.00	NURSERY	24,733	0	10,614	66,085	3,450		43.00
44.00	SKILLED NURSING FACILITY	80,242	327,765	19,208	119,598	3,093		44.00
45.00	NURSING FACILITY	0	0	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	162,641	695	39,778	247,671	128,657		50.00
51.00	RECOVERY ROOM	104,264	31,581	20,153	125,478	6,971		51.00
52.00	DELIVERY ROOM & LABOR ROOM	37,852	0	6,259	38,969	1,671		52.00
53.00	ANESTHESIOLOGY	3,063	0	1,271	7,916	7,943		53.00
54.00	RADIOLOGY-DIAGNOSTIC	82,122	0	21,651	0	18,519		54.00
54.01	MAGNETIC RES. IMAGING	0	0	0	0	0		54.01
57.00	CT SCAN	0	0	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,878	0	1,824	0	836		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00	LABORATORY	46,801	0	0	0	139		60.00
60.01	BLOOD LABORATORY	0	0	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
65.00	RESPIRATORY THERAPY	8,828	0	10,717	0	6,549		65.00
66.00	PHYSICAL THERAPY	66,389	0	24,507	0	2,472		66.00
69.00	ELECTROCARDIOLOGY	70,695	0	8,085	50,339	22,897		69.00
70.00	ELECTROENCEPHALOGRAPHY	19,963	0	3,749	0	1,016		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	1,086		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	261,371		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	196	1,218	133,006		73.00
76.00	CARDIAC REHAB	49,369	0	2,957	18,412	294		76.00
76.01	BEHAVIORAL OUTPATIENT	7,758	0	2,675	16,658	192		76.01
76.02	SHOCK THERAPY	10,027	0	353	2,195	280		76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
91.00	EMERGENCY	113,407	6,510	18,231	113,514	8,470		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	PURCHASED DIALYSIS SERVICES	0	0	0	0	7		98.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 160069			Period: From 07/01/2010 To 06/30/2011		Worksheet B Part I Date/Time Prepared: 1/30/2012 1:08 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
99.10	CORF	0	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	54,431	0	27,994	174,298	40,053		101.00
SPECIAL PURPOSE COST CENTERS								
109.00	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,827,916	2,411,811	412,414	1,768,380	681,591		118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
190.01	OAKCREST NH	0	0	0	107,330	2,565		190.01
190.02	SHARED SERVICES	0	0	4,040	0	156		190.02
190.03	MATERNAL HEALTH SERVICES	3,205	0	1,225	7,628	228		190.03
190.04	CAFETERIA VISITORS	0	296,733	0	0	0		190.04
190.05	TV SERVICE	1,498	0	0	0	0		190.05
190.06	FUND DEVELOPMENT	3,662	0	4,159	0	1,000		190.06
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	106		194.00
194.01	KENNEDY LIVING CENTER	0	0	0	0	0		194.01
194.02	MERCY CRESCENT DIABETES PROGRAM	876	0	0	0	0		194.02
194.03	RENTAL PROPERTIES	198,180	0	0	0	0		194.03
194.04	AUXILIARY	17,560	0	0	0	0		194.04
194.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	5,511	0	983	0	105		194.05
194.06	RURAL OUTREACH PROGRAM	0	0	392	0	975		194.06
194.07	BAD DEBT EXPENSE	0	0	0	0	0		194.07
194.08	LIFELINE	0	0	321	0	223		194.08
194.09	MMC DYERSVILLE	0	0	0	50,982	14,171		194.09
194.10	CCH ELKADER	0	0	0	0	0		194.10
194.11	RETAIL PHARMACY	9,615	0	8	0	183,308		194.11
194.12	IDLE SPACE	0	0	0	0	0		194.12
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)	2,068,023	2,708,544	423,542	1,934,320	884,428		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	
				CENTRAL STERILIZATION		
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-47 BLDG						1.01
1.02 NEW CAP REL COSTS-DYERSVILLE						1.02
1.03 NEW CAP REL COSTS-PROF ARTS PLAZA						1.03
1.04 NEW CAP REL COSTS-ASBURY SQUARE						1.04
1.05 NEW CAP REL COSTS-MED ARTS BUILDING						1.05
1.06 NEW CAP REL COSTS-ENERGY CENTER						1.06
1.07 NEW CAP REL COSTS-RENTAL PROPERTIES						1.07
1.08 NEW CAP REL COSTS-PARKING DECK						1.08
1.09 NEW CAP REL COSTS-97 BUILDING						1.09
1.10 NEW CAP REL COSTS-BELLEVUE CLINIC						1.10
1.11 NEW CAP REL COSTS-CASCADE CLINIC						1.11
1.12 NEW CAP REL COSTS-RETAIL PHARMACY						1.12
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
4.01 CHILD CARE						4.01
5.01 COMMUNICATIONS						5.01
5.02 PURCHASING						5.02
5.03 PFS/COLLECTION						5.03
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	2,945,693					15.00
16.00 MEDICAL RECORDS & LIBRARY	5	3,460,417				16.00
17.00 SOCIAL SERVICE	0	0	380,209			17.00
18.00 CENTRAL STERILIZATION	91	0	0	698,968		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	31,332	395,939	266,038	0	0	30.00
31.00 INTENSIVE CARE UNIT	6,511	53,050	10,777	0	0	31.00
40.00 SUBPROVIDER - IPF	173	78,176	53,395	0	0	40.00
41.00 SUBPROVIDER - IRF	0	17,752	4,626	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	785	41,782	15,157	0	0	43.00
44.00 SKILLED NURSING FACILITY	3,548	37,890	25,541	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	11,890	513,890	0	521,817	0	50.00
51.00 RECOVERY ROOM	20,430	73,031	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	24,926	0	55,532	0	52.00
53.00 ANESTHESIOLOGY	28,412	142,908	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	18,813	336,975	0	0	0	54.00
54.01 MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	6,663	61,325	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	6	289,364	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	23,122	0	0	0	63.00
65.00 RESPIRATORY THERAPY	293	88,320	0	0	0	65.00
66.00 PHYSICAL THERAPY	524	110,104	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	14,095	285,475	0	81,888	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	147	29,628	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	139,496	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	156,508	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,155,689	345,011	0	0	0	73.00
76.00 CARDIAC REHAB	11	7,607	0	0	0	76.00
76.01 BEHAVIORAL OUTPATIENT	0	10,351	0	0	0	76.01
76.02 SHOCK THERAPY	45	5,221	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	12,122	186,324	0	39,731	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

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COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	
				CENTRAL STERILIZATION			
	15.00	16.00	17.00	18.00	19.00		
OTHER REIMBURSABLE COST CENTERS							
98.00 PURCHASED DIALYSIS SERVICES	0	6,242	0	0	0	0	98.00
99.10 CORF	0	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	1,612	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,313,197	3,460,417	375,534	698,968	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
190.01 OAKCREST NH	2,757	0	1,181	0	0	0	190.01
190.02 SHARED SERVICES	0	0	0	0	0	0	190.02
190.03 MATERNAL HEALTH SERVICES	321	0	0	0	0	0	190.03
190.04 CAFETERIA VISITORS	0	0	0	0	0	0	190.04
190.05 TV SERVICE	0	0	0	0	0	0	190.05
190.06 FUND DEVELOPMENT	0	0	0	0	0	0	190.06
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 KENNEDY LIVING CENTER	0	0	0	0	0	0	194.01
194.02 MERCY CRESCENT DIABETES PROGRAM	0	0	0	0	0	0	194.02
194.03 RENTAL PROPERTIES	0	0	0	0	0	0	194.03
194.04 AUXILIARY	0	0	0	0	0	0	194.04
194.05 COMMUNITY EDUC/OUTSIDE LAUNDRY	0	0	0	0	0	0	194.05
194.06 RURAL OUTREACH PROGRAM	146	0	0	0	0	0	194.06
194.07 BAD DEBT EXPENSE	0	0	0	0	0	0	194.07
194.08 LIFELINE	0	0	0	0	0	0	194.08
194.09 MMC DYERSVILLE	21,350	0	3,494	0	0	0	194.09
194.10 CCH ELKADER	0	0	0	0	0	0	194.10
194.11 RETAIL PHARMACY	1,607,922	0	0	0	0	0	194.11
194.12 IDLE SPACE	0	0	0	0	0	0	194.12
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,945,693	3,460,417	380,209	698,968	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	NEW CAP REL COSTS-47 BLDG				1.01
1.02	NEW CAP REL COSTS-DYERSVILLE				1.02
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA				1.03
1.04	NEW CAP REL COSTS-ASBURY SQUARE				1.04
1.05	NEW CAP REL COSTS-MED ARTS BUILDING				1.05
1.06	NEW CAP REL COSTS-ENERGY CENTER				1.06
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES				1.07
1.08	NEW CAP REL COSTS-PARKING DECK				1.08
1.09	NEW CAP REL COSTS-97 BUILDING				1.09
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC				1.10
1.11	NEW CAP REL COSTS-CASCADE CLINIC				1.11
1.12	NEW CAP REL COSTS-RETAIL PHARMACY				1.12
2.00	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS				4.00
4.01	CHILD CARE				4.01
5.01	COMMUNICATIONS				5.01
5.02	PURCHASING				5.02
5.03	PFS/COLLECTION				5.03
5.06	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	MAINTENANCE & REPAIRS				6.00
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
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	CENTRAL STERILIZATION				18.00
19.00	NONPHYSICIAN ANESTHETISTS				19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	15,843,205	-742,739	15,100,466	30.00
31.00	INTENSIVE CARE UNIT	2,311,145	0	2,311,145	31.00
40.00	SUBPROVIDER - IPF	3,209,619	0	3,209,619	40.00
41.00	SUBPROVIDER - IRF	1,007,231	0	1,007,231	41.00
42.00	SUBPROVIDER	0	0	0	42.00
43.00	NURSERY	1,687,652	0	1,687,652	43.00
44.00	SKILLED NURSING FACILITY	3,000,532	0	3,000,532	44.00
45.00	NURSING FACILITY	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	10,458,190	0	10,458,190	50.00
51.00	RECOVERY ROOM	3,462,498	742,739	4,205,237	51.00
52.00	DELIVERY ROOM & LABOR ROOM	976,485	0	976,485	52.00
53.00	ANESTHESIOLOGY	654,521	0	654,521	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,751,463	0	4,751,463	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0	54.01
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	935,275	0	935,275	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	4,888,801	0	4,888,801	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	1,141,910	0	1,141,910	63.00
65.00	RESPIRATORY THERAPY	1,709,329	0	1,709,329	65.00
66.00	PHYSICAL THERAPY	3,734,512	0	3,734,512	66.00
69.00	ELECTROCARDIOLOGY	3,048,054	0	3,048,054	69.00
70.00	ELECTROENCEPHALOGRAPHY	663,689	0	663,689	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,687,027	0	3,687,027	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	9,733,662	0	9,733,662	72.00
73.00	DRUGS CHARGED TO PATIENTS	6,911,328	0	6,911,328	73.00
76.00	CARDIAC REHAB	552,276	0	552,276	76.00
76.01	BEHAVIORAL OUTPATIENT	367,010	0	367,010	76.01
76.02	SHOCK THERAPY	109,814	0	109,814	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	130,134	0	130,134	89.00
91.00	EMERGENCY	3,581,154	0	3,581,154	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00

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COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS					
98.00	PURCHASED DIALYSIS SERVICES	258,080	0	258,080	98.00
99.10	CORF	0	0	0	99.10
101.00	HOME HEALTH AGENCY	5,237,723	0	5,237,723	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	94,052,319	0	94,052,319	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	OAKCREST NH	1,756,346	0	1,756,346	190.01
190.02	SHARED SERVICES	631,960	0	631,960	190.02
190.03	MATERNAL HEALTH SERVICES	211,930	0	211,930	190.03
190.04	CAFETERIA VISITORS	296,733	0	296,733	190.04
190.05	TV SERVICE	37,664	0	37,664	190.05
190.06	FUND DEVELOPMENT	1,010,540	0	1,010,540	190.06
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	168	0	168	194.00
194.01	KENNEDY LIVING CENTER	766,134	0	766,134	194.01
194.02	MERCY CRESCENT DIABETES PROGRAM	3,487	0	3,487	194.02
194.03	RENTAL PROPERTIES	930,911	0	930,911	194.03
194.04	AUXILIARY	85,275	0	85,275	194.04
194.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	708,816	0	708,816	194.05
194.06	RURAL OUTREACH PROGRAM	170,566	0	170,566	194.06
194.07	BAD DEBT EXPENSE	0	0	0	194.07
194.08	LIFELINE	58,324	0	58,324	194.08
194.09	MMC DYERSVILLE	5,527,810	0	5,527,810	194.09
194.10	CCH ELKADER	279,460	0	279,460	194.10
194.11	RETAIL PHARMACY	28,363,923	0	28,363,923	194.11
194.12	IDLE SPACE	431,455	0	431,455	194.12
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	135,323,821	0	135,323,821	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				NEW PROF ARTS PLAZA	
		NEW BLDG & FIXT	NEW 47 BLDG	NEW DYERSVILLE			
		1.00	1.01	1.02	1.03		
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-47 BLDG						1.01
1.02	NEW CAP REL COSTS-DYERSVILLE						1.02
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA						1.03
1.04	NEW CAP REL COSTS-ASBURY SQUARE						1.04
1.05	NEW CAP REL COSTS-MED ARTS BUILDING						1.05
1.06	NEW CAP REL COSTS-ENERGY CENTER						1.06
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES						1.07
1.08	NEW CAP REL COSTS-PARKING DECK						1.08
1.09	NEW CAP REL COSTS-97 BUILDING						1.09
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC						1.10
1.11	NEW CAP REL COSTS-CASCADE CLINIC						1.11
1.12	NEW CAP REL COSTS-RETAIL PHARMACY						1.12
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	0	13,563	0	0	4.00
4.01	CHILD CARE	0	0	0	0	44,492	4.01
5.01	COMMUNICATIONS	3,656	2,038	3,026	0	0	5.01
5.02	PURCHASING	2,498	2,837	0	0	0	5.02
5.03	PFS/COLLECTION	3,500	0	0	0	0	5.03
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	83,816	201,174	0	29,890	5.06
6.00	MAINTENANCE & REPAIRS	105	58,804	92,482	0	1,116	6.00
7.00	OPERATION OF PLANT	0	2,188	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	1,518	54,941	0	0	8.00
9.00	HOUSEKEEPING	8,236	12,699	2,138	0	1,172	9.00
10.00	DIETARY	0	34,827	0	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	2,057	0	17,466	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	31,121	0	0	0	14.00
15.00	PHARMACY	1,175	5,112	5,274	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	15,057	1,118	0	0	16.00
17.00	SOCIAL SERVICE	94	1,268	609	0	0	17.00
18.00	CENTRAL STERILIZATION	0	10,211	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	113,485	71,349	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	27,246	0	0	31.00
40.00	SUBPROVIDER - IPF	0	0	79,769	0	0	40.00
41.00	SUBPROVIDER - IRF	382	0	30,787	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,470	0	18,107	0	0	43.00
44.00	SKILLED NURSING FACILITY	270	0	58,746	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	94,169	55,472	7,220	0	0	50.00
51.00	RECOVERY ROOM	1,722	0	460	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	27,712	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,000	33,897	0	0	0	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,508	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	13,652	10,838	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	2,230	0	6,463	0	0	65.00
66.00	PHYSICAL THERAPY	31,131	0	3,585	0	21,079	66.00
69.00	ELECTROCARDIOLOGY	2,153	0	504	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,440	0	14,615	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	31,563	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	CARDIAC REHAB	20	0	0	0	26,379	76.00
76.01	BEHAVIORAL OUTPATIENT	0	1,217	0	0	0	76.01
76.02	SHOCK THERAPY	0	0	7,340	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	0	31,808	0	0	0	91.00

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ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				NEW PROF ARTS PLAZA	
		NEW BLDG & FIXT	NEW 47 BLDG	NEW DYERSVILLE			
		1.00	1.01	1.02	1.03		
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1.00	1.01	1.02	1.03		92.00
OTHER REIMBURSABLE COST CENTERS							
98.00 PURCHASED DIALYSIS SERVICES	0	0	0	0	0		98.00
99.10 CORF	0	0	0	0	0		99.10
101.00 HOME HEALTH AGENCY	3,441	9,105	21,106	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0	0		111.00
113.00 INTEREST EXPENSE	0	0	0	0	0		113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0		114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	193,312	522,640	777,638	0	124,128		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
190.01 OAKCREST NH	845	0	0	29,203	0		190.01
190.02 SHARED SERVICES	0	0	0	0	388		190.02
190.03 MATERNAL HEALTH SERVICES	1,454	0	0	0	1,824		190.03
190.04 CAFETERIA VISITORS	0	0	0	0	0		190.04
190.05 TV SERVICE	0	639	0	0	0		190.05
190.06 FUND DEVELOPMENT	0	0	2,681	0	0		190.06
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.00
194.01 KENNEDY LIVING CENTER	0	0	0	0	0		194.01
194.02 MERCY CRESCENT DIABETES PROGRAM	0	0	0	0	0		194.02
194.03 RENTAL PROPERTIES	0	4,335	36,527	0	78,597		194.03
194.04 AUXILIARY	0	3,332	3,377	0	0		194.04
194.05 COMMUNITY EDUC/OUTSIDE LAUNDRY	0	0	4,035	0	0		194.05
194.06 RURAL OUTREACH PROGRAM	0	0	0	0	0		194.06
194.07 BAD DEBT EXPENSE	0	0	0	0	0		194.07
194.08 LIFELINE	0	0	0	0	0		194.08
194.09 MMC DYERSVILLE	5,896	0	0	100,963	0		194.09
194.10 CCH ELKADER	0	0	0	0	0		194.10
194.11 RETAIL PHARMACY	220,269	0	0	0	0		194.11
194.12 IDLE SPACE	0	53,491	13,223	0	0		194.12
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)	421,776	584,437	837,481	130,166	204,937		202.00

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Cost Center Description	CAPITAL RELATED COSTS					NEW PARKING DECK	
	NEW ASBURY SQUARE	NEW MED ARTS BUILDING	NEW ENERGY CENTER	NEW RENTAL PROPERTIES			
	1.04	1.05	1.06	1.07	1.08		
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01 NEW CAP REL COSTS-47 BLDG							1.01
1.02 NEW CAP REL COSTS-DYERSVILLE							1.02
1.03 NEW CAP REL COSTS-PROF ARTS PLAZA							1.03
1.04 NEW CAP REL COSTS-ASBURY SQUARE							1.04
1.05 NEW CAP REL COSTS-MED ARTS BUILDING							1.05
1.06 NEW CAP REL COSTS-ENERGY CENTER							1.06
1.07 NEW CAP REL COSTS-RENTAL PROPERTIES							1.07
1.08 NEW CAP REL COSTS-PARKING DECK							1.08
1.09 NEW CAP REL COSTS-97 BUILDING							1.09
1.10 NEW CAP REL COSTS-BELLEVUE CLINIC							1.10
1.11 NEW CAP REL COSTS-CASCADE CLINIC							1.11
1.12 NEW CAP REL COSTS-RETAIL PHARMACY							1.12
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS	0	0	0	0	0	0	4.00
4.01 CHILD CARE	0	0	0	0	0	0	4.01
5.01 COMMUNICATIONS	0	0	0	0	0	0	5.01
5.02 PURCHASING	0	0	0	0	0	0	5.02
5.03 PFS/COLLECTION	0	0	0	0	0	0	5.03
5.06 OTHER ADMINISTRATIVE AND GENERAL	200	0	0	0	0	63,617	5.06
6.00 MAINTENANCE & REPAIRS	0	0	29,981	0	0	0	6.00
7.00 OPERATION OF PLANT	0	0	147,644	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0	0	8.00
9.00 HOUSEKEEPING	0	0	0	0	0	0	9.00
10.00 DIETARY	0	0	0	0	0	0	10.00
11.00 CAFETERIA	0	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	0	0	0	0	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	14.00
15.00 PHARMACY	0	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	67	0	0	0	0	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	0	17.00
18.00 CENTRAL STERILIZATION	0	0	0	0	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	13	0	0	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 MAGNETIC RES. IMAGING	0	0	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00 CARDIAC REHAB	0	0	0	0	0	0	76.00
76.01 BEHAVIORAL OUTPATIENT	0	0	0	0	0	0	76.01
76.02 SHOCK THERAPY	0	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00

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Cost Center Description	CAPITAL RELATED COSTS					NEW PARKING DECK	
	NEW ASBURY SQUARE	NEW MED ARTS BUILDING	NEW ENERGY CENTER	NEW RENTAL PROPERTIES			
	1.04	1.05	1.06	1.07	1.08		
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	280	0	177,625	0	63,617	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OAKCREST NH	0	0	0	0	0	190.01
190.02	SHARED SERVICES	0	0	0	0	0	190.02
190.03	MATERNAL HEALTH SERVICES	0	0	0	0	0	190.03
190.04	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	TV SERVICE	0	0	0	0	0	190.05
190.06	FUND DEVELOPMENT	0	0	0	0	0	190.06
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	MERCY CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	RENTAL PROPERTIES	0	0	0	6,859	0	194.03
194.04	AUXILIARY	0	0	0	0	0	194.04
194.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	0	0	0	0	0	194.05
194.06	RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07	BAD DEBT EXPENSE	0	0	0	0	0	194.07
194.08	LIFELINE	0	0	0	0	0	194.08
194.09	MMC DYERSVILLE	0	7,911	0	0	0	194.09
194.10	CCH ELKADER	0	0	0	0	0	194.10
194.11	RETAIL PHARMACY	0	1,459	0	0	0	194.11
194.12	IDLE SPACE	0	0	0	0	0	194.12
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)	280	9,370	177,625	6,859	63,617	202.00

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Cost Center Description	CAPITAL RELATED COSTS					
	NEW 97 BUILDING	NEW BELLEVUE CLINIC	NEW CASCADE CLINIC	NEW RETAIL PHARMACY	NEW MVBLE EQUIP	
	1.09	1.10	1.11	1.12	2.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-47 BLDG						1.01
1.02 NEW CAP REL COSTS-DYERSVILLE						1.02
1.03 NEW CAP REL COSTS-PROF ARTS PLAZA						1.03
1.04 NEW CAP REL COSTS-ASBURY SQUARE						1.04
1.05 NEW CAP REL COSTS-MED ARTS BUILDING						1.05
1.06 NEW CAP REL COSTS-ENERGY CENTER						1.06
1.07 NEW CAP REL COSTS-RENTAL PROPERTIES						1.07
1.08 NEW CAP REL COSTS-PARKING DECK						1.08
1.09 NEW CAP REL COSTS-97 BUILDING						1.09
1.10 NEW CAP REL COSTS-BELLEVUE CLINIC						1.10
1.11 NEW CAP REL COSTS-CASCADE CLINIC						1.11
1.12 NEW CAP REL COSTS-RETAIL PHARMACY						1.12
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS	733	0	0	0	7,027	4.00
4.01 CHILD CARE	0	0	0	0	6,355	4.01
5.01 COMMUNICATIONS	0	0	0	0	951	5.01
5.02 PURCHASING	0	0	0	0	399	5.02
5.03 PFS/COLLECTION	18,088	0	0	0	220	5.03
5.06 OTHER ADMINISTRATIVE AND GENERAL	212,980	0	0	0	2,650,000	5.06
6.00 MAINTENANCE & REPAIRS	134,970	0	0	0	16,276	6.00
7.00 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	3,029	0	0	0	64,699	8.00
9.00 HOUSEKEEPING	9,611	0	0	0	5,483	9.00
10.00 DIETARY	10,828	0	0	0	24,669	10.00
11.00 CAFETERIA	88,381	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	553	0	0	0	27,919	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	5,538	14.00
15.00 PHARMACY	0	0	0	0	95,099	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,508	0	0	0	26,659	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 CENTRAL STERILIZATION	0	0	0	0	36,815	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	16,913	0	0	0	75,101	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	50,456	31.00
40.00 SUBPROVIDER - IPF	0	0	0	0	21,627	40.00
41.00 SUBPROVIDER - IRF	0	0	0	0	846	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	0	44,776	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	7,113	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	42,427	0	0	0	490,877	50.00
51.00 RECOVERY ROOM	191,393	0	0	0	31,376	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	5,656	0	0	0	104,239	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,937	0	0	0	347,196	54.00
54.01 MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	482,189	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	187	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,752	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	48,918	65.00
66.00 PHYSICAL THERAPY	0	1,704	226	0	15,421	66.00
69.00 ELECTROCARDIOLOGY	129,287	0	0	0	447,495	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	33,861	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	98,141	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 CARDIAC REHAB	0	0	0	0	3,503	76.00
76.01 BEHAVIORAL OUTPATIENT	9,058	0	0	0	56	76.01
76.02 SHOCK THERAPY	0	0	0	0	3,511	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	71,758	0	0	0	40,116	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	CAPITAL RELATED COSTS					
	NEW 97 BUILDING	NEW BELLEVUE CLINIC	NEW CASCADE CLINIC	NEW RETAIL PHARMACY	NEW MVBLE EQUIP	
	1.09	1.10	1.11	1.12	2.00	
OTHER REIMBURSABLE COST CENTERS						
98.00 PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	27,395	0	0	0	26,010	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	982,505	1,704	226	0	5,342,876	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 OAKCREST NH	0	0	0	0	11,060	190.01
190.02 SHARED SERVICES	0	0	0	0	198	190.02
190.03 MATERNAL HEALTH SERVICES	0	0	0	0	0	190.03
190.04 CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05 TV SERVICE	0	0	0	0	0	190.05
190.06 FUND DEVELOPMENT	0	0	0	0	63	190.06
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02 MERCY CRESCENT DIABETES PROGRAM	0	0	0	0	114	194.02
194.03 RENTAL PROPERTIES	0	0	313	0	0	194.03
194.04 AUXILIARY	9,487	0	0	0	0	194.04
194.05 COMMUNITY EDUC/OUTSIDE LAUNDRY	0	0	0	0	0	194.05
194.06 RURAL OUTREACH PROGRAM	0	0	0	0	0	194.06
194.07 BAD DEBT EXPENSE	0	0	0	0	0	194.07
194.08 LIFELINE	0	0	0	0	0	194.08
194.09 MMC DYERSVILLE	0	0	0	0	92,030	194.09
194.10 CCH ELKADER	0	0	0	0	0	194.10
194.11 RETAIL PHARMACY	17,756	0	95	54,785	78,093	194.11
194.12 IDLE SPACE	0	0	0	0	0	194.12
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,009,748	1,704	634	54,785	5,524,434	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160069

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

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Cost Center Description		Subtotal	EMPLOYEE BENEFITS	CHILD CARE	COMMUNICATIONS	PURCHASING	
		2A	4.00	4.01	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-47 BLDG						1.01
1.02	NEW CAP REL COSTS-DYERSVILLE						1.02
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA						1.03
1.04	NEW CAP REL COSTS-ASBURY SQUARE						1.04
1.05	NEW CAP REL COSTS-MED ARTS BUILDING						1.05
1.06	NEW CAP REL COSTS-ENERGY CENTER						1.06
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES						1.07
1.08	NEW CAP REL COSTS-PARKING DECK						1.08
1.09	NEW CAP REL COSTS-97 BUILDING						1.09
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC						1.10
1.11	NEW CAP REL COSTS-CASCADE CLINIC						1.11
1.12	NEW CAP REL COSTS-RETAIL PHARMACY						1.12
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	21,323	21,323				4.00
4.01	CHILD CARE	50,847	321	51,168			4.01
5.01	COMMUNICATIONS	9,671	120	319	10,110		5.01
5.02	PURCHASING	5,734	91	0	45	5,870	5.02
5.03	PFS/COLLECTION	21,808	250	393	250	5	5.03
5.06	OTHER ADMINISTRATIVE AND GENERAL	3,241,677	410	2,793	1,418	0	5.06
6.00	MAINTENANCE & REPAIRS	333,734	553	76	159	80	6.00
7.00	OPERATION OF PLANT	149,832	0	840	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	124,187	242	0	23	62	8.00
9.00	HOUSEKEEPING	39,339	492	279	23	32	9.00
10.00	DIETARY	70,324	699	1,308	272	186	10.00
11.00	CAFETERIA	88,381	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	47,995	490	1,254	68	2	13.00
14.00	CENTRAL SERVICES & SUPPLY	36,659	168	59	34	3	14.00
15.00	PHARMACY	106,660	789	5,107	79	13	15.00
16.00	MEDICAL RECORDS & LIBRARY	47,409	1,017	95	590	6	16.00
17.00	SOCIAL SERVICE	1,971	114	1,727	0	0	17.00
18.00	CENTRAL STERILIZATION	47,026	116	0	11	25	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	276,861	3,275	4,713	2,576	120	30.00
31.00	INTENSIVE CARE UNIT	77,702	543	2,373	261	27	31.00
40.00	SUBPROVIDER - IPF	101,396	668	658	295	6	40.00
41.00	SUBPROVIDER - IRF	32,015	181	456	250	4	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	64,353	457	98	0	21	43.00
44.00	SKILLED NURSING FACILITY	66,129	620	950	340	19	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	690,165	1,544	4,551	340	798	50.00
51.00	RECOVERY ROOM	224,951	763	4,101	477	43	51.00
52.00	DELIVERY ROOM & LABOR ROOM	27,712	255	0	0	10	52.00
53.00	ANESTHESIOLOGY	109,895	27	178	0	49	53.00
54.00	RADIOLOGY-DIAGNOSTIC	388,030	832	7,351	125	115	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	484,697	78	0	45	5	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	24,677	0	0	420	1	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	1,752	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	57,611	396	1,561	57	41	65.00
66.00	PHYSICAL THERAPY	73,146	998	2,881	182	15	66.00
69.00	ELECTROCARDIOLOGY	579,439	345	1,379	148	142	69.00
70.00	ELECTROENCEPHALOGRAPHY	49,916	139	1,580	34	6	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	129,704	0	0	0	7	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,638	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	825	73.00
76.00	CARDIAC REHAB	29,902	93	150	79	2	76.00
76.01	BEHAVIORAL OUTPATIENT	10,331	85	76	170	1	76.01
76.02	SHOCK THERAPY	10,851	13	0	0	2	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	143,682	729	2,096	227	53	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.10	CORF	0	0	0	0	0	99.10

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ALLOCATION OF CAPITAL RELATED COSTS

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From 07/01/2010
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Cost Center Description		Subtotal	EMPLOYEE BENEFITS	CHILD CARE	COMMUNICATIONS	PURCHASING	
		2A	4.00	4.01	5.01	5.02	
101.00	HOME HEALTH AGENCY	87,057	998	1,766	477	248	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,186,551	18,911	51,168	9,475	4,612	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OAKCREST NH	41,108	438	0	0	16	190.01
190.02	SHARED SERVICES	586	212	0	0	1	190.02
190.03	MATERNAL HEALTH SERVICES	3,278	45	0	23	1	190.03
190.04	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	TV SERVICE	639	1	0	0	0	190.05
190.06	FUND DEVELOPMENT	2,744	222	0	68	6	190.06
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	1	194.00
194.01	KENNEDY LIVING CENTER	0	269	0	0	0	194.01
194.02	MERCY CRESCENT DIABETES PROGRAM	114	0	0	0	0	194.02
194.03	RENTAL PROPERTIES	126,631	0	0	125	0	194.03
194.04	AUXILIARY	16,196	0	0	0	0	194.04
194.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	4,035	46	0	34	1	194.05
194.06	RURAL OUTREACH PROGRAM	0	20	0	11	6	194.06
194.07	BAD DEBT EXPENSE	0	0	0	0	0	194.07
194.08	LIFELINE	0	9	0	34	1	194.08
194.09	MMC DYERSVILLE	206,800	1,063	0	0	88	194.09
194.10	CCH ELKADER	0	87	0	0	0	194.10
194.11	RETAIL PHARMACY	372,457	0	0	340	1,137	194.11
194.12	IDLE SPACE	66,714	0	0	0	0	194.12
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)	9,027,853	21,323	51,168	10,110	5,870	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160069

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Cost Center Description		PFS/COLLECTION	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.03	5.06	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-47 BLDG						1.01
1.02	NEW CAP REL COSTS-DYERSVILLE						1.02
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA						1.03
1.04	NEW CAP REL COSTS-ASBURY SQUARE						1.04
1.05	NEW CAP REL COSTS-MED ARTS BUILDING						1.05
1.06	NEW CAP REL COSTS-ENERGY CENTER						1.06
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES						1.07
1.08	NEW CAP REL COSTS-PARKING DECK						1.08
1.09	NEW CAP REL COSTS-97 BUILDING						1.09
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC						1.10
1.11	NEW CAP REL COSTS-CASCADE CLINIC						1.11
1.12	NEW CAP REL COSTS-RETAIL PHARMACY						1.12
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.01	CHILD CARE						4.01
5.01	COMMUNICATIONS						5.01
5.02	PURCHASING						5.02
5.03	PFS/COLLECTION	22,706					5.03
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	3,246,298				5.06
6.00	MAINTENANCE & REPAIRS	0	150,174	484,776			6.00
7.00	OPERATION OF PLANT	0	7,336	13,588	171,596		7.00
8.00	LAUNDRY & LINEN SERVICE	0	31,673	16,335	5,949	178,471	8.00
9.00	HOUSEKEEPING	0	45,787	8,202	2,987	5,193	9.00
10.00	DIETARY	0	56,594	17,810	6,486	1,579	10.00
11.00	CAFETERIA	0	2,344	9,742	3,548	0	11.00
13.00	NURSING ADMINISTRATION	0	43,921	4,917	1,791	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	14,279	14,848	5,407	191	14.00
15.00	PHARMACY	0	68,470	3,905	1,422	192	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	78,659	7,992	2,911	0	16.00
17.00	SOCIAL SERVICE	0	8,682	774	282	0	17.00
18.00	CENTRAL STERILIZATION	0	13,594	4,872	1,774	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,540	271,395	75,852	27,621	34,455	30.00
31.00	INTENSIVE CARE UNIT	340	44,951	7,576	2,759	4,135	31.00
40.00	SUBPROVIDER - IPF	501	53,383	22,180	8,078	3,096	40.00
41.00	SUBPROVIDER - IRF	114	17,114	8,561	3,118	1,125	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	268	34,901	5,035	1,834	0	43.00
44.00	SKILLED NURSING FACILITY	243	50,347	16,335	5,949	6,602	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	3,213	195,432	33,108	12,057	25,706	50.00
51.00	RECOVERY ROOM	468	66,543	21,225	7,730	1,256	51.00
52.00	DELIVERY ROOM & LABOR ROOM	160	16,886	7,705	2,806	0	52.00
53.00	ANESTHESIOLOGY	917	10,899	623	227	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,161	96,146	16,717	6,088	3,742	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	393	20,200	1,197	436	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	1,856	106,024	9,527	3,470	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	148	26,838	0	0	0	63.00
65.00	RESPIRATORY THERAPY	567	37,639	1,797	654	63	65.00
66.00	PHYSICAL THERAPY	706	79,991	13,515	4,922	886	66.00
69.00	ELECTROCARDIOLOGY	1,831	55,015	14,391	5,241	2,382	69.00
70.00	ELECTROENCEPHALOGRAPHY	190	13,033	4,064	1,480	1,070	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	895	85,075	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,004	223,474	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,213	126,570	0	0	0	73.00
76.00	CARDIAC REHAB	49	8,002	10,050	3,660	0	76.00
76.01	BEHAVIORAL OUTPATIENT	66	7,373	1,579	575	0	76.01
76.02	SHOCK THERAPY	33	1,517	2,041	743	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	1,195	3,122	0	0	0	89.00
91.00	EMERGENCY	0	63,936	23,086	8,407	11,056	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	40	6,041	0	0	0	98.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160069		Period: From 07/01/2010 To 06/30/2011		Worksheet B Part II Date/Time Prepared: 1/30/2012 1:08 pm	
Cost Center Description		PFS/COLLECTION	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.03	5.06	6.00	7.00	8.00	
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	114,785	11,080	4,035	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	22,111	2,358,145	410,229	144,447	102,729	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OAKCREST NH	179	37,815	0	0	7,628	190.01
190.02	SHARED SERVICES	0	15,059	0	0	0	190.02
190.03	MATERNAL HEALTH SERVICES	10	4,535	652	238	135	190.03
190.04	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	TV SERVICE	0	766	305	111	0	190.05
190.06	FUND DEVELOPMENT	0	23,781	745	271	0	190.06
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	1	0	0	0	194.00
194.01	KENNEDY LIVING CENTER	0	18,379	0	0	0	194.01
194.02	MERCY CRESCENT DIABETES PROGRAM	0	3	178	65	0	194.02
194.03	RENTAL PROPERTIES	0	4,091	40,343	14,692	0	194.03
194.04	AUXILIARY	0	429	3,575	1,302	0	194.04
194.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	0	3,692	1,122	409	61,419	194.05
194.06	RURAL OUTREACH PROGRAM	0	4,055	0	0	0	194.06
194.07	BAD DEBT EXPENSE	0	0	0	0	0	194.07
194.08	LIFELINE	0	1,386	0	0	0	194.08
194.09	MMC DYERSVILLE	406	129,699	0	0	3,591	194.09
194.10	CCH ELKADER	0	6,086	0	0	2,969	194.10
194.11	RETAIL PHARMACY	0	636,607	1,957	713	0	194.11
194.12	IDLE SPACE	0	1,769	25,670	9,348	0	194.12
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)	22,706	3,246,298	484,776	171,596	178,471	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-47 BLDG						1.01
1.02 NEW CAP REL COSTS-DYERSVILLE						1.02
1.03 NEW CAP REL COSTS-PROF ARTS PLAZA						1.03
1.04 NEW CAP REL COSTS-ASBURY SQUARE						1.04
1.05 NEW CAP REL COSTS-MED ARTS BUILDING						1.05
1.06 NEW CAP REL COSTS-ENERGY CENTER						1.06
1.07 NEW CAP REL COSTS-RENTAL PROPERTIES						1.07
1.08 NEW CAP REL COSTS-PARKING DECK						1.08
1.09 NEW CAP REL COSTS-97 BUILDING						1.09
1.10 NEW CAP REL COSTS-BELLEVUE CLINIC						1.10
1.11 NEW CAP REL COSTS-CASCADE CLINIC						1.11
1.12 NEW CAP REL COSTS-RETAIL PHARMACY						1.12
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
4.01 CHILD CARE						4.01
5.01 COMMUNICATIONS						5.01
5.02 PURCHASING						5.02
5.03 PFS/COLLECTION						5.03
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	102,334					9.00
10.00 DIETARY	4,329	159,587				10.00
11.00 CAFETERIA	2,368	8,380	114,763			11.00
13.00 NURSING ADMINISTRATION	1,195	0	2,910	104,543		13.00
14.00 CENTRAL SERVICES & SUPPLY	3,609	0	2,081	0	77,338	14.00
15.00 PHARMACY	949	0	3,800	0	189	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,943	0	8,088	0	84	16.00
17.00 SOCIAL SERVICE	188	0	991	0	3	17.00
18.00 CENTRAL STERILIZATION	1,184	0	1,364	1,694	351	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	18,438	86,465	23,290	28,925	1,698	30.00
31.00 INTENSIVE CARE UNIT	1,842	5,323	3,508	4,357	386	31.00
40.00 SUBPROVIDER - IPF	5,392	16,507	4,743	5,890	87	40.00
41.00 SUBPROVIDER - IRF	2,081	3,831	1,300	1,615	55	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,224	0	2,876	3,572	302	43.00
44.00 SKILLED NURSING FACILITY	3,971	19,312	5,205	6,464	271	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	8,048	41	10,778	13,386	11,250	50.00
51.00 RECOVERY ROOM	5,159	1,861	5,461	6,782	610	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,873	0	1,696	2,106	146	52.00
53.00 ANESTHESIOLOGY	152	0	345	428	695	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,064	0	5,867	0	1,619	54.00
54.01 MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	291	0	494	0	73	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,316	0	0	0	12	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	437	0	2,904	0	573	65.00
66.00 PHYSICAL THERAPY	3,285	0	6,640	0	216	66.00
69.00 ELECTROCARDIOLOGY	3,498	0	2,191	2,721	2,002	69.00
70.00 ELECTROENCEPHALOGRAPHY	988	0	1,016	0	89	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	95	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	22,855	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	53	66	11,630	73.00
76.00 CARDIAC REHAB	2,443	0	801	995	26	76.00
76.01 BEHAVIORAL OUTPATIENT	384	0	725	900	17	76.01
76.02 SHOCK THERAPY	496	0	96	119	24	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	5,612	384	4,940	6,135	741	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 PURCHASED DIALYSIS SERVICES	0	0	0	0	1	98.00

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	2,693	0	7,585	9,420	3,502	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	90,452	142,104	111,748	95,575	59,602	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OAKCREST NH	0	0	0	5,801	224	190.01
190.02	SHARED SERVICES	0	0	1,095	0	14	190.02
190.03	MATERNAL HEALTH SERVICES	159	0	332	412	20	190.03
190.04	CAFETERIA VISITORS	0	17,483	0	0	0	190.04
190.05	TV SERVICE	74	0	0	0	0	190.05
190.06	FUND DEVELOPMENT	181	0	1,127	0	87	190.06
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	9	194.00
194.01	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	MERCY CRESCENT DIABETES PROGRAM	43	0	0	0	0	194.02
194.03	RENTAL PROPERTIES	9,807	0	0	0	0	194.03
194.04	AUXILIARY	869	0	0	0	0	194.04
194.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	273	0	266	0	9	194.05
194.06	RURAL OUTREACH PROGRAM	0	0	106	0	85	194.06
194.07	BAD DEBT EXPENSE	0	0	0	0	0	194.07
194.08	LIFELINE	0	0	87	0	20	194.08
194.09	MMC DYERSVILLE	0	0	0	2,755	1,239	194.09
194.10	CCH ELKADER	0	0	0	0	0	194.10
194.11	RETAIL PHARMACY	476	0	2	0	16,029	194.11
194.12	IDLE SPACE	0	0	0	0	0	194.12
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)	102,334	159,587	114,763	104,543	77,338	202.00

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				CENTRAL STERILIZATION		
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS-47 BLDG						1.01
1.02 NEW CAP REL COSTS-DYERSVILLE						1.02
1.03 NEW CAP REL COSTS-PROF ARTS PLAZA						1.03
1.04 NEW CAP REL COSTS-ASBURY SQUARE						1.04
1.05 NEW CAP REL COSTS-MED ARTS BUILDING						1.05
1.06 NEW CAP REL COSTS-ENERGY CENTER						1.06
1.07 NEW CAP REL COSTS-RENTAL PROPERTIES						1.07
1.08 NEW CAP REL COSTS-PARKING DECK						1.08
1.09 NEW CAP REL COSTS-97 BUILDING						1.09
1.10 NEW CAP REL COSTS-BELLEVUE CLINIC						1.10
1.11 NEW CAP REL COSTS-CASCADE CLINIC						1.11
1.12 NEW CAP REL COSTS-RETAIL PHARMACY						1.12
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
4.01 CHILD CARE						4.01
5.01 COMMUNICATIONS						5.01
5.02 PURCHASING						5.02
5.03 PFS/COLLECTION						5.03
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	191,575					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	148,794				16.00
17.00 SOCIAL SERVICE	0	0	14,732			17.00
18.00 CENTRAL STERILIZATION	6	0	0	72,017		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,038	17,016	10,308	0		30.00
31.00 INTENSIVE CARE UNIT	423	2,280	418	0		31.00
40.00 SUBPROVIDER - IPF	11	3,360	2,069	0		40.00
41.00 SUBPROVIDER - IRF	0	763	179	0		41.00
42.00 SUBPROVIDER	0	0	0	0		42.00
43.00 NURSERY	51	1,796	587	0		43.00
44.00 SKILLED NURSING FACILITY	231	1,628	990	0		44.00
45.00 NURSING FACILITY	0	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	773	22,161	0	53,764		50.00
51.00 RECOVERY ROOM	1,329	3,139	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,071	0	5,722		52.00
53.00 ANESTHESIOLOGY	1,848	6,142	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,224	14,482	0	0		54.00
54.01 MAGNETIC RES. IMAGING	0	0	0	0		54.01
57.00 CT SCAN	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	433	2,636	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 LABORATORY	0	12,436	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	994	0	0		63.00
65.00 RESPIRATORY THERAPY	19	3,796	0	0		65.00
66.00 PHYSICAL THERAPY	34	4,732	0	0		66.00
69.00 ELECTROCARDIOLOGY	917	12,269	0	8,437		69.00
70.00 ELECTROENCEPHALOGRAPHY	10	1,273	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,995	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	6,726	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	75,161	14,827	0	0		73.00
76.00 CARDIAC REHAB	1	327	0	0		76.00
76.01 BEHAVIORAL OUTPATIENT	0	445	0	0		76.01
76.02 SHOCK THERAPY	3	224	0	0		76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
91.00 EMERGENCY	788	8,008	0	4,094		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

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				CENTRAL STERILIZATION			
	15.00	16.00	17.00	18.00	19.00		
OTHER REIMBURSABLE COST CENTERS							
98.00 PURCHASED DIALYSIS SERVICES	0	268	0	0			98.00
99.10 CORF	0	0	0	0			99.10
101.00 HOME HEALTH AGENCY	105	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0			110.00
111.00 ISLET ACQUISITION	0	0	0	0			111.00
113.00 INTEREST EXPENSE	0	0	0	0			113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0			114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	85,405	148,794	14,551	72,017		0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0			190.00
190.01 OAKCREST NH	179	0	46	0			190.01
190.02 SHARED SERVICES	0	0	0	0			190.02
190.03 MATERNAL HEALTH SERVICES	21	0	0	0			190.03
190.04 CAFETERIA VISITORS	0	0	0	0			190.04
190.05 TV SERVICE	0	0	0	0			190.05
190.06 FUND DEVELOPMENT	0	0	0	0			190.06
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0			192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0			194.00
194.01 KENNEDY LIVING CENTER	0	0	0	0			194.01
194.02 MERCY CRESCENT DIABETES PROGRAM	0	0	0	0			194.02
194.03 RENTAL PROPERTIES	0	0	0	0			194.03
194.04 AUXILIARY	0	0	0	0			194.04
194.05 COMMUNITY EDUC/OUTSIDE LAUNDRY	0	0	0	0			194.05
194.06 RURAL OUTREACH PROGRAM	10	0	0	0			194.06
194.07 BAD DEBT EXPENSE	0	0	0	0			194.07
194.08 LIFELINE	0	0	0	0			194.08
194.09 MMC DYERSVILLE	1,388	0	135	0			194.09
194.10 CCH ELKADER	0	0	0	0			194.10
194.11 RETAIL PHARMACY	104,572	0	0	0			194.11
194.12 IDLE SPACE	0	0	0	0			194.12
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)	191,575	148,794	14,732	72,017			0 202.00

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	NEW CAP REL COSTS-47 BLDG				1.01
1.02	NEW CAP REL COSTS-DYERSVILLE				1.02
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA				1.03
1.04	NEW CAP REL COSTS-ASBURY SQUARE				1.04
1.05	NEW CAP REL COSTS-MED ARTS BUILDING				1.05
1.06	NEW CAP REL COSTS-ENERGY CENTER				1.06
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES				1.07
1.08	NEW CAP REL COSTS-PARKING DECK				1.08
1.09	NEW CAP REL COSTS-97 BUILDING				1.09
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC				1.10
1.11	NEW CAP REL COSTS-CASCADE CLINIC				1.11
1.12	NEW CAP REL COSTS-RETAIL PHARMACY				1.12
2.00	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	EMPLOYEE BENEFITS				4.00
4.01	CHILD CARE				4.01
5.01	COMMUNICATIONS				5.01
5.02	PURCHASING				5.02
5.03	PFS/COLLECTION				5.03
5.06	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	MAINTENANCE & REPAIRS				6.00
7.00	OPERATION OF PLANT				7.00
8.00	LAUNDRY & LINEN SERVICE				8.00
9.00	HOUSEKEEPING				9.00
10.00	DIETARY				10.00
11.00	CAFETERIA				11.00
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	CENTRAL STERILIZATION				18.00
19.00	NONPHYSICIAN ANESTHETISTS				19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS	887,586	0	887,586	30.00
31.00	INTENSIVE CARE UNIT	159,204	0	159,204	31.00
40.00	SUBPROVIDER - IPF	228,320	0	228,320	40.00
41.00	SUBPROVIDER - IRF	72,762	0	72,762	41.00
42.00	SUBPROVIDER	0	0	0	42.00
43.00	NURSERY	117,375	0	117,375	43.00
44.00	SKILLED NURSING FACILITY	185,606	0	185,606	44.00
45.00	NURSING FACILITY	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	1,087,115	0	1,087,115	50.00
51.00	RECOVERY ROOM	351,898	0	351,898	51.00
52.00	DELIVERY ROOM & LABOR ROOM	68,148	0	68,148	52.00
53.00	ANESTHESIOLOGY	132,425	0	132,425	53.00
54.00	RADIOLOGY-DIAGNOSTIC	548,563	0	548,563	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0	54.01
57.00	CT SCAN	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	510,978	0	510,978	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	160,739	0	160,739	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	29,732	0	29,732	63.00
65.00	RESPIRATORY THERAPY	108,115	0	108,115	65.00
66.00	PHYSICAL THERAPY	192,149	0	192,149	66.00
69.00	ELECTROCARDIOLOGY	692,348	0	692,348	69.00
70.00	ELECTROENCEPHALOGRAPHY	74,888	0	74,888	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	221,771	0	221,771	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	255,697	0	255,697	72.00
73.00	DRUGS CHARGED TO PATIENTS	231,345	0	231,345	73.00
76.00	CARDIAC REHAB	56,580	0	56,580	76.00
76.01	BEHAVIORAL OUTPATIENT	22,727	0	22,727	76.01
76.02	SHOCK THERAPY	16,162	0	16,162	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	4,317	0	4,317	89.00
91.00	EMERGENCY	283,974	0	283,974	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00

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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
OTHER REIMBURSABLE COST CENTERS					
98.00	PURCHASED DIALYSIS SERVICES	6,350	0	6,350	98.00
99.10	CORF	0	0	0	99.10
101.00	HOME HEALTH AGENCY	243,751	0	243,751	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,950,625	0	6,950,625	118.00
NONREIMBURSABLE COST CENTERS					
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01	OAKCREST NH	93,434	0	93,434	190.01
190.02	SHARED SERVICES	16,967	0	16,967	190.02
190.03	MATERNAL HEALTH SERVICES	9,861	0	9,861	190.03
190.04	CAFETERIA VISITORS	17,483	0	17,483	190.04
190.05	TV SERVICE	1,896	0	1,896	190.05
190.06	FUND DEVELOPMENT	29,232	0	29,232	190.06
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	11	0	11	194.00
194.01	KENNEDY LIVING CENTER	18,648	0	18,648	194.01
194.02	MERCY CRESCENT DIABETES PROGRAM	403	0	403	194.02
194.03	RENTAL PROPERTIES	195,689	0	195,689	194.03
194.04	AUXILIARY	22,371	0	22,371	194.04
194.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	71,306	0	71,306	194.05
194.06	RURAL OUTREACH PROGRAM	4,293	0	4,293	194.06
194.07	BAD DEBT EXPENSE	0	0	0	194.07
194.08	LIFELINE	1,537	0	1,537	194.08
194.09	MMC DYERSVILLE	347,164	0	347,164	194.09
194.10	CCH ELKADER	9,142	0	9,142	194.10
194.11	RETAIL PHARMACY	1,134,290	0	1,134,290	194.11
194.12	IDLE SPACE	103,501	0	103,501	194.12
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	9,027,853	0	9,027,853	202.00

Cost Center Description	CAPITAL RELATED COSTS					NEW ASBURY SQUARE (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW 47 BLDG (SQUARE FEET)	NEW DYERSVILLE (SQUARE FEET)	NEW PROF ARTS PLAZA (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04		
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	182,932						1.00
1.01 NEW CAP REL COSTS-47 BLDG	0	152,768					1.01
1.02 NEW CAP REL COSTS-DYERSVILLE	0	0	48,776				1.02
1.03 NEW CAP REL COSTS-PROF ARTS PLAZA	0	0	0	48,097			1.03
1.04 NEW CAP REL COSTS-ASBURY SQUARE	0	0	0	0	10,715		1.04
1.05 NEW CAP REL COSTS-MED ARTS BUILDING	0	0	0	0	0		1.05
1.06 NEW CAP REL COSTS-ENERGY CENTER	0	0	0	0	0		1.06
1.07 NEW CAP REL COSTS-RENTAL PROPERTIES	0	0	0	0	0		1.07
1.08 NEW CAP REL COSTS-PARKING DECK	0	0	0	0	0		1.08
1.09 NEW CAP REL COSTS-97 BUILDING	0	0	0	0	0		1.09
1.10 NEW CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0	0		1.10
1.11 NEW CAP REL COSTS-CASCADE CLINIC	0	0	0	0	0		1.11
1.12 NEW CAP REL COSTS-RETAIL PHARMACY	0	0	0	0	0		1.12
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS	0	2,474	0	0	0		4.00
4.01 CHILD CARE	0	0	0	10,442	0		4.01
5.01 COMMUNICATIONS	638	552	0	0	0		5.01
5.02 PURCHASING	888	0	0	0	0		5.02
5.03 PFS/COLLECTION	0	0	0	0	0		5.03
5.06 OTHER ADMINISTRATIVE AND GENERAL	26,235	36,697	0	7,015	7,648		5.06
6.00 MAINTENANCE & REPAIRS	18,406	16,870	0	262	0		6.00
7.00 OPERATION OF PLANT	685	0	0	0	0		7.00
8.00 LAUNDRY & LINEN SERVICE	475	10,022	0	0	0		8.00
9.00 HOUSEKEEPING	3,975	390	0	275	0		9.00
10.00 DIETARY	10,901	0	0	0	0		10.00
11.00 CAFETERIA	0	0	0	0	0		11.00
13.00 NURSING ADMINISTRATION	0	3,186	0	0	0		13.00
14.00 CENTRAL SERVICES & SUPPLY	9,741	0	0	0	0		14.00
15.00 PHARMACY	1,600	962	0	0	0		15.00
16.00 MEDICAL RECORDS & LIBRARY	4,713	204	0	0	2,552		16.00
17.00 SOCIAL SERVICE	397	111	0	0	0		17.00
18.00 CENTRAL STERILIZATION	3,196	0	0	0	0		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	35,521	13,015	0	0	515		30.00
31.00 INTENSIVE CARE UNIT	0	4,970	0	0	0		31.00
40.00 SUBPROVIDER - IPF	0	14,551	0	0	0		40.00
41.00 SUBPROVIDER - IRF	0	5,616	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	0	3,303	0	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	10,716	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	17,363	1,317	0	0	0		50.00
51.00 RECOVERY ROOM	0	84	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	5,055	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	10,610	0	0	0	0		54.00
54.01 MAGNETIC RES. IMAGING	0	0	0	0	0		54.01
57.00 CT SCAN	0	0	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	785	0	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00 LABORATORY	4,273	1,977	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
65.00 RESPIRATORY THERAPY	0	1,179	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	654	0	4,947	0		66.00
69.00 ELECTROCARDIOLOGY	0	92	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	2,666	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
76.00 CARDIAC REHAB	0	0	0	6,191	0		76.00
76.01 BEHAVIORAL OUTPATIENT	381	0	0	0	0		76.01
76.02 SHOCK THERAPY	0	1,339	0	0	0		76.02
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
91.00 EMERGENCY	9,956	0	0	0	0		91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160069

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

Worksheet B-1

Date/Time Prepared:
1/30/2012 1:08 pm

Cost Center Description	CAPITAL RELATED COSTS					NEW ASBURY SQUARE (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW 47 BLDG (SQUARE FEET)	NEW DYERSVILLE (SQUARE FEET)	NEW PROF ARTS PLAZA (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04		
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
98.00 PURCHASED DIALYSIS SERVICES	0	0	0	0	0	0	98.00
99.10 CORF	0	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	2,850	3,850	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	163,589	141,852	0	29,132	10,715		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
190.01 OAKCREST NH	0	0	10,943	0	0	0	190.01
190.02 SHARED SERVICES	0	0	0	91	0	0	190.02
190.03 MATERNAL HEALTH SERVICES	0	0	0	428	0	0	190.03
190.04 CAFETERIA VISITORS	0	0	0	0	0	0	190.04
190.05 TV SERVICE	200	0	0	0	0	0	190.05
190.06 FUND DEVELOPMENT	0	489	0	0	0	0	190.06
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 KENNEDY LIVING CENTER	0	0	0	0	0	0	194.01
194.02 MERCY CRESCENT DIABETES PROGRAM	0	0	0	0	0	0	194.02
194.03 RENTAL PROPERTIES	1,357	6,663	0	18,446	0	0	194.03
194.04 AUXILIARY	1,043	616	0	0	0	0	194.04
194.05 COMMUNITY EDUC/OUTSIDE LAUNDRY	0	736	0	0	0	0	194.05
194.06 RURAL OUTREACH PROGRAM	0	0	0	0	0	0	194.06
194.07 BAD DEBT EXPENSE	0	0	0	0	0	0	194.07
194.08 LIFELINE	0	0	0	0	0	0	194.08
194.09 MMC DYERSVILLE	0	0	37,833	0	0	0	194.09
194.10 CCH ELKADER	0	0	0	0	0	0	194.10
194.11 RETAIL PHARMACY	0	0	0	0	0	0	194.11
194.12 IDLE SPACE	16,743	2,412	0	0	0	0	194.12
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)	584,437	837,481	130,166	204,937	280		202.00
203.00 Unit cost multiplier (wkst. B, Part I)	3.194832	5.482045	2.668649	4.260910	0.026132		203.00
204.00 Cost to be allocated (per wkst. B, Part II)							204.00
205.00 Unit cost multiplier (wkst. B, Part II)							205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160069

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS				NEW 97 BUILDING (SQUARE FEET)	
		NEW MED ARTS BUILDING (SQUARE FEET)	NEW ENERGY CENTER (SQUARE FEET)	NEW RENTAL PROPERTIES (SQUARE FEET)	NEW PARKING DECK (SQUARE FEET)		
		1.05	1.06	1.07	1.08		
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-47 BLDG						1.01
1.02	NEW CAP REL COSTS-DYERSVILLE						1.02
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA						1.03
1.04	NEW CAP REL COSTS-ASBURY SQUARE						1.04
1.05	NEW CAP REL COSTS-MED ARTS BUILDING	11,750					1.05
1.06	NEW CAP REL COSTS-ENERGY CENTER	0	9,900				1.06
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES	0	0	1,000			1.07
1.08	NEW CAP REL COSTS-PARKING DECK	0	0	0	1,000		1.08
1.09	NEW CAP REL COSTS-97 BUILDING	0	0	0	0	73,017	1.09
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC	0	0	0	0	0	1.10
1.11	NEW CAP REL COSTS-CASCADE CLINIC	0	0	0	0	0	1.11
1.12	NEW CAP REL COSTS-RETAIL PHARMACY	0	0	0	0	0	1.12
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	53	4.00
4.01	CHILD CARE	0	0	0	0	0	4.01
5.01	COMMUNICATIONS	0	0	0	0	0	5.01
5.02	PURCHASING	0	0	0	0	0	5.02
5.03	PFS/COLLECTION	0	0	0	0	1,308	5.03
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	1,000	15,401	5.06
6.00	MAINTENANCE & REPAIRS	0	1,671	0	0	9,760	6.00
7.00	OPERATION OF PLANT	0	8,229	0	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	219	8.00
9.00	HOUSEKEEPING	0	0	0	0	695	9.00
10.00	DIETARY	0	0	0	0	783	10.00
11.00	CAFETERIA	0	0	0	0	6,391	11.00
13.00	NURSING ADMINISTRATION	0	0	0	0	40	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	326	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	CENTRAL STERILIZATION	0	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	1,223	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	3,068	50.00
51.00	RECOVERY ROOM	0	0	0	0	13,840	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	409	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	357	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	9,349	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	BEHAVIORAL OUTPATIENT	0	0	0	0	655	76.01
76.02	SHOCK THERAPY	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	0	0	0	0	5,189	91.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160069

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS					NEW 97 BUILDING (SQUARE FEET)	
	NEW MED ARTS BUILDING (SQUARE FEET)	NEW ENERGY CENTER (SQUARE FEET)	NEW RENTAL PROPERTIES (SQUARE FEET)	NEW PARKING DECK (SQUARE FEET)			
	1.05	1.06	1.07	1.08	1.09		
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
98.00 PURCHASED DIALYSIS SERVICES	0	0	0	0	0	0	98.00
99.10 CORF	0	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0		1,981	101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	9,900	0	1,000		71,047	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
190.01 OAKCREST NH	0	0	0	0	0	0	190.01
190.02 SHARED SERVICES	0	0	0	0	0	0	190.02
190.03 MATERNAL HEALTH SERVICES	0	0	0	0	0	0	190.03
190.04 CAFETERIA VISITORS	0	0	0	0	0	0	190.04
190.05 TV SERVICE	0	0	0	0	0	0	190.05
190.06 FUND DEVELOPMENT	0	0	0	0	0	0	190.06
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0	194.00
194.01 KENNEDY LIVING CENTER	0	0	0	0	0	0	194.01
194.02 MERCY CRESCENT DIABETES PROGRAM	0	0	0	0	0	0	194.02
194.03 RENTAL PROPERTIES	0	0	1,000	0	0	0	194.03
194.04 AUXILIARY	0	0	0	0	0	686	194.04
194.05 COMMUNITY EDUC/OUTSIDE LAUNDRY	0	0	0	0	0	0	194.05
194.06 RURAL OUTREACH PROGRAM	0	0	0	0	0	0	194.06
194.07 BAD DEBT EXPENSE	0	0	0	0	0	0	194.07
194.08 LIFELINE	0	0	0	0	0	0	194.08
194.09 MMC DYERSVILLE	9,920	0	0	0	0	0	194.09
194.10 CCH ELKADER	0	0	0	0	0	0	194.10
194.11 RETAIL PHARMACY	1,830	0	0	0	0	1,284	194.11
194.12 IDLE SPACE	0	0	0	0	0	0	194.12
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per wkst. B, Part I)	9,370	177,625	6,859	63,617		1,009,748	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	0.797447	17.941919	6.859000	63.617000		13.828944	203.00
204.00 Cost to be allocated (per wkst. B, Part II)							204.00
205.00 Unit cost multiplier (wkst. B, Part II)							205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160069

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
	NEW BELLEVUE CLINIC (SQUARE FEET)	NEW CASCADE CLINIC (SQUARE FEET)	NEW RETAIL PHARMACY (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
	1.10	1.11	1.12	2.00		
GENERAL SERVICE COST CENTERS						
1.00						1.00
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08						1.08
1.09						1.09
1.10						1.10
1.11	1,087					1.11
1.12	0	5,475				1.12
2.00	0	0	13,222			2.00
4.00				5,189,234		4.00
4.01	0	0	0	6,601	44,673,655	4.01
5.01	0	0	0	5,969	673,444	5.01
5.02	0	0	0	893	251,736	5.02
5.03	0	0	0	375	191,760	5.03
5.06	0	0	0	207	524,625	5.06
6.00	0	0	0	2,489,209	858,549	6.00
7.00	0	0	0	15,288	1,158,476	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	60,773	506,926	9.00
10.00	0	0	0	5,150	1,031,776	10.00
11.00	0	0	0	23,172	1,465,757	11.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	26,225	1,026,936	14.00
15.00	0	0	0	5,202	351,917	15.00
16.00	0	0	0	89,329	1,653,929	16.00
17.00	0	0	0	25,041	2,132,225	17.00
18.00	0	0	0	0	238,107	18.00
19.00	0	0	0	34,581	244,127	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	0	0	0	70,544	6,838,958	30.00
31.00	0	0	0	47,395	1,138,180	31.00
40.00	0	0	0	20,315	1,399,950	40.00
41.00	0	0	0	795	379,234	41.00
42.00	0	0	0	0	0	42.00
43.00	0	0	0	42,059	957,679	43.00
44.00	0	0	0	6,681	1,299,879	44.00
45.00	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	0	0	0	461,093	3,235,969	50.00
51.00	0	0	0	29,472	1,598,826	51.00
52.00	0	0	0	0	534,777	52.00
53.00	0	0	0	97,914	55,578	53.00
54.00	0	0	0	326,130	1,743,531	54.00
54.01	0	0	0	0	0	54.01
57.00	0	0	0	0	0	57.00
58.00	0	0	0	452,932	163,524	58.00
59.00	0	0	0	0	0	59.00
60.00	0	0	0	176	0	60.00
60.01	0	0	0	0	0	60.01
63.00	0	0	0	1,646	0	63.00
65.00	0	0	0	45,950	830,687	65.00
66.00	1,087	1,948	0	14,485	2,093,232	66.00
69.00	0	0	0	420,343	723,773	69.00
70.00	0	0	0	31,806	292,287	70.00
71.00	0	0	0	92,186	0	71.00
72.00	0	0	0	0	0	72.00
73.00	0	0	0	0	0	73.00
76.00	0	0	0	3,290	194,802	76.00
76.01	0	0	0	53	178,507	76.01
76.02	0	0	0	3,298	26,397	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
91.00	0	0	0	37,682	1,527,562	91.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160069

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

Worksheet B-1

Date/Time Prepared:
1/30/2012 1:08 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
	NEW BELLEVUE CLINIC (SQUARE FEET)	NEW CASCADE CLINIC (SQUARE FEET)	NEW RETAIL PHARMACY (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
	1.10	1.11	1.12	2.00		
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					4.00	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 PURCHASED DIALYSIS SERVICES	0	0	0	0	0	98.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	24,432	2,093,250	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,087	1,948	0	5,018,692	39,616,872	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 OAKCREST NH	0	0	0	10,389	918,312	190.01
190.02 SHARED SERVICES	0	0	0	186	444,481	190.02
190.03 MATERNAL HEALTH SERVICES	0	0	0	0	93,823	190.03
190.04 CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05 TV SERVICE	0	0	0	0	1,750	190.05
190.06 FUND DEVELOPMENT	0	0	0	59	464,861	190.06
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
OTHER NONREIMBURSABLE COST CENTERS						
194.01 KENNEDY LIVING CENTER	0	0	0	0	564,358	194.01
194.02 MERCY CRESCENT DIABETES PROGRAM	0	0	0	107	0	194.02
194.03 RENTAL PROPERTIES	0	2,710	0	0	0	194.03
194.04 AUXILIARY	0	0	0	0	0	194.04
194.05 COMMUNITY EDUC/OUTSIDE LAUNDRY	0	0	0	0	96,497	194.05
194.06 RURAL OUTREACH PROGRAM	0	0	0	0	41,710	194.06
194.07 BAD DEBT EXPENSE	0	0	0	0	0	194.07
194.08 LIFELINE	0	0	0	0	17,911	194.08
194.09 MMC DYERSVILLE	0	0	0	86,446	2,229,501	194.09
194.10 CCH ELKADER	0	0	0	0	183,185	194.10
194.11 RETAIL PHARMACY	0	817	13,222	73,355	394	194.11
194.12 IDLE SPACE	0	0	0	0	0	194.12
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)	1,704	634	54,785	5,524,434	1,582,663	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	1.567617	0.115799	4.143473	1.064595	0.035427	203.00
204.00 Cost to be allocated (per wkst. B, Part II)					21,323	204.00
205.00 Unit cost multiplier (wkst. B, Part II)					0.000477	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160069

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CHILD CARE (PAYROLL DEDUCTIONS)	COMMUNICATIONS (DUBUQUE PHONES)	PURCHASING (PURCHASING REQUISITIONS)	PFS/COLLECTION (GROSS CHARGES)	Reconciliation	
		4.01	5.01	5.02	5.03	5A.06	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-47 BLDG						1.01
1.02	NEW CAP REL COSTS-DYERSVILLE						1.02
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA						1.03
1.04	NEW CAP REL COSTS-ASBURY SQUARE						1.04
1.05	NEW CAP REL COSTS-MED ARTS BUILDING						1.05
1.06	NEW CAP REL COSTS-ENERGY CENTER						1.06
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES						1.07
1.08	NEW CAP REL COSTS-PARKING DECK						1.08
1.09	NEW CAP REL COSTS-97 BUILDING						1.09
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC						1.10
1.11	NEW CAP REL COSTS-CASCADE CLINIC						1.11
1.12	NEW CAP REL COSTS-RETAIL PHARMACY						1.12
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.01	CHILD CARE	338,181					4.01
5.01	COMMUNICATIONS	2,106	891				5.01
5.02	PURCHASING	0	4	29,580,733			5.02
5.03	PFS/COLLECTION	2,598	22	26,246	284,901,321		5.03
5.06	OTHER ADMINISTRATIVE AND GENERAL	18,461	125	0	0	-12,906,747	5.06
6.00	MAINTENANCE & REPAIRS	500	14	405,798	0	0	6.00
7.00	OPERATION OF PLANT	5,555	0	506	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	2	312,221	0	0	8.00
9.00	HOUSEKEEPING	1,844	2	161,486	0	0	9.00
10.00	DIETARY	8,643	24	940,439	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	8,291	6	10,489	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	388	3	13,912	0	0	14.00
15.00	PHARMACY	33,753	7	67,642	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	625	52	29,993	0	0	16.00
17.00	SOCIAL SERVICE	11,411	0	951	0	0	17.00
18.00	CENTRAL STERILIZATION	0	1	125,870	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	31,152	227	608,446	31,746,233	0	30.00
31.00	INTENSIVE CARE UNIT	15,685	23	138,186	4,253,528	0	31.00
40.00	SUBPROVIDER - IPF	4,346	26	31,003	6,268,143	0	40.00
41.00	SUBPROVIDER - IRF	3,012	22	19,851	1,423,343	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	651	0	108,079	3,350,088	0	43.00
44.00	SKILLED NURSING FACILITY	6,278	30	96,920	3,038,044	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	30,078	30	4,030,874	41,209,511	0	50.00
51.00	RECOVERY ROOM	27,106	42	218,388	5,855,632	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52,345	1,998,575	0	52.00
53.00	ANESTHESIOLOGY	1,177	0	248,851	11,458,300	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	48,593	11	580,195	27,018,547	0	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	4	26,180	4,917,049	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	37	4,355	23,201,095	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,853,932	0	63.00
65.00	RESPIRATORY THERAPY	10,317	5	205,191	7,081,459	0	65.00
66.00	PHYSICAL THERAPY	19,039	16	77,434	8,828,059	0	66.00
69.00	ELECTROCARDIOLOGY	9,114	13	717,362	22,889,263	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	10,442	3	31,837	2,375,559	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	34,019	11,184,740	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	8,189,166	12,548,738	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	4,167,125	27,662,810	0	73.00
76.00	CARDIAC REHAB	991	7	9,218	609,957	0	76.00
76.01	BEHAVIORAL OUTPATIENT	502	15	6,016	829,900	0	76.01
76.02	SHOCK THERAPY	0	0	8,759	418,616	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	14,939,369	0	89.00
91.00	EMERGENCY	13,851	20	265,371	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	0	0	229	500,488	0	98.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160069

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

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Cost Center Description		CHILD CARE (PAYROLL DEDUCTIONS) 4.01	COMMUNICATIONS (DUBUQUE PHONES) 5.01	PURCHASING (PURCHASING REQUISITIONS) 5.02	PFS/COLLECTION (GROSS CHARGES) 5.03	Reconciliation 5A.06	
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	11,672	42	1,254,866	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	338,181	835	23,225,819	277,460,978	-12,906,747	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OAKCREST NH	0	0	80,355	2,239,003	0	190.01
190.02	SHARED SERVICES	0	0	4,875	0	0	190.02
190.03	MATERNAL HEALTH SERVICES	0	2	7,147	130,370	0	190.03
190.04	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	TV SERVICE	0	0	0	0	0	190.05
190.06	FUND DEVELOPMENT	0	6	31,329	0	0	190.06
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	3,315	0	0	194.00
194.01	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	MERCY CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	RENTAL PROPERTIES	0	11	0	0	0	194.03
194.04	AUXILIARY	0	0	0	0	0	194.04
194.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	0	3	3,282	0	0	194.05
194.06	RURAL OUTREACH PROGRAM	0	1	30,560	0	0	194.06
194.07	BAD DEBT EXPENSE	0	0	0	0	0	194.07
194.08	LIFELINE	0	3	6,989	0	0	194.08
194.09	MMC DYERSVILLE	0	0	443,971	5,070,970	0	194.09
194.10	CCH ELKADER	0	0	0	0	0	194.10
194.11	RETAIL PHARMACY	0	30	5,743,091	0	0	194.11
194.12	IDLE SPACE	0	0	0	0	0	194.12
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)	305,885	327,457	502,854	2,245,080		202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.904501	367.516274	0.016999	0.007880		203.00
204.00	Cost to be allocated (per wkst. B, Part II)	51,168	10,110	5,870	22,706		204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.151304	11.346801	0.000198	0.000080		205.00

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-47 BLDG						1.01
1.02	NEW CAP REL COSTS-DYERSVILLE						1.02
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA						1.03
1.04	NEW CAP REL COSTS-ASBURY SQUARE						1.04
1.05	NEW CAP REL COSTS-MED ARTS BUILDING						1.05
1.06	NEW CAP REL COSTS-ENERGY CENTER						1.06
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES						1.07
1.08	NEW CAP REL COSTS-PARKING DECK						1.08
1.09	NEW CAP REL COSTS-97 BUILDING						1.09
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC						1.10
1.11	NEW CAP REL COSTS-CASCADE CLINIC						1.11
1.12	NEW CAP REL COSTS-RETAIL PHARMACY						1.12
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.01	CHILD CARE						4.01
5.01	COMMUNICATIONS						5.01
5.02	PURCHASING						5.02
5.03	PFS/COLLECTION						5.03
5.06	OTHER ADMINISTRATIVE AND GENERAL	122,417,074					5.06
6.00	MAINTENANCE & REPAIRS	5,663,115	318,026				6.00
7.00	OPERATION OF PLANT	276,642	8,914	309,112			7.00
8.00	LAUNDRY & LINEN SERVICE	1,194,404	10,716	10,716	1,945,680		8.00
9.00	HOUSEKEEPING	1,726,637	5,381	5,381	56,614	276,175	9.00
10.00	DIETARY	2,134,157	11,684	11,684	17,219	11,684	10.00
11.00	CAFETERIA	88,381	6,391	6,391	0	6,391	11.00
13.00	NURSING ADMINISTRATION	1,656,271	3,226	3,226	0	3,226	13.00
14.00	CENTRAL SERVICES & SUPPLY	538,463	9,741	9,741	2,086	9,741	14.00
15.00	PHARMACY	2,582,009	2,562	2,562	2,097	2,562	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,966,238	5,243	5,243	0	5,243	16.00
17.00	SOCIAL SERVICE	327,408	508	508	0	508	17.00
18.00	CENTRAL STERILIZATION	512,615	3,196	3,196	0	3,196	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,234,364	49,759	49,759	375,630	49,759	30.00
31.00	INTENSIVE CARE UNIT	1,695,118	4,970	4,970	45,084	4,970	31.00
40.00	SUBPROVIDER - IPF	2,013,081	14,551	14,551	33,757	14,551	40.00
41.00	SUBPROVIDER - IRF	645,374	5,616	5,616	12,265	5,616	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,316,122	3,303	3,303	0	3,303	43.00
44.00	SKILLED NURSING FACILITY	1,898,585	10,716	10,716	71,978	10,716	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	7,369,805	21,720	21,720	280,246	21,720	50.00
51.00	RECOVERY ROOM	2,509,361	13,924	13,924	13,693	13,924	51.00
52.00	DELIVERY ROOM & LABOR ROOM	636,765	5,055	5,055	0	5,055	52.00
53.00	ANESTHESIOLOGY	410,988	409	409	0	409	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,625,700	10,967	10,967	40,800	10,967	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	761,760	785	785	0	785	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	3,998,191	6,250	6,250	0	6,250	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	1,012,081	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	1,419,380	1,179	1,179	690	1,179	65.00
66.00	PHYSICAL THERAPY	3,016,472	8,866	8,866	9,654	8,866	66.00
69.00	ELECTROCARDIOLOGY	2,074,644	9,441	9,441	25,967	9,441	69.00
70.00	ELECTROENCEPHALOGRAPHY	491,463	2,666	2,666	11,660	2,666	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,208,195	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	8,427,271	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	4,772,979	0	0	0	0	73.00
76.00	CARDIAC REHAB	301,765	6,593	6,593	0	6,593	76.00
76.01	BEHAVIORAL OUTPATIENT	278,054	1,036	1,036	0	1,036	76.01
76.02	SHOCK THERAPY	57,217	1,339	1,339	0	1,339	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	117,722	0	0	0	0	89.00
91.00	EMERGENCY	2,411,043	15,145	15,145	120,536	15,145	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160069

Period:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.06	6.00	7.00	8.00	9.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	227,812	0	0	0	0	98.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	4,328,557	7,269	7,269	0	7,269	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	88,926,209	269,121	260,207	1,119,976	244,110	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OAKCREST NH	1,426,006	0	0	83,157	0	190.01
190.02	SHARED SERVICES	567,890	0	0	0	0	190.02
190.03	MATERNAL HEALTH SERVICES	171,027	428	428	1,474	428	190.03
190.04	CAFETERIA VISITORS	0	0	0	0	0	190.04
190.05	TV SERVICE	28,874	200	200	0	200	190.05
190.06	FUND DEVELOPMENT	896,782	489	489	0	489	190.06
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	56	0	0	0	0	194.00
194.01	KENNEDY LIVING CENTER	693,062	0	0	0	0	194.01
194.02	MERCY CRESCENT DIABETES PROGRAM	114	117	117	0	117	194.02
194.03	RENTAL PROPERTIES	154,286	26,466	26,466	0	26,466	194.03
194.04	AUXILIARY	16,196	2,345	2,345	0	2,345	194.04
194.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	139,221	736	736	669,551	736	194.05
194.06	RURAL OUTREACH PROGRAM	152,929	0	0	0	0	194.06
194.07	BAD DEBT EXPENSE	0	0	0	0	0	194.07
194.08	LIFELINE	52,269	0	0	0	0	194.08
194.09	MMC DYERSVILLE	4,890,991	0	0	39,154	0	194.09
194.10	CCH ELKADER	229,510	0	0	32,368	0	194.10
194.11	RETAIL PHARMACY	24,004,938	1,284	1,284	0	1,284	194.11
194.12	IDLE SPACE	66,714	16,840	16,840	0	0	194.12
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)	12,906,747	6,260,194	481,277	1,547,957	2,068,023	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	0.105433	19.684535	1.556966	0.795587	7.488089	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	3,246,298	484,776	171,596	178,471	102,334	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	0.026518	1.524328	0.555126	0.091727	0.370540	205.00

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Cost Center Description		DIETARY (MEALS)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (PURCHASING REQUISITIONS)	PHARMACY (PHARMACY REQS)	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS-47 BLDG						1.01
1.02	NEW CAP REL COSTS-DYERSVILLE						1.02
1.03	NEW CAP REL COSTS-PROF ARTS PLAZA						1.03
1.04	NEW CAP REL COSTS-ASBURY SQUARE						1.04
1.05	NEW CAP REL COSTS-MED ARTS BUILDING						1.05
1.06	NEW CAP REL COSTS-ENERGY CENTER						1.06
1.07	NEW CAP REL COSTS-RENTAL PROPERTIES						1.07
1.08	NEW CAP REL COSTS-PARKING DECK						1.08
1.09	NEW CAP REL COSTS-97 BUILDING						1.09
1.10	NEW CAP REL COSTS-BELLEVUE CLINIC						1.10
1.11	NEW CAP REL COSTS-CASCADE CLINIC						1.11
1.12	NEW CAP REL COSTS-RETAIL PHARMACY						1.12
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.01	CHILD CARE						4.01
5.01	COMMUNICATIONS						5.01
5.02	PURCHASING						5.02
5.03	PFS/COLLECTION						5.03
5.06	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	148,118					10.00
11.00	CAFETERIA	7,778	1,390,126				11.00
13.00	NURSING ADMINISTRATION	0	35,254	1,019,662			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	25,204	0	27,709,636		14.00
15.00	PHARMACY	0	46,025	0	67,642	10,471,425	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	97,970	0	29,993	16	16.00
17.00	SOCIAL SERVICE	0	11,999	0	951	0	17.00
18.00	CENTRAL STERILIZATION	0	16,522	16,522	125,870	323	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	80,251	282,129	282,129	608,446	111,380	30.00
31.00	INTENSIVE CARE UNIT	4,940	42,498	42,498	138,186	23,145	31.00
40.00	SUBPROVIDER - IPF	15,321	57,452	57,452	31,003	614	40.00
41.00	SUBPROVIDER - IRF	3,556	15,748	15,748	19,851	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	34,836	34,836	108,079	2,789	43.00
44.00	SKILLED NURSING FACILITY	17,924	63,045	63,045	96,920	12,613	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	38	130,558	130,558	4,030,874	42,268	50.00
51.00	RECOVERY ROOM	1,727	66,145	66,145	218,388	72,626	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	20,542	20,542	52,345	0	52.00
53.00	ANESTHESIOLOGY	0	4,173	4,173	248,851	100,998	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	71,061	0	580,195	66,877	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	5,987	0	26,180	23,685	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	4,355	23	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	35,176	0	205,191	1,043	65.00
66.00	PHYSICAL THERAPY	0	80,434	0	77,434	1,862	66.00
69.00	ELECTROCARDIOLOGY	0	26,536	26,536	717,362	50,106	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	12,304	0	31,837	524	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	34,019	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,189,166	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	642	642	4,167,125	4,108,269	73.00
76.00	CARDIAC REHAB	0	9,706	9,706	9,218	38	76.00
76.01	BEHAVIORAL OUTPATIENT	0	8,781	8,781	6,016	0	76.01
76.02	SHOCK THERAPY	0	1,157	1,157	8,759	159	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	356	59,838	59,838	265,371	43,092	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160069

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

Worksheet B-1

Date/Time Prepared:
1/30/2012 1:08 pm

Cost Center Description		DIETARY (MEALS)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (PURCHASING REQUISITIONS)	PHARMACY (PHARMACY REQS)	
		10.00	11.00	13.00	14.00	15.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	0	0	0	229	0	98.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	91,880	91,880	1,254,866	5,730	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	131,891	1,353,602	932,188	21,354,722	4,668,180	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	OAKCREST NH	0	0	56,578	80,355	9,801	190.01
190.02	SHARED SERVICES	0	13,259	0	4,875	0	190.02
190.03	MATERNAL HEALTH SERVICES	0	4,021	4,021	7,147	1,141	190.03
190.04	CAFETERIA VISITORS	16,227	0	0	0	0	190.04
190.05	TV SERVICE	0	0	0	0	0	190.05
190.06	FUND DEVELOPMENT	0	13,652	0	31,329	0	190.06
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	3,315	0	194.00
194.01	KENNEDY LIVING CENTER	0	0	0	0	0	194.01
194.02	MERCY CRESCENT DIABETES PROGRAM	0	0	0	0	0	194.02
194.03	RENTAL PROPERTIES	0	0	0	0	0	194.03
194.04	AUXILIARY	0	0	0	0	0	194.04
194.05	COMMUNITY EDUC/OUTSIDE LAUNDRY	0	3,225	0	3,282	1	194.05
194.06	RURAL OUTREACH PROGRAM	0	1,288	0	30,560	520	194.06
194.07	BAD DEBT EXPENSE	0	0	0	0	0	194.07
194.08	LIFELINE	0	1,053	0	6,989	0	194.08
194.09	MMC DYERSVILLE	0	0	26,875	443,971	75,895	194.09
194.10	CCH ELKADER	0	0	0	0	0	194.10
194.11	RETAIL PHARMACY	0	26	0	5,743,091	5,715,887	194.11
194.12	IDLE SPACE	0	0	0	0	0	194.12
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)	2,708,544	423,542	1,934,320	884,428	2,945,693	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	18.286393	0.304679	1.897021	0.031918	0.281308	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	159,587	114,763	104,543	77,338	191,575	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.077432	0.082556	0.102527	0.002791	0.018295	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160069

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

Worksheet B-1

Date/Time Prepared:
1/30/2012 1:08 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			CENTRAL STERILIZATION (HOURS)		
	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 NEW CAP REL COSTS-47 BLDG					1.01
1.02 NEW CAP REL COSTS-DYERSVILLE					1.02
1.03 NEW CAP REL COSTS-PROF ARTS PLAZA					1.03
1.04 NEW CAP REL COSTS-ASBURY SQUARE					1.04
1.05 NEW CAP REL COSTS-MED ARTS BUILDING					1.05
1.06 NEW CAP REL COSTS-ENERGY CENTER					1.06
1.07 NEW CAP REL COSTS-RENTAL PROPERTIES					1.07
1.08 NEW CAP REL COSTS-PARKING DECK					1.08
1.09 NEW CAP REL COSTS-97 BUILDING					1.09
1.10 NEW CAP REL COSTS-BELLEVUE CLINIC					1.10
1.11 NEW CAP REL COSTS-CASCADE CLINIC					1.11
1.12 NEW CAP REL COSTS-RETAIL PHARMACY					1.12
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
4.01 CHILD CARE					4.01
5.01 COMMUNICATIONS					5.01
5.02 PURCHASING					5.02
5.03 PFS/COLLECTION					5.03
5.06 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY	277,460,978				16.00
17.00 SOCIAL SERVICE	0	7,726			17.00
18.00 CENTRAL STERILIZATION	0	0	10,661		18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	31,746,233	5,406	0		30.00
31.00 INTENSIVE CARE UNIT	4,253,528	219	0		31.00
40.00 SUBPROVIDER - IPF	6,268,143	1,085	0		40.00
41.00 SUBPROVIDER - IRF	1,423,343	94	0		41.00
42.00 SUBPROVIDER	0	0	0		42.00
43.00 NURSERY	3,350,088	308	0		43.00
44.00 SKILLED NURSING FACILITY	3,038,044	519	0		44.00
45.00 NURSING FACILITY	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	41,209,511	0	7,959	0	50.00
51.00 RECOVERY ROOM	5,855,632	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,998,575	0	847	0	52.00
53.00 ANESTHESIOLOGY	11,458,300	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	27,018,547	0	0	0	54.00
54.01 MAGNETIC RES. IMAGING	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	4,917,049	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 LABORATORY	23,201,095	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	1,853,932	0	0	0	63.00
65.00 RESPIRATORY THERAPY	7,081,459	0	0	0	65.00
66.00 PHYSICAL THERAPY	8,828,059	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	22,889,263	0	1,249	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	2,375,559	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,184,740	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	12,548,738	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	27,662,810	0	0	0	73.00
76.00 CARDIAC REHAB	609,957	0	0	0	76.00
76.01 BEHAVIORAL OUTPATIENT	829,900	0	0	0	76.01
76.02 SHOCK THERAPY	418,616	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160069

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

Worksheet B-1

Date/Time Prepared:
1/30/2012 1:08 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	
			CENTRAL STERILIZATION (HOURS)		
	16.00	17.00	18.00	19.00	
91.00 EMERGENCY OBSERVATION BEDS (NON-DISTINCT PART)	14,939,369	0	606	0	91.00
92.00					92.00
OTHER REIMBURSABLE COST CENTERS					
98.00 PURCHASED DIALYSIS SERVICES	500,488	0	0	0	98.00
99.10 CORF	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	277,460,978	7,631	10,661	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01 OAKCREST NH	0	24	0	0	190.01
190.02 SHARED SERVICES	0	0	0	0	190.02
190.03 MATERNAL HEALTH SERVICES	0	0	0	0	190.03
190.04 CAFETERIA VISITORS	0	0	0	0	190.04
190.05 TV SERVICE	0	0	0	0	190.05
190.06 FUND DEVELOPMENT	0	0	0	0	190.06
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.00
194.01 KENNEDY LIVING CENTER	0	0	0	0	194.01
194.02 MERCY CRESCENT DIABETES PROGRAM	0	0	0	0	194.02
194.03 RENTAL PROPERTIES	0	0	0	0	194.03
194.04 AUXILIARY	0	0	0	0	194.04
194.05 COMMUNITY EDUC/OUTSIDE LAUNDRY	0	0	0	0	194.05
194.06 RURAL OUTREACH PROGRAM	0	0	0	0	194.06
194.07 BAD DEBT EXPENSE	0	0	0	0	194.07
194.08 LIFELINE	0	0	0	0	194.08
194.09 MMC DYERSVILLE	0	71	0	0	194.09
194.10 CCH ELKADER	0	0	0	0	194.10
194.11 RETAIL PHARMACY	0	0	0	0	194.11
194.12 IDLE SPACE	0	0	0	0	194.12
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)	3,460,417	380,209	698,968	0	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	0.012472	49.211623	65.563080	0.000000	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	148,794	14,732	72,017	0	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.000536	1.906808	6.755182	0.000000	205.00

Provider CCN: 160069

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

Worksheet B-2
 Date/Time Prepared:
 1/30/2012 1:09 pm

	Description	worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	A&P TO SDS		1 30.00	-742,739	5.00
6.00	SDS TO A&P		1 51.00	742,739	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160069

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

Worksheet C
Part I
Date/Time Prepared:
1/30/2012 1:08 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	15,100,466	15,100,466	0	15,100,466	30.00
31.00	INTENSIVE CARE UNIT	2,311,145	2,311,145	0	2,311,145	31.00
40.00	SUBPROVIDER - IPF	3,209,619	3,209,619	0	3,209,619	40.00
41.00	SUBPROVIDER - IRF	1,007,231	1,007,231	36,747	1,043,978	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	1,687,652	1,687,652	0	1,687,652	43.00
44.00	SKILLED NURSING FACILITY	3,000,532	3,000,532	0	3,000,532	44.00
45.00	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	10,458,190	10,458,190	0	10,458,190	50.00
51.00	RECOVERY ROOM	4,205,237	4,205,237	0	4,205,237	51.00
52.00	DELIVERY ROOM & LABOR ROOM	976,485	976,485	0	976,485	52.00
53.00	ANESTHESIOLOGY	654,521	654,521	0	654,521	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,751,463	4,751,463	0	4,751,463	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0	0	54.01
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	935,275	935,275	0	935,275	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	4,888,801	4,888,801	0	4,888,801	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	1,141,910	1,141,910	0	1,141,910	63.00
65.00	RESPIRATORY THERAPY	1,709,329	1,709,329	3,496	1,712,825	65.00
66.00	PHYSICAL THERAPY	3,734,512	3,734,512	0	3,734,512	66.00
69.00	ELECTROCARDIOLOGY	3,048,054	3,048,054	0	3,048,054	69.00
70.00	ELECTROENCEPHALOGRAPHY	663,689	663,689	0	663,689	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,687,027	3,687,027	0	3,687,027	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	9,733,662	9,733,662	0	9,733,662	72.00
73.00	DRUGS CHARGED TO PATIENTS	6,911,328	6,911,328	0	6,911,328	73.00
76.00	CARDIAC REHAB	552,276	552,276	0	552,276	76.00
76.01	BEHAVIORAL OUTPATIENT	367,010	367,010	6,886	373,896	76.01
76.02	SHOCK THERAPY	109,814	109,814	0	109,814	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	130,134	130,134	0	130,134	89.00
91.00	EMERGENCY	3,581,154	3,581,154	84,350	3,665,504	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	868,648	868,648	0	868,648	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	PURCHASED DIALYSIS SERVICES	258,080	258,080	0	258,080	98.00
99.10	CORF	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	5,237,723	5,237,723	0	5,237,723	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
200.00	Subtotal (see instructions)	94,920,967	94,920,967	131,479	95,052,446	200.00
201.00	Less observation Beds	868,648	868,648	0	868,648	201.00
202.00	Total (see instructions)	94,052,319	94,052,319	131,479	94,183,798	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/30/2012 1:08 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	28,374,713		28,374,713		30.00
31.00	INTENSIVE CARE UNIT	4,221,769		4,221,769		31.00
40.00	SUBPROVIDER - IPF	6,216,358		6,216,358		40.00
41.00	SUBPROVIDER - IRF	1,423,343		1,423,343		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	3,259,185		3,259,185		43.00
44.00	SKILLED NURSING FACILITY	3,037,544		3,037,544		44.00
45.00	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	20,504,379	19,080,688	39,585,067	0.264195	50.00
51.00	RECOVERY ROOM	2,572,585	4,155,099	6,727,684	0.625065	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,828,817	94,236	1,923,053	0.507779	52.00
53.00	ANESTHESIOLOGY	6,166,413	4,945,018	11,111,431	0.058905	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,864,081	17,179,799	26,043,880	0.182441	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0	0.000000	54.01
57.00	CT SCAN	0	0	0	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,081,501	3,454,637	4,536,138	0.206183	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	15,222,034	7,627,330	22,849,364	0.213958	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	1,441,497	406,138	1,847,635	0.618039	63.00
65.00	RESPIRATORY THERAPY	6,265,338	751,820	7,017,158	0.243593	65.00
66.00	PHYSICAL THERAPY	4,776,539	3,750,937	8,527,476	0.437939	66.00
69.00	ELECTROCARDIOLOGY	10,764,402	11,700,256	22,464,658	0.135682	69.00
70.00	ELECTROENCEPHALOGRAPHY	344,755	1,945,643	2,290,398	0.289770	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,114,648	4,028,503	11,143,151	0.330878	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	9,147,223	3,401,515	12,548,738	0.775669	72.00
73.00	DRUGS CHARGED TO PATIENTS	20,378,471	6,766,873	27,145,344	0.254605	73.00
76.00	CARDIAC REHAB	1,736	600,269	602,005	0.917394	76.00
76.01	BEHAVIORAL OUTPATIENT	42,552	756,606	799,158	0.459246	76.01
76.02	SHOCK THERAPY	117,183	301,433	418,616	0.262326	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00	EMERGENCY	4,693,772	10,001,301	14,695,073	0.243698	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	296,607	1,522,137	1,818,744	0.477609	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	PURCHASED DIALYSIS SERVICES	493,548	6,940	500,488	0.515657	98.00
99.10	CORF	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE					113.00
114.00	UTILIZATION REVIEW-SNF					114.00
200.00	Subtotal (see instructions)	168,650,993	102,477,178	271,128,171		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	168,650,993	102,477,178	271,128,171		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet C Part I Date/Time Prepared: 1/30/2012 1:08 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
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.264195		50.00
51.00	RECOVERY ROOM	0.625065		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.507779		52.00
53.00	ANESTHESIOLOGY	0.058905		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.182441		54.00
54.01	MAGNETIC RES. IMAGING	0.000000		54.01
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.206183		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.213958		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.618039		63.00
65.00	RESPIRATORY THERAPY	0.244091		65.00
66.00	PHYSICAL THERAPY	0.437939		66.00
69.00	ELECTROCARDIOLOGY	0.135682		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.289770		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.330878		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.775669		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.254605		73.00
76.00	CARDIAC REHAB	0.917394		76.00
76.01	BEHAVIORAL OUTPATIENT	0.467862		76.01
76.02	SHOCK THERAPY	0.262326		76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	EMERGENCY	0.249438		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.477609		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	PURCHASED DIALYSIS SERVICES	0.515657		98.00
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
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: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/30/2012 1:08 pm
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Cost Center Description	Title XVIII		Hospital		PPS	
	Capital Related Cost (from wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	887,586	0	887,586	23,451	37.85	30.00
31.00 INTENSIVE CARE UNIT	159,204	0	159,204	2,748	57.93	31.00
40.00 SUBPROVIDER - IPF	228,320	0	228,320	4,694	48.64	40.00
41.00 SUBPROVIDER - IRF	72,762	0	72,762	1,191	61.09	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	117,375		117,375	2,644	44.39	43.00
44.00 SKILLED NURSING FACILITY	185,606		185,606	5,989	30.99	44.00
45.00 NURSING FACILITY	0		0	14,223	0.00	45.00
200.00 Total (lines 30-199)	1,650,853		1,650,853	54,940		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part I Date/Time Prepared: 1/30/2012 1:08 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	14,673	555,373	30.00
31.00	INTENSIVE CARE UNIT	1,213	70,269	31.00
40.00	SUBPROVIDER - IPF	1,364	66,345	40.00
41.00	SUBPROVIDER - IRF	724	44,229	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	4,840	149,992	44.00
45.00	NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	22,814	886,208	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part II Date/Time Prepared: 1/30/2012 1:08 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,087,115	39,585,067	0.027463	15,140,971	415,816	50.00
51.00	RECOVERY ROOM	351,898	6,727,684	0.052306	1,644,196	86,001	51.00
52.00	DELIVERY ROOM & LABOR ROOM	68,148	1,923,053	0.035437	0	0	52.00
53.00	ANESTHESIOLOGY	132,425	11,111,431	0.011918	3,937,441	46,926	53.00
54.00	RADIOLOGY-DIAGNOSTIC	548,563	26,043,880	0.021063	6,174,273	130,049	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0.000000	0	0	54.01
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	510,978	4,536,138	0.112646	721,933	81,323	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	160,739	22,849,364	0.007035	9,566,121	67,298	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	29,732	1,847,635	0.016092	1,075,273	17,303	63.00
65.00	RESPIRATORY THERAPY	108,115	7,017,158	0.015407	3,919,785	60,392	65.00
66.00	PHYSICAL THERAPY	192,149	8,527,476	0.022533	1,822,688	41,071	66.00
69.00	ELECTROCARDIOLOGY	692,348	22,464,658	0.030819	5,875,408	181,074	69.00
70.00	ELECTROENCEPHALOGRAPHY	74,888	2,290,398	0.032697	151,615	4,957	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	221,771	11,143,151	0.019902	4,233,143	84,248	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	255,697	12,548,738	0.020376	5,852,333	119,247	72.00
73.00	DRUGS CHARGED TO PATIENTS	231,345	27,145,344	0.008522	11,797,839	100,541	73.00
76.00	CARDIAC REHAB	56,580	602,005	0.093986	852	80	76.00
76.01	BEHAVIORAL OUTPATIENT	22,727	799,158	0.028439	4,800	137	76.01
76.02	SHOCK THERAPY	16,162	418,616	0.038608	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	4,317	0	0.000000	0	0	89.00
91.00	EMERGENCY	283,974	14,695,073	0.019324	2,726,259	52,682	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	51,058	1,818,744	0.028073	206,949	5,810	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	6,350	500,488	0.012688	334,710	4,247	98.00
200.00	Total (lines 50-199)	5,107,079	224,595,259		75,186,589	1,499,202	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 160069		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/30/2012 1:08 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
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	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part III Date/Time Prepared: 1/30/2012 1:08 pm
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
					PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	23,451	0.00	14,673	0	0	30.00
31.00 INTENSIVE CARE UNIT	2,748	0.00	1,213	0	0	31.00
40.00 SUBPROVIDER - IPF	4,694	0.00	1,364	0	0	40.00
41.00 SUBPROVIDER - IRF	1,191	0.00	724	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	42.00
43.00 NURSERY	2,644	0.00	0	0	0	43.00
44.00 SKILLED NURSING FACILITY	5,989	0.00	4,840	0	0	44.00
45.00 NURSING FACILITY	14,223	0.00	0	0	0	45.00
200.00 Total (lines 30-199)	54,940		22,814	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 160069		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part III Date/Time Prepared: 1/30/2012 1:08 pm	
Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS	
		12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
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: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 1:08 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4) 5.00	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00				
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0	0	0	0	54.01
57.00	CT SCAN	0	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
76.00	CARDIAC REHAB	0	0	0	0	0	0	76.00
76.01	BEHAVIORAL OUTPATIENT	0	0	0	0	0	0	76.01
76.02	SHOCK THERAPY	0	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
91.00	EMERGENCY	0	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
98.00	PURCHASED DIALYSIS SERVICES	0	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160069

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

Worksheet D
Part IV
Date/Time Prepared:
1/30/2012 1:08 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	39,585,067	0.000000	0.000000	15,140,971	50.00
51.00	RECOVERY ROOM	0	6,727,684	0.000000	0.000000	1,644,196	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,923,053	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	11,111,431	0.000000	0.000000	3,937,441	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	26,043,880	0.000000	0.000000	6,174,273	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0.000000	0.000000	0	54.01
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	4,536,138	0.000000	0.000000	721,933	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	22,849,364	0.000000	0.000000	9,566,121	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	1,847,635	0.000000	0.000000	1,075,273	63.00
65.00	RESPIRATORY THERAPY	0	7,017,158	0.000000	0.000000	3,919,785	65.00
66.00	PHYSICAL THERAPY	0	8,527,476	0.000000	0.000000	1,822,688	66.00
69.00	ELECTROCARDIOLOGY	0	22,464,658	0.000000	0.000000	5,875,408	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,290,398	0.000000	0.000000	151,615	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,143,151	0.000000	0.000000	4,233,143	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	12,548,738	0.000000	0.000000	5,852,333	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	27,145,344	0.000000	0.000000	11,797,839	73.00
76.00	CARDIAC REHAB	0	602,005	0.000000	0.000000	852	76.00
76.01	BEHAVIORAL OUTPATIENT	0	799,158	0.000000	0.000000	4,800	76.01
76.02	SHOCK THERAPY	0	418,616	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	EMERGENCY	0	14,695,073	0.000000	0.000000	2,726,259	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,818,744	0.000000	0.000000	206,949	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	0	500,488	0.000000	0.000000	334,710	98.00
200.00	Total (lines 50-199)	0	224,595,259			75,186,589	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 1:08 pm
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Cost Center Description		Title XVIII			Hospital		PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	10,262,663	0	0	0	50.00
51.00	RECOVERY ROOM	0	1,684,654	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	1,930,936	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	7,023,698	0	0	0	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	1,012,647	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	1,136,135	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	405,322	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	458,853	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	726	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	3,921,957	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	610,063	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,728,369	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,897,234	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,790,940	0	0	0	73.00
76.00	CARDIAC REHAB	0	283,716	0	0	0	76.00
76.01	BEHAVIORAL OUTPATIENT	0	23,548	0	0	0	76.01
76.02	SHOCK THERAPY	0	126,764	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	0	2,808,378	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	712,328	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	0	5,847	0	0	0	98.00
200.00	Total (lines 50-199)	0	38,824,778	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 1:08 pm
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Cost Center Description	Title XVIII		Hospital	PPS
	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
54.01 MAGNETIC RES. IMAGING	0	0		54.01
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
60.01 BLOOD LABORATORY	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 CARDIAC REHAB	0	0		76.00
76.01 BEHAVIORAL OUTPATIENT	0	0		76.01
76.02 SHOCK THERAPY	0	0		76.02
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
98.00 PURCHASED DIALYSIS SERVICES	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: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/30/2012 1:08 pm
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		Title XVIII		Hospital		PPS	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0.264195	10,262,663	-9,928	0		50.00
51.00	RECOVERY ROOM	0.625065	1,684,654	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.507779	0	0	0		52.00
53.00	ANESTHESIOLOGY	0.058905	1,930,936	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.182441	7,023,698	0	0		54.00
54.01	MAGNETIC RES. IMAGING	0.000000	0	0	0		54.01
57.00	CT SCAN	0.000000	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.206183	1,012,647	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00	LABORATORY	0.213958	1,136,135	108	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.618039	405,322	0	0		63.00
65.00	RESPIRATORY THERAPY	0.243593	458,853	0	0		65.00
66.00	PHYSICAL THERAPY	0.437939	726	0	0		66.00
69.00	ELECTROCARDIOLOGY	0.135682	3,921,957	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.289770	610,063	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.330878	1,728,369	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.775669	1,897,234	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.254605	2,790,940	0	103,297		73.00
76.00	CARDIAC REHAB	0.917394	283,716	0	0		76.00
76.01	BEHAVIORAL OUTPATIENT	0.459246	23,548	0	0		76.01
76.02	SHOCK THERAPY	0.262326	126,764	0	0		76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0.000000					88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
91.00	EMERGENCY	0.243698	2,808,378	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.477609	712,328	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	0.515657	5,847	0	0		98.00
200.00	Subtotal (see instructions)		38,824,778	-9,820	103,297		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		38,824,778	-9,820	103,297		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/30/2012 1:08 pm
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Cost Center Description	Costs			Hospital	PPS
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	2,711,344	-2,623	0		50.00
51.00 RECOVERY ROOM	1,053,018	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	113,742	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,281,410	0	0		54.00
54.01 MAGNETIC RES. IMAGING	0	0	0		54.01
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	208,791	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	243,085	23	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	250,505	0	0		63.00
65.00 RESPIRATORY THERAPY	111,773	0	0		65.00
66.00 PHYSICAL THERAPY	318	0	0		66.00
69.00 ELECTROCARDIOLOGY	532,139	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	176,778	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	571,879	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,471,626	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	710,587	0	26,300		73.00
76.00 CARDIAC REHAB	260,279	0	0		76.00
76.01 BEHAVIORAL OUTPATIENT	10,814	0	0		76.01
76.02 SHOCK THERAPY	33,253	0	0		76.02
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00 EMERGENCY	684,396	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	340,214	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
98.00 PURCHASED DIALYSIS SERVICES	3,015	0	0		98.00
200.00 Subtotal (see instructions)	10,768,966	-2,600	26,300		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	10,768,966	-2,600	26,300		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160069 Component CCN: 16S069		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part II Date/Time Prepared: 1/30/2012 1:08 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,087,115	39,585,067	0.027463	0	0	50.00
51.00	RECOVERY ROOM	351,898	6,727,684	0.052306	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	68,148	1,923,053	0.035437	0	0	52.00
53.00	ANESTHESIOLOGY	132,425	11,111,431	0.011918	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	548,563	26,043,880	0.021063	20,490	432	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0.000000	0	0	54.01
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	510,978	4,536,138	0.112646	7,984	899	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	160,739	22,849,364	0.007035	135,117	951	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	29,732	1,847,635	0.016092	0	0	63.00
65.00	RESPIRATORY THERAPY	108,115	7,017,158	0.015407	27,964	431	65.00
66.00	PHYSICAL THERAPY	192,149	8,527,476	0.022533	11,702	264	66.00
69.00	ELECTROCARDIOLOGY	692,348	22,464,658	0.030819	8,318	256	69.00
70.00	ELECTROENCEPHALOGRAPHY	74,888	2,290,398	0.032697	1,268	41	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	221,771	11,143,151	0.019902	1,476	29	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	255,697	12,548,738	0.020376	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	231,345	27,145,344	0.008522	238,716	2,034	73.00
76.00	CARDIAC REHAB	56,580	602,005	0.093986	0	0	76.00
76.01	BEHAVIORAL OUTPATIENT	22,727	799,158	0.028439	4,313	123	76.01
76.02	SHOCK THERAPY	16,162	418,616	0.038608	72,226	2,789	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	4,317	0	0.000000	0	0	89.00
91.00	EMERGENCY	283,974	14,695,073	0.019324	122,195	2,361	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	51,058	1,818,744	0.028073	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	6,350	500,488	0.012688	0	0	98.00
200.00	Total (lines 50-199)	5,107,079	224,595,259		651,769	10,610	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160069 Component CCN:16S069	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 1:08 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 CARDIAC REHAB	0	0	0	0	0	76.00
76.01 BEHAVIORAL OUTPATIENT	0	0	0	0	0	76.01
76.02 SHOCK THERAPY	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 PURCHASED DIALYSIS SERVICES	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: 160069 Component CCN:16S069		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part IV Date/Time Prepared: 1/30/2012 1:08 pm	
		Title XVIII		Subprovider - IPF		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	39,585,067	0.000000	0.000000	0	50.00
51.00	RECOVERY ROOM	0	6,727,684	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,923,053	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	11,111,431	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	26,043,880	0.000000	0.000000	20,490	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0.000000	0.000000	0	54.01
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	4,536,138	0.000000	0.000000	7,984	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	22,849,364	0.000000	0.000000	135,117	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	1,847,635	0.000000	0.000000	0	63.00
65.00	RESPIRATORY THERAPY	0	7,017,158	0.000000	0.000000	27,964	65.00
66.00	PHYSICAL THERAPY	0	8,527,476	0.000000	0.000000	11,702	66.00
69.00	ELECTROCARDIOLOGY	0	22,464,658	0.000000	0.000000	8,318	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,290,398	0.000000	0.000000	1,268	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,143,151	0.000000	0.000000	1,476	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	12,548,738	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	27,145,344	0.000000	0.000000	238,716	73.00
76.00	CARDIAC REHAB	0	602,005	0.000000	0.000000	0	76.00
76.01	BEHAVIORAL OUTPATIENT	0	799,158	0.000000	0.000000	4,313	76.01
76.02	SHOCK THERAPY	0	418,616	0.000000	0.000000	72,226	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	EMERGENCY	0	14,695,073	0.000000	0.000000	122,195	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,818,744	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	0	500,488	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	224,595,259			651,769	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 160069 Component CCN:16S069		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part IV Date/Time Prepared: 1/30/2012 1:08 pm	
		Title XVIII		Subprovider - IPF		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
54.01	MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	BEHAVIORAL OUTPATIENT	0	0	0	0	0	76.01
76.02	SHOCK THERAPY	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	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: 160069 Component CCN:16S069	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 1:08 pm
Title XVIII		Subprovider - IPF	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
54.01 MAGNETIC RES. IMAGING	0	0	54.01
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 CARDIAC REHAB	0	0	76.00
76.01 BEHAVIORAL OUTPATIENT	0	0	76.01
76.02 SHOCK THERAPY	0	0	76.02
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
98.00 PURCHASED DIALYSIS SERVICES	0	0	98.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160069 Component CCN: 16T069		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part II Date/Time Prepared: 1/30/2012 1:08 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	1,087,115	39,585,067	0.027463	6,050	166	50.00
51.00	RECOVERY ROOM	351,898	6,727,684	0.052306	1,897	99	51.00
52.00	DELIVERY ROOM & LABOR ROOM	68,148	1,923,053	0.035437	0	0	52.00
53.00	ANESTHESIOLOGY	132,425	11,111,431	0.011918	547	7	53.00
54.00	RADIOLOGY-DIAGNOSTIC	548,563	26,043,880	0.021063	28,985	611	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0.000000	0	0	54.01
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	510,978	4,536,138	0.112646	8,180	921	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	160,739	22,849,364	0.007035	57,587	405	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	29,732	1,847,635	0.016092	399	6	63.00
65.00	RESPIRATORY THERAPY	108,115	7,017,158	0.015407	19,735	304	65.00
66.00	PHYSICAL THERAPY	192,149	8,527,476	0.022533	504,520	11,368	66.00
69.00	ELECTROCARDIOLOGY	692,348	22,464,658	0.030819	12,231	377	69.00
70.00	ELECTROENCEPHALOGRAPHY	74,888	2,290,398	0.032697	620	20	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	221,771	11,143,151	0.019902	6,787	135	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	255,697	12,548,738	0.020376	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	231,345	27,145,344	0.008522	99,957	852	73.00
76.00	CARDIAC REHAB	56,580	602,005	0.093986	0	0	76.00
76.01	BEHAVIORAL OUTPATIENT	22,727	799,158	0.028439	0	0	76.01
76.02	SHOCK THERAPY	16,162	418,616	0.038608	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	4,317	0	0.000000	0	0	89.00
91.00	EMERGENCY	283,974	14,695,073	0.019324	1,128	22	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	51,058	1,818,744	0.028073	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	6,350	500,488	0.012688	17,488	222	98.00
200.00	Total (lines 50-199)	5,107,079	224,595,259		766,111	15,515	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160069 Component CCN:16T069	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 1:08 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	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
54.01	MAGNETIC RES. IMAGING	0	0	0	0	54.01
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	CARDIAC REHAB	0	0	0	0	76.00
76.01	BEHAVIORAL OUTPATIENT	0	0	0	0	76.01
76.02	SHOCK THERAPY	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	EMERGENCY	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	PURCHASED DIALYSIS SERVICES	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 160069 Component CCN:16T069		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part IV Date/Time Prepared: 1/30/2012 1:08 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			
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	39,585,067	0.000000	0.000000	6,050	50.00
51.00	RECOVERY ROOM	0	6,727,684	0.000000	0.000000	1,897	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,923,053	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	11,111,431	0.000000	0.000000	547	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	26,043,880	0.000000	0.000000	28,985	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0.000000	0.000000	0	54.01
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	4,536,138	0.000000	0.000000	8,180	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	22,849,364	0.000000	0.000000	57,587	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	1,847,635	0.000000	0.000000	399	63.00
65.00	RESPIRATORY THERAPY	0	7,017,158	0.000000	0.000000	19,735	65.00
66.00	PHYSICAL THERAPY	0	8,527,476	0.000000	0.000000	504,520	66.00
69.00	ELECTROCARDIOLOGY	0	22,464,658	0.000000	0.000000	12,231	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,290,398	0.000000	0.000000	620	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,143,151	0.000000	0.000000	6,787	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	12,548,738	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	27,145,344	0.000000	0.000000	99,957	73.00
76.00	CARDIAC REHAB	0	602,005	0.000000	0.000000	0	76.00
76.01	BEHAVIORAL OUTPATIENT	0	799,158	0.000000	0.000000	0	76.01
76.02	SHOCK THERAPY	0	418,616	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	EMERGENCY	0	14,695,073	0.000000	0.000000	1,128	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,818,744	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	0	500,488	0.000000	0.000000	17,488	98.00
200.00	Total (lines 50-199)	0	224,595,259			766,111	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 160069 Component CCN:16T069		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part IV Date/Time Prepared: 1/30/2012 1:08 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
54.01	MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	BEHAVIORAL OUTPATIENT	0	0	0	0	0	76.01
76.02	SHOCK THERAPY	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	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: 160069 Component CCN:16T069	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 1:08 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
54.01 MAGNETIC RES. IMAGING	0	0	54.01
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 CARDIAC REHAB	0	0	76.00
76.01 BEHAVIORAL OUTPATIENT	0	0	76.01
76.02 SHOCK THERAPY	0	0	76.02
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
98.00 PURCHASED DIALYSIS SERVICES	0	0	98.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160069 Component CCN:165116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 1:08 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
54.01 MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 CARDIAC REHAB	0	0	0	0	0	76.00
76.01 BEHAVIORAL OUTPATIENT	0	0	0	0	0	76.01
76.02 SHOCK THERAPY	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 PURCHASED DIALYSIS SERVICES	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: 160069 Component CCN:165116		Period: From 07/01/2010 To 06/30/2011		Worksheet D Part IV Date/Time Prepared: 1/30/2012 1:08 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	39,585,067	0.000000	0.000000	2,878	50.00
51.00	RECOVERY ROOM	0	6,727,684	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,923,053	0.000000	0.000000	0	52.00
53.00	ANESTHESIOLOGY	0	11,111,431	0.000000	0.000000	976	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	26,043,880	0.000000	0.000000	145,462	54.00
54.01	MAGNETIC RES. IMAGING	0	0	0.000000	0.000000	0	54.01
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	4,536,138	0.000000	0.000000	2,902	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	22,849,364	0.000000	0.000000	537,123	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	1,847,635	0.000000	0.000000	25,988	63.00
65.00	RESPIRATORY THERAPY	0	7,017,158	0.000000	0.000000	560,688	65.00
66.00	PHYSICAL THERAPY	0	8,527,476	0.000000	0.000000	1,322,092	66.00
69.00	ELECTROCARDIOLOGY	0	22,464,658	0.000000	0.000000	28,607	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	2,290,398	0.000000	0.000000	2,438	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,143,151	0.000000	0.000000	91,096	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	12,548,738	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	27,145,344	0.000000	0.000000	1,540,114	73.00
76.00	CARDIAC REHAB	0	602,005	0.000000	0.000000	0	76.00
76.01	BEHAVIORAL OUTPATIENT	0	799,158	0.000000	0.000000	0	76.01
76.02	SHOCK THERAPY	0	418,616	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	EMERGENCY	0	14,695,073	0.000000	0.000000	198	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,818,744	0.000000	0.000000	1,197	92.00
OTHER REIMBURSABLE COST CENTERS							
98.00	PURCHASED DIALYSIS SERVICES	0	500,488	0.000000	0.000000	81,014	98.00
200.00	Total (lines 50-199)	0	224,595,259			4,342,773	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160069 Component CCN:165116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 1:08 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
54.01 MAGNETIC RES. IMAGING	0	0	0	0	0	54.01
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 CARDIAC REHAB	0	0	0	0	0	76.00
76.01 BEHAVIORAL OUTPATIENT	0	0	0	0	0	76.01
76.02 SHOCK THERAPY	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 PURCHASED DIALYSIS SERVICES	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: 160069 Component CCN:165116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part IV Date/Time Prepared: 1/30/2012 1:08 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
54.01 MAGNETIC RES. IMAGING	0	0	54.01
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 CARDIAC REHAB	0	0	76.00
76.01 BEHAVIORAL OUTPATIENT	0	0	76.01
76.02 SHOCK THERAPY	0	0	76.02
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
98.00 PURCHASED DIALYSIS SERVICES	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: 160069 Component CCN:165116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/30/2012 1:09 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)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.264195	0	0	0	50.00
51.00 RECOVERY ROOM	0.625065	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.507779	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.058905	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.182441	0	0	0	54.00
54.01 MAGNETIC RES. IMAGING	0.000000	0	0	0	54.01
57.00 CT SCAN	0.000000	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.206183	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00 LABORATORY	0.213958	0	398	0	60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0.618039	0	0	0	63.00
65.00 RESPIRATORY THERAPY	0.243593	0	0	0	65.00
66.00 PHYSICAL THERAPY	0.437939	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0.135682	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.289770	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.330878	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.775669	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.254605	0	0	0	73.00
76.00 CARDIAC REHAB	0.917394	0	0	0	76.00
76.01 BEHAVIORAL OUTPATIENT	0.459246	0	0	0	76.01
76.02 SHOCK THERAPY	0.262326	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0.000000				88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
91.00 EMERGENCY	0.243698	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.477609	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00 PURCHASED DIALYSIS SERVICES	0.515657	0	0	0	98.00
200.00 Subtotal (see instructions)		0	398	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	398	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160069 Component CCN:165116	Period: From 07/01/2010 To 06/30/2011	Worksheet D Part V Date/Time Prepared: 1/30/2012 1:09 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
54.01 MAGNETIC RES. IMAGING	0	0	0		54.01
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	85	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
76.00 CARDIAC REHAB	0	0	0		76.00
76.01 BEHAVIORAL OUTPATIENT	0	0	0		76.01
76.02 SHOCK THERAPY	0	0	0		76.02
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
98.00 PURCHASED DIALYSIS SERVICES	0	0	0		98.00
200.00 Subtotal (see instructions)	0	85	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	85	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/30/2012 1:08 pm
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Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			23,451 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			23,451 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			5,195 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			18,256 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)			14,673 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)			15,100,466 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)			15,100,466 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			26,878,035 28.00
29.00	Private room charges (excluding swing-bed charges)			6,375,352 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			20,502,683 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.561814 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,227.21 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			1,123.07 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			104.14 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			58.51 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			303,959 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			14,796,507 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)			643.92 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			9,448,238 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)			9,448,238 41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/30/2012 1:08 pm	
Cost Center Description			Title XVIII	Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,311,145	2,748	841.03	1,213	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)				21,740,977	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				32,209,384	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)				625,642	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)				1,499,202	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				2,124,844	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				30,084,540	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				0	54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)				0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00	Bonus payment (see instructions)				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00	Relief payment (see instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				1,349	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				643.92	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				868,648	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160069		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/30/2012 1:08 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	887,586	15,100,466	0.058779	868,648	51,058	90.00
91.00	Nursing School cost	0	15,100,466	0.000000	868,648	0	91.00
92.00	Allied health cost	0	15,100,466	0.000000	868,648	0	92.00
93.00	All other Medical Education	0	15,100,466	0.000000	868,648	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160069 Component CCN:16S069	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/30/2012 1:08 pm
Cost Center Description		Title XVIII	Subprovider - IPF	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			4,694 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			4,694 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)			4,694 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			1,364 9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)			0 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			3,209,619 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			3,209,619 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			6,214,250 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			6,214,250 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.516493 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)			1,323.87 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			3,209,619 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)			683.77 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			932,662 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)			932,662 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
					Component CCN:16S069		Date/Time Prepared: 1/30/2012 1:08 pm
					Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						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)					160,451	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,093,113	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)					66,345	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,610	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					76,955	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,016,158	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: 160069 Component CCN:16S069		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/30/2012 1:08 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	228,320	3,209,619	0.071136	0	0	90.00
91.00	Nursing School cost	0	3,209,619	0.000000	0	0	91.00
92.00	Allied health cost	0	3,209,619	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,209,619	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160069 Component CCN:16T069	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/30/2012 1:08 pm
Cost Center Description		Title XVIII	Subprovider - IRF	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			1,191 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			1,191 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)			1,191 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)			724 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)			1,043,978 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)			1,043,978 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			1,415,795 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			1,415,795 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.737379 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)			1,188.74 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)			1,043,978 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)			876.56 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			634,629 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)			634,629 41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1
					Component CCN:16T069		Date/Time Prepared: 1/30/2012 1:08 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						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)					286,960	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					921,589	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)					44,229	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					15,515	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					59,744	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					861,845	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: 160069 Component CCN:16T069		Period: From 07/01/2010 To 06/30/2011		Worksheet D-1 Date/Time Prepared: 1/30/2012 1:08 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	72,762	1,043,978	0.069697	0	0	90.00
91.00	Nursing School cost	0	1,043,978	0.000000	0	0	91.00
92.00	Allied health cost	0	1,043,978	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,043,978	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160069 Component CCN:165116	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/30/2012 1:08 pm
Cost Center Description		Title XVIII	Skilled Nursing Facility	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,989	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,989	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,989	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)		4,840	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,000,532	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,000,532	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,994,500	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,994,500	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.002014	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)		500.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,000,532	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: 160069 Component CCN:165116	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/30/2012 1:08 pm
Cost Center Description				Title XVIII	Skilled Nursing Facility	PPS
		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
		1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)					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)					3,000,532 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					501.01 71.00
72.00	Program routine service cost (line 9 x line 71)					2,424,888 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)					2,424,888 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)					2,424,888 83.00
84.00	Program inpatient ancillary services (see instructions)					1,343,758 84.00
85.00	Utilization review - physician compensation (see instructions)					300 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					3,768,946 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: 160069 Component CCN:165116	Period: From 07/01/2010 To 06/30/2011	Worksheet D-1 Date/Time Prepared: 1/30/2012 1:08 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	90.00
91.00	Nursing School cost	0	0	0.000000	0	91.00
92.00	Allied health cost	0	0	0.000000	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/30/2012 1:08 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		18,455,260		30.00
31.00	INTENSIVE CARE UNIT		2,969,894		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.264195	15,140,971	4,000,169	50.00
51.00	RECOVERY ROOM	0.625065	1,644,196	1,027,729	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.507779	0	0	52.00
53.00	ANESTHESIOLOGY	0.058905	3,937,441	231,935	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.182441	6,174,273	1,126,441	54.00
54.01	MAGNETIC RES. IMAGING	0.000000	0	0	54.01
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.206183	721,933	148,850	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.213958	9,566,121	2,046,748	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.618039	1,075,273	664,561	63.00
65.00	RESPIRATORY THERAPY	0.244091	3,919,785	956,784	65.00
66.00	PHYSICAL THERAPY	0.437939	1,822,688	798,226	66.00
69.00	ELECTROCARDIOLOGY	0.135682	5,875,408	797,187	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.289770	151,615	43,933	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.330878	4,233,143	1,400,654	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.775669	5,852,333	4,539,473	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.254605	11,797,839	3,003,789	73.00
76.00	CARDIAC REHAB	0.917394	852	782	76.00
76.01	BEHAVIORAL OUTPATIENT	0.467862	4,800	2,246	76.01
76.02	SHOCK THERAPY	0.262326	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	EMERGENCY	0.249438	2,726,259	680,033	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.477609	206,949	98,841	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	PURCHASED DIALYSIS SERVICES	0.515657	334,710	172,596	98.00
200.00	Total (sum of lines 50-94 and 96-98)		75,186,589	21,740,977	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)		75,186,589		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160069 Component CCN:16S069	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/30/2012 1:08 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		1,807,420		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	0.264195	0	0	50.00
51.00	RECOVERY ROOM	0.625065	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.507779	0	0	52.00
53.00	ANESTHESIOLOGY	0.058905	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.182441	20,490	3,738	54.00
54.01	MAGNETIC RES. IMAGING	0.000000	0	0	54.01
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.206183	7,984	1,646	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.213958	135,117	28,909	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.618039	0	0	63.00
65.00	RESPIRATORY THERAPY	0.244091	27,964	6,826	65.00
66.00	PHYSICAL THERAPY	0.437939	11,702	5,125	66.00
69.00	ELECTROCARDIOLOGY	0.135682	8,318	1,129	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.289770	1,268	367	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.330878	1,476	488	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.775669	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.254605	238,716	60,778	73.00
76.00	CARDIAC REHAB	0.917394	0	0	76.00
76.01	BEHAVIORAL OUTPATIENT	0.467862	4,313	2,018	76.01
76.02	SHOCK THERAPY	0.262326	72,226	18,947	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	EMERGENCY	0.249438	122,195	30,480	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.477609	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	PURCHASED DIALYSIS SERVICES	0.515657	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		651,769	160,451	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		651,769		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160069 Component CCN:16T069	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/30/2012 1:08 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		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		857,810		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.264195	6,050	1,598	50.00
51.00	RECOVERY ROOM	0.625065	1,897	1,186	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.507779	0	0	52.00
53.00	ANESTHESIOLOGY	0.058905	547	32	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.182441	28,985	5,288	54.00
54.01	MAGNETIC RES. IMAGING	0.000000	0	0	54.01
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.206183	8,180	1,687	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.213958	57,587	12,321	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.618039	399	247	63.00
65.00	RESPIRATORY THERAPY	0.244091	19,735	4,817	65.00
66.00	PHYSICAL THERAPY	0.437939	504,520	220,949	66.00
69.00	ELECTROCARDIOLOGY	0.135682	12,231	1,660	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.289770	620	180	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.330878	6,787	2,246	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.775669	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.254605	99,957	25,450	73.00
76.00	CARDIAC REHAB	0.917394	0	0	76.00
76.01	BEHAVIORAL OUTPATIENT	0.467862	0	0	76.01
76.02	SHOCK THERAPY	0.262326	0	0	76.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	EMERGENCY	0.249438	1,128	281	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.477609	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
98.00	PURCHASED DIALYSIS SERVICES	0.515657	17,488	9,018	98.00
200.00	Total (sum of lines 50-94 and 96-98)		766,111	286,960	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		766,111		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160069 Component CCN:165116	Period: From 07/01/2010 To 06/30/2011	Worksheet D-3 Date/Time Prepared: 1/30/2012 1:09 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
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	0.264195	2,878	760 50.00
51.00	RECOVERY ROOM	0.625065	0	0 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.507779	0	0 52.00
53.00	ANESTHESIOLOGY	0.058905	976	57 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.182441	145,462	26,538 54.00
54.01	MAGNETIC RES. IMAGING	0.000000	0	0 54.01
57.00	CT SCAN	0.000000	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.206183	2,902	598 58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	LABORATORY	0.213958	537,123	114,922 60.00
60.01	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.618039	25,988	16,062 63.00
65.00	RESPIRATORY THERAPY	0.243593	560,688	136,580 65.00
66.00	PHYSICAL THERAPY	0.437939	1,322,092	578,996 66.00
69.00	ELECTROCARDIOLOGY	0.135682	28,607	3,881 69.00
70.00	ELECTROENCEPHALOGRAPHY	0.289770	2,438	706 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.330878	91,096	30,142 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.775669	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0.254605	1,540,114	392,121 73.00
76.00	CARDIAC REHAB	0.917394	0	0 76.00
76.01	BEHAVIORAL OUTPATIENT	0.459246	0	0 76.01
76.02	SHOCK THERAPY	0.262326	0	0 76.02
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
91.00	EMERGENCY	0.243698	198	48 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.477609	1,197	572 92.00
OTHER REIMBURSABLE COST CENTERS				
98.00	PURCHASED DIALYSIS SERVICES	0.515657	81,014	41,775 98.00
200.00	Total (sum of lines 50-94 and 96-98)		4,342,773	1,343,758 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		4,342,773	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/30/2012 1:08 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		29,060,473	1.00
2.00	Outlier payments for discharges. (see instructions)		272,648	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		168.30	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C) .		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 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)		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)		29,333,121	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)		29,333,121	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,400,754	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00

1/30/2012 1:08 pm

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part A Date/Time Prepared: 1/30/2012 1:08 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
			1.00	1.01	
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)		31,733,875		59.00
60.00	Primary payer payments		19,490		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		31,714,385		61.00
62.00	Deductibles billed to program beneficiaries		3,364,488		62.00
63.00	Coinsurance billed to program beneficiaries		14,054		63.00
64.00	Allowable bad debts (see instructions)		72,414		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		50,690		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		17,114		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		28,386,533		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)		28,386,533		71.00
72.00	Interim payments		28,401,459		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)		-14,926		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from worksheet E, Part A line 2		0		90.00
91.00	Capital outlier from worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 1:08 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		23,700	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,768,966	2.00
3.00	PPS payments		9,508,264	3.00
4.00	Outlier payment (see instructions)		57,304	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)		23,700	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		93,477	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)		93,477	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		93,477	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		69,777	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)		23,700	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)		9,565,568	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)		2,119,602	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)		7,469,666	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)		7,469,666	30.00
31.00	Primary payer payments		940	31.00
32.00	Subtotal (line 30 minus line 31)		7,468,726	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)		71,084	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		49,759	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		44,340	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		7,518,485	37.00
38.00	MSP-LCC reconciliation amount from PS&R		347	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)		7,518,138	40.00
41.00	Interim payments		7,467,468	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)		50,670	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: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 1:08 pm
		Title XVIII	Hospital
			PPS
			Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00	Override of Ancillary service charges (line 12)	0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160069 Component CCN:16S069	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 1:09 pm
		Title XVIII	Subprovider - IPF	PPS

			1.00	
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PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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: 160069 Component CCN:16S069	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 1:09 pm
	Title XVIII	Subprovider - IPF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	override of Ancillary service charges (line 12)		0 112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160069 Component CCN:16T069	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 1:09 pm
		Title XVIII	Subprovider - IRF	PPS

			1.00	
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PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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: 160069 Component CCN:16T069	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 1:09 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: 160069 Component CCN:165116	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 1:09 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		85	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)		85	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		398	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)		398	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)		398	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		313	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)		85	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)		80	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)		5	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)		5	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		5	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)		5	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)		5	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)		5	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: 160069 Component CCN:165116	Period: From 07/01/2010 To 06/30/2011	Worksheet E Part B Date/Time Prepared: 1/30/2012 1:09 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: 160069		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/30/2012 1:08 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		28,347,316		7,461,125	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		33,943		6,343	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	03/02/2011	20,200		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)		20,200		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)		28,401,459		7,467,468	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		50,670	6.01	
6.02	SETTLEMENT TO PROGRAM		14,926		0	6.02	
7.00	Total Medicare program liability (see instructions)		28,386,533		7,518,138	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: 160069 Component CCN:16S069		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/30/2012 1:08 pm	
		Title XVIII		Subprovider - IPF		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		782,308		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		5,286		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)		787,594		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		15,574		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		803,168		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: 160069 Component CCN:16T069	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part I Date/Time Prepared: 1/30/2012 1:08 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		863,423		0
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
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		863,423		0
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		0		0
6.02	SETTLEMENT TO PROGRAM		15,727		0
7.00	Total Medicare program liability (see instructions)		847,696		0
				Contractor Number	Date (Mo/Day/Yr)
			0	1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provider CCN: 160069 Component CCN:165116		Period: From 07/01/2010 To 06/30/2011		Worksheet E-1 Part I Date/Time Prepared: 1/30/2012 1:09 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		1,953,813		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		3,171		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)		1,956,984		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		5	6.01	
6.02	SETTLEMENT TO PROGRAM		2,872		0	6.02	
7.00	Total Medicare program liability (see instructions)		1,954,112		5	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet E-1 Part II Date/Time Prepared: 1/30/2012 1:08 pm
		Title XVIII	Hospital	PPS
				1.00
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from wkst S-3, Part I column 15 line 14			7,048 1.00
2.00	Medicare days from wkst S-3, Part I, column 6 sum of lines 1, 8-12			15,886 2.00
3.00	Medicare HMO days from wkst S-3, Part I, column 6. line 2			168 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			24,850 4.00
5.00	Total hospital charges from wkst C, Part I, column 8 line 200			271,128,171 5.00
6.00	Total hospital charity care charges from wkst S-10, column 3 line 20			4,961,655 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			0 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160069 Component CCN:16S069	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part II Date/Time Prepared: 1/30/2012 1:08 pm
		Title XVIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			930,103 1.00
2.00	Net IPF PPS Outlier Payments			2,713 2.00
3.00	Net IPF PPS ECT Payments			25,692 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			12.860274 9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			958,508 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			958,508 16.00
17.00	Primary payer payments			3,668 17.00
18.00	Subtotal (line 16 less line 17).			954,840 18.00
19.00	Deductibles			164,105 19.00
20.00	Subtotal (line 18 minus line 19)			790,735 20.00
21.00	Coinsurance			8,426 21.00
22.00	Subtotal (line 20 minus line 21)			782,309 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			29,799 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			20,859 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			803,168 26.00
27.00	Direct graduate medical education payments (from worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			803,168 31.00
32.00	Interim payments			787,594 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			15,574 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160069 Component CCN:16T069	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part III Date/Time Prepared: 1/30/2012 1:08 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			846,663 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0107 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			6,374 3.00
4.00	Outlier Payments			9,509 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)			3.263014 10.00
11.00	Medical Education Adjustment Factor $\{(1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			862,546 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)			862,546 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			862,546 19.00
20.00	Deductibles			1,100 20.00
21.00	Subtotal (line 19 minus line 20)			861,446 21.00
22.00	Coinsurance			13,750 22.00
23.00	Subtotal (line 21 minus line 22)			847,696 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)			847,696 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)			847,696 32.00
33.00	Interim payments			863,423 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)			-15,727 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 160069 Component CCN:165116	Period: From 07/01/2010 To 06/30/2011	Worksheet E-3 Part VI Date/Time Prepared: 1/30/2012 1:08 pm
	Title XVIII	Skilled Nursing Facility	PPS

			1.00	
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		2,082,465	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)		2,082,465	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		128,653	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		300	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		1,954,112	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)		1,954,112	15.00
16.00	Interim payments		1,956,984	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)		-2,872	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: 160069 Period: From 07/01/2010 To 06/30/2011 Worksheet G Date/Time Prepared: 1/30/2012 1:08 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	30,774,118	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	27,139	0	0	3.00
4.00	Accounts receivable	16,450,508	0	0	0	4.00
5.00	Other receivable	7,999,082	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-2,754,999	0	0	0	6.00
7.00	Inventory	5,750,564	0	0	0	7.00
8.00	Prepaid expenses	204,102	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	58,423,375	27,139	0	0	11.00
FIXED ASSETS						
12.00	Land	2,840,189	0	0	0	12.00
13.00	Land improvements	3,281,206	0	0	0	13.00
14.00	Accumulated depreciation	-3,057,253	0	0	0	14.00
15.00	Buildings	46,186,495	0	0	0	15.00
16.00	Accumulated depreciation	-29,899,342	0	0	0	16.00
17.00	Leasehold improvements	646,093	0	0	0	17.00
18.00	Accumulated depreciation	-406,041	0	0	0	18.00
19.00	Fixed equipment	37,370,941	0	0	0	19.00
20.00	Accumulated depreciation	-26,935,102	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	51,835,238	0	0	0	23.00
24.00	Accumulated depreciation	-41,414,693	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	1,911,644	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	42,359,375	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	26,626,634	3,935,015	397,002	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	10,149,068	0	528	0	34.00
35.00	Total other assets (sum of lines 31-34)	36,775,702	3,935,015	397,530	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	137,558,452	3,962,154	397,530	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,226,861	0	0	0	37.00
38.00	Salaries, wages, and fees payable	7,627,716	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	503,283	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,283,626	1,090	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	15,641,486	1,090	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	24,624,558	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	403,270	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	25,027,828	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	40,669,314	1,090	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	96,889,138				52.00
53.00	Specific purpose fund		3,961,064			53.00
54.00	Donor created - endowment fund balance - restricted			397,530		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)	96,889,138	3,961,064	397,530	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	137,558,452	3,962,154	397,530	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 160069

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

Worksheet G-1

Date/Time Prepared:
1/30/2012 1:08 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		89,143,249		3,914,021	1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		12,119,119			2.00
3.00	Total (sum of line 1 and line 2)		101,262,368		3,914,021	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	UNREALIZED GAIN ON INVESTMENT	0		0		5.00
6.00	RESTRICTED INVESTMENT INCOME	0		0		6.00
7.00	RESTRICTED CONTRIBUTIONS	0		1,140,647		7.00
8.00	NA RELEASE CAP ACQ.	900,000		0		8.00
9.00	OTHER TRANSACTIONS	0		0		9.00
10.00	Total additions (sum of line 4-9)		900,000		1,140,647	10.00
11.00	Subtotal (line 3 plus line 10)		102,162,368		5,054,668	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	NET CUM EFFECT OF CHANGE IN ACCOUNTI	1,146,680		0		13.00
14.00	RELEASED CAP ACQ	900,000		900,000		14.00
15.00	RELEASED OPS	0		193,604		15.00
16.00	UNRESTRICTED TRANSFER EQUITY IC	3,226,550		0		16.00
17.00	RESTRICTED CONTRIBUTIONS	0		0		17.00
18.00	Total deductions (sum of lines 12-17)		5,273,230		1,093,604	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		96,889,138		3,961,064	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 160069

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

Worksheet G-1

Date/Time Prepared:
1/30/2012 1:08 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00 Fund balances at beginning of period		396,530		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)		396,530		0		3.00
4.00 Additions (credit adjustments) (specify)	0		0			4.00
5.00 UNREALIZED GAIN ON INVESTMENT	0		0			5.00
6.00 RESTRICTED INVESTMENT INCOME	0		0			6.00
7.00 RESTRICTED CONTRIBUTIONS	1,000		0			7.00
8.00 NA RELEASE CAP ACQ.	0		0			8.00
9.00 OTHER TRANSACTIONS	0		0			9.00
10.00 Total additions (sum of line 4-9)		1,000		0		10.00
11.00 Subtotal (line 3 plus line 10)		397,530		0		11.00
12.00 Deductions (debit adjustments) (specify)	0		0			12.00
13.00 NET CUM EFFECT OF CHANGE IN ACCOUNTI	0		0			13.00
14.00 RELEASED CAP ACQ	0		0			14.00
15.00 RELEASED OPS	0		0			15.00
16.00 UNRESTRICTED TRANSFER EQUITY IC	0		0			16.00
17.00 RESTRICTED CONTRIBUTIONS	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)		397,530		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 160069

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

Worksheet G-2 Parts

Date/Time Prepared:
1/30/2012 1:08 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	31,442,744		31,442,744	1.00
2.00	SUBPROVIDER - IPF	6,268,143		6,268,143	2.00
3.00	SUBPROVIDER - IRF	1,423,343		1,423,343	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	3,037,830		3,037,830	7.00
8.00	NURSING FACILITY	2,239,003		2,239,003	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	44,411,063		44,411,063	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,213,730		4,213,730	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	4,213,730		4,213,730	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	48,624,793		48,624,793	17.00
18.00	Ancillary services	123,266,251	0	123,266,251	18.00
19.00	Outpatient services	0	107,939,306	107,939,306	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		5,524,384	5,524,384	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				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)	171,891,044	113,463,690	285,354,734	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		147,222,344		29.00
30.00		0			30.00
31.00	DERIVATIVES - NON OPERATING	164,855			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)		164,855		36.00
37.00	DYERSVILLE FOUNDATION	23,215			37.00
38.00	DYERSVILLE	4,830,261			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)		4,853,476		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		142,533,723		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet G-3 Date/Time Prepared: 1/30/2012 1:08 pm
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		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	285,354,734	1.00
2.00	Less contractual allowances and discounts on patients' accounts	170,952,913	2.00
3.00	Net patient revenues (line 1 minus line 2)	114,401,821	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	142,533,723	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-28,131,902	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	397,639	6.00
7.00	Income from investments	2,700,420	7.00
8.00	Revenues from telephone and telegraph service	25,749	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	1,599,441	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	453,821	13.00
14.00	Revenue from meals sold to employees and guests	949,649	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	1,430	16.00
17.00	Revenue from sale of drugs to other than patients	24,310,933	17.00
18.00	Revenue from sale of medical records and abstracts	83,496	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	14,015	21.00
22.00	Rental of hospital space	320,803	22.00
23.00	Governmental appropriations	0	23.00
24.00	SHARED SVCS	904,154	24.00
24.01	CHILD CARE	767,258	24.01
24.02	GAIN/LOSS ASSETS	0	24.02
24.03	OTHER CLINICAL/PROF SERVICES	541,134	24.03
24.04	IC GRANT REVENUE	187,963	24.04
24.05	FEDERAL FINANCIAL AWARDS	29,155	24.05
24.06	GAIN ON INVESTMENTS	6,963,961	24.06
24.07	INCOME TAX (NON OP)	0	24.07
25.00	Total other income (sum of lines 6-24)	40,251,021	25.00
26.00	Total (line 5 plus line 25)	12,119,119	26.00
27.00	LOSS ON INVESTMENTS	0	27.00
27.01		0	27.01
27.02		0	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	12,119,119	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS		Provider CCN: 160069 HHA CCN: 167145		Period: From 07/01/2010 To 06/30/2011		Worksheet H Date/Time Prepared: 1/30/2012 1:09 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		24,433	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	744,142	0	162	0	117,446	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	729,301	0	79,021	0	233,770	6.00
7.00	Physical Therapy	190,322	0	16,003	0	61,006	7.00
8.00	Occupational Therapy	48,096	0	0	0	15,417	8.00
9.00	Speech Pathology	2,144	0	0	0	687	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	63,874	0	14,660	0	20,474	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	127,468	0	21,877	0	1,439,092	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	187,903	0	0	0	25,536	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,093,250	0	131,723	0	1,937,861	24.00

Column, 6 line 24 should agree with the worksheet A, column 7, line 101, or subscript as applicable.
1/30/2012 1:09 pm

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS		Provider CCN: 160069	Period: From 07/01/2010	Worksheet H
		HHA CCN: 167145	To 06/30/2011	Date/Time Prepared: 1/30/2012 1:09 pm
			Home Health Agency I	PPS

		Total (sum of cols. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Home Health Agency I 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	24,433	-24,433	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	861,750	0	861,750	0	861,750	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,042,092	-3,522	1,038,570	0	1,038,570	6.00
7.00	Physical Therapy	267,331	0	267,331	0	267,331	7.00
8.00	Occupational Therapy	63,513	0	63,513	0	63,513	8.00
9.00	Speech Pathology	2,831	0	2,831	0	2,831	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	99,008	0	99,008	0	99,008	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	1,588,437	-11,420	1,577,017	0	1,577,017	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	213,439	0	213,439	0	213,439	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	4,162,834	-39,375	4,123,459	0	4,123,459	24.00

Column, 6 line 24 should agree with the worksheet A, column 7, line 101, or subscript as applicable.
1/30/2012 1:09 pm

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet H-1 Part I Date/Time Prepared: 1/30/2012 1:09 pm
		HHA CCN: 167145	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	861,750	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,038,570	0	0	0	6.00
7.00	Physical Therapy	267,331	0	0	0	7.00
8.00	Occupational Therapy	63,513	0	0	0	8.00
9.00	Speech Pathology	2,831	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Home Health Aide	99,008	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	1,577,017	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	213,439	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	4,123,459	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 160069	Period: From 07/01/2010	Worksheet H-1
		HHA CCN: 167145	To 06/30/2011	Part I
				Date/Time Prepared: 1/30/2012 1:09 pm
			Home Health Agency I	PPS

	Subtotal (cols. 0-4) 4A.00	Administrative & General 5.00	Total (cols. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	861,750	861,750	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	1,038,570	274,392	1,312,962
7.00	Physical Therapy	267,331	70,629	337,960
8.00	Occupational Therapy	63,513	16,780	80,293
9.00	Speech Pathology	2,831	748	3,579
10.00	Medical Social Services	0	0	0
11.00	Home Health Aide	99,008	26,158	125,166
12.00	Supplies (see instructions)	0	0	0
13.00	Drugs	0	0	0
14.00	DME	1,577,017	416,652	1,993,669
HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	213,439	56,391	269,830
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others (specify)	0	0	0
24.00	Total (sum of lines 1-23)	3,261,709		4,123,459

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet H-1 Part II Date/Time Prepared: 1/30/2012 1:09 pm
		HHA CCN: 167145	Home Health Agency I	PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-861,750	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-861,750	24.00
25.00	Cost To Be Allocated (per worksheet H-1, Part I)	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 160069	Period:	Worksheet H-1
	HHA CCN: 167145	From 07/01/2010 To 06/30/2011	Part II Date/Time Prepared: 1/30/2012 1:09 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	3,261,709	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,038,570	6.00
7.00	Physical Therapy	267,331	7.00
8.00	Occupational Therapy	63,513	8.00
9.00	Speech Pathology	2,831	9.00
10.00	Medical Social Services	0	10.00
11.00	Home Health Aide	99,008	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	1,577,017	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	213,439	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	3,261,709	24.00
25.00	Cost To Be Allocated (per worksheet H-1, Part I)	861,750	25.00
26.00	Unit Cost Multiplier	0.264202	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 160069	Period: From 07/01/2010	Worksheet H-2
		HHA CCN: 167145	To 06/30/2011	Part I
			Home Health Agency I	Date/Time Prepared: 1/30/2012 1:09 pm
				PPS

	HHA Trial Balance (1)	CAPITAL RELATED COSTS			NEW PROF ARTS PLAZA	
		NEW BLDG & FIXT	NEW 47 BLDG	NEW DYERSVILLE		
	0	1.00	1.01	1.02	1.03	
1.00 Administrative and General	0	0	21,106	0	0	1.00
2.00 Skilled Nursing Care	1,312,962	0	0	0	0	2.00
3.00 Physical Therapy	337,960	0	0	0	0	3.00
4.00 Occupational Therapy	80,293	0	0	0	0	4.00
5.00 Speech Pathology	3,579	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	125,166	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	1,993,669	9,105	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	269,830	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	4,123,459	9,105	21,106	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: 160069	Period: From 07/01/2010	Worksheet H-2 Part I Date/Time Prepared: 1/30/2012 1:09 pm
	HHA CCN: 167145	To 06/30/2011	
		Home Health Agency I	PPS

		CAPITAL RELATED COSTS					NEW PARKING DECK	
		NEW ASBURY SQUARE	NEW MED ARTS BUILDING	NEW ENERGY CENTER	NEW RENTAL PROPERTIES			
		1.04	1.05	1.06	1.07	1.08		
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	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.
1/30/2012 1:09 pm

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS	Provider CCN: 160069	Period: From 07/01/2010	Worksheet H-2 Part I Date/Time Prepared: 1/30/2012 1:09 pm
	HHA CCN: 167145	To 06/30/2011	
		Home Health Agency I	PPS

		CAPITAL RELATED COSTS					
		NEW 97 BUILDING	NEW BELLEVUE CLINIC	NEW CASCADE CLINIC	NEW RETAIL PHARMACY	NEW MVBLE EQUIP	
		1.09	1.10	1.11	1.12	2.00	
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	27,395	0	0	0	26,010	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	27,395	0	0	0	26,010	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.
1/30/2012 1:09 pm

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 160069	Period: From 07/01/2010	Worksheet H-2
		HHA CCN: 167145	To 06/30/2011	Part I
				Date/Time Prepared: 1/30/2012 1:09 pm
			Home Health Agency I	PPS

		EMPLOYEE BENEFITS	CHILD CARE	COMMUNICATIONS	Home Health Agency I PURCHASING	PFS/COLLECTION	
		4.00	4.01	5.01	5.02	5.03	
1.00	Administrative and General	26,362	10,557	0	179	0	1.00
2.00	Skilled Nursing Care	25,837	0	15,436	528	0	2.00
3.00	Physical Therapy	6,743	0	0	0	0	3.00
4.00	Occupational Therapy	1,704	0	0	0	0	4.00
5.00	Speech Pathology	76	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	2,263	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	4,516	0	0	20,622	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	6,657	0	0	2	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	74,158	10,557	15,436	21,331	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.
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ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 160069 HHA CCN: 167145		Period: From 07/01/2010 To 06/30/2011		Worksheet H-2 Part I Date/Time Prepared: 1/30/2012 1:09 pm	
				Home Health Agency I		PPS	
		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.03	5.06	6.00	7.00	8.00	
1.00	Administrative and General	58,204	6,137	47,991	3,796	0	1.00
2.00	Skilled Nursing Care	1,354,763	142,837	0	0	0	2.00
3.00	Physical Therapy	344,703	36,343	0	0	0	3.00
4.00	Occupational Therapy	81,997	8,645	0	0	0	4.00
5.00	Speech Pathology	3,655	385	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	127,429	13,435	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	2,081,317	219,440	95,096	7,522	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	276,489	29,151	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	4,328,557	456,373	143,087	11,318	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000					21.00

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

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of wkst. B, Part I, line 101.
1/30/2012 1:09 pm

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 160069	Period: From 07/01/2010	Worksheet H-2
		HHA CCN: 167145	To 06/30/2011	Part I
				Date/Time Prepared: 1/30/2012 1:09 pm
			Home Health Agency I	PPS

	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	18,256	0	12,438	77,438	336	1.00
2.00 Skilled Nursing Care	0	0	8,609	53,600	991	2.00
3.00 Physical Therapy	0	0	1,679	10,454	0	3.00
4.00 Occupational Therapy	0	0	454	2,827	0	4.00
5.00 Speech Pathology	0	0	21	133	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	1,716	10,686	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	36,175	0	0	0	38,722	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	3,077	19,160	4	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	54,431	0	27,994	174,298	40,053	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.
1/30/2012 1:09 pm

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 160069 HHA CCN: 167145		Period: From 07/01/2010 To 06/30/2011		Worksheet H-2 Part I Date/Time Prepared: 1/30/2012 1:09 pm	
				Home Health Agency I		PPS	
		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE CENTRAL STERILIZATION	NONPHYSICIAN ANESTHETISTS	
		15.00	16.00	17.00	18.00	19.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	1,612	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,612	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.
1/30/2012 1:09 pm

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 160069 HHA CCN: 167145		Period: From 07/01/2010 To 06/30/2011		Worksheet H-2 Part I Date/Time Prepared: 1/30/2012 1:09 pm	
				Home Health Agency I		PPS	
		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	224,596	0	224,596			1.00
2.00	Skilled Nursing Care	1,562,412	0	1,562,412	69,999	1,632,411	2.00
3.00	Physical Therapy	393,179	0	393,179	17,615	410,794	3.00
4.00	Occupational Therapy	93,923	0	93,923	4,208	98,131	4.00
5.00	Speech Pathology	4,194	0	4,194	188	4,382	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	153,266	0	153,266	6,867	160,133	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	2,478,272	0	2,478,272	111,029	2,589,301	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	327,881	0	327,881	14,690	342,571	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	5,237,723	0	5,237,723	224,596	5,237,723	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.				0.044802		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.
1/30/2012 1:09 pm

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 160069
HHA CCN: 167145

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

Worksheet H-2
Part II
Date/Time Prepared:
1/30/2012 1:09 pm

Home Health
Agency I

PPS

		CAPITAL RELATED COSTS					NEW ASBURY SQUARE (SQUARE FEET)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW 47 BLDG (SQUARE FEET)	NEW DYERSVILLE (SQUARE FEET)	NEW PROF ARTS PLAZA (SQUARE FEET)			
		1.00	1.01	1.02	1.03	1.04		
1.00	Administrative and General	0	3,850	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	2,850	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	19.00	
20.00	Total (sum of lines 1-19)	2,850	3,850	0	0	0	20.00	
21.00	Total cost to be allocated	9,105	21,106	0	0	0	21.00	
22.00	Unit cost multiplier	3.194737	5.482078	0.000000	0.000000	0.000000	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 160069	Period: From 07/01/2010	Worksheet H-2 Part II Date/Time Prepared: 1/30/2012 1:09 pm
	HHA CCN: 167145	To 06/30/2011	
		Home Health Agency I	PPS

		CAPITAL RELATED COSTS					
		NEW MED ARTS BUILDING (SQUARE FEET)	NEW ENERGY CENTER (SQUARE FEET)	NEW RENTAL PROPERTIES (SQUARE FEET)	NEW PARKING DECK (SQUARE FEET)	NEW 97 BUILDING (SQUARE FEET)	
		1.05	1.06	1.07	1.08	1.09	
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	1,981	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	1,981	20.00
21.00	Total cost to be allocated	0	0	0	0	27,395	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	13.828874	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 160069	Period: From 07/01/2010	Worksheet H-2 Part II Date/Time Prepared: 1/30/2012 1:09 pm
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		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
		NEW BELLEVUE CLINIC (SQUARE FEET)	NEW CASCADE CLINIC (SQUARE FEET)	NEW RETAIL PHARMACY (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)		
		1.10	1.11	1.12	2.00	4.00	
1.00	Administrative and General	0	0	0	0	744,142	1.00
2.00	Skilled Nursing Care	0	0	0	0	729,301	2.00
3.00	Physical Therapy	0	0	0	0	190,322	3.00
4.00	Occupational Therapy	0	0	0	0	48,096	4.00
5.00	Speech Pathology	0	0	0	0	2,144	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	63,874	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	24,432	127,468	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	187,903	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	24,432	2,093,250	20.00
21.00	Total cost to be allocated	0	0	0	26,010	74,158	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	1.064587	0.035427	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 160069	Period: From 07/01/2010	Worksheet H-2 Part II Date/Time Prepared: 1/30/2012 1:09 pm
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	CHILD CARE (PAYROLL DEDUCTIONS) 4.01	COMMUNICATIONS (DUBUQUE PHONES) 5.01	PURCHASING (PURCHASING REQUISITIONS) 5.02	PFS/COLLECTION (GROSS CHARGES) 5.03	Reconciliation 5A.06	
1.00 Administrative and General	11,672	0	10,521	0	0	1.00
2.00 Skilled Nursing Care	0	42	31,053	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	1,213,178	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	114	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	11,672	42	1,254,866	0	0	20.00
21.00 Total cost to be allocated	10,557	15,436	21,331	0	0	21.00
22.00 Unit cost multiplier	0.904472	367.523810	0.016999	0.000000		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 160069

Period:

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HHA CCN: 167145

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	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
	5.06	6.00	7.00	8.00	9.00		
1.00	Administrative and General	58,204	2,438	2,438	0	2,438	1.00
2.00	Skilled Nursing Care	1,354,763	0	0	0	0	2.00
3.00	Physical Therapy	344,703	0	0	0	0	3.00
4.00	Occupational Therapy	81,997	0	0	0	0	4.00
5.00	Speech Pathology	3,655	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	127,429	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	2,081,317	4,831	4,831	0	4,831	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	276,489	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	4,328,557	7,269	7,269	0	7,269	20.00
21.00	Total cost to be allocated	456,373	143,087	11,318	0	54,431	21.00
22.00	Unit cost multiplier	0.105433	19.684551	1.557023	0.000000	7.488100	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 160069 HHA CCN: 167145	Period: From 07/01/2010 To 06/30/2011	Worksheet H-2 Part II Date/Time Prepared: 1/30/2012 1:09 pm
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		Home Health Agency I		PPS			
	DIETARY (MEALS)	CAFETERIA (HOURS OF SERVICE)	NURSING ADMINISTRATION (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (PURCHASING REQUISITIONS)	PHARMACY (PHARMACY REQS)		
	10.00	11.00	13.00	14.00	15.00		
1.00	Administrative and General	0	40,821	40,821	10,521	0	1.00
2.00	Skilled Nursing Care	0	28,255	28,255	31,053	5,730	2.00
3.00	Physical Therapy	0	5,511	5,511	0	0	3.00
4.00	Occupational Therapy	0	1,490	1,490	0	0	4.00
5.00	Speech Pathology	0	70	70	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	5,633	5,633	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	1,213,178	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	10,100	10,100	114	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	91,880	91,880	1,254,866	5,730	20.00
21.00	Total cost to be allocated	0	27,994	174,298	40,053	1,612	21.00
22.00	Unit cost multiplier	0.000000	0.304680	1.897018	0.031918	0.281326	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 160069	Period: From 07/01/2010	Worksheet H-2 Part II Date/Time Prepared: 1/30/2012 1:09 pm
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	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (CASES)	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS		
			CENTRAL STERILIZATION (HOURS)			
	16.00	17.00	18.00	19.00		
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 (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS			Provider CCN: 160069 HHA CCN: 167145		Period: From 07/01/2010 To 06/30/2011		Worksheet H-3 Parts I-II Date/Time Prepared: 1/30/2012 1:09 pm	
			Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, wkst. H-2, Part I, col. 28, line	Facility Costs (from wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits		
		0	1.00	2.00	3.00	4.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,632,411		1,632,411	10,635	1.00	
2.00	Physical Therapy	3.00	410,794	0	410,794	3,035	2.00	
3.00	Occupational Therapy	4.00	98,131	0	98,131	671	3.00	
4.00	Speech Pathology	5.00	4,382	0	4,382	22	4.00	
5.00	Medical Social Services	6.00	0		0	2	5.00	
6.00	Home Health Aide	7.00	160,133		160,133	4,343	6.00	
7.00	Total (sum of lines 1-6)		2,305,851	0	2,305,851	18,708	7.00	
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits			
					Part B			
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles		
		0	1.00	2.00	3.00	4.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		20220	0	0		8.00	
9.00	Physical Therapy		20220	0	0		9.00	
10.00	Occupational Therapy		20220	0	0		10.00	
11.00	Speech Pathology		20220	0	0		11.00	
12.00	Medical Social Services		20220	0	0		12.00	
13.00	Home Health Aide		20220	0	0		13.00	
14.00	Total (sum of lines 8-13)			0	0		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	0	0	0	22,963	15.00	
16.00	Cost of Drugs	9.00	0	0	0	0	16.00	
Cost Center Description		From wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)			
		0	1.00	2.00	3.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS								
1.00	Physical Therapy		66.00	0.437939	0	0	1.00	
2.00	Occupational Therapy						2.00	
3.00	Speech Pathology						3.00	
4.00	Cost of Medical Supplies		71.00	0.330878	0	0	4.00	
5.00	Cost of Drugs		73.00	0.254605	0	0	5.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 160069 HHA CCN: 167145	Period: From 07/01/2010 To 06/30/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 1/30/2012 1:09 pm		
		Title XVIII	Home Health Agency I	PPS		
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	153.49	4,699	1,571	1.00	
2.00	Physical Therapy	135.35	1,730	449	2.00	
3.00	Occupational Therapy	146.25	456	138	3.00	
4.00	Speech Pathology	199.18	11	6	4.00	
5.00	Medical Social Services	0.00	0	1	5.00	
6.00	Home Health Aide	36.87	271	324	6.00	
7.00	Total (sum of lines 1-6)		7,167	2,489	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)	Part A	Part B Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		5.00	6.00	7.00	8.00	
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0.000000	7,353	15,610	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				2.00	
3.00	Speech Pathology				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: 160069 HHA CCN: 167145	Period: From 07/01/2010 To 06/30/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 1/30/2012 1:09 pm
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Cost Center Description	Cost of Services			Total Program Cost (sum of cols. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	721,250	241,133		962,383	1.00
2.00	Physical Therapy	234,155	60,772		294,927	2.00
3.00	Occupational Therapy	66,690	20,182		86,872	3.00
4.00	Speech Pathology	2,191	1,195		3,386	4.00
5.00	Medical Social Services	0	0		0	5.00
6.00	Home Health Aide	9,992	11,946		21,938	6.00
7.00	Total (sum of lines 1-6)	1,034,278	335,228		1,369,506	7.00
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
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0	0	0	0	15.00
16.00	Cost of Drugs	0	0	0	0	16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 160069 HHA CCN: 167145	Period: From 07/01/2010 To 06/30/2011	Worksheet H-4 Part I-II Date/Time Prepared: 1/30/2012 1:09 pm
		Title XVIII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
		Part A Services	Part B Services	
		1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,175,256	374,873
12.00	Total PPS Reimbursement - Full Episodes with Outliers		4,665	4,566
13.00	Total PPS Reimbursement - LUPA Episodes		14,097	7,582
14.00	Total PPS Reimbursement - PEP Episodes		7,979	5,315
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		2,496	2,825
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,204,493	395,161
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,204,493	395,161
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		1,204,493	395,161
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,204,493	395,161
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		1,204,493	395,161
32.00	Interim payments (see instructions)		1,204,493	395,161
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 160069	Period: From 07/01/2010	Worksheet H-5
	HHA CCN: 167145	To 06/30/2011	Date/Time Prepared: 1/30/2012 1:09 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					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,204,493		395,161	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		1,204,493		395,161	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,204,493		395,161	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 160069	Period: From 07/01/2010 To 06/30/2011	Worksheet L Parts I-III Date/Time Prepared: 1/30/2012 1:08 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,339,919	1.00
2.00	Capital DRG outlier payments		23,630	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		69.00	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)		7.80	8.00
9.00	Sum of lines 7 and 8		7.80	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.59	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		37,205	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,400,754	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