

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/30/2012 1:15 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2012	Time: 1:15 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 04 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 LOURDES HOSPITAL INC. for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	32,678	83,254	0	0
2.00 Subprovider - IPF	0	43,926	0	0	0
3.00 Subprovider - IRF	0	26,001	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 SKILLED NURSING FACILITY	0	0	0	0	0
8.00 NURSING FACILITY	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	102,605	83,254	0	0

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 12:37 pm				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 1530 LONE OAK ROAD	PO Box: 7100	Zip Code: 42003		County: MCCracken				1.00	
2.00	City: PADUCAH	State: KY							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		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	LOURDES HOSPITAL INC.	180102	99918	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	LOURDES PSYCH UNIT	18S102	99918	4	10/01/1988	N	P	N	4.00
5.00	Subprovider - IRF	LOURDES REHAB UNIT	18T102	99918	5	01/10/1985	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF	LOURDES SNF UNIT	185412	99918		06/12/1995	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	LOURDES HOMECARE	187100	99918		01/01/1988	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	LOURDES HOSPICE	181507	99918		01/27/1987				14.00
14.01	Hospital-Based Hospice 1	LOURDES HOSPICE IL	141548	99918		04/15/1992				14.01
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) 1									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
					From:		To:			
					1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)				01/01/2011		12/31/2011		20.00	
21.00	Type of Control (see instructions)						1		21.00	
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				Y		N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						2		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.	2,069	141	4	558	318	707		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.	152	9	0	67	24	11		25.00	
					Urban/Rural	S	Date of Geogr			
					1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						2		26.00	
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).						2		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00	
					Beginning:	Ending:				
					1.00	2.00				
36.00	Enter applicable beginning and ending dates of SCH status. Subscriber line 36 for number of periods in excess of one and enter subsequent dates.								36.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 12:37 pm		
		Beginning:	Ending:			
		1.00	2.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000		
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 180102

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

Worksheet S-2
Part I
Date/Time Prepared:
5/30/2012 12:37 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				N	0	71.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 12:37 pm		
			1.00	2.00	3.00	
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y		75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)		N	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)(i)? Enter "Y" for yes and "N" for no.			N	86.00	
			V	XIX		
			1.00	2.00		
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		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	Y	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	Y	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	5.00	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	Y	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	5.00	97.00	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
			Physical	Occupational	Speech	Respiratory
			1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		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.		Y		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			0	118.00	
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.			0	0	
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	
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	

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		1.00		2.00			
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00		
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00		
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00		
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00		
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00		
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00		
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00		
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00		
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00		
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	HB0359	140.00		
		1.00		2.00			
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: CATHOLIC HEALTHCARE PARTNERS	Contractor's Name: CGS		Contractor's Number: 00160			
142.00	Street: 615 ELSINORE PLACE, 8TH FL	PO Box:					
143.00	City: CINCINNATI	State: 41		Zip Code: 45202			
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00		
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00		
				1.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00		
				Part A	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		N	N	158.00		
159.00	SNF		N	N	159.00		
160.00	HOME HEALTH AGENCY		N	N	160.00		
161.00	CMHC		N	N	161.00		
				1.00			
Multi campus							
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: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/30/2012 12:37 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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 the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/02/2012		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 180102

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

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2012 12:37 pm

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		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.		N		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: 180102

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

Worksheet S-2
Part II
Date/Time Prepared:
5/30/2012 12:37 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	04/02/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 180102

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	211	69,111	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)		211	69,111	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	14	5,110	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	12	4,380	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		237	78,601	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	7,904			16.00
17.00 SUBPROVIDER - IRF	41.00	28	10,220			17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	20	7,300			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.01 HOSPICE II	116.01	0	0			24.01
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		285				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
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: 180102

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 12:37 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	20,157	2,069	35,196		1.00
2.00 HMO		2,180	1,728			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		267	111			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	20,157	2,069	35,196		7.00
8.00 INTENSIVE CARE UNIT	0	2,068	0	3,752		8.00
9.00 CORONARY CARE UNIT	0	1,650	0	2,887		9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	574		13.00
14.00 Total (see instructions)	0	23,875	2,069	42,409		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	2,458	0	6,162		16.00
17.00 SUBPROVIDER - IRF	0	5,636	152	7,015		17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	4,672	0	5,787		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	30,849	1,802	44,008		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	39,733		24.00
24.01 HOSPICE II		0	0	6,116		24.01
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		347	4,178		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 180102

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	5,246	1.00
2.00 HMO					437	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	1,054.99	0.00	0	5,246	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	31.65	0.00	0	344	16.00
17.00 SUBPROVIDER - IRF	0.00	26.39	0.00	0	450	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	22.46	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	63.31	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	49.44	0.00			24.00
24.01 HOSPICE II	0.00	2.27	0.00			24.01
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	1,250.51	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
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: 180102

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	648	10,040		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)	648	10,040		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	211	1,016		16.00
17.00 SUBPROVIDER - IRF	15	562		17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
24.01 HOSPICE II				24.01
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
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: 180102

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2012 12:37 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	53,801,521	-45,657	53,755,864	2,304,311.74	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	1,012,626	0	1,012,626	46,327.50	9.00
10.00	Excluded area salaries (see instructions)		8,431,884	-209,276	8,222,608	358,377.93	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		899,625	0	899,625	16,682.07	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		153,415	0	153,415	1,493.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	14.00
15.00	Home office: physician Part A		3,465,634	0	3,465,634	45,975.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		13,281,953	0	13,281,953		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		2,828,239	0	2,828,239		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		0	0	0		22.00
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	1,165,896	0	1,165,896	68,487.49	26.00
27.00	Administrative & General	5.00	7,271,897	0	7,271,897	290,701.88	27.00
28.00	Administrative & General under contract (see inst.)		61,659	0	61,659	2,179.69	28.00
29.00	Maintenance & Repairs	6.00	714,396	0	714,396	34,581.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	30.00
31.00	Laundry & Linen Service	8.00	45,657	-45,657	0	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	32.00
33.00	Housekeeping under contract (see instructions)		995,841	0	995,841	95,309.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	34.00
35.00	Dietary under contract (see instructions)		955,432	0	955,432	100,475.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	1,078,821	0	1,078,821	27,449.10	38.00
39.00	Central Services and Supply	14.00	599,155	0	599,155	41,718.25	39.00
40.00	Pharmacy	15.00	2,087,280	0	2,087,280	63,190.80	40.00
41.00	Medical Records & Medical Records Library	16.00	1,239,061	0	1,239,061	81,907.01	41.00
42.00	Social Service	17.00	664,504	0	664,504	25,385.59	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/30/2012 12:37 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	23.33	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	21.86	9.00
10.00	Excluded area salaries (see instructions)	22.94	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	53.93	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	102.76	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	75.38	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	17.02	26.00
27.00	Administrative & General	25.01	27.00
28.00	Administrative & General under contract (see inst.)	28.29	28.00
29.00	Maintenance & Repairs	20.66	29.00
30.00	Operation of Plant	0.00	30.00
31.00	Laundry & Linen Service	0.00	31.00
32.00	Housekeeping	0.00	32.00
33.00	Housekeeping under contract (see instructions)	10.45	33.00
34.00	Dietary	0.00	34.00
35.00	Dietary under contract (see instructions)	9.51	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	39.30	38.00
39.00	Central Services and Supply	14.36	39.00
40.00	Pharmacy	33.03	40.00
41.00	Medical Records & Medical Records Library	15.13	41.00
42.00	Social Service	26.18	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part III Date/Time Prepared: 5/30/2012 12:37 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	55,814,453	-45,657	55,768,796	2,502,275.43		1.00
2.00	Excluded area salaries (see instructions)	9,444,510	-209,276	9,235,234	404,705.43		2.00
3.00	Subtotal salaries (line 1 minus line 2)	46,369,943	163,619	46,533,562	2,097,570.00		3.00
4.00	Subtotal other wages & related costs (see inst.)	4,518,674	0	4,518,674	64,150.07		4.00
5.00	Subtotal wage-related costs (see inst.)	13,281,953	0	13,281,953	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	64,170,570	163,619	64,334,189	2,161,720.07		6.00
7.00	Total overhead cost (see instructions)	16,879,599	-45,657	16,833,942	831,384.81		7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/30/2012 12:37 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	22.29	1.00
2.00	Excluded area salaries (see instructions)	22.82	2.00
3.00	Subtotal salaries (line 1 minus line 2)	22.18	3.00
4.00	Subtotal other wages & related costs (see inst.)	70.44	4.00
5.00	Subtotal wage-related costs (see inst.)	28.54	5.00
6.00	Total (sum of lines 3 thru 5)	29.76	6.00
7.00	Total overhead cost (see instructions)	20.25	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2012 12:37 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	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	2,183,745	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	8,421,298	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	447,739	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	121,125	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)	184,323	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	577,439	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	3,927,030	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	128,098	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	119,395	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	16,110,192	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: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part V Date/Time Prepared: 5/30/2012 12:37 pm
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		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 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
13.01	Hospital-Based Hospice 1		0	0 13.01
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00			0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 180102 Component CCN: 187100		Period: From 01/01/2011 To 12/31/2011		Worksheet S-4 Date/Time Prepared: 5/30/2012 12:37 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			MCCRACKEN		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	3,517	316	2,059	5,892	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,112.00	100.00	651.00	0.00	2.00
				Number of Employees (Full Time Equivalent)			
				Staff	Contract	Total	
		Enter the number of hours in your normal work week					
		0	1.00	2.00	3.00		
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			11.86	0.00	11.86	5.00
6.00	Direct Nursing Service			13.18	0.00	13.18	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			14.25	0.00	14.25	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			3.09	0.00	3.09	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			1.41	0.00	1.41	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.06	0.00	1.06	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.83	0.00	2.83	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			1.75	0.00	1.75	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.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99918			20.00
20.01				99914			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	12,440	382	384	182	13,388	21.00
22.00	Skilled Nursing Visit Charges	3,196,928	97,364	98,976	46,836	3,440,104	22.00
23.00	Physical Therapy Visits	11,182	36	53	242	11,513	23.00
24.00	Physical Therapy Visit Charges	2,024,120	6,720	9,625	43,925	2,084,390	24.00
25.00	Occupational Therapy Visits	1,940	43	16	45	2,044	25.00
26.00	Occupational Therapy Visit Charges	378,300	8,385	3,120	8,775	398,580	26.00
27.00	Speech Pathology Visits	692	58	4	8	762	27.00
28.00	Speech Pathology Visit Charges	134,940	11,310	780	1,560	148,590	28.00
29.00	Medical Social Service Visits	267	3	5	16	291	29.00
30.00	Medical Social Service Visit Charges	51,045	585	955	3,040	55,625	30.00
31.00	Home Health Aide Visits	2,776	53	11	11	2,851	31.00
32.00	Home Health Aide Visit Charges	204,392	3,975	785	825	209,977	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	29,297	575	473	504	30,849	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)	5,989,725	128,339	114,241	104,961	6,337,266	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,556		176	37	1,769	36.00
37.00	Total Number of Outlier Episodes		11		0	11	37.00
38.00	Total Non-Routine Medical Supply Charges	256,592	6,799	15,747	3,161	282,299	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 180102

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

Worksheet S-7

Date/Time Prepared:
5/30/2012 12:37 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	27	0	27 9.00
10.00		RML	26	0	26 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	204	0	204 18.00
19.00		RHB	41	0	41 19.00
20.00		RHA	45	0	45 20.00
21.00		RMC	624	0	624 21.00
22.00		RMB	365	0	365 22.00
23.00		RMA	1,008	0	1,008 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	11	0	11 27.00
28.00		ES1	212	0	212 28.00
29.00		HE2	42	0	42 29.00
30.00		HE1	98	0	98 30.00
31.00		HD2	37	0	37 31.00
32.00		HD1	152	0	152 32.00
33.00		HC2	54	0	54 33.00
34.00		HC1	84	0	84 34.00
35.00		HB2	70	0	70 35.00
36.00		HB1	161	0	161 36.00
37.00		LE2	28	0	28 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	27	0	27 39.00
40.00		LD1	43	0	43 40.00
41.00		LC2	23	0	23 41.00
42.00		LC1	30	0	30 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	28	0	28 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	21	0	21 46.00
47.00		CD2	7	0	7 47.00
48.00		CD1	63	0	63 48.00
49.00		CC2	7	0	7 49.00
50.00		CC1	68	0	68 50.00
51.00		CB2	29	0	29 51.00
52.00		CB1	232	0	232 52.00
53.00		CA2	3	0	3 53.00
54.00		CA1	652	0	652 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	12	0	12 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 180102

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

Worksheet S-7

Date/Time Prepared:
5/30/2012 12:37 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	20	0	20	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	7	0	7	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	45	0	45	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	66	0	66	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		4,672	0	4,672	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).		99918		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)		3,469,983			207.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 180102 Component CCN: 181507	Period: From 01/01/2011 To 12/31/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 5/30/2012 12:37 pm
			Hospice I	

	Unduplicated Days						
	Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other		
	1.00	2.00	3.00	4.00	5.00		
PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	1.00
2.00	Routine Home Care	34,399	1,323	6,264	42	3,296	2.00
3.00	Inpatient Respite Care	100	7	0	0	3	3.00
4.00	General Inpatient Care	514	32	0	0	59	4.00
5.00	Total Hospice Days	35,013	1,362	6,264	42	3,358	5.00
Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	673	44	92	5	90	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00			7.00
8.00	Average Length of Stay (line 5/line 6)	52.03	30.95	68.09	8.40	37.31	8.00
9.00	Unduplicated Census Count	673	44	92	5	90	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 180102 Component CCN: 181507	Period: From 01/01/2011 To 12/31/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 5/30/2012 12:37 pm
		Hospice I		

		Unduplicated Days	
		Total (sum of cols. 1, 2 & 5)	
		6.00	
PART I - ENROLLMENT DAYS			
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	39,018	2.00
3.00	Inpatient Respite Care	110	3.00
4.00	General Inpatient Care	605	4.00
5.00	Total Hospice Days	39,733	5.00
Part II - CENSUS DATA			
6.00	Number of Patients Receiving Hospice Care	807	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare		7.00
8.00	Average Length of Stay (line 5/line 6)	49.24	8.00
9.00	Unduplicated Census Count	807	9.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 180102
Component CCN: 141548

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/30/2012 12:37 pm

		Unduplicated Days				All Other	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility		
		1.00	2.00	3.00	4.00		
PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	2	0	0	0	0	1.00
2.00	Routine Home Care	5,567	154	1,456	12	242	2.00
3.00	Inpatient Respite Care	40	0	0	0	0	3.00
4.00	General Inpatient Care	94	5	0	0	12	4.00
5.00	Total Hospice Days	5,703	159	1,456	12	254	5.00
Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	114	6	32	1	5	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00			7.00
8.00	Average Length of Stay (line 5/line 6)	50.03	26.50	45.50	12.00	50.80	8.00
9.00	Unduplicated Census Count	114	6	32	1	5	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 180102 Component CCN: 141548	Period: From 01/01/2011 To 12/31/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 5/30/2012 12:37 pm
			Hospice II	

		Unduplicated Days		
		Total (sum of cols. 1, 2 & 5)		
		6.00		
PART I - ENROLLMENT DAYS				
1.00	Continuous Home Care	2		1.00
2.00	Routine Home Care	5,963		2.00
3.00	Inpatient Respite Care	40		3.00
4.00	General Inpatient Care	111		4.00
5.00	Total Hospice Days	6,116		5.00
Part II - CENSUS DATA				
6.00	Number of Patients Receiving Hospice Care	125		6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare			7.00
8.00	Average Length of Stay (line 5/line 6)	48.93		8.00
9.00	Unduplicated Census Count	125		9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10	Date/Time Prepared: 5/30/2012 12:37 pm
					1.00
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)			0.284681	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			9,988,641	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			41,693,328	6.00
7.00	Medicaid cost (line 1 times line 6)			11,869,298	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)			1,880,657	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			1,880,657	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	14,763,894	1,296,665	16,060,559	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,203,000	369,136	4,572,136	21.00
22.00	Partial payment by patients approved for charity care	1,707	0	1,707	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,201,293	369,136	4,570,429	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)			28,004,793	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			963,564	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			27,041,229	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			7,698,124	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			12,268,553	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			14,149,210	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180102

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

Worksheet A
Date/Time Prepared:
5/30/2012 12:37 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 CAP REL COSTS-BLDG & FIXT		4,056,238	4,056,238	3,056,431	7,112,669	1.00
2.00 CAP REL COSTS-MVBLE EQUIP		4,284,175	4,284,175	2,493,917	6,778,092	2.00
4.00 EMPLOYEE BENEFITS	1,165,896	12,796,789	13,962,685	4,056,328	18,019,013	4.00
5.01 NONPATIENT TELEPHONES	208,111	22,930	231,041	-16,684	214,357	5.01
5.03 PURCHASING RECEIVING AND STORES	0	2,098	2,098	-2,098	0	5.03
5.04 BUSINESS OFFICE	596,023	1,773,469	2,369,492	-49,659	2,319,833	5.04
5.05 REGIONAL TEAM	2,834,008	10,391,140	13,225,148	-162,977	13,062,171	5.05
5.06 ADMIN TTING	1,124,846	337,130	1,461,976	-93,339	1,368,637	5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	2,508,909	1,892,050	4,400,959	1,552,720	5,953,679	5.07
6.00 MAINTENANCE & REPAIRS	714,396	5,849,491	6,563,887	838,352	7,402,239	6.00
8.00 LAUNDRY & LINEN SERVICE	45,657	-68,822	-23,165	-15,224	-38,389	8.00
9.00 HOUSEKEEPING	0	1,813,369	1,813,369	-433,115	1,380,254	9.00
10.00 DIETARY	0	758,473	758,473	-5,524	752,949	10.00
11.00 CAFETERIA	0	2,022,305	2,022,305	-553,731	1,468,574	11.00
13.00 NURSING ADMINISTRATION	1,078,821	444,046	1,522,867	-97,279	1,425,588	13.00
14.00 CENTRAL SERVICE & SUPPLY	599,155	1,158,451	1,757,606	-858,896	898,710	14.00
15.00 PHARMACY	2,087,280	10,243,246	12,330,526	-10,086,968	2,243,558	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,239,061	573,945	1,813,006	-350,714	1,462,292	16.00
17.00 SOCIAL SERVICE	664,504	817,925	1,482,429	-83,361	1,399,068	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	399,718	399,718	-100,271	299,447	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	8,026,945	1,772,768	9,799,713	-950,215	8,849,498	30.00
31.00 INTENSIVE CARE UNIT	1,815,707	569,980	2,385,687	-382,673	2,003,014	31.00
32.00 CORONARY CARE UNIT	1,236,271	335,868	1,572,139	-198,471	1,373,668	32.00
40.00 SUBPROVIDER - IPF	1,581,144	954,376	2,535,520	-592,659	1,942,861	40.00
41.00 SUBPROVIDER - IRF	1,130,114	1,050,883	2,180,997	-132,947	2,048,050	41.00
43.00 NURSERY	1,127,241	225,320	1,352,561	-519,954	832,607	43.00
44.00 SKILLED NURSING FACILITY	1,012,626	209,065	1,221,691	-143,673	1,078,018	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,659,046	16,585,584	20,244,630	-13,880,102	6,364,528	50.00
50.01 REHAB MEDICINE	437,005	976,147	1,413,152	-40,611	1,372,541	50.01
51.00 RECOVERY ROOM	351,334	104,704	456,038	-46,861	409,177	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	329,252	329,252	52.00
53.00 ANESTHESIOLOGY	112,665	321,497	434,162	-300,201	133,961	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,930,433	2,896,496	4,826,929	-2,470,232	2,356,697	54.00
54.01 ULTRA SOUND	240,610	203,384	443,994	-169,717	274,277	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	189,220	658,881	848,101	-109,617	738,484	56.01
57.00 CT SCAN	396,430	612,634	1,009,064	-469,596	539,468	57.00
59.00 CARDIAC CATHETERIZATION	1,220,488	5,071,194	6,291,682	-5,288,272	1,003,410	59.00
60.00 LABORATORY	2,012,688	3,367,253	5,379,941	-218,884	5,161,057	60.00
64.00 INTRAVENOUS THERAPY	98	0	98	427,252	427,350	64.00
65.00 RESPIRATORY THERAPY	847,282	327,719	1,175,001	-243,245	931,756	65.00
66.00 PHYSICAL THERAPY	837,925	96,640	934,565	-81,608	852,957	66.00
67.00 OCCUPATIONAL THERAPY	307,850	30,540	338,390	-29,189	309,201	67.00
68.00 SPEECH PATHOLOGY	161,707	29,787	191,494	-27,464	164,030	68.00
69.00 ELECTROCARDIOLOGY	895,076	367,388	1,262,464	-289,222	973,242	69.00
70.00 ELECTROENCEPHALOGRAPHY	272,246	72,420	344,666	-43,708	300,958	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,352,019	11,352,019	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,240,158	10,240,158	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	10,416,501	10,416,501	73.00
74.00 RENAL DIALYSIS	0	682,926	682,926	-13,039	669,887	74.00
76.00 DIABETES	0	0	0	0	0	76.00
76.01 LI THOTRI PTOR	0	0	0	607,814	607,814	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	344,709	565,175	909,884	-177,225	732,659	90.00
90.01 PARTIAL HOSPITAL PRG	216,446	146,873	363,319	151,133	514,452	90.01
90.02 PAIN MANAGEMENT	618,352	561,126	1,179,478	-467,700	711,778	90.02
91.00 EMERGENCY	2,232,570	831,901	3,064,471	-564,384	2,500,087	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	23,741	23,741	-150	23,591	95.00
101.00 HOME HEALTH AGENCY	3,123,378	2,015,488	5,138,866	-1,216,409	3,922,457	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE		1,767,275	1,767,275	-1,767,275	0	113.00
116.00 HOSPICE	2,146,673	3,536,637	5,683,310	-1,745,893	3,937,417	116.00
116.01 HOSPICE II	87,445	330,279	417,724	-178,014	239,710	116.01
118.00 SUBTOTALS (SUM OF LINES 1-117)	53,438,391	106,870,115	160,308,506	-147,173	160,161,333	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180102

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

Worksheet A

Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	31,294	41,278	72,572	-3,689	68,883	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MEDICAL BUILDING AND OTHER	197,018	585,432	782,450	153,622	936,072	194.00
194.01 MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02 FOUNDATION	134,818	1,053,232	1,188,050	-2,760	1,185,290	194.02
200.00 TOTAL (SUM OF LINES 118-199)	53,801,521	108,550,057	162,351,578	0	162,351,578	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180102

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

Worksheet A
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	331,858	7,444,527	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,295	6,779,387	2.00
4.00	EMPLOYEE BENEFITS	-598,513	17,420,500	4.00
5.01	NONPATIENT TELEPHONES	-11,038	203,319	5.01
5.03	PURCHASING RECEIVING AND STORES	0	0	5.03
5.04	BUSINESS OFFICE	0	2,319,833	5.04
5.05	REGIONAL TEAM	970,048	14,032,219	5.05
5.06	ADMINISTRATIVE	0	1,368,637	5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL	1,291,635	7,245,314	5.07
6.00	MAINTENANCE & REPAIRS	-33,950	7,368,289	6.00
8.00	LAUNDRY & LINEN SERVICE	32,151	-6,238	8.00
9.00	HOUSEKEEPING	-3,699	1,376,555	9.00
10.00	DIETARY	-41,764	711,185	10.00
11.00	CAFETERIA	-666,267	802,307	11.00
13.00	NURSING ADMINISTRATION	-184	1,425,404	13.00
14.00	CENTRAL SERVICE & SUPPLY	-15	898,695	14.00
15.00	PHARMACY	0	2,243,558	15.00
16.00	MEDICAL RECORDS & LIBRARY	-32,558	1,429,734	16.00
17.00	SOCIAL SERVICE	-12,264	1,386,804	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	299,447	18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	8,849,498	30.00
31.00	INTENSIVE CARE UNIT	0	2,003,014	31.00
32.00	CORONARY CARE UNIT	0	1,373,668	32.00
40.00	SUBPROVIDER - I/PF	-163	1,942,698	40.00
41.00	SUBPROVIDER - I/PF	0	2,048,050	41.00
43.00	NURSERY	-18	832,589	43.00
44.00	SKILLED NURSING FACILITY	0	1,078,018	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-330	6,364,198	50.00
50.01	REHAB MEDICINE	0	1,372,541	50.01
51.00	RECOVERY ROOM	0	409,177	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	329,252	52.00
53.00	ANESTHESIOLOGY	-121,813	12,148	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-7,109	2,349,588	54.00
54.01	ULTRA SOUND	-516	273,761	54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	55.00
56.00	RADIOISOTOPE	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	0	738,484	56.01
57.00	CT SCAN	0	539,468	57.00
59.00	CARDIAC CATHETERIZATION	-111	1,003,299	59.00
60.00	LABORATORY	0	5,161,057	60.00
64.00	INTRAVENOUS THERAPY	0	427,350	64.00
65.00	RESPIRATORY THERAPY	-7	931,749	65.00
66.00	PHYSICAL THERAPY	0	852,957	66.00
67.00	OCCUPATIONAL THERAPY	0	309,201	67.00
68.00	SPEECH PATHOLOGY	0	164,030	68.00
69.00	ELECTROCARDIOLOGY	-523	972,719	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	300,958	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,352,019	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	10,240,158	72.00
73.00	DRUGS CHARGED TO PATIENTS	-3,359	10,413,142	73.00
74.00	RENAL DIALYSIS	0	669,887	74.00
76.00	DIABETES	0	0	76.00
76.01	LITHOTRIPTOR	0	607,814	76.01
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	-2,232	730,427	90.00
90.01	PARTIAL HOSPITAL PRG	-28	514,424	90.01
90.02	PAIN MANAGEMENT	-832	710,946	90.02
91.00	EMERGENCY	-62	2,500,025	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0	23,591	95.00
101.00	HOME HEALTH AGENCY	-1,752	3,920,705	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	0	0	113.00
116.00	HOSPICE	-125,447	3,811,970	116.00
116.01	HOSPICE II	-27	239,683	116.01
118.00	SUBTOTALS (SUM OF LINES 1-117)	962,406	161,123,739	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	68,883	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 180102

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

Worksheet A
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	Adjustments	Net Expenses		
	(See A-8)	For Allocation		
	6.00	7.00		
193.00 NONPAID WORKERS	0	0		193.00
194.00 MEDICAL BUILDING AND OTHER	0	936,072		194.00
194.01 MARCUM & WALLACE HOSPITAL	14,393,574	14,393,574		194.01
194.02 FOUNDATION	-714	1,184,576		194.02
200.00 TOTAL (SUM OF LINES 118-199)	15,355,266	177,706,844		200.00

RECLASSIFICATIONS

Provider CCN: 180102

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

Worksheet A-6

Date/Time Prepared:
5/30/2012 12:37 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,767,275	1.00
	TOTALS		0	1,767,275	
B - BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	4,088,173	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	1,395,424	2.00
3.00	ANESTHESIOLOGY	53.00	0	131,989	3.00
4.00	MEDICAL BUILDING AND OTHER	194.00	0	155,129	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	5,770,715	
C - HOMECARE HOSPICE OVERHEAD					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	389,202	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	389,202	
D - RENT EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,289,156	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,493,917	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
TOTALS			0	3,783,073		
E - MEDICAL SUPPLIES						
1.00	SOCIAL SERVICE	17.00	0	26		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,352,019		2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,240,158		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	21,592,203		

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
F - MAINTENANCE					
1.00	MAINTENANCE & REPAIRS	6.00	0	902,649	1.00
2.00	CT SCAN	57.00	0	46,748	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
TOTALS			0	949,397	
G - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,416,501	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
TOTALS			0	10,416,501	
H - IV					
1.00	INTRAVENOUS THERAPY	64.00	0	427,252	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
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
	TOTALS		0	427,252		
I - LI THOTRI PTER						
1.00	LI THOTRI PTOR	76.01	0	607,814		1.00
	TOTALS		0	607,814		
J - LABOR AND DELI VERY						
1.00	DELI VERY ROOM & LABOR ROOM	52.00	274,403	54,849		1.00
	TOTALS		274,403	54,849		
K - OP PSYCH						
1.00	PARTIAL HOSPI TAL PRG	90.01	0	164,847		1.00
	TOTALS		0	164,847		
L - DECERTI FI CATI ON OF PSYCH						
1.00	ADULTS & PEDI ATRI CS	30.00	209,276	87,079		1.00
	TOTALS		209,276	87,079		
M - LAUNDRY SALARI ES EXPENSE						
1.00	LAUNDRY & LI NEN SERVI CE	8.00	0	45,657		1.00
	TOTALS		0	45,657		
500.00	Grand Total: Increases		483,679	46,055,864		500.00

RECLASSIFICATIONS

Provider CCN: 180102

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

Worksheet A-6

Date/Time Prepared:
5/30/2012 12:37 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	1,767,275	10		1.00
	TOTALS		0	1,767,275			
B - BENEFITS							
1.00	NONPATIENT TELEPHONES	5.01	0	15,417	0		1.00
2.00	BUSINESS OFFICE	5.04	0	32,225	0		2.00
3.00	REGIONAL TEAM	5.05	0	82,357	0		3.00
4.00	ADMINISTRATIVE	5.06	0	83,038	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	53,251	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	3,600	0		6.00
7.00	HOUSEKEEPING	9.00	0	410,270	0		7.00
8.00	CAFETERIA	11.00	0	553,731	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	73,115	0		9.00
10.00	CENTRAL SERVICE & SUPPLY	14.00	0	44,888	0		10.00
11.00	PHARMACY	15.00	0	141,288	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	92,748	0		12.00
13.00	SOCIAL SERVICE	17.00	0	52,072	0		13.00
14.00	OTHER GENERAL SERVICE (SPECIFY)	18.00	0	93,749	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	631,886	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	131,908	0		16.00
17.00	CORONARY CARE UNIT	32.00	0	92,752	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	116,750	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	81,467	0		19.00
20.00	NURSERY	43.00	0	83,960	0		20.00
21.00	SKILLED NURSING FACILITY	44.00	0	72,803	0		21.00
22.00	OPERATING ROOM	50.00	0	282,776	0		22.00
23.00	REHAB MEDICINE	50.01	0	29,945	0		23.00
24.00	RECOVERY ROOM	51.00	0	23,684	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	143,314	0		25.00
26.00	ULTRASOUND	54.01	0	18,826	0		26.00
27.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	14,040	0		27.00
28.00	CT SCAN	57.00	0	31,784	0		28.00
29.00	CARDIAC CATHETERIZATION	59.00	0	92,015	0		29.00
30.00	LABORATORY	60.00	0	151,123	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	63,537	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	65,412	0		32.00
33.00	OCCUPATIONAL THERAPY	67.00	0	24,203	0		33.00
34.00	SPEECH PATHOLOGY	68.00	0	12,468	0		34.00
35.00	ELECTROCARDIOLOGY	69.00	0	64,138	0		35.00
36.00	ELECTROENCEPHALOGRAPHY	70.00	0	21,872	0		36.00
37.00	CLINIC	90.00	0	25,225	0		37.00
38.00	PARTIAL HOSPITAL PRG	90.01	0	13,608	0		38.00
39.00	PAIN MANAGEMENT	90.02	0	44,160	0		39.00
40.00	EMERGENCY	91.00	0	161,365	0		40.00
41.00	HOME HEALTH AGENCY	101.00	0	905,444	0		41.00
42.00	HOSPICE	116.00	0	618,323	0		42.00
43.00	HOSPICE II	116.01	0	17,702	0		43.00
44.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,476	0		44.00
	TOTALS		0	5,770,715			
C - HOMECARE HOSPICE OVERHEAD							
1.00	HOSPICE	116.00	0	184,667	0		1.00
2.00	HOSPICE II	116.01	0	420	0		2.00
3.00	HOME HEALTH AGENCY	101.00	0	204,115	0		3.00
	TOTALS		0	389,202			
D - RENT EXPENSE							
1.00	EMPLOYEE BENEFITS	4.00	0	8,117	11		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	1,200	11		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	2,098	0		3.00
4.00	BUSINESS OFFICE	5.04	0	17,210	0		4.00
5.00	REGIONAL TEAM	5.05	0	22,660	0		5.00
6.00	ADMINISTRATIVE	5.06	0	9,664	0		6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	84,051	0		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	10,456	0		8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	5,387	0		9.00
10.00	DIETARY	10.00	0	419	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	4,779	0		11.00
12.00	CENTRAL SERVICE & SUPPLY	14.00	0	580,160	0		12.00
13.00	PHARMACY	15.00	0	323,525	0		13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,222	0		14.00
15.00	SOCIAL SERVICE	17.00	0	2,515	0		15.00

RECLASSIFICATIONS

Provider CCN: 180102

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

Worksheet A-6
Date/Time Prepared:
5/30/2012 12:37 pm

Decreases								
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.				
6.00	7.00	8.00	9.00	10.00				
16.00	ADULTS & PEDIATRICS	30.00	0	7,871	0	16.00		
17.00	INTENSIVE CARE UNIT	31.00	0	4,593	0	17.00		
18.00	CORONARY CARE UNIT	32.00	0	1,560	0	18.00		
19.00	SUBPROVIDER - IPF	40.00	0	4,899	0	19.00		
20.00	SUBPROVIDER - IRF	41.00	0	530	0	20.00		
21.00	NURSERY	43.00	0	1,479	0	21.00		
22.00	SKILLED NURSING FACILITY	44.00	0	2,240	0	22.00		
23.00	OPERATING ROOM	50.00	0	48,862	0	23.00		
24.00	REHAB MEDICINE	50.01	0	2,599	0	24.00		
25.00	RECOVERY ROOM	51.00	0	2,412	0	25.00		
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,348,466	0	26.00		
27.00	ULTRA SOUND	54.01	0	116,619	0	27.00		
28.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	32,310	0	28.00		
29.00	CT SCAN	57.00	0	327,986	0	29.00		
30.00	CARDIAC CATHETERIZATION	59.00	0	5,985	0	30.00		
31.00	LABORATORY	60.00	0	8,845	0	31.00		
32.00	RESPIRATORY THERAPY	65.00	0	33,346	0	32.00		
33.00	PHYSICAL THERAPY	66.00	0	2,854	0	33.00		
34.00	ELECTROCARDIOLOGY	69.00	0	154,218	0	34.00		
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,734	0	35.00		
36.00	CLINIC	90.00	0	53,635	0	36.00		
37.00	PAIN MANAGEMENT	90.02	0	5,649	0	37.00		
38.00	EMERGENCY	91.00	0	2,739	0	38.00		
39.00	HOME HEALTH AGENCY	101.00	0	99,971	0	39.00		
40.00	HOSPICE	116.00	0	373,954	0	40.00		
41.00	HOSPICE II	116.01	0	54,494	0	41.00		
42.00	FOUNDATION	194.02	0	2,760	0	42.00		
	TOTALS		0	3,783,073				
E - MEDICAL SUPPLIES								
1.00	EMPLOYEE BENEFITS	4.00	0	3,809	0	1.00		
2.00		5.01	0	67	0	2.00		
3.00		5.04	0	54	0	3.00		
4.00		5.05	0	1,654	0	4.00		
5.00		5.06	0	453	0	5.00		
6.00		5.07	0	122,438	0	6.00		
7.00		6.00	0	574	0	7.00		
8.00		9.00	0	15,441	0	8.00		
9.00		10.00	0	1,970	0	9.00		
10.00		13.00	0	1,035	0	10.00		
11.00		14.00	0	230,266	0	11.00		
12.00		15.00	0	133,575	0	12.00		
13.00		16.00	0	21	0	13.00		
14.00	OTHER GENERAL SERVICE (SPECIFY)	18.00	0	5,615	0	14.00		
15.00		30.00	0	505,238	0	15.00		
16.00		31.00	0	212,862	0	16.00		
17.00		32.00	0	86,544	0	17.00		
18.00		41.00	0	45,770	0	18.00		
19.00		40.00	0	9,118	0	19.00		
20.00		43.00	0	82,629	0	20.00		
21.00		44.00	0	42,101	0	21.00		
22.00		50.00	0	12,570,327	0	22.00		
23.00		50.01	0	8,067	0	23.00		
24.00		51.00	0	18,247	0	24.00		
25.00		53.00	0	239,834	0	25.00		
26.00		54.00	0	905,185	0	26.00		
27.00		57.00	0	152,959	0	27.00		
28.00		56.01	0	19,035	0	28.00		
29.00		54.01	0	13,301	0	29.00		
30.00		60.00	0	53,119	0	30.00		
31.00		65.00	0	146,362	0	31.00		
32.00		66.00	0	13,326	0	32.00		
33.00		67.00	0	4,986	0	33.00		
34.00		68.00	0	14,613	0	34.00		
35.00		69.00	0	29,199	0	35.00		
36.00		70.00	0	20,102	0	36.00		
37.00	RENAL DIALYSIS	74.00	0	11,933	0	37.00		
38.00		59.00	0	5,171,923	0	38.00		
39.00		90.00	0	92,350	0	39.00		
40.00		90.01	0	106	0	40.00		
41.00		90.02	0	154,456	0	41.00		
42.00		91.00	0	348,566	0	42.00		
43.00		116.00	0	99,020	0	43.00		

RECLASSIFICATIONS

Provider CCN: 180102

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

Worksheet A-6
Date/Time Prepared:
5/30/2012 12:37 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
44.00	116.01	0	3,953	0	0	44.00	
TOTALS							
F - MAINTENANCE							
1.00	4.00	0	338	0	0	1.00	
2.00	5.04	0	170	0	0	2.00	
3.00	5.05	0	56,306	0	0	3.00	
4.00	5.06	0	184	0	0	4.00	
5.00	5.07	0	22,366	0	0	5.00	
6.00	8.00	0	6,237	0	0	6.00	
7.00	9.00	0	7,404	0	0	7.00	
8.00	10.00	0	3,135	0	0	8.00	
9.00	13.00	0	18,350	0	0	9.00	
10.00	14.00	0	1,700	0	0	10.00	
11.00	15.00	0	125,436	0	0	11.00	
12.00	16.00	0	249,723	0	0	12.00	
13.00	17.00	0	28,800	0	0	13.00	
14.00	18.00	0	907	0	0	14.00	
15.00	30.00	0	2,630	0	0	15.00	
16.00	40.00	0	453	0	0	16.00	
17.00	43.00	0	15,911	0	0	17.00	
18.00	50.00	0	301,140	0	0	18.00	
19.00	54.00	0	45,659	0	0	19.00	
20.00	54.01	0	19,143	0	0	20.00	
21.00	56.01	0	10,167	0	0	21.00	
22.00	59.00	0	1,978	0	0	22.00	
23.00	60.00	0	5,205	0	0	23.00	
24.00	69.00	0	22,849	0	0	24.00	
25.00	91.00	0	336	0	0	25.00	
26.00	95.00	0	150	0	0	26.00	
27.00	192.00	0	1,213	0	0	27.00	
28.00	194.00	0	1,507	0	0	28.00	
TOTALS							
G - DRUGS							
1.00	4.00	0	19,581	0	0	1.00	
2.00	5.07	0	2,951	0	0	2.00	
3.00	6.00	0	16	0	0	3.00	
4.00	14.00	0	333	0	0	4.00	
5.00	15.00	0	9,267,092	0	0	5.00	
6.00	30.00	0	4,507	0	0	6.00	
7.00	31.00	0	743	0	0	7.00	
8.00	32.00	0	743	0	0	8.00	
9.00	40.00	0	167	0	0	9.00	
10.00	41.00	0	454	0	0	10.00	
11.00	43.00	0	5,407	0	0	11.00	
12.00	44.00	0	1,199	0	0	12.00	
13.00	50.00	0	1,305	0	0	13.00	
14.00	51.00	0	765	0	0	14.00	
15.00	53.00	0	189,611	0	0	15.00	
16.00	54.00	0	25,427	0	0	16.00	
17.00	56.01	0	31,905	0	0	17.00	
18.00	57.00	0	19	0	0	18.00	
19.00	59.00	0	7,069	0	0	19.00	
20.00	66.00	0	11	0	0	20.00	
21.00	68.00	0	383	0	0	21.00	
22.00	69.00	0	8,860	0	0	22.00	
23.00	74.00	0	133	0	0	23.00	
24.00	90.00	0	5,998	0	0	24.00	
25.00	90.02	0	260,904	0	0	25.00	
26.00	91.00	0	4,680	0	0	26.00	
27.00	101.00	0	6,165	0	0	27.00	
28.00	116.00	0	468,628	0	0	28.00	
29.00	116.01	0	101,445	0	0	29.00	
TOTALS							
H - IV							
1.00	5.07	0	100	0	0	1.00	
2.00	14.00	0	1,549	0	0	2.00	
3.00	15.00	0	96,052	0	0	3.00	
4.00	30.00	0	94,438	0	0	4.00	

Provider CCN: 180102

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

Worksheet A-6
Date/Time Prepared:
5/30/2012 12:37 pm

Decreases								
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.			
6.00	7.00	8.00	9.00	10.00				
5.00	INTENSIVE CARE UNIT	31.00	0	32,567	0		5.00	
6.00	CORONARY CARE UNIT	32.00	0	16,872	0		6.00	
7.00	SUBPROVIDER - IPF	40.00	0	70	0		7.00	
8.00	SUBPROVIDER - IRF	41.00	0	4,726	0		8.00	
9.00	NURSERY	43.00	0	1,316	0		9.00	
10.00	SKILLED NURSING FACILITY	44.00	0	25,330	0		10.00	
11.00	OPERATING ROOM	50.00	0	67,878	0		11.00	
12.00	RECOVERY ROOM	51.00	0	1,753	0		12.00	
13.00	ANESTHESIOLOGY	53.00	0	2,745	0		13.00	
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,181	0		14.00	
15.00	ULTRA SOUND	54.01	0	1,828	0		15.00	
16.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	2,160	0		16.00	
17.00	CT SCAN	57.00	0	3,596	0		17.00	
18.00	CARDIAC CATHETERIZATION	59.00	0	9,302	0		18.00	
19.00	LABORATORY	60.00	0	592	0		19.00	
20.00	PHYSICAL THERAPY	66.00	0	5	0		20.00	
21.00	ELECTROCARDIOLOGY	69.00	0	9,958	0		21.00	
22.00	RENAL DIALYSIS	74.00	0	973	0		22.00	
23.00	CLINIC	90.00	0	17	0		23.00	
24.00	PAIN MANAGEMENT	90.02	0	2,531	0		24.00	
25.00	EMERGENCY	91.00	0	46,698	0		25.00	
26.00	HOME HEALTH AGENCY	101.00	0	714	0		26.00	
27.00	HOSPICE	116.00	0	1,301	0		27.00	
	TOTALS		0	427,252				
I - LI THOTRI PTER								
1.00	OPERATING ROOM	50.00	0	607,814	0		1.00	
	TOTALS		0	607,814				
J - LABOR AND DELIVERY								
1.00	NURSERY	43.00	274,403	54,849	0		1.00	
	TOTALS		274,403	54,849				
K - OP PSYCH								
1.00	SUBPROVIDER - IPF	40.00	0	164,847	0		1.00	
	TOTALS		0	164,847				
L - DECERTIFICATION OF PSYCH								
1.00	SUBPROVIDER - IPF	40.00	209,276	87,079	0		1.00	
	TOTALS		209,276	87,079				
M - LAUNDRY SALARIES EXPENSE								
1.00	LAUNDRY & LINEN SERVICE	8.00	45,657	0	0		1.00	
	TOTALS		45,657	0				
500.00	Grand Total : Decreases		529,336	46,010,207			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180102

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/30/2012 12:37 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	453,242	0	0	0	0	1.00
2.00	Land Improvements	2,807,619	8,023	0	8,023	0	2.00
3.00	Buildings and Fixtures	88,339,778	1,064,177	0	1,064,177	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	32,133,816	1,721,093	0	1,721,093	0	5.00
6.00	Movable Equipment	68,960,541	0	0	0	2,864,083	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	192,694,996	2,793,293	0	2,793,293	2,864,083	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	192,694,996	2,793,293	0	2,793,293	2,864,083	10.00
SUMMARY OF CAPITAL							
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)		
	9.00	10.00	11.00	12.00	13.00		
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	4,001,975	0	0	54,263	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,257,382	0	0	26,793	0	2.00
3.00	Total (sum of lines 1-2)	8,259,357	0	0	81,056	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	126,527,748	0	126,527,748	0.656863	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	66,096,458	0	66,096,458	0.343137	0	2.00
3.00	Total (sum of lines 1-2)	192,624,206	0	192,624,206	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180102

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	453,242	0		1.00		
2.00	Land Improvements	2,815,642	0		2.00		
3.00	Buildings and Fixtures	89,403,955	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	33,854,909	0		5.00		
6.00	Movable Equipment	66,096,458	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	192,624,206	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	192,624,206	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	4,056,238		1.00		
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,284,175		2.00		
3.00	Total (sum of lines 1-2)	0	8,340,413		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	CAP REL COSTS-BLDG & FIXT	0	0	0	4,001,975	1,767,275	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,257,382	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,259,357	1,767,275	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 180102

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,621,014	54,263	0	0	7,444,527	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2,495,212	26,793	0	0	6,779,387	2.00
3.00	Total (sum of lines 1-2)	4,116,226	81,056	0	0	14,223,914	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 180102

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

Worksheet A-8

Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-538	CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)		0		0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	7.00
8.00 Television and radio service (chapter 21)		0		0.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-108,405			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	3,718,388			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Cafeteria-employees and guests	B	-666,267	CAFETERIA	11.00	14.00
15.00 Rental of quarters to employee and others		0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts	B	-32,548	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines	B	-41,764	DIETARY	10.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant		0		0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00	32.00
33.00 TELEVISION OFFSET	A	-632	PAIN MANAGEMENT	90.02	33.00
33.01 TELEVISION OFFSET	A	-516	ELECTROCARDIOLOGY	69.00	33.01
33.02 TELEVISION OFFSET	A	-1,204	RADIOLOGY-DIAGNOSTIC	54.00	33.02
33.03 TELEVISION OFFSET	A	-516	ULTRA SOUND	54.01	33.03
33.04 TELEVISION OFFSET	A	-742	CLINIC	90.00	33.04
33.05 TELEVISION OFFSET	A	-28,563	MAINTENANCE & REPAIRS	6.00	33.05
33.06 ADMIN - DUES & SUBSCRIPTIONS OFFSET	A	-9,456	REGIONAL TEAM	5.05	33.06
33.07 ADVERTISING OFFSET	A	-10,426	EMPLOYEE BENEFITS	4.00	33.07
33.08 ADVERTISING OFFSET	A	-830,742	OTHER ADMINISTRATIVE AND GENERAL	5.07	33.08
33.09 ADVERTISING OFFSET	A	-163	SUBPROVIDER - IPF	40.00	33.09
33.10 ADVERTISING OFFSET	A	-330	OPERATING ROOM	50.00	33.10
33.11 ADVERTISING OFFSET	A	-458	RADIOLOGY-DIAGNOSTIC	54.00	33.11
33.12 ADVERTISING OFFSET	A	-1,484	CLINIC	90.00	33.12
33.13 ADVERTISING OFFSET	A	-28	PARTIAL HOSPITAL PRG	90.01	33.13
33.14 ADVERTISING OFFSET	A	-1,515	HOME HEALTH AGENCY	101.00	33.14
33.15 ADVERTISING OFFSET	A	-2,171	HOSPICE	116.00	33.15
33.16 ADVERTISING OFFSET	A	-27	HOSPICE II	116.01	33.16
33.17 ADVERTISING OFFSET	A	-130	FOUNDATION	194.02	33.17
33.18 MISC. EXPENSE OFFSET	A	-10,985	EMPLOYEE BENEFITS	4.00	33.18
33.19 MISC. EXPENSE OFFSET	A	-705	REGIONAL TEAM	5.05	33.19

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center			Line #
			1.00	2.00		3.00
33.20 MI SC. EXPENSE OFFSET	A	-359,462	OTHER ADMIN STRATIVE AND GENERAL	5.07	33.20	
33.21 MI SC. EXPENSE OFFSET	A	-184	NURSING ADMIN STRATION	13.00	33.21	
33.22 MI SC. EXPENSE OFFSET	A	-15	CENTRAL SERVICE & SUPPLY	14.00	33.22	
33.23 MI SC. EXPENSE OFFSET	A	-10	MEDICAL RECORDS & LIBRARY	16.00	33.23	
33.24 MI SC. EXPENSE OFFSET	A	-18	NURSERY	43.00	33.24	
33.25 MI SC. EXPENSE OFFSET	A	-8	RADIOLOGY-DIAGNOSTIC	54.00	33.25	
33.26 MI SC. EXPENSE OFFSET	A	-111	CARDIAC CATHETERIZATION	59.00	33.26	
33.27 MI SC. EXPENSE OFFSET	A	-7	RESPIRATORY THERAPY	65.00	33.27	
33.28 MI SC. EXPENSE OFFSET	A	-7	ELECTROCARDIOLOGY	69.00	33.28	
33.29 MI SC. EXPENSE OFFSET	A	-5	CLINIC	90.00	33.29	
33.30 MI SC. EXPENSE OFFSET	A	-62	EMERGENCY	91.00	33.30	
33.31 MI SC. EXPENSE OFFSET	A	-36	HOME HEALTH AGENCY	101.00	33.31	
33.32 MI SC. EXPENSE OFFSET	A	-34	HOSPICE	116.00	33.32	
33.33 MI SC. EXPENSE OFFSET	A	-584	FOUNDATION	194.02	33.33	
33.34 MI SC. INCOME OFFSET	B	-672,842	EMPLOYEE BENEFITS	4.00	33.34	
33.35 MI SC. INCOME OFFSET	B	-2,298	NONPATIENT TELEPHONES	5.01	33.35	
33.36 MI SC. INCOME OFFSET	B	-1,125,448	OTHER ADMIN STRATIVE AND GENERAL	5.07	33.36	
33.37 MI SC. INCOME OFFSET	B	-3,699	HOUSEKEEPING	9.00	33.37	
33.38 MI SC. INCOME OFFSET	B	-5,439	RADIOLOGY-DIAGNOSTIC	54.00	33.38	
33.39 MI SC. INCOME OFFSET	B	-3,359	DRUGS CHARGED TO PATIENTS	73.00	33.39	
33.40 MI SC. INCOME OFFSET	B	-1	CLINIC	90.00	33.40	
33.41 MI SC. INCOME OFFSET	B	-200	PAIN MANAGEMENT	90.02	33.41	
33.42 MI SC. INCOME OFFSET	B	-201	HOME HEALTH AGENCY	101.00	33.42	
33.43 MI SC. INCOME OFFSET	B	-17,857	HOSPICE	116.00	33.43	
33.44 CRNA PURCHASED SERVICES EXP OFFSET	A	-415,316	OTHER ADMIN STRATIVE AND GENERAL	5.07	33.44	
33.45 LOSS ON BOND DEFEASANCE OFFSET	A	71,102	CAP REL COSTS-BLDG & FIXT	1.00	33.45	
33.46 LOSS ON BOND DEFEASANCE OFFSET	A	1,295	CAP REL COSTS-MVBLE EQUIP	2.00	33.46	
33.47 LOSS ON BOND DEFEASANCE OFFSET	A	525	OTHER ADMIN STRATIVE AND GENERAL	5.07	33.47	
33.48 PATIENT TELEPHONE EXPENSE OFFSET	A	-2,294	EMPLOYEE BENEFITS	4.00	33.48	
33.49 PATIENT TELEPHONE EXPENSE OFFSET	A	-8,740	NONPATIENT TELEPHONES	5.01	33.49	
33.50 PROVIDER TAX ADJUSTMENT	A	1,641,334	OTHER ADMIN STRATIVE AND GENERAL	5.07	33.50	
33.51 M&W ADJUSTMENT	A	14,393,574	MARCUM & WALLACE HOSPITAL	194.01	33.51	
33.52 DEPT 8606 SALARIES	A	-45,657	LAUNDRY & LINEN SERVICE	8.00	33.52	
33.53 DEPT 8606 FICA	A	-3,600	EMPLOYEE BENEFITS	4.00	33.53	
33.54 DEPT 8606 MAINTENANCE	A	-5,387	MAINTENANCE & REPAIRS	6.00	33.54	
33.55 DEPT 8606 OTHER	A	77,808	LAUNDRY & LINEN SERVICE	8.00	33.55	
33.56 DEPT 7352 SALARIES	A	-112,666	ANESTHESIOLOGY	53.00	33.56	
33.57 DEPT 7352 BENEFITS	A	131,989	EMPLOYEE BENEFITS	4.00	33.57	
33.58 DEPT 7352 OTHER	A	-9,147	ANESTHESIOLOGY	53.00	33.58	
33.59 HOSPICE - KY LIAISON SALARY OFFSET	A	-105,385	HOSPICE	116.00	33.59	
33.60 HOSPICE - KY LIAISON BENEFIT OFFSET	A	-30,355	EMPLOYEE BENEFITS	4.00	33.60	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		15,355,266			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 180102

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

Worksheet A-8

Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	TELEVISION OFFSET	0	33.00
33.01	TELEVISION OFFSET	0	33.01
33.02	TELEVISION OFFSET	0	33.02
33.03	TELEVISION OFFSET	0	33.03
33.04	TELEVISION OFFSET	0	33.04
33.05	TELEVISION OFFSET	0	33.05
33.06	ADMIN - DUES & SUBSCRIPTIONS OFFSET	0	33.06
33.07	ADVERTISING OFFSET	0	33.07
33.08	ADVERTISING OFFSET	0	33.08
33.09	ADVERTISING OFFSET	0	33.09
33.10	ADVERTISING OFFSET	0	33.10
33.11	ADVERTISING OFFSET	0	33.11
33.12	ADVERTISING OFFSET	0	33.12
33.13	ADVERTISING OFFSET	0	33.13
33.14	ADVERTISING OFFSET	0	33.14
33.15	ADVERTISING OFFSET	0	33.15
33.16	ADVERTISING OFFSET	0	33.16
33.17	ADVERTISING OFFSET	0	33.17
33.18	MISC. EXPENSE OFFSET	0	33.18
33.19	MISC. EXPENSE OFFSET	0	33.19
33.20	MISC. EXPENSE OFFSET	0	33.20
33.21	MISC. EXPENSE OFFSET	0	33.21
33.22	MISC. EXPENSE OFFSET	0	33.22
33.23	MISC. EXPENSE OFFSET	0	33.23
33.24	MISC. EXPENSE OFFSET	0	33.24
33.25	MISC. EXPENSE OFFSET	0	33.25
33.26	MISC. EXPENSE OFFSET	0	33.26
33.27	MISC. EXPENSE OFFSET	0	33.27

ADJUSTMENTS TO EXPENSES

Provider CCN: 180102

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

Worksheet A-8

Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.28	MI SC. EXPENSE OFFSET	0	33.28
33.29	MI SC. EXPENSE OFFSET	0	33.29
33.30	MI SC. EXPENSE OFFSET	0	33.30
33.31	MI SC. EXPENSE OFFSET	0	33.31
33.32	MI SC. EXPENSE OFFSET	0	33.32
33.33	MI SC. EXPENSE OFFSET	0	33.33
33.34	MI SC. INCOME OFFSET	0	33.34
33.35	MI SC. INCOME OFFSET	0	33.35
33.36	MI SC. INCOME OFFSET	0	33.36
33.37	MI SC. INCOME OFFSET	0	33.37
33.38	MI SC. INCOME OFFSET	0	33.38
33.39	MI SC. INCOME OFFSET	0	33.39
33.40	MI SC. INCOME OFFSET	0	33.40
33.41	MI SC. INCOME OFFSET	0	33.41
33.42	MI SC. INCOME OFFSET	0	33.42
33.43	MI SC. INCOME OFFSET	0	33.43
33.44	CRNA PURCHASED SERVICES EXP OFFSET	0	33.44
33.45	LOSS ON BOND DEFEASANCE OFFSET	11	33.45
33.46	LOSS ON BOND DEFEASANCE OFFSET	11	33.46
33.47	LOSS ON BOND DEFEASANCE OFFSET	0	33.47
33.48	PATIENT TELEPHONE EXPENSE OFFSET	0	33.48
33.49	PATIENT TELEPHONE EXPENSE OFFSET	0	33.49
33.50	PROVIDER TAX ADJUSTMENT	0	33.50
33.51	M&W ADJUSTMENT	0	33.51
33.52	DEPT 8606 SALARIES	0	33.52
33.53	DEPT 8606 FICA	0	33.53
33.54	DEPT 8606 MAINTENANCE	0	33.54
33.55	DEPT 8606 OTHER	0	33.55
33.56	DEPT 7352 SALARIES	0	33.56
33.57	DEPT 7352 BENEFITS	0	33.57
33.58	DEPT 7352 OTHER	0	33.58
33.59	HOSPICE - KY LIAISON SALARY OFFSET	0	33.59
33.60	HOSPICE - KY LIAISON BENEFIT OFFSET	0	33.60
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: 180102

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2012 12:37 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	1.00	CAP REL COSTS-BLDG & FIXT	CHP CORPORATE - DEBT (DIRECT) LOURDE	1.00
2.00	5.05	REGIONAL TEAM	CHP CORPORATE - DEBT (FUNCTIONAL) LO	2.00
3.00	5.07	OTHER ADMINISTRATIVE AND GENERAL	CHP CORPORATE - DEBT (FUNCTIONAL) KY	3.00
4.00	5.05	REGIONAL TEAM	CHP CORPORATE - DEBT (POOLED) KY REG	4.00
4.01	5.05	REGIONAL TEAM	REGIONAL TEAM	4.01
4.02	5.05	REGIONAL TEAM	REIMBURSEMENT	4.02
4.03	5.05	REGIONAL TEAM	ACCOUNTING	4.03
4.04	17.00	SOCIAL SERVICE	SOCIAL SERVICES CARE MGMT	4.04
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	MERCY HEALTH PA	100.00	6.00
7.00			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: 180102

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

Worksheet A-8-1

Date/Time Prepared: 5/30/2012 12:37 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	2,028,569	1,767,275	261,294	11	1.00
2.00	917,986	865,405	52,581	0	2.00
3.00	5,284,471	2,795,322	2,489,149	0	3.00
4.00	2,918,690	1,915,482	1,003,208	0	4.00
4.01	277,654	317,417	-39,763	0	4.01
4.02	0	26,578	-26,578	0	4.02
4.03	0	9,239	-9,239	0	4.03
4.04	0	12,264	-12,264	0	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	11,427,370	7,708,982	3,718,388	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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00		0.00	HEALTHCARE MGMT	6.00
7.00		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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 180102

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 12:37 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.07	OTHER ADMINISTRATIVE AND GENERAL	108,405	108,405	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
200.00			108,405	108,405	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 180102

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 12:37 pm

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 180102

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 12:37 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	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 180102

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2012 12:37 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	108,405	1.00
2.00	0	0	2.00
3.00	0	0	3.00
4.00	0	0	4.00
5.00	0	0	5.00
6.00	0	0	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	0	108,405	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	7,444,527	7,444,527			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,779,387		6,779,387		2.00
4.00	EMPLOYEE BENEFITS	17,420,500	127,162	26,868	17,574,530	4.00
5.01	NONPATIENT TELEPHONES	203,319	4,769	0	69,547	5.01
5.03	PURCHASING RECEIVING AND STORES	0	142,569	3,845	0	5.03
5.04	BUSINESS OFFICE	2,319,833	0	4,549	199,179	5.04
5.05	REGIONAL TEAM	14,032,219	230,560	630,166	947,069	5.05
5.06	ADMINISTRATIVE	1,368,637	77,476	11,824	375,901	5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL	7,245,314	279,613	104,917	838,427	5.07
6.00	MAINTENANCE & REPAIRS	7,368,289	1,527,389	64,591	238,737	6.00
8.00	LAUNDRY & LINEN SERVICE	-6,238	30,911	0	0	8.00
9.00	HOUSEKEEPING	1,376,555	37,975	5,501	0	9.00
10.00	DIETARY	711,185	139,958	58,136	0	10.00
11.00	CAFETERIA	802,307	62,866	8,023	0	11.00
13.00	NURSING ADMINISTRATION	1,425,404	58,688	650,351	360,520	13.00
14.00	CENTRAL SERVICE & SUPPLY	898,695	152,341	15,066	200,226	14.00
15.00	PHARMACY	2,243,558	79,895	30,494	697,527	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,429,734	114,765	9,319	414,069	16.00
17.00	SOCIAL SERVICE	1,386,804	7,875	9,565	222,064	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	299,447	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	8,849,498	776,634	44,921	2,752,398	30.00
31.00	INTENSIVE CARE UNIT	2,003,014	125,870	16,928	606,773	31.00
32.00	CORONARY CARE UNIT	1,373,668	105,405	127,960	413,137	32.00
40.00	SUBPROVIDER - I/PF	1,942,698	91,867	7,255	458,451	40.00
41.00	SUBPROVIDER - I/RP	2,048,050	167,790	2,735	377,661	41.00
43.00	NURSERY	832,589	116,826	112,546	285,001	43.00
44.00	SKILLED NURSING FACILITY	1,078,018	89,255	978	338,399	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	6,364,198	809,400	1,887,849	1,222,780	50.00
50.01	REHAB MEDICINE	1,372,541	114,215	827	146,038	50.01
51.00	RECOVERY ROOM	409,177	104,113	37,848	117,409	51.00
52.00	DELIVERY ROOM & LABOR ROOM	329,252	38,566	0	91,700	52.00
53.00	ANESTHESIOLOGY	12,148	0	188,035	37,650	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,349,588	145,785	1,099,406	645,112	54.00
54.01	ULTRA SOUND	273,761	17,098	63,764	80,407	54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	738,484	22,596	5,178	63,234	56.01
57.00	CT SCAN	539,468	12,122	495,593	132,479	57.00
59.00	CARDIAC CATHETERIZATION	1,003,299	38,731	146,402	407,863	59.00
60.00	LABORATORY	5,161,057	142,624	289,537	672,600	60.00
64.00	INTRAVENOUS THERAPY	427,350	8,247	0	33	64.00
65.00	RESPIRATORY THERAPY	931,749	22,967	79,598	283,145	65.00
66.00	PHYSICAL THERAPY	852,957	36,381	19,154	280,018	66.00
67.00	OCCUPATIONAL THERAPY	309,201	5,292	0	102,877	67.00
68.00	SPEECH PATHOLOGY	164,030	5,649	636	54,039	68.00
69.00	ELECTROCARDIOLOGY	972,719	71,401	293,431	299,116	69.00
70.00	ELECTROENCEPHALOGRAPHY	300,958	71,429	84,223	90,979	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,352,019	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	10,240,158	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	10,413,142	0	0	0	73.00
74.00	RENAL DIALYSIS	669,887	125,279	0	0	74.00
76.00	DIABETES	0	0	2,641	0	76.00
76.01	LITHIOTRIPTOR	607,814	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	730,427	0	5,626	115,195	90.00
90.01	PARTIAL HOSPITAL PRG	514,424	18,170	8,760	72,332	90.01
90.02	PAIN MANAGEMENT	710,946	0	0	206,641	90.02
91.00	EMERGENCY	2,500,025	122,640	54,839	746,080	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	23,591	0	0	0	95.00
101.00	HOME HEALTH AGENCY	3,920,705	0	38,675	1,043,770	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	3,811,970	0	30,827	717,375	116.00
116.01	HOSPICE II	239,683	0	0	29,222	116.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
118.00 SUBTOTALS (SUM OF LINES 1-117)	161,123,739	6,481,164	6,779,387	17,453,180	229,842	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25,372	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	68,883	0	0	10,458	466	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MEDICAL BUILDING AND OTHER	936,072	925,484	0	65,839	4,429	194.00
194.01 MARCUM & WALLACE HOSPITAL	14,393,574	0	0	0	40,800	194.01
194.02 FOUNDATION	1,184,576	12,507	0	45,053	2,098	194.02
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)	177,706,844	7,444,527	6,779,387	17,574,530	277,635	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		PURCHASING RECEIVING AND STORES	BUSINESS OFFICE	Subtotal	REGIONAL TEAM	ADMINISTRATIVE	
		5.03	5.04	5A.04	5.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.03	PURCHASING RECEIVING AND STORES	150,144					5.03
5.04	BUSINESS OFFICE	378	2,529,067				5.04
5.05	REGIONAL TEAM	5,082	0	15,866,076	15,866,076		5.05
5.06	ADMINISTRATIVE	34	0	1,839,933	180,378	2,020,311	5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL	803	0	8,484,692	831,797	0	5.07
6.00	MAINTENANCE & REPAIRS	6,735	0	9,212,967	903,193	0	6.00
8.00	LAUNDRY & LINEN SERVICE	88	0	24,994	2,450	0	8.00
9.00	HOUSEKEEPING	97	0	1,421,060	139,314	0	9.00
10.00	DIETARY	99	0	913,574	89,562	0	10.00
11.00	CAFETERIA	0	0	873,662	85,649	0	11.00
13.00	NURSING ADMINISTRATION	610	0	2,500,468	245,133	0	13.00
14.00	CENTRAL SERVICE & SUPPLY	1,419	0	1,267,980	124,306	0	14.00
15.00	PHARMACY	2,661	0	3,056,932	299,686	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	80	0	1,974,960	193,615	0	16.00
17.00	SOCIAL SERVICE	83	0	1,634,783	160,266	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	299,447	29,356	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	479	122,882	12,566,860	1,231,992	105,905	30.00
31.00	INTENSIVE CARE UNIT	523	23,261	2,779,166	272,456	20,047	31.00
32.00	CORONARY CARE UNIT	142	18,081	2,040,258	200,017	15,583	32.00
40.00	SUBPROVIDER - 1PF	696	30,940	2,538,667	248,878	26,665	40.00
41.00	SUBPROVIDER - 1RF	78	22,393	2,625,467	257,388	19,299	41.00
43.00	NURSERY	150	7,835	1,357,977	133,129	6,753	43.00
44.00	SKILLED NURSING FACILITY	38	15,282	1,526,632	149,663	13,171	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	66,754	219,360	10,579,432	1,037,155	189,054	50.00
50.01	REHAB MEDICINE	82	21,583	1,655,752	162,322	18,601	50.01
51.00	RECOVERY ROOM	6,321	13,013	689,280	67,574	11,215	51.00
52.00	DELIVERY ROOM & LABOR ROOM	47	3,059	462,624	45,353	2,636	52.00
53.00	ANESTHESIOLOGY	2,033	25,397	265,496	26,028	21,889	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,028	186,812	4,445,687	435,833	161,002	54.00
54.01	ULTRA SOUND	731	18,929	455,156	44,621	16,314	54.01
55.00	RADIOLOGY - THERAPEUTIC	0	3,196	3,196	313	2,754	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	306	57,252	887,749	87,030	49,342	56.01
57.00	CT SCAN	1,642	186,131	1,368,134	134,125	160,416	57.00
59.00	CARDIAC CATHETERIZATION	29,722	143,705	1,779,513	174,455	123,851	59.00
60.00	LABORATORY	8,140	257,285	6,546,395	641,776	221,739	60.00
64.00	INTRAVENOUS THERAPY	0	35,229	471,092	46,184	30,362	64.00
65.00	RESPIRATORY THERAPY	870	44,124	1,363,385	133,659	38,028	65.00
66.00	PHYSICAL THERAPY	116	22,347	1,211,206	118,741	19,260	66.00
67.00	OCCUPATIONAL THERAPY	30	7,688	427,419	41,902	6,625	67.00
68.00	SPEECH PATHOLOGY	99	4,353	229,039	22,454	3,752	68.00
69.00	ELECTROCARDIOLOGY	1,561	86,976	1,728,468	169,450	74,959	69.00
70.00	ELECTROENCEPHALOGRAPHY	205	15,020	564,912	55,381	12,945	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	83,857	11,435,876	1,121,116	72,272	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	259,374	10,499,532	1,029,322	223,820	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	178,258	10,591,400	1,038,328	153,630	73.00
74.00	RENAL DIALYSIS	11	10,138	806,247	79,040	8,737	74.00
76.00	DIABETES	0	0	4,040	396	0	76.00
76.01	LI THOTRIPTOR	0	23,045	630,859	61,846	19,861	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	676	19,875	873,431	85,627	17,129	90.00
90.01	PARTIAL HOSPITAL PRG	6	4,924	618,616	60,646	4,244	90.01
90.02	PAIN MANAGEMENT	0	60,826	978,413	95,919	52,422	90.02
91.00	EMERGENCY	680	110,846	3,543,968	347,433	95,532	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	17	222	23,830	2,336	192	95.00
101.00	HOME HEALTH AGENCY	299	0	5,017,203	491,861	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	495	0	4,571,157	448,133	0	116.00
116.01	HOSPICE II	0	0	269,604	26,431	0	116.01
118.00	SUBTOTALS (SUM OF LINES 1-117)	149,146	2,343,498	159,804,666	14,111,018	2,020,006	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	25,372	2,487	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

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Cost Center Description	PURCHASING RECEIVING AND STORES	BUSINESS OFFICE	Subtotal	REGIONAL TEAM	ADMINISTRATIVE	
	5.03	5.04	5A.04	5.05	5.06	
192.00 PHYSICIANS' PRIVATE OFFICES	0	354	80,161	7,859	305	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MEDICAL BUILDING AND OTHER	998	0	1,932,822	189,484	0	194.00
194.01 MARCUM & WALLACE HOSPITAL	0	185,215	14,619,589	1,433,250	0	194.01
194.02 FOUNDATION	0	0	1,244,234	121,978	0	194.02
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)	150,144	2,529,067	177,706,844	15,866,076	2,020,311	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/30/2012 12:37 pm	
Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.06	5.07	6.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	BUSINESS OFFICE						5.04
5.05	REGIONAL TEAM						5.05
5.06	ADMINISTRATIVE						5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL	9,316,489	9,316,489				5.07
6.00	MAINTENANCE & REPAIRS	10,116,160	559,697	10,675,857			6.00
8.00	LAUNDRY & LINEN SERVICE	27,444	1,518	65,282	94,244		8.00
9.00	HOUSEKEEPING	1,560,374	86,331	80,202	0	1,726,907	9.00
10.00	DIETARY	1,003,136	55,501	295,583	0	0	10.00
11.00	CAFETERIA	959,311	53,076	132,770	0	0	11.00
13.00	NURSING ADMINISTRATION	2,745,601	151,906	123,946	0	4,232	13.00
14.00	CENTRAL SERVICE & SUPPLY	1,392,286	77,031	321,737	0	0	14.00
15.00	PHARMACY	3,356,618	185,712	168,735	0	21,201	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,168,575	119,981	242,376	0	12,716	16.00
17.00	SOCIAL SERVICE	1,795,049	99,315	16,633	0	2,835	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	328,803	18,192	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	13,904,757	769,308	1,640,207	36,572	703,777	30.00
31.00	INTENSIVE CARE UNIT	3,071,669	169,946	265,830	4,586	60,788	31.00
32.00	CORONARY CARE UNIT	2,255,858	124,810	222,609	2,836	44,244	32.00
40.00	SUBPROVIDER - 1PF	2,814,210	155,702	194,017	1,922	115,886	40.00
41.00	SUBPROVIDER - 1RF	2,902,154	160,567	354,363	3,823	104,729	41.00
43.00	NURSERY	1,497,859	82,872	246,731	2,141	15,592	43.00
44.00	SKILLED NURSING FACILITY	1,689,466	93,473	188,502	4,873	94,624	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	11,805,641	653,171	1,709,407	10,192	152,112	50.00
50.01	REHAB MEDICINE	1,836,675	101,618	241,215	0	0	50.01
51.00	RECOVERY ROOM	768,069	42,495	219,880	675	16,949	51.00
52.00	DELIVERY ROOM & LABOR ROOM	510,613	28,251	81,450	0	0	52.00
53.00	ANESTHESIOLOGY	313,413	17,340	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,042,522	278,988	307,891	5,776	62,165	54.00
54.01	ULTRA SOUND	516,091	28,554	36,110	0	0	54.01
55.00	RADIOLOGY - THERAPEUTIC	6,263	347	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	1,024,121	56,662	47,721	0	0	56.01
57.00	CT SCAN	1,662,675	91,991	25,602	0	0	57.00
59.00	CARDIAC CATHETERIZATION	2,077,819	114,959	81,798	2,559	19,783	59.00
60.00	LABORATORY	7,409,910	409,968	301,214	0	39,567	60.00
64.00	INTRAVENOUS THERAPY	547,638	30,299	17,416	0	0	64.00
65.00	RESPIRATORY THERAPY	1,535,072	84,931	48,504	4	4,232	65.00
66.00	PHYSICAL THERAPY	1,349,207	74,648	76,835	918	39,567	66.00
67.00	OCCUPATIONAL THERAPY	475,946	26,333	11,175	0	0	67.00
68.00	SPEECH PATHOLOGY	255,245	14,122	11,930	0	0	68.00
69.00	ELECTROCARDIOLOGY	1,972,877	109,153	150,796	1,623	28,248	69.00
70.00	ELECTROENCEPHALOGRAPHY	633,238	35,035	150,854	359	28,248	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,629,264	698,739	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	11,752,674	650,240	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	11,783,358	651,938	0	0	0	73.00
74.00	RENAL DIALYSIS	894,024	49,464	264,582	375	8,484	74.00
76.00	DIABETES	4,436	245	0	0	0	76.00
76.01	LI THOTRIPTOR	712,566	39,424	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	976,187	54,009	0	7	0	90.00
90.01	PARTIAL HOSPITAL PRG	683,506	37,816	38,374	0	0	90.01
90.02	PAIN MANAGEMENT	1,126,754	62,340	0	0	0	90.02
91.00	EMERGENCY	3,986,933	220,585	259,009	9,143	146,928	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	26,358	1,458	0	0	0	95.00
101.00	HOME HEALTH AGENCY	5,509,064	304,800	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	5,019,290	277,702	0	0	0	116.00
116.01	HOSPICE II	296,035	16,379	0	0	0	116.01
118.00	SUBTOTALS (SUM OF LINES 1-117)	158,049,303	8,228,942	8,641,286	88,384	1,726,907	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	27,859	1,541	53,584	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

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Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5A.06	5.07	6.00	8.00	9.00	
192.00 PHYSICIANS' PRIVATE OFFICES	88,325	4,887	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MEDICAL BUILDING AND OTHER	2,122,306	117,421	1,954,572	5,860	0	194.00
194.01 MARCUM & WALLACE HOSPITAL	16,052,839	888,110	0	0	0	194.01
194.02 FOUNDATION	1,366,212	75,588	26,415	0	0	194.02
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)	177,706,844	9,316,489	10,675,857	94,244	1,726,907	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part I Date/Time Prepared: 5/30/2012 12:37 pm	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	BUSINESS OFFICE						5.04
5.05	REGIONAL TEAM						5.05
5.06	ADMINISTRATIVE						5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL						5.07
6.00	MAINTENANCE & REPAIRS						6.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	1,354,220					10.00
11.00	CAFETERIA	0	1,145,157				11.00
13.00	NURSING ADMINISTRATION	0	16,457	3,042,142			13.00
14.00	CENTRAL SERVICE & SUPPLY	0	25,010	0	1,816,064		14.00
15.00	PHARMACY	0	37,876	0	3,087	3,773,229	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	49,097	0	926	0	16.00
17.00	SOCIAL SERVICE	0	15,210	0	155	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	794,437	239,241	1,134,206	3,449	0	30.00
31.00	INTENSIVE CARE UNIT	54,376	40,719	195,245	557	0	31.00
32.00	CORONARY CARE UNIT	57,446	23,539	128,446	153	0	32.00
40.00	SUBPROVIDER - I/PF	139,526	41,941	189,613	1,250	0	40.00
41.00	SUBPROVIDER - I/RF	157,235	33,338	158,101	282	0	41.00
43.00	NURSERY	0	15,983	120,538	170	0	43.00
44.00	SKILLED NURSING FACILITY	145,897	27,765	134,557	499	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	98,444	691,535	2,165	0	50.00
50.01	REHAB MEDICINE	0	7,281	0	188	0	50.01
51.00	RECOVERY ROOM	0	7,705	0	148	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	8,067	38,761	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	11	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	47,003	0	1,403	0	54.00
54.01	ULTRA SOUND	0	5,548	0	64	0	54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	0	4,975	0	17	0	56.01
57.00	CT SCAN	0	9,488	0	79	0	57.00
59.00	CARDIAC CATHETERIZATION	0	25,496	0	245	0	59.00
60.00	LABORATORY	0	60,044	0	665	0	60.00
64.00	INTRAVENOUS THERAPY	0	12	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	23,551	0	227	0	65.00
66.00	PHYSICAL THERAPY	0	20,509	0	118	0	66.00
67.00	OCCUPATIONAL THERAPY	0	4,476	0	23	0	67.00
68.00	SPEECH PATHOLOGY	0	2,855	0	61	0	68.00
69.00	ELECTROCARDIOLOGY	0	19,337	0	705	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	6,907	0	328	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,370,763	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	425,298	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,773,229	73.00
74.00	RENAL DIALYSIS	0	0	0	8	0	74.00
76.00	DIABETES	0	0	0	0	0	76.00
76.01	LI THOTRIPTOR	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	9,987	0	584	0	90.00
90.01	PARTIAL HOSPITAL PRG	0	4,426	0	186	0	90.01
90.02	PAIN MANAGEMENT	0	20,023	0	1,095	0	90.02
91.00	EMERGENCY	5,303	53,311	251,140	1,081	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	HOME HEALTH AGENCY	0	74,244	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	51,528	0	0	0	116.00
116.01	HOSPICE II	0	3,291	0	0	0	116.01
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,354,220	1,134,684	3,042,142	1,815,990	3,773,229	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
192.00 PHYSICIANS' PRIVATE OFFICES	0	150	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MEDICAL BUILDING AND OTHER	0	7,169	0	0	0	194.00
194.01 MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02 FOUNDATION	0	3,154	0	74	0	194.02
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)	1,354,220	1,145,157	3,042,142	1,816,064	3,773,229	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	16.00	17.00	18.00		
GENERAL SERVICE COST CENTERS					
1.00 CAP REL COSTS-BLDG & FIXT					1.00
2.00 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 NONPATIENT TELEPHONES					5.01
5.03 PURCHASING RECEIVING AND STORES					5.03
5.04 BUSINESS OFFICE					5.04
5.05 REGIONAL TEAM					5.05
5.06 ADMIN TTING					5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL					5.07
6.00 MAINTENANCE & REPAIRS					6.00
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 SERVICE & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY	2,593,671				16.00
17.00 SOCIAL SERVICE	0	1,929,197			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	346,995		18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	810,191	1,600,281	18,204	21,654,630	0 30.00
31.00 INTENSIVE CARE UNIT	70,132	121,402	3,446	4,058,696	0 31.00
32.00 CORONARY CARE UNIT	50,968	97,979	2,678	3,011,566	0 32.00
40.00 SUBPROVIDER - I PF	133,333	0	4,583	3,791,983	0 40.00
41.00 SUBPROVIDER - I RF	120,693	0	3,317	3,998,602	0 41.00
43.00 NURSERY	17,941	0	1,161	2,000,988	0 43.00
44.00 SKILLED NURSING FACILITY	108,868	0	2,264	2,490,788	0 44.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	232,823	0	32,496	15,387,986	0 50.00
50.01 REHAB MEDICINE	0	0	3,197	2,190,174	0 50.01
51.00 RECOVERY ROOM	0	0	1,928	1,057,849	0 51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	453	667,595	0 52.00
53.00 ANESTHESIOLOGY	0	0	3,762	334,526	0 53.00
54.00 RADIOLOGY-DIAGNOSTIC	390,620	0	27,674	6,164,042	0 54.00
54.01 ULTRA SOUND	0	0	2,804	589,171	0 54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	473	7,083	0 55.00
56.00 RADIOISOTOPE	0	0	0	0	0 56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	8,481	1,141,977	0 56.01
57.00 CT SCAN	0	0	27,573	1,817,408	0 57.00
59.00 CARDIAC CATHETERIZATION	86,442	0	21,288	2,430,389	0 59.00
60.00 LABORATORY	205,096	0	38,114	8,464,578	0 60.00
64.00 INTRAVENOUS THERAPY	0	0	5,219	600,584	0 64.00
65.00 RESPIRATORY THERAPY	37,513	0	6,537	1,740,571	0 65.00
66.00 PHYSICAL THERAPY	0	0	3,310	1,565,112	0 66.00
67.00 OCCUPATIONAL THERAPY	6,524	0	1,139	525,616	0 67.00
68.00 SPEECH PATHOLOGY	5,301	0	645	290,159	0 68.00
69.00 ELECTROCARDIOLOGY	88,481	0	12,885	2,384,105	0 69.00
70.00 ELECTROENCEPHALOGRAPHY	38,736	0	2,225	895,930	0 70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	12,423	14,711,189	0 71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	38,203	12,866,415	0 72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	26,407	16,234,932	0 73.00
74.00 RENAL DIALYSIS	0	0	1,502	1,218,439	0 74.00
76.00 DIABETES	0	0	0	4,681	0 76.00
76.01 LI THOTRI PTOR	0	0	3,414	755,404	0 76.01
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	2,944	1,043,718	0 90.00
90.01 PARTIAL HOSPITAL PRG	0	0	729	765,037	0 90.01
90.02 PAIN MANAGEMENT	0	0	9,011	1,219,223	0 90.02
91.00 EMERGENCY	126,401	109,535	16,421	5,185,790	0 91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES	0	0	33	27,849	0 95.00
101.00 HOME HEALTH AGENCY	0	0	0	5,888,108	0 101.00
SPECIAL PURPOSE COST CENTERS					
113.00 INTEREST EXPENSE					113.00
116.00 HOSPI CE	0	0	0	5,348,520	0 116.00
116.01 HOSPI CE II	0	0	0	315,705	0 116.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

Worksheet B
Part I
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			(SPECIFY)			
	16.00	17.00	18.00	24.00	25.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,530,063	1,929,197	346,943	154,847,118		0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	82,984		0 190.00
191.00 RESEARCH	0	0	0	0		0 191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	52	93,414		0 192.00
193.00 NONPAID WORKERS	0	0	0	0		0 193.00
194.00 MEDICAL BUILDING AND OTHER	0	0	0	4,207,328		0 194.00
194.01 MARCUM & WALLACE HOSPITAL	0	0	0	16,940,949		0 194.01
194.02 FOUNDATION	63,608	0	0	1,535,051		0 194.02
200.00 Cross Foot Adjustments				0		0 200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	2,593,671	1,929,197	346,995	177,706,844		0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

Worksheet B
Part I
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.01	NONPATIENT TELEPHONES		5.01
5.03	PURCHASING RECEIVING AND STORES		5.03
5.04	BUSINESS OFFICE		5.04
5.05	REGIONAL TEAM		5.05
5.06	ADMINISTRATIVE		5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL		5.07
6.00	MAINTENANCE & REPAIRS		6.00
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 SERVICE & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)		18.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	21,654,630	30.00
31.00	INTENSIVE CARE UNIT	4,058,696	31.00
32.00	CORONARY CARE UNIT	3,011,566	32.00
40.00	SUBPROVIDER - IPF	3,791,983	40.00
41.00	SUBPROVIDER - IRF	3,998,602	41.00
43.00	NURSERY	2,000,988	43.00
44.00	SKILLED NURSING FACILITY	2,490,788	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	15,387,986	50.00
50.01	REHAB MEDICINE	2,190,174	50.01
51.00	RECOVERY ROOM	1,057,849	51.00
52.00	DELIVERY ROOM & LABOR ROOM	667,595	52.00
53.00	ANESTHESIOLOGY	334,526	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,164,042	54.00
54.01	ULTRA SOUND	589,171	54.01
55.00	RADIOLOGY - THERAPEUTIC	7,083	55.00
56.00	RADIOISOTOPE	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	1,141,977	56.01
57.00	CT SCAN	1,817,408	57.00
59.00	CARDIAC CATHETERIZATION	2,430,389	59.00
60.00	LABORATORY	8,464,578	60.00
64.00	INTRAVENOUS THERAPY	600,584	64.00
65.00	RESPIRATORY THERAPY	1,740,571	65.00
66.00	PHYSICAL THERAPY	1,565,112	66.00
67.00	OCCUPATIONAL THERAPY	525,616	67.00
68.00	SPEECH PATHOLOGY	290,159	68.00
69.00	ELECTROCARDIOLOGY	2,384,105	69.00
70.00	ELECTROENCEPHALOGRAPHY	895,930	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,711,189	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	12,866,415	72.00
73.00	DRUGS CHARGED TO PATIENTS	16,234,932	73.00
74.00	RENAL DIALYSIS	1,218,439	74.00
76.00	DIABETES	4,681	76.00
76.01	LITHOTRIPTOR	755,404	76.01
OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	1,043,718	90.00
90.01	PARTIAL HOSPITAL PRG	765,037	90.01
90.02	PAIN MANAGEMENT	1,219,223	90.02
91.00	EMERGENCY	5,185,790	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	AMBULANCE SERVICES	27,849	95.00
101.00	HOME HEALTH AGENCY	5,888,108	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE		113.00
116.00	HOSPICE	5,348,520	116.00
116.01	HOSPICE II	315,705	116.01
118.00	SUBTOTALS (SUM OF LINES 1-117)	154,847,118	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	82,984	190.00
191.00	RESEARCH	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	93,414	192.00
193.00	NONPAID WORKERS	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 180102

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

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Cost Center Description	Total	
	26.00	
194.00 MEDICAL BUILDING AND OTHER	4,207,328	194.00
194.01 MARCUM & WALLACE HOSPITAL	16,940,949	194.01
194.02 FOUNDATION	1,535,051	194.02
200.00 Cross Foot Adjustments	0	200.00
201.00 Negative Cost Centers	0	201.00
202.00 TOTAL (sum lines 118-201)	177,706,844	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	8,117	127,162	26,868	162,147	4.00
5.01	NONPATIENT TELEPHONES	1,200	4,769	0	5,969	5.01
5.03	PURCHASING RECEIVING AND STORES	2,098	142,569	3,845	148,512	5.03
5.04	BUSINESS OFFICE	17,210	0	4,549	21,759	5.04
5.05	REGIONAL TEAM	22,660	230,560	630,166	883,386	5.05
5.06	ADMINISTRATIVE	9,664	77,476	11,824	98,964	5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL	2,112,620	279,613	104,917	2,497,150	5.07
6.00	MAINTENANCE & REPAIRS	10,456	1,527,389	64,591	1,602,436	6.00
8.00	LAUNDRY & LINEN SERVICE	5,387	30,911	0	36,298	8.00
9.00	HOUSEKEEPING	0	37,975	5,501	43,476	9.00
10.00	DIETARY	419	139,958	58,136	198,513	10.00
11.00	CAFETERIA	0	62,866	8,023	70,889	11.00
13.00	NURSING ADMINISTRATION	4,779	58,688	650,351	713,818	13.00
14.00	CENTRAL SERVICE & SUPPLY	580,160	152,341	15,066	747,567	14.00
15.00	PHARMACY	323,525	79,895	30,494	433,914	15.00
16.00	MEDICAL RECORDS & LIBRARY	8,222	114,765	9,319	132,306	16.00
17.00	SOCIAL SERVICE	2,515	7,875	9,565	19,955	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	8,688	776,634	44,921	830,243	30.00
31.00	INTENSIVE CARE UNIT	4,593	125,870	16,928	147,391	31.00
32.00	CORONARY CARE UNIT	1,560	105,405	127,960	234,925	32.00
40.00	SUBPROVIDER - IPF	4,083	91,867	7,255	103,205	40.00
41.00	SUBPROVIDER - IRF	530	167,790	2,735	171,055	41.00
43.00	NURSERY	1,479	116,826	112,546	230,851	43.00
44.00	SKILLED NURSING FACILITY	2,240	89,255	978	92,473	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	48,862	809,400	1,887,849	2,746,111	50.00
50.01	REHAB MEDICINE	2,599	114,215	827	117,641	50.01
51.00	RECOVERY ROOM	2,412	104,113	37,848	144,373	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	38,566	0	38,566	52.00
53.00	ANESTHESIOLOGY	0	0	188,035	188,035	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,348,466	145,785	1,099,406	2,593,657	54.00
54.01	ULTRASOUND	116,619	17,098	63,764	197,481	54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	32,310	22,596	5,178	60,084	56.01
57.00	CT SCAN	327,986	12,122	495,593	835,701	57.00
59.00	CARDIAC CATHETERIZATION	5,985	38,731	146,402	191,118	59.00
60.00	LABORATORY	8,845	142,624	289,537	441,006	60.00
64.00	INTRAVENOUS THERAPY	0	8,247	0	8,247	64.00
65.00	RESPIRATORY THERAPY	33,346	22,967	79,598	135,911	65.00
66.00	PHYSICAL THERAPY	2,854	36,381	19,154	58,389	66.00
67.00	OCCUPATIONAL THERAPY	0	5,292	0	5,292	67.00
68.00	SPEECH PATHOLOGY	0	5,649	636	6,285	68.00
69.00	ELECTROCARDIOLOGY	154,218	71,401	293,431	519,050	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,734	71,429	84,223	157,386	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	125,279	0	125,279	74.00
76.00	DIABETES	0	0	2,641	2,641	76.00
76.01	LITHOTRIPTOR	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	53,635	0	5,626	59,261	90.00
90.01	PARTIAL HOSPITAL PRG	0	18,170	8,760	26,930	90.01
90.02	PAIN MANAGEMENT	5,649	0	0	5,649	90.02
91.00	EMERGENCY	2,739	122,640	54,839	180,218	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0	95.00
101.00	HOME HEALTH AGENCY	99,971	0	38,675	138,646	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	373,954	0	30,827	404,781	116.00
116.01	HOSPICE II	54,494	0	0	54,494	116.01
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,808,883	6,481,164	6,779,387	19,069,434	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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

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Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25,372	0	25,372	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	96	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MEDICAL BUILDING AND OTHER	0	925,484	0	925,484	607	194.00
194.01 MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02 FOUNDATION	2,760	12,507	0	15,267	416	194.02
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	5,811,643	7,444,527	6,779,387	20,035,557	162,147	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 12:37 pm	
Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	BUSINESS OFFICE	REGIONAL TEAM	ADMINISTRATIVE	
		5.01	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES	6,611					5.01
5.03	PURCHASING RECEIVING AND STORES	89	148,601				5.03
5.04	BUSINESS OFFICE	122	375	24,094			5.04
5.05	REGIONAL TEAM	500	5,030	0	897,653		5.05
5.06	ADMINISTRATIVE	144	34	0	10,206	112,816	5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL	372	795	0	47,065	0	5.07
6.00	MAINTENANCE & REPAIRS	172	6,666	0	51,104	0	6.00
8.00	LAUNDRY & LINEN SERVICE	6	87	0	139	0	8.00
9.00	HOUSEKEEPING	22	96	0	7,883	0	9.00
10.00	DIETARY	100	98	0	5,068	0	10.00
11.00	CAFETERIA	11	0	0	4,846	0	11.00
13.00	NURSING ADMINISTRATION	117	604	0	13,870	0	13.00
14.00	CENTRAL SERVICE & SUPPLY	6	1,405	0	7,033	0	14.00
15.00	PHARMACY	67	2,634	0	16,957	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	167	79	0	10,955	0	16.00
17.00	SOCIAL SERVICE	200	82	0	9,068	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	1,661	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	477	474	1,171	69,708	5,910	30.00
31.00	INTENSIVE CARE UNIT	67	518	222	15,416	1,119	31.00
32.00	CORONARY CARE UNIT	44	141	172	11,317	870	32.00
40.00	SUBPROVIDER - I/PF	161	689	295	14,082	1,488	40.00
41.00	SUBPROVIDER - I/RF	161	78	213	14,563	1,077	41.00
43.00	NURSERY	72	148	75	7,533	377	43.00
44.00	SKILLED NURSING FACILITY	111	38	146	8,468	735	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	216	66,063	2,090	58,684	10,550	50.00
50.01	REHAB MEDICINE	11	81	206	9,184	1,038	50.01
51.00	RECOVERY ROOM	33	6,256	124	3,823	626	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	47	29	2,566	147	52.00
53.00	ANESTHESIOLOGY	6	2,012	242	1,473	1,221	53.00
54.00	RADIOLOGY-DIAGNOSTIC	261	7,945	1,780	24,660	8,985	54.00
54.01	ULTRASOUND	11	724	180	2,525	910	54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	30	18	154	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	17	303	546	4,924	2,753	56.01
57.00	CT SCAN	17	1,626	1,773	7,589	8,952	57.00
59.00	CARDIAC CATHETERIZATION	233	29,416	1,369	9,871	6,911	59.00
60.00	LABORATORY	361	8,056	2,451	36,313	12,374	60.00
64.00	INTRAVENOUS THERAPY	6	0	336	2,613	1,694	64.00
65.00	RESPIRATORY THERAPY	22	861	420	7,563	2,122	65.00
66.00	PHYSICAL THERAPY	6	115	213	6,719	1,075	66.00
67.00	OCCUPATIONAL THERAPY	56	30	73	2,371	370	67.00
68.00	SPEECH PATHOLOGY	6	98	41	1,270	209	68.00
69.00	ELECTROCARDIOLOGY	78	1,545	829	9,588	4,183	69.00
70.00	ELECTROENCEPHALOGRAPHY	50	203	143	3,134	722	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	799	63,435	4,033	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,469	58,241	12,565	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	1,698	58,750	8,573	73.00
74.00	RENAL DIALYSIS	22	11	97	4,472	488	74.00
76.00	DIABETES	33	0	0	22	0	76.00
76.01	LI THOTRIPTOR	0	0	220	3,499	1,108	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	39	669	189	4,845	956	90.00
90.01	PARTIAL HOSPITAL PRG	0	6	47	3,431	237	90.01
90.02	PAIN MANAGEMENT	0	0	580	5,427	2,925	90.02
91.00	EMERGENCY	211	673	1,056	19,658	5,331	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	16	2	132	11	95.00
101.00	HOME HEALTH AGENCY	327	296	0	27,830	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	250	490	0	25,356	0	116.00
116.01	HOSPICE II	17	0	0	1,495	0	116.01
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,477	147,613	22,326	798,423	112,799	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	141	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 12:37 pm	
Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	BUSINESS OFFICE	REGIONAL TEAM	ADMINISTRATIVE	
		5.01	5.03	5.04	5.05	5.06	
192.00	PHYSICIANS' PRIVATE OFFICES	11	0	3	445	17	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	MEDICAL BUILDING AND OTHER	105	988	0	10,721	0	194.00
194.01	MARCUM & WALLACE HOSPITAL	968	0	1,765	81,021	0	194.01
194.02	FOUNDATION	50	0	0	6,902	0	194.02
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)	6,611	148,601	24,094	897,653	112,816	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 12:37 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.07	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	BUSINESS OFFICE						5.04
5.05	REGIONAL TEAM						5.05
5.06	ADMINISTRATIVE						5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL	2,553,117					5.07
6.00	MAINTENANCE & REPAIRS	153,381	1,815,961				6.00
8.00	LAUNDRY & LINEN SERVICE	416	11,104	45,067			8.00
9.00	HOUSEKEEPING	23,658	13,642	0	88,777		9.00
10.00	DIETARY	15,210	50,279	0	0	269,268	10.00
11.00	CAFETERIA	14,545	22,584	0	0	0	11.00
13.00	NURSING ADMINISTRATION	41,629	21,083	0	218	0	13.00
14.00	CENTRAL SERVICE & SUPPLY	21,110	54,727	0	0	0	14.00
15.00	PHARMACY	50,893	28,702	0	1,090	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	32,880	41,228	0	654	0	16.00
17.00	SOCIAL SERVICE	27,217	2,829	0	146	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	4,985	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	210,824	278,999	17,489	36,179	157,963	30.00
31.00	INTENSIVE CARE UNIT	46,573	45,218	2,193	3,125	10,812	31.00
32.00	CORONARY CARE UNIT	34,203	37,866	1,356	2,275	11,422	32.00
40.00	SUBPROVIDER - 1PF	42,669	33,002	919	5,957	27,743	40.00
41.00	SUBPROVIDER - 1RF	44,002	60,277	1,828	5,384	31,264	41.00
43.00	NURSERY	22,711	41,969	1,024	802	0	43.00
44.00	SKILLED NURSING FACILITY	25,616	32,064	2,330	4,864	29,010	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	178,997	290,770	4,874	7,820	0	50.00
50.01	REHAB MEDICINE	27,848	41,031	0	0	0	50.01
51.00	RECOVERY ROOM	11,645	37,402	323	871	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	7,742	13,855	0	0	0	52.00
53.00	ANESTHESIOLOGY	4,752	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	76,455	52,372	2,762	3,196	0	54.00
54.01	ULTRA SOUND	7,825	6,142	0	0	0	54.01
55.00	RADIOLOGY - THERAPEUTIC	95	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	15,528	8,117	0	0	0	56.01
57.00	CT SCAN	25,209	4,355	0	0	0	57.00
59.00	CARDIAC CATHETERIZATION	31,504	13,914	1,224	1,017	0	59.00
60.00	LABORATORY	112,349	51,237	0	2,034	0	60.00
64.00	INTRAVENOUS THERAPY	8,303	2,963	0	0	0	64.00
65.00	RESPIRATORY THERAPY	23,275	8,251	2	218	0	65.00
66.00	PHYSICAL THERAPY	20,457	13,070	439	2,034	0	66.00
67.00	OCCUPATIONAL THERAPY	7,216	1,901	0	0	0	67.00
68.00	SPEECH PATHOLOGY	3,870	2,029	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	29,913	25,650	776	1,452	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	9,601	25,660	172	1,452	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	191,485	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	178,194	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	178,659	0	0	0	0	73.00
74.00	RENAL DIALYSIS	13,555	45,005	179	436	0	74.00
76.00	DIABETES	67	0	0	0	0	76.00
76.01	LI THOTRIPTOR	10,804	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	14,801	0	3	0	0	90.00
90.01	PARTIAL HOSPITAL PRG	10,363	6,527	0	0	0	90.01
90.02	PAIN MANAGEMENT	17,084	0	0	0	0	90.02
91.00	EMERGENCY	60,450	44,057	4,372	7,553	1,054	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	400	0	0	0	0	95.00
101.00	HOME HEALTH AGENCY	83,528	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	76,102	0	0	0	0	116.00
116.01	HOSPICE II	4,488	0	0	0	0	116.01
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,255,086	1,469,881	42,265	88,777	269,268	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	422	9,115	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.07	6.00	8.00	9.00	10.00	
192.00 PHYSICIANS' PRIVATE OFFICES	1,339	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MEDICAL BUILDING AND OTHER	32,178	332,472	2,802	0	0	194.00
194.01 MARCUM & WALLACE HOSPITAL	243,377	0	0	0	0	194.01
194.02 FOUNDATION	20,715	4,493	0	0	0	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	2,983	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,553,117	1,815,961	48,050	88,777	269,268	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 REGIONAL TEAM						5.05
5.06 ADMINITTING						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL						5.07
6.00 MAINTENANCE & REPAIRS						6.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	112,875					11.00
13.00 NURSING ADMINISTRATION	1,622	796,287				13.00
14.00 CENTRAL SERVICE & SUPPLY	2,465	0	836,160			14.00
15.00 PHARMACY	3,733	0	1,421	545,846		15.00
16.00 MEDICAL RECORDS & LIBRARY	4,839	0	427	0	227,355	16.00
17.00 SOCIAL SERVICE	1,499	0	71	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	23,584	296,880	1,588	0	71,018	30.00
31.00 INTENSIVE CARE UNIT	4,014	51,106	256	0	6,148	31.00
32.00 CORONARY CARE UNIT	2,320	33,621	70	0	4,468	32.00
40.00 SUBPROVIDER - I/PF	4,134	49,632	575	0	11,688	40.00
41.00 SUBPROVIDER - I/RF	3,286	41,383	130	0	10,580	41.00
43.00 NURSERY	1,575	31,551	78	0	1,573	43.00
44.00 SKILLED NURSING FACILITY	2,737	35,220	230	0	9,543	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	9,703	181,011	997	0	20,409	50.00
50.01 REHAB MEDICINE	718	0	86	0	0	50.01
51.00 RECOVERY ROOM	759	0	68	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	795	10,146	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	5	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	4,633	0	646	0	34,241	54.00
54.01 ULTRA SOUND	547	0	30	0	0	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	490	0	8	0	0	56.01
57.00 CT SCAN	935	0	37	0	0	57.00
59.00 CARDIAC CATHETERIZATION	2,513	0	113	0	7,577	59.00
60.00 LABORATORY	5,918	0	306	0	17,978	60.00
64.00 INTRAVENOUS THERAPY	1	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	2,321	0	105	0	3,288	65.00
66.00 PHYSICAL THERAPY	2,022	0	54	0	0	66.00
67.00 OCCUPATIONAL THERAPY	441	0	11	0	572	67.00
68.00 SPEECH PATHOLOGY	281	0	28	0	465	68.00
69.00 ELECTROCARDIOLOGY	1,906	0	325	0	7,756	69.00
70.00 ELECTROENCEPHALOGRAPHY	681	0	151	0	3,395	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	631,129	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	195,820	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	545,846	0	73.00
74.00 RENAL DIALYSIS	0	0	4	0	0	74.00
76.00 DIABETES	0	0	0	0	0	76.00
76.01 LI THOTRIPTOR	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	984	0	269	0	0	90.00
90.01 PARTIAL HOSPITAL PRG	436	0	86	0	0	90.01
90.02 PAIN MANAGEMENT	1,974	0	504	0	0	90.02
91.00 EMERGENCY	5,255	65,737	498	0	11,080	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00 HOME HEALTH AGENCY	7,318	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	5,079	0	0	0	0	116.00
116.01 HOSPICE II	324	0	0	0	0	116.01
118.00 SUBTOTALS (SUM OF LINES 1-117)	111,842	796,287	836,126	545,846	221,779	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
192.00 PHYSICIANS' PRIVATE OFFICES	15	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MEDICAL BUILDING AND OTHER	707	0	0	0	0	194.00
194.01 MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02 FOUNDATION	311	0	34	0	5,576	194.02
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)	112,875	796,287	836,160	545,846	227,355	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		(SPECIFY)				
	17.00	18.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 REGIONAL TEAM						5.05
5.06 ADMIN TTING						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL						5.07
6.00 MAINTENANCE & REPAIRS						6.00
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 SERVICE & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY						16.00
17.00 SOCIAL SERVICE	63,116					17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	6,646				18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	52,355	335	2,080,604	0	2,080,604	30.00
31.00 INTENSIVE CARE UNIT	3,972	63	343,811	0	343,811	31.00
32.00 CORONARY CARE UNIT	3,205	49	382,135	0	382,135	32.00
40.00 SUBPROVIDER - I PF	0	84	300,552	0	300,552	40.00
41.00 SUBPROVIDER - I RF	0	61	388,826	0	388,826	41.00
43.00 NURSERY	0	21	342,989	0	342,989	43.00
44.00 SKILLED NURSING FACILITY	0	42	246,749	0	246,749	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	597	3,590,173	0	3,590,173	50.00
50.01 REHAB MEDICINE	0	59	199,250	0	199,250	50.01
51.00 RECOVERY ROOM	0	35	207,421	0	207,421	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	8	74,747	0	74,747	52.00
53.00 ANESTHESIOLOGY	0	69	198,162	0	198,162	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	509	2,818,054	0	2,818,054	54.00
54.01 ULTRA SOUND	0	52	217,169	0	217,169	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	9	306	0	306	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	0	156	93,509	0	93,509	56.01
57.00 CT SCAN	0	507	887,923	0	887,923	57.00
59.00 CARDIAC CATHETERIZATION	0	391	300,934	0	300,934	59.00
60.00 LABORATORY	0	700	697,288	0	697,288	60.00
64.00 INTRAVENOUS THERAPY	0	96	24,259	0	24,259	64.00
65.00 RESPIRATORY THERAPY	0	120	187,091	0	187,091	65.00
66.00 PHYSICAL THERAPY	0	61	107,237	0	107,237	66.00
67.00 OCCUPATIONAL THERAPY	0	21	19,303	0	19,303	67.00
68.00 SPEECH PATHOLOGY	0	12	15,093	0	15,093	68.00
69.00 ELECTROCARDIOLOGY	0	237	606,048	0	606,048	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	41	203,630	0	203,630	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	228	891,109	0	891,109	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	970	448,259	0	448,259	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	485	794,011	0	794,011	73.00
74.00 RENAL DIALYSIS	0	28	189,576	0	189,576	74.00
76.00 DIABETES	0	0	2,763	0	2,763	76.00
76.01 LI THOTRI PTOR	0	63	15,694	0	15,694	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	54	83,133	0	83,133	90.00
90.01 PARTIAL HOSPITAL PRG	0	13	48,743	0	48,743	90.01
90.02 PAIN MANAGEMENT	0	166	36,215	0	36,215	90.02
91.00 EMERGENCY	3,584	302	417,972	0	417,972	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	1	562	0	562	95.00
101.00 HOME HEALTH AGENCY	0	0	267,574	0	267,574	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	0	518,676	0	518,676	116.00
116.01 HOSPICE II	0	0	61,088	0	61,088	116.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 180102

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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		(SPECIFY)				
	17.00	18.00	24.00	25.00	26.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	63,116	6,645	18,308,638	0	18,308,638	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	35,050	0	35,050	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	1	1,927	0	1,927	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MEDICAL BUILDING AND OTHER	0	0	1,306,064	0	1,306,064	194.00
194.01 MARCUM & WALLACE HOSPITAL	0	0	327,131	0	327,131	194.01
194.02 FOUNDATION	0	0	53,764	0	53,764	194.02
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	2,983	0	2,983	201.00
202.00 TOTAL (sum lines 118-201)	63,116	6,646	20,035,557	0	20,035,557	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

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Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	541,646				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		3,090,930			2.00
4.00	EMPLOYEE BENEFITS	9,252	12,250	52,589,968		4.00
5.01	NONPATIENT TELEPHONES	347	0	208,111	1,191	5.01
5.03	PURCHASING RECEIVING AND STORES	10,373	1,753	0	16	22,705,933
5.04	BUSINESS OFFICE	0	2,074	596,023	22	57,231
5.05	REGIONAL TEAM	16,775	287,312	2,834,008	90	768,463
5.06	ADMINISTRATIVE	5,637	5,391	1,124,846	26	5,139
5.07	OTHER ADMINISTRATIVE AND GENERAL	20,344	47,835	2,508,909	67	121,461
6.00	MAINTENANCE & REPAIRS	111,129	29,449	714,396	31	1,018,497
8.00	LAUNDRY & LINEN SERVICE	2,249	0	0	1	13,287
9.00	HOUSEKEEPING	2,763	2,508	0	4	14,678
10.00	DIETARY	10,183	26,506	0	18	14,937
11.00	CAFETERIA	4,574	3,658	0	2	0
13.00	NURSING ADMINISTRATION	4,270	296,515	1,078,821	21	92,295
14.00	CENTRAL SERVICE & SUPPLY	11,084	6,869	599,155	1	214,632
15.00	PHARMACY	5,813	13,903	2,087,280	12	402,400
16.00	MEDICAL RECORDS & LIBRARY	8,350	4,249	1,239,061	30	12,042
17.00	SOCIAL SERVICE	573	4,361	664,504	36	12,496
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	56,506	20,481	8,236,221	86	72,466
31.00	INTENSIVE CARE UNIT	9,158	7,718	1,815,707	12	79,138
32.00	CORONARY CARE UNIT	7,669	58,341	1,236,271	8	21,494
40.00	SUBPROVIDER - I/PF	6,684	3,308	1,371,868	29	105,235
41.00	SUBPROVIDER - I/RP	12,208	1,247	1,130,114	29	11,857
43.00	NURSERY	8,500	51,313	852,838	13	22,667
44.00	SKILLED NURSING FACILITY	6,494	446	1,012,626	20	5,750
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	58,890	860,727	3,659,046	39	10,095,372
50.01	REHAB MEDICINE	8,310	377	437,005	2	12,433
51.00	RECOVERY ROOM	7,575	17,256	351,334	6	955,914
52.00	DELIVERY ROOM & LABOR ROOM	2,806	0	274,403	0	7,158
53.00	ANESTHESIOLOGY	0	85,731	112,665	1	307,379
54.00	RADIOLOGY-DIAGNOSTIC	10,607	501,253	1,930,433	47	1,213,946
54.01	ULTRA SOUND	1,244	29,072	240,610	2	110,559
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0
56.00	RADIOISOTOPE	0	0	0	0	0
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	1,644	2,361	189,220	3	46,301
57.00	CT SCAN	882	225,956	396,430	3	248,373
59.00	CARDIAC CATHETERIZATION	2,818	66,749	1,220,488	42	4,494,441
60.00	LABORATORY	10,377	132,009	2,012,688	65	1,230,836
64.00	INTRAVENOUS THERAPY	600	0	98	1	0
65.00	RESPIRATORY THERAPY	1,671	36,291	847,282	4	131,603
66.00	PHYSICAL THERAPY	2,647	8,733	837,925	1	17,506
67.00	OCCUPATIONAL THERAPY	385	0	307,850	10	4,594
68.00	SPEECH PATHOLOGY	411	290	161,707	11	15,022
69.00	ELECTROCARDIOLOGY	5,195	133,784	895,076	14	236,012
70.00	ELECTROENCEPHALOGRAPHY	5,197	38,400	272,246	9	30,986
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	9,115	0	0	4	1,712
76.00	DIABETES	0	1,204	0	6	0
76.01	LITHOTRIPTOR	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	2,565	344,709	7	102,204
90.01	PARTIAL HOSPITAL PRG	1,322	3,994	216,446	0	982
90.02	PAIN MANAGEMENT	0	0	618,352	0	0
91.00	EMERGENCY	8,923	25,003	2,232,570	38	102,804
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	0	0	0	2,501
101.00	HOME HEALTH AGENCY	0	17,633	3,123,378	59	45,249
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					
116.00	HOSPICE	0	14,055	2,146,673	45	74,909
116.01	HOSPICE II	0	0	87,445	3	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
118.00 SUBTOTALS (SUM OF LINES 1-117)	471,554	3,090,930	52,226,838	986	22,554,961	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,846	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	31,294	2	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MEDICAL BUILDING AND OTHER	67,336	0	197,018	19	150,972	194.00
194.01 MARCUM & WALLACE HOSPITAL	0	0	0	175	0	194.01
194.02 FOUNDATION	910	0	134,818	9	0	194.02
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)	7,444,527	6,779,387	17,574,530	277,635	150,144	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	13.744267	2.193316	0.334180	233.110831	0.006613	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			162,147	6,611	148,601	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.003083	5.550798	0.006545	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		BUSINESS OFFICE (REVENUE)	Reconciliation	REGIONAL TEAM (ACCUM. COST)	ADMINITTING (REVENUE)	Reconciliation	
		5.04	5A.05	5.05	5.06	5A.07	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.03	PURCHASING RECEIVING AND STORES						5.03
5.04	BUSINESS OFFICE	573,774,273					5.04
5.05	REGIONAL TEAM	0	-15,866,076	161,840,768			5.05
5.06	ADMINITTING	0	0	1,839,933	531,756,299		5.06
5.07	OTHER ADMINISTRATIVE AND GENERAL	0	0	8,484,692	0	-9,316,489	5.07
6.00	MAINTENANCE & REPAIRS	0	0	9,212,967	0	0	6.00
8.00	LAUNDRY & LINEN SERVICE	0	0	24,994	0	0	8.00
9.00	HOUSEKEEPING	0	0	1,421,060	0	0	9.00
10.00	DIETARY	0	0	913,574	0	0	10.00
11.00	CAFETERIA	0	0	873,662	0	0	11.00
13.00	NURSING ADMINISTRATION	0	0	2,500,468	0	0	13.00
14.00	CENTRAL SERVICE & SUPPLY	0	0	1,267,980	0	0	14.00
15.00	PHARMACY	0	0	3,056,932	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	1,974,960	0	0	16.00
17.00	SOCIAL SERVICE	0	0	1,634,783	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	299,447	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	27,877,110	0	12,566,860	27,877,110	0	30.00
31.00	INTENSIVE CARE UNIT	5,276,918	0	2,779,166	5,276,918	0	31.00
32.00	CORONARY CARE UNIT	4,101,748	0	2,040,258	4,101,748	0	32.00
40.00	SUBPROVIDER - I/PF	7,019,012	0	2,538,667	7,019,012	0	40.00
41.00	SUBPROVIDER - I/RF	5,080,002	0	2,625,467	5,080,002	0	41.00
43.00	NURSERY	1,777,471	0	1,357,977	1,777,471	0	43.00
44.00	SKILLED NURSING FACILITY	3,466,885	0	1,526,632	3,466,885	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	49,764,148	0	10,579,432	49,764,148	0	50.00
50.01	REHAB MEDICINE	4,896,376	0	1,655,752	4,896,376	0	50.01
51.00	RECOVERY ROOM	2,952,062	0	689,280	2,952,062	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	693,942	0	462,624	693,942	0	52.00
53.00	ANESTHESIOLOGY	5,761,680	0	265,496	5,761,680	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	42,380,154	0	4,445,687	42,380,154	0	54.00
54.01	ULTRA SOUND	4,294,291	0	455,156	4,294,291	0	54.01
55.00	RADIOLOGY - THERAPEUTIC	724,971	0	3,196	724,971	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	12,988,111	0	887,749	12,988,111	0	56.01
57.00	CT SCAN	42,225,747	0	1,368,134	42,225,747	0	57.00
59.00	CARDIAC CATHETERIZATION	32,600,952	0	1,779,513	32,600,952	0	59.00
60.00	LABORATORY	58,367,685	0	6,546,395	58,367,685	0	60.00
64.00	INTRAVENOUS THERAPY	7,992,001	0	471,092	7,992,001	0	64.00
65.00	RESPIRATORY THERAPY	10,009,965	0	1,363,385	10,009,965	0	65.00
66.00	PHYSICAL THERAPY	5,069,627	0	1,211,206	5,069,627	0	66.00
67.00	OCCUPATIONAL THERAPY	1,744,009	0	427,419	1,744,009	0	67.00
68.00	SPEECH PATHOLOGY	987,620	0	229,039	987,620	0	68.00
69.00	ELECTROCARDIOLOGY	19,731,337	0	1,728,468	19,731,337	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	3,407,543	0	564,912	3,407,543	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,023,920	0	11,435,876	19,023,920	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	58,871,193	0	10,499,532	58,871,193	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	40,439,543	0	10,591,400	40,439,543	0	73.00
74.00	RENAL DIALYSIS	2,299,918	0	806,247	2,299,918	0	74.00
76.00	DIABETES	110	0	4,040	110	0	76.00
76.01	LITHIOTRIPTOR	5,228,005	0	630,859	5,228,005	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	4,508,934	0	873,431	4,508,934	0	90.00
90.01	PARTIAL HOSPITAL PRG	1,117,146	0	618,616	1,117,146	0	90.01
90.02	PAIN MANAGEMENT	13,798,908	0	978,413	13,798,908	0	90.02
91.00	EMERGENCY	25,146,562	0	3,543,968	25,146,562	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	50,448	0	23,830	50,448	0	95.00
101.00	HOME HEALTH AGENCY	0	0	5,017,203	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	0	4,571,157	0	0	116.00
116.01	HOSPICE II	0	0	269,604	0	0	116.01
118.00	SUBTOTALS (SUM OF LINES 1-117)	531,676,054	-15,866,076	143,938,590	531,676,054	-9,316,489	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	25,372	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	BUSINESS OFFICE (REVENUE)	Reconciliation	REGIONAL TEAM (ACCUM. COST)	ADMINISTRATIVE (REVENUE)	Reconciliation	
	5.04	5A.05	5.05	5.06	5A.07	
192.00 PHYSICIANS' PRIVATE OFFICES	80,245	0	80,161	80,245	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MEDICAL BUILDING AND OTHER	0	0	1,932,822	0	0	194.00
194.01 MARCUM & WALLACE HOSPITAL	42,017,974	0	14,619,589	0	0	194.01
194.02 FOUNDATION	0	0	1,244,234	0	0	194.02
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)	2,529,067		15,866,076	2,020,311		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.004408		0.098035	0.003799		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	24,094		897,653	112,816		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000042		0.005547	0.000212		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	5.07	6.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 REGIONAL TEAM						5.05
5.06 ADMIN TTING						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL	168,390,355					5.07
6.00 MAINTENANCE & REPAIRS	10,116,160	367,789				6.00
8.00 LAUNDRY & LINEN SERVICE	27,444	2,249	1,177,678			8.00
9.00 HOUSEKEEPING	1,560,374	2,763	0	85,283		9.00
10.00 DIETARY	1,003,136	10,183	0	0	181,306	10.00
11.00 CAFETERIA	959,311	4,574	0	0	0	11.00
13.00 NURSING ADMINISTRATION	2,745,601	4,270	0	209	0	13.00
14.00 CENTRAL SERVICE & SUPPLY	1,392,286	11,084	0	0	0	14.00
15.00 PHARMACY	3,356,618	5,813	0	1,047	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,168,575	8,350	0	628	0	16.00
17.00 SOCIAL SERVICE	1,795,049	573	0	140	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	328,803	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	13,904,757	56,506	457,003	34,756	106,361	30.00
31.00 INTENSIVE CARE UNIT	3,071,669	9,158	57,305	3,002	7,280	31.00
32.00 CORONARY CARE UNIT	2,255,858	7,669	35,436	2,185	7,691	32.00
40.00 SUBPROVIDER - IPF	2,814,210	6,684	24,020	5,723	18,680	40.00
41.00 SUBPROVIDER - IRF	2,902,154	12,208	47,770	5,172	21,051	41.00
43.00 NURSERY	1,497,859	8,500	26,751	770	0	43.00
44.00 SKILLED NURSING FACILITY	1,689,466	6,494	60,897	4,673	19,533	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	11,805,641	58,890	127,360	7,512	0	50.00
50.01 REHAB MEDICINE	1,836,675	8,310	0	0	0	50.01
51.00 RECOVERY ROOM	768,069	7,575	8,429	837	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	510,613	2,806	0	0	0	52.00
53.00 ANESTHESIOLOGY	313,413	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,042,522	10,607	72,181	3,070	0	54.00
54.01 ULTRA SOUND	516,091	1,244	0	0	0	54.01
55.00 RADIOLOGY - THERAPEUTIC	6,263	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	1,024,121	1,644	0	0	0	56.01
57.00 CT SCAN	1,662,675	882	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	2,077,819	2,818	31,974	977	0	59.00
60.00 LABORATORY	7,409,910	10,377	0	1,954	0	60.00
64.00 INTRAVENOUS THERAPY	547,638	600	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,535,072	1,671	48	209	0	65.00
66.00 PHYSICAL THERAPY	1,349,207	2,647	11,474	1,954	0	66.00
67.00 OCCUPATIONAL THERAPY	475,946	385	0	0	0	67.00
68.00 SPEECH PATHOLOGY	255,245	411	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	1,972,877	5,195	20,287	1,395	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	633,238	5,197	4,489	1,395	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	12,629,264	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	11,752,674	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	11,783,358	0	0	0	0	73.00
74.00 RENAL DIALYSIS	894,024	9,115	4,688	419	0	74.00
76.00 DIABETES	4,436	0	0	0	0	76.00
76.01 LI THOTRI PTOR	712,566	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	976,187	0	89	0	0	90.00
90.01 PARTIAL HOSPITAL PRG	683,506	1,322	0	0	0	90.01
90.02 PAIN MANAGEMENT	1,126,754	0	0	0	0	90.02
91.00 EMERGENCY	3,986,933	8,923	114,253	7,256	710	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	26,358	0	0	0	0	95.00
101.00 HOME HEALTH AGENCY	5,509,064	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	5,019,290	0	0	0	0	116.00
116.01 HOSPICE II	296,035	0	0	0	0	116.01
118.00 SUBTOTALS (SUM OF LINES 1-117)	148,732,814	297,697	1,104,454	85,283	181,306	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEN	27,859	1,846	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	5.07	6.00	8.00	9.00	10.00	
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	88,325	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MEDICAL BUILDING AND OTHER	2,122,306	67,336	73,224	0	0	194.00
194.01 MARCUM & WALLACE HOSPITAL	16,052,839	0	0	0	0	194.01
194.02 FOUNDATION	1,366,212	910	0	0	0	194.02
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)	9,316,489	10,675,857	94,244	1,726,907	1,354,220	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.055327	29.027124	0.080025	20.249135	7.469251	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	2,553,117	1,815,961	48,050	88,777	269,268	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.015162	4.937508	0.038268	1.040969	1.485158	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.03 PURCHASING RECEIVING AND STORES						5.03
5.04 BUSINESS OFFICE						5.04
5.05 REGIONAL TEAM						5.05
5.06 ADMINITTING						5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL						5.07
6.00 MAINTENANCE & REPAIRS						6.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	91,851					11.00
13.00 NURSING ADMINISTRATION	1,320	50,779				13.00
14.00 CENTRAL SERVICE & SUPPLY	2,006	0	21,832,652			14.00
15.00 PHARMACY	3,038	0	37,111	100		15.00
16.00 MEDICAL RECORDS & LIBRARY	3,938	0	11,137	0	6,361	16.00
17.00 SOCIAL SERVICE	1,220	0	1,866	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	2	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	19,189	18,932	41,458	0	1,987	30.00
31.00 INTENSIVE CARE UNIT	3,266	3,259	6,697	0	172	31.00
32.00 CORONARY CARE UNIT	1,888	2,144	1,835	0	125	32.00
40.00 SUBPROVIDER - IRF	3,364	3,165	15,025	0	327	40.00
41.00 SUBPROVIDER - IRF	2,674	2,639	3,391	0	296	41.00
43.00 NURSERY	1,282	2,012	2,041	0	44	43.00
44.00 SKILLED NURSING FACILITY	2,227	2,246	5,995	0	267	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	7,896	11,543	26,032	0	571	50.00
50.01 REHAB MEDICINE	584	0	2,257	0	0	50.01
51.00 RECOVERY ROOM	618	0	1,781	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	647	647	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	136	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,770	0	16,868	0	958	54.00
54.01 ULTRA SOUND	445	0	771	0	0	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	399	0	204	0	0	56.01
57.00 CT SCAN	761	0	955	0	0	57.00
59.00 CARDIAC CATHETERIZATION	2,045	0	2,941	0	212	59.00
60.00 LABORATORY	4,816	0	7,991	0	503	60.00
64.00 INTRAVENOUS THERAPY	1	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,889	0	2,732	0	92	65.00
66.00 PHYSICAL THERAPY	1,645	0	1,422	0	0	66.00
67.00 OCCUPATIONAL THERAPY	359	0	278	0	16	67.00
68.00 SPEECH PATHOLOGY	229	0	732	0	13	68.00
69.00 ELECTROCARDIOLOGY	1,551	0	8,473	0	217	69.00
70.00 ELECTROENCEPHALOGRAPHY	554	0	3,940	0	95	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	16,479,249	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	5,112,928	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	100	0	73.00
74.00 RENAL DIALYSIS	0	0	101	0	0	74.00
76.00 DIABETES	0	0	0	0	0	76.00
76.01 LI THOTRIPTOR	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	801	0	7,016	0	0	90.00
90.01 PARTIAL HOSPITAL PRG	355	0	2,240	0	0	90.01
90.02 PAIN MANAGEMENT	1,606	0	13,170	0	0	90.02
91.00 EMERGENCY	4,276	4,192	12,993	0	310	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00 HOME HEALTH AGENCY	5,955	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	4,133	0	0	0	0	116.00
116.01 HOSPICE II	264	0	0	0	0	116.01
118.00 SUBTOTALS (SUM OF LINES 1-117)	91,011	50,779	21,831,768	100	6,205	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
	11.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	12	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 MEDICAL BUILDING AND OTHER	575	0	0	0	0	194.00
194.01 MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02 FOUNDATION	253	0	884	0	156	194.02
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)	1,145,157	3,042,142	1,816,064	3,773,229	2,593,671	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	12.467551	59.909451	0.083181	37,732.290000	407.745795	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	112,875	796,287	836,160	545,846	227,355	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.228892	15.681423	0.038299	5,458.460000	35.742022	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (REVENUE)		
		17.00	18.00	
GENERAL SERVICE COST CENTERS				
1.00 CAP REL COSTS-BLDG & FIXT				1.00
2.00 CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.01 NONPATIENT TELEPHONES				5.01
5.03 PURCHASING RECEIVING AND STORES				5.03
5.04 BUSINESS OFFICE				5.04
5.05 REGIONAL TEAM				5.05
5.06 ADMINITING				5.06
5.07 OTHER ADMINISTRATIVE AND GENERAL				5.07
6.00 MAINTENANCE & REPAIRS				6.00
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 SERVICE & SUPPLY				14.00
15.00 PHARMACY				15.00
16.00 MEDICAL RECORDS & LIBRARY				16.00
17.00 SOCIAL SERVICE	31,051			17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	531,756,299		18.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	25,757	27,877,110		30.00
31.00 INTENSIVE CARE UNIT	1,954	5,276,918		31.00
32.00 CORONARY CARE UNIT	1,577	4,101,748		32.00
40.00 SUBPROVIDER - IPF	0	7,019,012		40.00
41.00 SUBPROVIDER - IRF	0	5,080,002		41.00
43.00 NURSERY	0	1,777,471		43.00
44.00 SKILLED NURSING FACILITY	0	3,466,885		44.00
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	49,764,148		50.00
50.01 REHAB MEDICINE	0	4,896,376		50.01
51.00 RECOVERY ROOM	0	2,952,062		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	693,942		52.00
53.00 ANESTHESIOLOGY	0	5,761,680		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	42,380,154		54.00
54.01 ULTRA SOUND	0	4,294,291		54.01
55.00 RADIOLOGY - THERAPEUTIC	0	724,971		55.00
56.00 RADIOISOTOPE	0	0		56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	0	12,988,111		56.01
57.00 CT SCAN	0	42,225,747		57.00
59.00 CARDIAC CATHETERIZATION	0	32,600,952		59.00
60.00 LABORATORY	0	58,367,685		60.00
64.00 INTRAVENOUS THERAPY	0	7,992,001		64.00
65.00 RESPIRATORY THERAPY	0	10,009,965		65.00
66.00 PHYSICAL THERAPY	0	5,069,627		66.00
67.00 OCCUPATIONAL THERAPY	0	1,744,009		67.00
68.00 SPEECH PATHOLOGY	0	987,620		68.00
69.00 ELECTROCARDIOLOGY	0	19,731,337		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	3,407,543		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,023,920		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	58,871,193		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	40,439,543		73.00
74.00 RENAL DIALYSIS	0	2,299,918		74.00
76.00 DIABETES	0	110		76.00
76.01 LI THOTRIPTOR	0	5,228,005		76.01
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	4,508,934		90.00
90.01 PARTIAL HOSPITAL PRG	0	1,117,146		90.01
90.02 PAIN MANAGEMENT	0	13,798,908		90.02
91.00 EMERGENCY	1,763	25,146,562		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES	0	50,448		95.00
101.00 HOME HEALTH AGENCY	0	0		101.00
SPECIAL PURPOSE COST CENTERS				
113.00 INTEREST EXPENSE				113.00
116.00 HOSPICE	0	0		116.00
116.01 HOSPICE II	0	0		116.01
118.00 SUBTOTALS (SUM OF LINES 1-117)	31,051	531,676,054		118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

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

Worksheet B-1

Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (REVENUE)	
		17.00	
	NONREIMBURSABLE COST CENTERS		
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00 RESEARCH	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	80,245	192.00
193.00 NONPAID WORKERS	0	0	193.00
194.00 MEDICAL BUILDING AND OTHER	0	0	194.00
194.01 MARCUM & WALLACE HOSPITAL	0	0	194.01
194.02 FOUNDATION	0	0	194.02
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)	1,929,197	346,995	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	62.129948	0.000653	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	63,116	6,646	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.032656	0.000012	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180102

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

Worksheet C Part I Date/Time Prepared: 5/30/2012 12:37 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	21,654,630		21,654,630	0	21,654,630	30.00
31.00	INTENSIVE CARE UNIT	4,058,696		4,058,696	0	4,058,696	31.00
32.00	CORONARY CARE UNIT	3,011,566		3,011,566	0	3,011,566	32.00
40.00	SUBPROVIDER - 1PF	3,791,983		3,791,983	0	3,791,983	40.00
41.00	SUBPROVIDER - 1RF	3,998,602		3,998,602	0	3,998,602	41.00
43.00	NURSERY	2,000,988		2,000,988	0	2,000,988	43.00
44.00	SKILLED NURSING FACILITY	2,490,788		2,490,788	0	2,490,788	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	15,387,986		15,387,986	0	15,387,986	50.00
50.01	REHAB MEDICINE	2,190,174		2,190,174	0	2,190,174	50.01
51.00	RECOVERY ROOM	1,057,849		1,057,849	0	1,057,849	51.00
52.00	DELIVERY ROOM & LABOR ROOM	667,595		667,595	0	667,595	52.00
53.00	ANESTHESIOLOGY	334,526		334,526	0	334,526	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,164,042		6,164,042	0	6,164,042	54.00
54.01	ULTRA SOUND	589,171		589,171	0	589,171	54.01
55.00	RADIOLOGY - THERAPEUTIC	7,083		7,083	0	7,083	55.00
56.00	RADIOISOTOPE	0		0	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	1,141,977		1,141,977	0	1,141,977	56.01
57.00	CT SCAN	1,817,408		1,817,408	0	1,817,408	57.00
59.00	CARDIAC CATHETERIZATION	2,430,389		2,430,389	0	2,430,389	59.00
60.00	LABORATORY	8,464,578		8,464,578	0	8,464,578	60.00
64.00	INTRAVENOUS THERAPY	600,584		600,584	0	600,584	64.00
65.00	RESPIRATORY THERAPY	1,740,571	0	1,740,571	0	1,740,571	65.00
66.00	PHYSICAL THERAPY	1,565,112	0	1,565,112	0	1,565,112	66.00
67.00	OCCUPATIONAL THERAPY	525,616	0	525,616	0	525,616	67.00
68.00	SPEECH PATHOLOGY	290,159	0	290,159	0	290,159	68.00
69.00	ELECTROCARDIOLOGY	2,384,105		2,384,105	0	2,384,105	69.00
70.00	ELECTROENCEPHALOGRAPHY	895,930		895,930	0	895,930	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,711,189		14,711,189	0	14,711,189	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	12,866,415		12,866,415	0	12,866,415	72.00
73.00	DRUGS CHARGED TO PATIENTS	16,234,932		16,234,932	0	16,234,932	73.00
74.00	RENAL DIALYSIS	1,218,439		1,218,439	0	1,218,439	74.00
76.00	DIABETES	4,681		4,681	0	4,681	76.00
76.01	LITHOTRIPTOR	755,404		755,404	0	755,404	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	1,043,718		1,043,718	0	1,043,718	90.00
90.01	PARTIAL HOSPITAL PRG	765,037		765,037	0	765,037	90.01
90.02	PAIN MANAGEMENT	1,219,223		1,219,223	0	1,219,223	90.02
91.00	EMERGENCY	5,185,790		5,185,790	0	5,185,790	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,297,775		2,297,775	0	2,297,775	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	27,849		27,849	0	27,849	95.00
101.00	HOME HEALTH AGENCY	5,888,108		5,888,108	0	5,888,108	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	5,348,520		5,348,520	0	5,348,520	116.00
116.01	HOSPICE II	315,705		315,705	0	315,705	116.01
200.00	Subtotal (see instructions)	157,144,893	0	157,144,893	0	157,144,893	200.00
201.00	Less Observation Beds	2,297,775		2,297,775	0	2,297,775	201.00
202.00	Total (see instructions)	154,847,118	0	154,847,118	0	154,847,118	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 12:37 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	27,877,110		27,877,110		30.00
31.00	INTENSIVE CARE UNIT	5,276,918		5,276,918		31.00
32.00	CORONARY CARE UNIT	4,101,748		4,101,748		32.00
40.00	SUBPROVIDER - IPF	7,019,012		7,019,012		40.00
41.00	SUBPROVIDER - IRF	5,080,002		5,080,002		41.00
43.00	NURSERY	1,777,471		1,777,471		43.00
44.00	SKILLED NURSING FACILITY	3,466,885		3,466,885		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	28,892,697	20,871,451	49,764,148	0.309218	50.00
50.01	REHAB MEDICINE	4,895,977	399	4,896,376	0.447305	50.01
51.00	RECOVERY ROOM	1,181,988	1,770,074	2,952,062	0.358342	51.00
52.00	DELIVERY ROOM & LABOR ROOM	465,364	228,578	693,942	0.962033	52.00
53.00	ANESTHESIOLOGY	2,750,766	3,010,914	5,761,680	0.058060	53.00
54.00	RADIOLOGY-DIAGNOSTIC	10,024,776	32,355,378	42,380,154	0.145446	54.00
54.01	ULTRA SOUND	777,708	3,516,583	4,294,291	0.137199	54.01
55.00	RADIOLOGY - THERAPEUTIC	256,765	468,206	724,971	0.009770	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	2,082,828	10,905,283	12,988,111	0.087925	56.01
57.00	CT SCAN	10,384,631	31,841,116	42,225,747	0.043040	57.00
59.00	CARDIAC CATHETERIZATION	17,161,481	15,439,471	32,600,952	0.074550	59.00
60.00	LABORATORY	33,475,607	24,892,078	58,367,685	0.145022	60.00
64.00	INTRAVENOUS THERAPY	4,640,507	3,351,494	7,992,001	0.075148	64.00
65.00	RESPIRATORY THERAPY	8,892,101	1,117,864	10,009,965	0.173884	65.00
66.00	PHYSICAL THERAPY	3,465,078	1,604,549	5,069,627	0.308723	66.00
67.00	OCCUPATIONAL THERAPY	1,281,141	462,868	1,744,009	0.301384	67.00
68.00	SPEECH PATHOLOGY	537,440	450,180	987,620	0.293796	68.00
69.00	ELECTROCARDIOLOGY	6,255,859	13,475,478	19,731,337	0.120828	69.00
70.00	ELECTROENCEPHALOGRAPHY	499,728	2,907,815	3,407,543	0.262926	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,125,400	8,898,520	19,023,920	0.773300	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	42,173,408	16,697,785	58,871,193	0.218552	72.00
73.00	DRUGS CHARGED TO PATIENTS	24,993,030	15,446,513	40,439,543	0.401462	73.00
74.00	RENAL DIALYSIS	1,954,866	345,052	2,299,918	0.529775	74.00
76.00	DIABETES	110	0	110	42.554545	76.00
76.01	LITHOTRIPTOR	111,630	5,116,375	5,228,005	0.144492	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	27,907	4,481,027	4,508,934	0.231478	90.00
90.01	PARTIAL HOSPITAL PRG	1,274	1,115,872	1,117,146	0.684814	90.01
90.02	PAIN MANAGEMENT	30,387	13,768,521	13,798,908	0.088356	90.02
91.00	EMERGENCY	6,158,213	18,988,349	25,146,562	0.206223	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	982,017	1,807,535	2,789,552	0.823708	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	29,751	20,697	50,448	0.552034	95.00
101.00	HOME HEALTH AGENCY	0	7,172,335	7,172,335		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	0	8,900,376	8,900,376		116.00
116.01	HOSPICE II	0	1,465,303	1,465,303		116.01
200.00	Subtotal (see instructions)	279,109,581	272,894,039	552,003,620		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	279,109,581	272,894,039	552,003,620		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 12:37 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVIII	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.309218		50.00
50.01	REHAB MEDICINE	0.447305		50.01
51.00	RECOVERY ROOM	0.358342		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.962033		52.00
53.00	ANESTHESIOLOGY	0.058060		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.145446		54.00
54.01	ULTRA SOUND	0.137199		54.01
55.00	RADIOLOGY - THERAPEUTIC	0.009770		55.00
56.00	RADIOISOTOPE	0.000000		56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	0.087925		56.01
57.00	CT SCAN	0.043040		57.00
59.00	CARDIAC CATHETERIZATION	0.074550		59.00
60.00	LABORATORY	0.145022		60.00
64.00	INTRAVENOUS THERAPY	0.075148		64.00
65.00	RESPIRATORY THERAPY	0.173884		65.00
66.00	PHYSICAL THERAPY	0.308723		66.00
67.00	OCCUPATIONAL THERAPY	0.301384		67.00
68.00	SPEECH PATHOLOGY	0.293796		68.00
69.00	ELECTROCARDIOLOGY	0.120828		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.262926		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773300		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.218552		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.401462		73.00
74.00	RENAL DIALYSIS	0.529775		74.00
76.00	DIABETES	42.554545		76.00
76.01	LITHOTRIPTOR	0.144492		76.01
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.231478		90.00
90.01	PARTIAL HOSPITAL PRG	0.684814		90.01
90.02	PAIN MANAGEMENT	0.088356		90.02
91.00	EMERGENCY	0.206223		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.823708		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	0.552034		95.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE			113.00
116.00	HOSPICE			116.00
116.01	HOSPICE II			116.01
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180102

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

Worksheet C Part I Date/Time Prepared: 5/30/2012 12:37 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	21,654,630		21,654,630	0	0	30.00
31.00	INTENSIVE CARE UNIT	4,058,696		4,058,696	0	0	31.00
32.00	CORONARY CARE UNIT	3,011,566		3,011,566	0	0	32.00
40.00	SUBPROVIDER - 1PF	3,791,983		3,791,983	0	0	40.00
41.00	SUBPROVIDER - 1RF	3,998,602		3,998,602	0	0	41.00
43.00	NURSERY	2,000,988		2,000,988	0	0	43.00
44.00	SKILLED NURSING FACILITY	2,490,788		2,490,788	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	15,387,986		15,387,986	0	0	50.00
50.01	REHAB MEDICINE	2,190,174		2,190,174	0	0	50.01
51.00	RECOVERY ROOM	1,057,849		1,057,849	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	667,595		667,595	0	0	52.00
53.00	ANESTHESIOLOGY	334,526		334,526	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,164,042		6,164,042	0	0	54.00
54.01	ULTRA SOUND	589,171		589,171	0	0	54.01
55.00	RADIOLOGY - THERAPEUTIC	7,083		7,083	0	0	55.00
56.00	RADIOISOTOPE	0		0	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	1,141,977		1,141,977	0	0	56.01
57.00	CT SCAN	1,817,408		1,817,408	0	0	57.00
59.00	CARDIAC CATHETERIZATION	2,430,389		2,430,389	0	0	59.00
60.00	LABORATORY	8,464,578		8,464,578	0	0	60.00
64.00	INTRAVENOUS THERAPY	600,584		600,584	0	0	64.00
65.00	RESPIRATORY THERAPY	1,740,571	0	1,740,571	0	0	65.00
66.00	PHYSICAL THERAPY	1,565,112	0	1,565,112	0	0	66.00
67.00	OCCUPATIONAL THERAPY	525,616	0	525,616	0	0	67.00
68.00	SPEECH PATHOLOGY	290,159	0	290,159	0	0	68.00
69.00	ELECTROCARDIOLOGY	2,384,105		2,384,105	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	895,930		895,930	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,711,189		14,711,189	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	12,866,415		12,866,415	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	16,234,932		16,234,932	0	0	73.00
74.00	RENAL DIALYSIS	1,218,439		1,218,439	0	0	74.00
76.00	DIABETES	4,681		4,681	0	0	76.00
76.01	LITHOTRIPTOR	755,404		755,404	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	1,043,718		1,043,718	0	0	90.00
90.01	PARTIAL HOSPITAL PRG	765,037		765,037	0	0	90.01
90.02	PAIN MANAGEMENT	1,219,223		1,219,223	0	0	90.02
91.00	EMERGENCY	5,185,790		5,185,790	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,297,775		2,297,775	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	27,849		27,849	0	0	95.00
101.00	HOME HEALTH AGENCY	5,888,108		5,888,108	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	5,348,520		5,348,520		0	116.00
116.01	HOSPICE II	315,705		315,705		0	116.01
200.00	Subtotal (see instructions)	157,144,893	0	157,144,893	0	0	200.00
201.00	Less Observation Beds	2,297,775		2,297,775		0	201.00
202.00	Total (see instructions)	154,847,118	0	154,847,118	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 12:37 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	27,877,110		27,877,110		30.00
31.00	INTENSIVE CARE UNIT	5,276,918		5,276,918		31.00
32.00	CORONARY CARE UNIT	4,101,748		4,101,748		32.00
40.00	SUBPROVIDER - IPF	7,019,012		7,019,012		40.00
41.00	SUBPROVIDER - IRF	5,080,002		5,080,002		41.00
43.00	NURSERY	1,777,471		1,777,471		43.00
44.00	SKILLED NURSING FACILITY	3,466,885		3,466,885		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	28,892,697	20,871,451	49,764,148	0.309218	50.00
50.01	REHAB MEDICINE	4,895,977	399	4,896,376	0.447305	50.01
51.00	RECOVERY ROOM	1,181,988	1,770,074	2,952,062	0.358342	51.00
52.00	DELIVERY ROOM & LABOR ROOM	465,364	228,578	693,942	0.962033	52.00
53.00	ANESTHESIOLOGY	2,750,766	3,010,914	5,761,680	0.058060	53.00
54.00	RADIOLOGY-DIAGNOSTIC	10,024,776	32,355,378	42,380,154	0.145446	54.00
54.01	ULTRA SOUND	777,708	3,516,583	4,294,291	0.137199	54.01
55.00	RADIOLOGY - THERAPEUTIC	256,765	468,206	724,971	0.009770	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	2,082,828	10,905,283	12,988,111	0.087925	56.01
57.00	CT SCAN	10,384,631	31,841,116	42,225,747	0.043040	57.00
59.00	CARDIAC CATHETERIZATION	17,161,481	15,439,471	32,600,952	0.074550	59.00
60.00	LABORATORY	33,475,607	24,892,078	58,367,685	0.145022	60.00
64.00	INTRAVENOUS THERAPY	4,640,507	3,351,494	7,992,001	0.075148	64.00
65.00	RESPIRATORY THERAPY	8,892,101	1,117,864	10,009,965	0.173884	65.00
66.00	PHYSICAL THERAPY	3,465,078	1,604,549	5,069,627	0.308723	66.00
67.00	OCCUPATIONAL THERAPY	1,281,141	462,868	1,744,009	0.301384	67.00
68.00	SPEECH PATHOLOGY	537,440	450,180	987,620	0.293796	68.00
69.00	ELECTROCARDIOLOGY	6,255,859	13,475,478	19,731,337	0.120828	69.00
70.00	ELECTROENCEPHALOGRAPHY	499,728	2,907,815	3,407,543	0.262926	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,125,400	8,898,520	19,023,920	0.773300	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	42,173,408	16,697,785	58,871,193	0.218552	72.00
73.00	DRUGS CHARGED TO PATIENTS	24,993,030	15,446,513	40,439,543	0.401462	73.00
74.00	RENAL DIALYSIS	1,954,866	345,052	2,299,918	0.529775	74.00
76.00	DIABETES	110	0	110	42.554545	76.00
76.01	LITHOTRIPTOR	111,630	5,116,375	5,228,005	0.144492	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	27,907	4,481,027	4,508,934	0.231478	90.00
90.01	PARTIAL HOSPITAL PRG	1,274	1,115,872	1,117,146	0.684814	90.01
90.02	PAIN MANAGEMENT	30,387	13,768,521	13,798,908	0.088356	90.02
91.00	EMERGENCY	6,158,213	18,988,349	25,146,562	0.206223	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	982,017	1,807,535	2,789,552	0.823708	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	29,751	20,697	50,448	0.552034	95.00
101.00	HOME HEALTH AGENCY	0	7,172,335	7,172,335		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	0	8,900,376	8,900,376		116.00
116.01	HOSPICE II	0	1,465,303	1,465,303		116.01
200.00	Subtotal (see instructions)	279,109,581	272,894,039	552,003,620		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	279,109,581	272,894,039	552,003,620		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180102

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
40.00	SUBPROVIDER - IPF				40.00
41.00	SUBPROVIDER - IRF				41.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
50.01	REHAB MEDICINE	0.000000			50.01
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	ULTRASOUND	0.000000			54.01
55.00	RADIOLOGY - THERAPEUTIC	0.000000			55.00
56.00	RADIOISOTOPE	0.000000			56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000			56.01
57.00	CT SCAN	0.000000			57.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
64.00	INTRAVENOUS THERAPY	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
76.00	DIABETES	0.000000			76.00
76.01	LITHOTRIPTOR	0.000000			76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000			90.00
90.01	PARTIAL HOSPITAL PRG	0.000000			90.01
90.02	PAIN MANAGEMENT	0.000000			90.02
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0.000000			95.00
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	INTEREST EXPENSE				113.00
116.00	HOSPICE				116.00
116.01	HOSPICE II				116.01
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 180102

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

Worksheet C Part II Date/Time Prepared: 5/30/2012 12:37 pm

Cost Center Description		Title XIX Hospital Cost					
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	15,387,986	3,590,173	11,797,813	179,509	589,891	50.00
50.01	REHAB MEDICINE	2,190,174	199,250	1,990,924	9,963	99,546	50.01
51.00	RECOVERY ROOM	1,057,849	207,421	850,428	10,371	42,521	51.00
52.00	DELIVERY ROOM & LABOR ROOM	667,595	74,747	592,848	3,737	29,642	52.00
53.00	ANESTHESIOLOGY	334,526	198,162	136,364	9,908	6,818	53.00
54.00	RADIOLOGY-DIAGNOSTIC	6,164,042	2,818,054	3,345,988	140,903	167,299	54.00
54.01	ULTRA SOUND	589,171	217,169	372,002	10,858	18,600	54.01
55.00	RADIOLOGY - THERAPEUTIC	7,083	306	6,777	15	339	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	1,141,977	93,509	1,048,468	4,675	52,423	56.01
57.00	CT SCAN	1,817,408	887,923	929,485	44,396	46,474	57.00
59.00	CARDIAC CATHETERIZATION	2,430,389	300,934	2,129,455	15,047	106,473	59.00
60.00	LABORATORY	8,464,578	697,288	7,767,290	34,864	388,365	60.00
64.00	INTRAVENOUS THERAPY	600,584	24,259	576,325	1,213	28,816	64.00
65.00	RESPIRATORY THERAPY	1,740,571	187,091	1,553,480	9,355	77,674	65.00
66.00	PHYSICAL THERAPY	1,565,112	107,237	1,457,875	5,362	72,894	66.00
67.00	OCCUPATIONAL THERAPY	525,616	19,303	506,313	965	25,316	67.00
68.00	SPEECH PATHOLOGY	290,159	15,093	275,066	755	13,753	68.00
69.00	ELECTROCARDIOLOGY	2,384,105	606,048	1,778,057	30,302	88,903	69.00
70.00	ELECTROENCEPHALOGRAPHY	895,930	203,630	692,300	10,182	34,615	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,711,189	891,109	13,820,080	44,555	691,004	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	12,866,415	448,259	12,418,156	22,413	620,908	72.00
73.00	DRUGS CHARGED TO PATIENTS	16,234,932	794,011	15,440,921	39,701	772,046	73.00
74.00	RENAL DIALYSIS	1,218,439	189,576	1,028,863	9,479	51,443	74.00
76.00	DIABETES	4,681	2,763	1,918	138	96	76.00
76.01	LI THOTRIPTOR	755,404	15,694	739,710	785	36,986	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	1,043,718	83,133	960,585	4,157	48,029	90.00
90.01	PARTIAL HOSPITAL PRG	765,037	48,743	716,294	2,437	35,815	90.01
90.02	PAIN MANAGEMENT	1,219,223	36,215	1,183,008	1,811	59,150	90.02
91.00	EMERGENCY	5,185,790	417,972	4,767,818	20,899	238,391	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,297,775	220,773	2,077,002	11,039	103,850	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	27,849	562	27,287	28	1,364	95.00
101.00	HOME HEALTH AGENCY	5,888,108	267,574	5,620,534	13,379	281,027	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	5,348,520	518,676	4,829,844	25,934	241,492	116.00
116.01	HOSPICE II	315,705	61,088	254,617	3,054	12,731	116.01
200.00	Subtotal (sum of lines 50 thru 199)	116,137,640	14,443,745	101,693,895	722,189	5,084,694	200.00
201.00	Less Observation Beds	2,297,775	220,773	2,077,002	11,039	103,850	201.00
202.00	Total (line 200 minus line 201)	113,839,865	14,222,972	99,616,893	711,150	4,980,844	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 180102

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

Worksheet C Part II Date/Time Prepared: 5/30/2012 12:37 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	Cost
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	14,618,586	49,764,148	0.293757		50.00
50.01	REHAB MEDICINE	2,080,665	4,896,376	0.424940		50.01
51.00	RECOVERY ROOM	1,004,957	2,952,062	0.340425		51.00
52.00	DELIVERY ROOM & LABOR ROOM	634,216	693,942	0.913932		52.00
53.00	ANESTHESIOLOGY	317,800	5,761,680	0.055158		53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,855,840	42,380,154	0.138174		54.00
54.01	ULTRA SOUND	559,713	4,294,291	0.130339		54.01
55.00	RADIOLOGY - THERAPEUTIC	6,729	724,971	0.009282		55.00
56.00	RADIOISOTOPE	0	0	0.000000		56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	1,084,879	12,988,111	0.083529		56.01
57.00	CT SCAN	1,726,538	42,225,747	0.040888		57.00
59.00	CARDIAC CATHETERIZATION	2,308,869	32,600,952	0.070822		59.00
60.00	LABORATORY	8,041,349	58,367,685	0.137771		60.00
64.00	INTRAVENOUS THERAPY	570,555	7,992,001	0.071391		64.00
65.00	RESPIRATORY THERAPY	1,653,542	10,009,965	0.165190		65.00
66.00	PHYSICAL THERAPY	1,486,856	5,069,627	0.293287		66.00
67.00	OCCUPATIONAL THERAPY	499,335	1,744,009	0.286314		67.00
68.00	SPEECH PATHOLOGY	275,651	987,620	0.279106		68.00
69.00	ELECTROCARDIOLOGY	2,264,900	19,731,337	0.114787		69.00
70.00	ELECTROENCEPHALOGRAPHY	851,133	3,407,543	0.249779		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,975,630	19,023,920	0.734635		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	12,223,094	58,871,193	0.207624		72.00
73.00	DRUGS CHARGED TO PATIENTS	15,423,185	40,439,543	0.381389		73.00
74.00	RENAL DIALYSIS	1,157,517	2,299,918	0.503286		74.00
76.00	DIABETES	4,447	110	40.427273		76.00
76.01	LI THOTRI PTOR	717,633	5,228,005	0.137267		76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	991,532	4,508,934	0.219904		90.00
90.01	PARTIAL HOSPITAL PRG	726,785	1,117,146	0.650573		90.01
90.02	PAIN MANAGEMENT	1,158,262	13,798,908	0.083939		90.02
91.00	EMERGENCY	4,926,500	25,146,562	0.195911		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,182,886	2,789,552	0.782522		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	26,457	50,448	0.524441		95.00
101.00	HOME HEALTH AGENCY	5,593,702	7,172,335	0.779900		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	5,081,094	8,900,376	0.570885		116.00
116.01	HOSPICE II	299,920	1,465,303	0.204681		116.01
200.00	Subtotal (sum of lines 50 thru 199)	110,330,757	0			200.00
201.00	Less Observation Beds	2,182,886	0			201.00
202.00	Total (line 200 minus line 201)	108,147,871	497,404,474			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/30/2012 12:37 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	2,080,604	0	2,080,604	39,374	52.84	30.00
31.00	INTENSIVE CARE UNIT	343,811		343,811	3,752	91.63	31.00
32.00	CORONARY CARE UNIT	382,135		382,135	2,887	132.36	32.00
40.00	SUBPROVIDER - IPF	300,552	0	300,552	6,162	48.78	40.00
41.00	SUBPROVIDER - IRF	388,826	0	388,826	7,015	55.43	41.00
43.00	NURSERY	342,989		342,989	574	597.54	43.00
44.00	SKILLED NURSING FACILITY	246,749		246,749	5,787	42.64	44.00
200.00	Total (Lines 30-199)	4,085,666		4,085,666	65,551		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/30/2012 12:37 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	20,157	1,065,096		30.00
31.00 INTENSIVE CARE UNIT	2,068	189,491		31.00
32.00 CORONARY CARE UNIT	1,650	218,394		32.00
40.00 SUBPROVIDER - IPF	2,458	119,901		40.00
41.00 SUBPROVIDER - IRF	5,636	312,403		41.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	4,672	199,214		44.00
200.00 Total (Lines 30-199)	36,641	2,104,499		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/30/2012 12:37 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	3,590,173	49,764,148	0.072144	13,176,372	950,596	50.00
50.01	REHAB MEDICINE	199,250	4,896,376	0.040693	1,029,185	41,881	50.01
51.00	RECOVERY ROOM	207,421	2,952,062	0.070263	692,639	48,667	51.00
52.00	DELIVERY ROOM & LABOR ROOM	74,747	693,942	0.107714	0	0	52.00
53.00	ANESTHESIOLOGY	198,162	5,761,680	0.034393	1,497,110	51,490	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,818,054	42,380,154	0.066495	6,400,115	425,576	54.00
54.01	ULTRA SOUND	217,169	4,294,291	0.050572	408,021	20,634	54.01
55.00	RADIOLOGY - THERAPEUTIC	306	724,971	0.000422	74,779	32	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	93,509	12,988,111	0.007200	1,209,217	8,706	56.01
57.00	CT SCAN	887,923	42,225,747	0.021028	6,731,856	141,557	57.00
59.00	CARDIAC CATHETERIZATION	300,934	32,600,952	0.009231	9,955,426	91,899	59.00
60.00	LABORATORY	697,288	58,367,685	0.011946	19,303,999	230,606	60.00
64.00	INTRAVENOUS THERAPY	24,259	7,992,001	0.003035	2,465,161	7,482	64.00
65.00	RESPIRATORY THERAPY	187,091	10,009,965	0.018690	4,864,460	90,917	65.00
66.00	PHYSICAL THERAPY	107,237	5,069,627	0.021153	1,243,999	26,314	66.00
67.00	OCCUPATIONAL THERAPY	19,303	1,744,009	0.011068	305,714	3,384	67.00
68.00	SPEECH PATHOLOGY	15,093	987,620	0.015282	44,160	675	68.00
69.00	ELECTROCARDIOLOGY	606,048	19,731,337	0.030715	4,926,755	151,325	69.00
70.00	ELECTROENCEPHALOGRAPHY	203,630	3,407,543	0.059759	315,765	18,870	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	891,109	19,023,920	0.046842	8,032,442	376,256	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	448,259	58,871,193	0.007614	25,817,619	196,575	72.00
73.00	DRUGS CHARGED TO PATIENTS	794,011	40,439,543	0.019635	13,136,284	257,931	73.00
74.00	RENAL DIALYSIS	189,576	2,299,918	0.082427	1,173,534	96,731	74.00
76.00	DIABETES	2,763	110	25.118182	0	0	76.00
76.01	LITHOTRIPTOR	15,694	5,228,005	0.003002	111,630	335	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	83,133	4,508,934	0.018437	664	12	90.00
90.01	PARTIAL HOSPITAL PRG	48,743	1,117,146	0.043632	171	7	90.01
90.02	PAIN MANAGEMENT	36,215	13,798,908	0.002624	25,580	67	90.02
91.00	EMERGENCY	417,972	25,146,562	0.016621	3,499,430	58,164	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	220,773	2,789,552	0.079143	776,914	61,487	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	13,595,845	479,816,012		127,219,001	3,358,176	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 12:37 pm	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 12:37 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	39,374	0.00	20,157	0		30.00
31.00	INTENSIVE CARE UNIT	3,752	0.00	2,068	0		31.00
32.00	CORONARY CARE UNIT	2,887	0.00	1,650	0		32.00
40.00	SUBPROVIDER - IPF	6,162	0.00	2,458	0		40.00
41.00	SUBPROVIDER - IRF	7,015	0.00	5,636	0		41.00
43.00	NURSERY	574	0.00	0	0		43.00
44.00	SKILLED NURSING FACILITY	5,787	0.00	4,672	0		44.00
200.00	Total (Lines 30-199)	65,551		36,641	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180102

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Title XVIII				Hospital	PPS	
		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	0	50.00
50.01	REHAB MEDICINE	0	0	0	0	0	0	50.01
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	ULTRA SOUND	0	0	0	0	0	0	54.01
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	0	56.01
57.00	CT SCAN	0	0	0	0	0	0	57.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	0	60.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
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 PATIENTS	0	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	DIABETES	0	0	0	0	0	0	76.00
76.01	LI THOTRI PTOR	0	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	0	0	0	0	0	90.00
90.01	PARTIAL HOSPITAL PRG	0	0	0	0	0	0	90.01
90.02	PAIN MANAGEMENT	0	0	0	0	0	0	90.02
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								
95.00	AMBULANCE SERVICES							95.00
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: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 12:37 pm
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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	49,764,148	0.000000	0.000000	13,176,372	50.00
50.01 REHAB MEDICINE	0	4,896,376	0.000000	0.000000	1,029,185	50.01
51.00 RECOVERY ROOM	0	2,952,062	0.000000	0.000000	692,639	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	693,942	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	5,761,680	0.000000	0.000000	1,497,110	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	42,380,154	0.000000	0.000000	6,400,115	54.00
54.01 ULTRASOUND	0	4,294,291	0.000000	0.000000	408,021	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	724,971	0.000000	0.000000	74,779	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	0	12,988,111	0.000000	0.000000	1,209,217	56.01
57.00 CT SCAN	0	42,225,747	0.000000	0.000000	6,731,856	57.00
59.00 CARDIAC CATHETERIZATION	0	32,600,952	0.000000	0.000000	9,955,426	59.00
60.00 LABORATORY	0	58,367,685	0.000000	0.000000	19,303,999	60.00
64.00 INTRAVENOUS THERAPY	0	7,992,001	0.000000	0.000000	2,465,161	64.00
65.00 RESPIRATORY THERAPY	0	10,009,965	0.000000	0.000000	4,864,460	65.00
66.00 PHYSICAL THERAPY	0	5,069,627	0.000000	0.000000	1,243,999	66.00
67.00 OCCUPATIONAL THERAPY	0	1,744,009	0.000000	0.000000	305,714	67.00
68.00 SPEECH PATHOLOGY	0	987,620	0.000000	0.000000	44,160	68.00
69.00 ELECTROCARDIOLOGY	0	19,731,337	0.000000	0.000000	4,926,755	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	3,407,543	0.000000	0.000000	315,765	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,023,920	0.000000	0.000000	8,032,442	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	58,871,193	0.000000	0.000000	25,817,619	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	40,439,543	0.000000	0.000000	13,136,284	73.00
74.00 RENAL DIALYSIS	0	2,299,918	0.000000	0.000000	1,173,534	74.00
76.00 DIABETES	0	110	0.000000	0.000000	0	76.00
76.01 LI THOTRIPTOR	0	5,228,005	0.000000	0.000000	111,630	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	4,508,934	0.000000	0.000000	664	90.00
90.01 PARTIAL HOSPITAL PRG	0	1,117,146	0.000000	0.000000	171	90.01
90.02 PAIN MANAGEMENT	0	13,798,908	0.000000	0.000000	25,580	90.02
91.00 EMERGENCY	0	25,146,562	0.000000	0.000000	3,499,430	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,789,552	0.000000	0.000000	776,914	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (Lines 50-199)	0	479,816,012			127,219,001	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180102

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	OPERATING ROOM	0	6,772,629	0		50.00
50.01	REHAB MEDICINE	0	399	0		50.01
51.00	RECOVERY ROOM	0	543,645	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	1,102,853	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	11,498,165	0		54.00
54.01	ULTRA SOUND	0	837,001	0		54.01
55.00	RADIOLOGY - THERAPEUTIC	0	198,850	0		55.00
56.00	RADIOISOTOPE	0	0	0		56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	0	4,426,076	0		56.01
57.00	CT SCAN	0	11,061,800	0		57.00
59.00	CARDIAC CATHETERIZATION	0	7,280,418	0		59.00
60.00	LABORATORY	0	1,941,006	0		60.00
64.00	INTRAVENOUS THERAPY	0	1,247,946	0		64.00
65.00	RESPIRATORY THERAPY	0	334,194	0		65.00
66.00	PHYSICAL THERAPY	0	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	7,335,930	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	997,318	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,238,277	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	9,471,383	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	6,121,935	0		73.00
74.00	RENAL DIALYSIS	0	128,942	0		74.00
76.00	DIABETES	0	0	0		76.00
76.01	LITHOTRIPTOR	0	1,693,055	0		76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	2,446,693	0		90.00
90.01	PARTIAL HOSPITAL PRG	0	198,153	0		90.01
90.02	PAIN MANAGEMENT	0	7,603,429	0		90.02
91.00	EMERGENCY	0	4,096,566	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	728,060	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	0	91,304,723	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 12:37 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS
		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	0.309218	6,772,629	0	4,425	50.00
50.01 REHAB MEDICINE	0.447305	399	0	0	50.01
51.00 RECOVERY ROOM	0.358342	543,645	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.962033	0	0	0	52.00
53.00 ANESTHESIOLOGY	0.058060	1,102,853	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.145446	11,498,165	0	0	54.00
54.01 ULTRA SOUND	0.137199	837,001	0	0	54.01
55.00 RADIOLOGY - THERAPEUTIC	0.009770	198,850	0	0	55.00
56.00 RADIOISOTOPE	0.000000	0	0	0	56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	0.087925	4,426,076	0	0	56.01
57.00 CT SCAN	0.043040	11,061,800	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0.074550	7,280,418	0	0	59.00
60.00 LABORATORY	0.145022	1,941,006	0	1,532	60.00
64.00 INTRAVENOUS THERAPY	0.075148	1,247,946	0	0	64.00
65.00 RESPIRATORY THERAPY	0.173884	334,194	0	0	65.00
66.00 PHYSICAL THERAPY	0.308723	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0.301384	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0.293796	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0.120828	7,335,930	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0.262926	997,318	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773300	3,238,277	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0.218552	9,471,383	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.401462	6,121,935	0	6,845	73.00
74.00 RENAL DIALYSIS	0.529775	128,942	0	0	74.00
76.00 DIABETES	42.554545	0	0	0	76.00
76.01 LITHOTRIPTOR	0.144492	1,693,055	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0.231478	2,446,693	0	-1,606	90.00
90.01 PARTIAL HOSPITAL PRG	0.684814	198,153	0	0	90.01
90.02 PAIN MANAGEMENT	0.088356	7,603,429	0	0	90.02
91.00 EMERGENCY	0.206223	4,096,566	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.823708	728,060	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES	0.552034		0		95.00
200.00 Subtotal (see instructions)		91,304,723	0	11,196	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		91,304,723	0	11,196	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 12:37 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	2,094,219	0	1,368		50.00
50.01 REHAB MEDICINE	178	0	0		50.01
51.00 RECOVERY ROOM	194,811	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	64,032	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,672,362	0	0		54.00
54.01 ULTRA SOUND	114,836	0	0		54.01
55.00 RADIOLOGY - THERAPEUTIC	1,943	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	389,163	0	0		56.01
57.00 CT SCAN	476,100	0	0		57.00
59.00 CARDIAC CATHETERIZATION	542,755	0	0		59.00
60.00 LABORATORY	281,489	0	222		60.00
64.00 INTRAVENOUS THERAPY	93,781	0	0		64.00
65.00 RESPIRATORY THERAPY	58,111	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	886,386	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	262,221	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,504,160	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	2,069,990	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	2,457,724	0	2,748		73.00
74.00 RENAL DIALYSIS	68,310	0	0		74.00
76.00 DIABETES	0	0	0		76.00
76.01 LI THOTRI PTOR	244,633	0	0		76.01
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	566,356	0	-372		90.00
90.01 PARTIAL HOSPITAL PRG	135,698	0	0		90.01
90.02 PAIN MANAGEMENT	671,809	0	0		90.02
91.00 EMERGENCY	844,806	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	599,709	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	17,295,582	0	3,966		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	17,295,582	0	3,966		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 180102 Component CCN: 18S102		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/30/2012 12:37 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	3,590,173	49,764,148	0.072144	442	32	50.00
50.01	REHAB MEDICINE	199,250	4,896,376	0.040693	8,492	346	50.01
51.00	RECOVERY ROOM	207,421	2,952,062	0.070263	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	74,747	693,942	0.107714	0	0	52.00
53.00	ANESTHESIOLOGY	198,162	5,761,680	0.034393	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,818,054	42,380,154	0.066495	59,321	3,945	54.00
54.01	ULTRA SOUND	217,169	4,294,291	0.050572	3,256	165	54.01
55.00	RADIOLOGY - THERAPEUTIC	306	724,971	0.000422	0	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	93,509	12,988,111	0.007200	0	0	56.01
57.00	CT SCAN	887,923	42,225,747	0.021028	92,884	1,953	57.00
59.00	CARDIAC CATHETERIZATION	300,934	32,600,952	0.009231	0	0	59.00
60.00	LABORATORY	697,288	58,367,685	0.011946	472,724	5,647	60.00
64.00	INTRAVENOUS THERAPY	24,259	7,992,001	0.003035	16,829	51	64.00
65.00	RESPIRATORY THERAPY	187,091	10,009,965	0.018690	15,044	281	65.00
66.00	PHYSICAL THERAPY	107,237	5,069,627	0.021153	13,712	290	66.00
67.00	OCCUPATIONAL THERAPY	19,303	1,744,009	0.011068	3,758	42	67.00
68.00	SPEECH PATHOLOGY	15,093	987,620	0.015282	145	2	68.00
69.00	ELECTROCARDIOLOGY	606,048	19,731,337	0.030715	34,141	1,049	69.00
70.00	ELECTROENCEPHALOGRAPHY	203,630	3,407,543	0.059759	10,048	600	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	891,109	19,023,920	0.046842	3,177	149	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	448,259	58,871,193	0.007614	304	2	72.00
73.00	DRUGS CHARGED TO PATIENTS	794,011	40,439,543	0.019635	313,901	6,163	73.00
74.00	RENAL DIALYSIS	189,576	2,299,918	0.082427	1,220	101	74.00
76.00	DIABETES	2,763	110	25.118182	0	0	76.00
76.01	LITHOTRIPTOR	15,694	5,228,005	0.003002	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	83,133	4,508,934	0.018437	0	0	90.00
90.01	PARTIAL HOSPITAL PRG	48,743	1,117,146	0.043632	1,103	48	90.01
90.02	PAIN MANAGEMENT	36,215	13,798,908	0.002624	0	0	90.02
91.00	EMERGENCY	417,972	25,146,562	0.016621	298,628	4,963	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	220,773	2,789,552	0.079143	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	13,595,845	479,816,012		1,349,129	25,829	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180102

Period:

Worksheet D

Component CCN: 18S102

From 01/01/2011

Part IV

To 12/31/2011

Date/Time Prepared:

Title XVIII

Subprovider -

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
50.01 REHAB MEDICINE	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 DIABETES	0	0	0	0	0	76.00
76.01 LITHOTRIPTOR	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02 PAIN MANAGEMENT	0	0	0	0	0	90.02
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						
95.00 AMBULANCE SERVICES						95.00
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: 180102 Component CCN: 18S102	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 12:37 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	49,764,148	0.000000	0.000000	442	50.00
50.01 REHAB MEDICINE	0	4,896,376	0.000000	0.000000	8,492	50.01
51.00 RECOVERY ROOM	0	2,952,062	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	693,942	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	5,761,680	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	42,380,154	0.000000	0.000000	59,321	54.00
54.01 ULTRA SOUND	0	4,294,291	0.000000	0.000000	3,256	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	724,971	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	0	12,988,111	0.000000	0.000000	0	56.01
57.00 CT SCAN	0	42,225,747	0.000000	0.000000	92,884	57.00
59.00 CARDIAC CATHETERIZATION	0	32,600,952	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	58,367,685	0.000000	0.000000	472,724	60.00
64.00 INTRAVENOUS THERAPY	0	7,992,001	0.000000	0.000000	16,829	64.00
65.00 RESPIRATORY THERAPY	0	10,009,965	0.000000	0.000000	15,044	65.00
66.00 PHYSICAL THERAPY	0	5,069,627	0.000000	0.000000	13,712	66.00
67.00 OCCUPATIONAL THERAPY	0	1,744,009	0.000000	0.000000	3,758	67.00
68.00 SPEECH PATHOLOGY	0	987,620	0.000000	0.000000	145	68.00
69.00 ELECTROCARDIOLOGY	0	19,731,337	0.000000	0.000000	34,141	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	3,407,543	0.000000	0.000000	10,048	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,023,920	0.000000	0.000000	3,177	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	58,871,193	0.000000	0.000000	304	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	40,439,543	0.000000	0.000000	313,901	73.00
74.00 RENAL DIALYSIS	0	2,299,918	0.000000	0.000000	1,220	74.00
76.00 DIABETES	0	110	0.000000	0.000000	0	76.00
76.01 LI THOTRIPTOR	0	5,228,005	0.000000	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	4,508,934	0.000000	0.000000	0	90.00
90.01 PARTIAL HOSPITAL PRG	0	1,117,146	0.000000	0.000000	1,103	90.01
90.02 PAIN MANAGEMENT	0	13,798,908	0.000000	0.000000	0	90.02
91.00 EMERGENCY	0	25,146,562	0.000000	0.000000	298,628	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,789,552	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	479,816,012			1,349,129	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180102 Component CCN: 18S102	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 12:37 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)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
50.01 REHAB MEDICINE	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	536	0	54.00
54.01 ULTRA SOUND	0	0	0	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	56.01
57.00 CT SCAN	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	2	0	59.00
60.00 LABORATORY	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	26	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	1,432	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	3,574	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
76.00 DIABETES	0	0	0	76.00
76.01 LI THOTRIPTOR	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
90.01 PARTIAL HOSPITAL PRG	0	200,910	0	90.01
90.02 PAIN MANAGEMENT	0	114	0	90.02
91.00 EMERGENCY	0	1,316	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	0	207,910	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 12:37 pm	
		Component CCN: 18S102	Title XVIII	Subprovider - IPF	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	0.309218	0	0	50.00
50.01	REHAB MEDICINE	0.447305	0	0	50.01
51.00	RECOVERY ROOM	0.358342	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.962033	0	0	52.00
53.00	ANESTHESIOLOGY	0.058060	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.145446	536	0	54.00
54.01	ULTRA SOUND	0.137199	0	0	54.01
55.00	RADIOLOGY - THERAPEUTIC	0.009770	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	0.087925	0	0	56.01
57.00	CT SCAN	0.043040	0	0	57.00
59.00	CARDIAC CATHETERIZATION	0.074550	2	0	59.00
60.00	LABORATORY	0.145022	0	0	60.00
64.00	INTRAVENOUS THERAPY	0.075148	0	0	64.00
65.00	RESPIRATORY THERAPY	0.173884	26	0	65.00
66.00	PHYSICAL THERAPY	0.308723	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.301384	0	0	67.00
68.00	SPEECH PATHOLOGY	0.293796	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.120828	1,432	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.262926	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773300	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.218552	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.401462	3,574	0	73.00
74.00	RENAL DIALYSIS	0.529775	0	0	74.00
76.00	DIABETES	42.554545	0	0	76.00
76.01	LI THOTRIPTOR	0.144492	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.231478	0	0	90.00
90.01	PARTIAL HOSPITAL PRG	0.684814	200,910	0	90.01
90.02	PAIN MANAGEMENT	0.088356	114	0	90.02
91.00	EMERGENCY	0.206223	1,316	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.823708	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES	0.552034		0	95.00
200.00	Subtotal (see instructions)		207,910	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 +/- line 201)		207,910	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 180102 Component CCN: 18S102	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 12:37 pm
	Title XVIII	Subprovider - IPF	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
50.01 REHAB MEDICINE	0	0	0		50.01
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	78	0	0		54.00
54.01 ULTRA SOUND	0	0	0		54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00 CT SCAN	0	0	0		57.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
64.00 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 RESPIRATORY THERAPY	5	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	173	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,435	0	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
76.00 DIABETES	0	0	0		76.00
76.01 LITHOTRIPTOR	0	0	0		76.01
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0		90.00
90.01 PARTIAL HOSPITAL PRG	137,586	0	0		90.01
90.02 PAIN MANAGEMENT	10	0	0		90.02
91.00 EMERGENCY	271	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	139,558	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	139,558	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 180102 Component CCN: 18T102		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/30/2012 12:37 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	3,590,173	49,764,148	0.072144	62,564	4,514	50.00
50.01	REHAB MEDICINE	199,250	4,896,376	0.040693	2,497,689	101,638	50.01
51.00	RECOVERY ROOM	207,421	2,952,062	0.070263	2,890	203	51.00
52.00	DELIVERY ROOM & LABOR ROOM	74,747	693,942	0.107714	0	0	52.00
53.00	ANESTHESIOLOGY	198,162	5,761,680	0.034393	6,090	209	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,818,054	42,380,154	0.066495	196,458	13,063	54.00
54.01	ULTRA SOUND	217,169	4,294,291	0.050572	11,857	600	54.01
55.00	RADIOLOGY - THERAPEUTIC	306	724,971	0.000422	0	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	93,509	12,988,111	0.007200	21,637	156	56.01
57.00	CT SCAN	887,923	42,225,747	0.021028	292,249	6,145	57.00
59.00	CARDIAC CATHETERIZATION	300,934	32,600,952	0.009231	9,274	86	59.00
60.00	LABORATORY	697,288	58,367,685	0.011946	1,635,884	19,542	60.00
64.00	INTRAVENOUS THERAPY	24,259	7,992,001	0.003035	51,613	157	64.00
65.00	RESPIRATORY THERAPY	187,091	10,009,965	0.018690	306,278	5,724	65.00
66.00	PHYSICAL THERAPY	107,237	5,069,627	0.021153	871,727	18,440	66.00
67.00	OCCUPATIONAL THERAPY	19,303	1,744,009	0.011068	422,600	4,677	67.00
68.00	SPEECH PATHOLOGY	15,093	987,620	0.015282	131,271	2,006	68.00
69.00	ELECTROCARDIOLOGY	606,048	19,731,337	0.030715	201,396	6,186	69.00
70.00	ELECTROENCEPHALOGRAPHY	203,630	3,407,543	0.059759	23,998	1,434	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	891,109	19,023,920	0.046842	192,695	9,026	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	448,259	58,871,193	0.007614	58,618	446	72.00
73.00	DRUGS CHARGED TO PATIENTS	794,011	40,439,543	0.019635	1,072,135	21,051	73.00
74.00	RENAL DIALYSIS	189,576	2,299,918	0.082427	112,170	9,246	74.00
76.00	DIABETES	2,763	110	25.118182	0	0	76.00
76.01	LITHOTRIPTOR	15,694	5,228,005	0.003002	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	83,133	4,508,934	0.018437	0	0	90.00
90.01	PARTIAL HOSPITAL PRG	48,743	1,117,146	0.043632	0	0	90.01
90.02	PAIN MANAGEMENT	36,215	13,798,908	0.002624	1,010	3	90.02
91.00	EMERGENCY	417,972	25,146,562	0.016621	18,144	302	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	220,773	2,789,552	0.079143	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	13,595,845	479,816,012		8,200,247	224,854	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180102

Period:

Worksheet D

Component CCN: 18T102

From 01/01/2011

Part IV

To 12/31/2011

Date/Time Prepared:

Title XVIII

Subprovider -

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
50.01 REHAB MEDICINE	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 DIABETES	0	0	0	0	0	76.00
76.01 LITHOTRIPTOR	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02 PAIN MANAGEMENT	0	0	0	0	0	90.02
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						
95.00 AMBULANCE SERVICES						95.00
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: 180102 Component CCN: 18T102	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 12:37 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	49,764,148	0.000000	0.000000	62,564	50.00
50.01 REHAB MEDICINE	0	4,896,376	0.000000	0.000000	2,497,689	50.01
51.00 RECOVERY ROOM	0	2,952,062	0.000000	0.000000	2,890	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	693,942	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	5,761,680	0.000000	0.000000	6,090	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	42,380,154	0.000000	0.000000	196,458	54.00
54.01 ULTRA SOUND	0	4,294,291	0.000000	0.000000	11,857	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	724,971	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	0	12,988,111	0.000000	0.000000	21,637	56.01
57.00 CT SCAN	0	42,225,747	0.000000	0.000000	292,249	57.00
59.00 CARDIAC CATHETERIZATION	0	32,600,952	0.000000	0.000000	9,274	59.00
60.00 LABORATORY	0	58,367,685	0.000000	0.000000	1,635,884	60.00
64.00 INTRAVENOUS THERAPY	0	7,992,001	0.000000	0.000000	51,613	64.00
65.00 RESPIRATORY THERAPY	0	10,009,965	0.000000	0.000000	306,278	65.00
66.00 PHYSICAL THERAPY	0	5,069,627	0.000000	0.000000	871,727	66.00
67.00 OCCUPATIONAL THERAPY	0	1,744,009	0.000000	0.000000	422,600	67.00
68.00 SPEECH PATHOLOGY	0	987,620	0.000000	0.000000	131,271	68.00
69.00 ELECTROCARDIOLOGY	0	19,731,337	0.000000	0.000000	201,396	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	3,407,543	0.000000	0.000000	23,998	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,023,920	0.000000	0.000000	192,695	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	58,871,193	0.000000	0.000000	58,618	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	40,439,543	0.000000	0.000000	1,072,135	73.00
74.00 RENAL DIALYSIS	0	2,299,918	0.000000	0.000000	112,170	74.00
76.00 DIABETES	0	110	0.000000	0.000000	0	76.00
76.01 LITHOTRIPTOR	0	5,228,005	0.000000	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	4,508,934	0.000000	0.000000	0	90.00
90.01 PARTIAL HOSPITAL PRG	0	1,117,146	0.000000	0.000000	0	90.01
90.02 PAIN MANAGEMENT	0	13,798,908	0.000000	0.000000	1,010	90.02
91.00 EMERGENCY	0	25,146,562	0.000000	0.000000	18,144	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,789,552	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	479,816,012			8,200,247	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180102 Component CCN: 18T102	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 12:37 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)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
50.01 REHAB MEDICINE	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 ULTRA SOUND	0	0	0	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	56.01
57.00 CT SCAN	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
76.00 DIABETES	0	0	0	76.00
76.01 LI THOTRIPTOR	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
90.01 PARTIAL HOSPITAL PRG	0	0	0	90.01
90.02 PAIN MANAGEMENT	0	0	0	90.02
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180102 Component CCN: 185412	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 12:37 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
50.01 REHAB MEDICINE	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	0	0	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00 CT SCAN	0	0	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 DIABETES	0	0	0	0	0	76.00
76.01 LITHOTRIPTOR	0	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02 PAIN MANAGEMENT	0	0	0	0	0	90.02
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						
95.00 AMBULANCE SERVICES						95.00
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: 180102 Component CCN: 185412	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 12:37 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	49,764,148	0.000000	0.000000	92,211	50.00
50.01 REHAB MEDICINE	0	4,896,376	0.000000	0.000000	547,702	50.01
51.00 RECOVERY ROOM	0	2,952,062	0.000000	0.000000	15	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	693,942	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	5,761,680	0.000000	0.000000	12,670	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	42,380,154	0.000000	0.000000	116,238	54.00
54.01 ULTRA SOUND	0	4,294,291	0.000000	0.000000	9,129	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	724,971	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	0	12,988,111	0.000000	0.000000	5,949	56.01
57.00 CT SCAN	0	42,225,747	0.000000	0.000000	6,646	57.00
59.00 CARDIAC CATHETERIZATION	0	32,600,952	0.000000	0.000000	7,310	59.00
60.00 LABORATORY	0	58,367,685	0.000000	0.000000	924,816	60.00
64.00 INTRAVENOUS THERAPY	0	7,992,001	0.000000	0.000000	117,325	64.00
65.00 RESPIRATORY THERAPY	0	10,009,965	0.000000	0.000000	400,090	65.00
66.00 PHYSICAL THERAPY	0	5,069,627	0.000000	0.000000	323,311	66.00
67.00 OCCUPATIONAL THERAPY	0	1,744,009	0.000000	0.000000	196,013	67.00
68.00 SPEECH PATHOLOGY	0	987,620	0.000000	0.000000	17,557	68.00
69.00 ELECTROCARDIOLOGY	0	19,731,337	0.000000	0.000000	58,754	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	3,407,543	0.000000	0.000000	10,805	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,023,920	0.000000	0.000000	287,333	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	58,871,193	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	40,439,543	0.000000	0.000000	1,179,773	73.00
74.00 RENAL DIALYSIS	0	2,299,918	0.000000	0.000000	1,251	74.00
76.00 DIABETES	0	110	0.000000	0.000000	0	76.00
76.01 LITHOTRIPTOR	0	5,228,005	0.000000	0.000000	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	4,508,934	0.000000	0.000000	0	90.00
90.01 PARTIAL HOSPITAL PRG	0	1,117,146	0.000000	0.000000	0	90.01
90.02 PAIN MANAGEMENT	0	13,798,908	0.000000	0.000000	337	90.02
91.00 EMERGENCY	0	25,146,562	0.000000	0.000000	4,467	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,789,552	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES						95.00
200.00 Total (lines 50-199)	0	479,816,012			4,319,702	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180102 Component CCN: 185412	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 12:37 pm PPS
Title XVIII		Skilled Nursing Facility	

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
50.01 REHAB MEDICINE	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 ULTRA SOUND	0	0	0	54.01
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	56.01
57.00 CT SCAN	0	0	0	57.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
76.00 DIABETES	0	0	0	76.00
76.01 LI THOTRIPTOR	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
90.01 PARTIAL HOSPITAL PRG	0	0	0	90.01
90.02 PAIN MANAGEMENT	0	0	0	90.02
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 12:37 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges			
			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	0.293757	0	1,500,038	0	50.00
50.01	REHAB MEDICINE	0.424940	0	0	0	50.01
51.00	RECOVERY ROOM	0.340425	0	101,920	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.913932	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.055158	0	133,725	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.138174	0	1,620,492	0	54.00
54.01	ULTRA SOUND	0.130339	0	269,102	0	54.01
55.00	RADIOLOGY - THERAPEUTIC	0.009282	0	130,654	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	0.083529	0	367,226	0	56.01
57.00	CT SCAN	0.040888	0	2,125,855	0	57.00
59.00	CARDIAC CATHETERIZATION	0.070822	0	380,655	0	59.00
60.00	LABORATORY	0.137771	0	1,470,095	0	60.00
64.00	INTRAVENOUS THERAPY	0.071391	0	173,980	0	64.00
65.00	RESPIRATORY THERAPY	0.165190	0	272,725	0	65.00
66.00	PHYSICAL THERAPY	0.293287	0	97,259	0	66.00
67.00	OCCUPATIONAL THERAPY	0.286314	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.279106	0	119,995	0	68.00
69.00	ELECTROCARDIOLOGY	0.114787	0	282,781	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.249779	0	172,090	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.734635	0	677,413	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.207624	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.381389	0	2,290,110	0	73.00
74.00	RENAL DIALYSIS	0.503286	0	0	0	74.00
76.00	DIABETES	40.427273	0	0	0	76.00
76.01	LITHOTRIPTOR	0.137267	0	130,235	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.219904	0	0	0	90.00
90.01	PARTIAL HOSPITAL PRG	0.650573	0	0	0	90.01
90.02	PAIN MANAGEMENT	0.083939	0	604,138	0	90.02
91.00	EMERGENCY	0.195911	0	2,674,305	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.782522	0	161,388	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0.524441	0	0	0	95.00
200.00	Subtotal (see instructions)		0	15,756,181	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	15,756,181	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 12:37 pm
	Title XIX	Hospital	Cost

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	440,647	0		50.00
50.01 REHAB MEDICINE	0	0	0		50.01
51.00 RECOVERY ROOM	0	34,696	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	7,376	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	223,910	0		54.00
54.01 ULTRA SOUND	0	35,074	0		54.01
55.00 RADIOLOGY - THERAPEUTIC	0	1,213	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
56.01 NUCLEAR MEDICINE - DIAGNOSTIC	0	30,674	0		56.01
57.00 CT SCAN	0	86,922	0		57.00
59.00 CARDIAC CATHETERIZATION	0	26,959	0		59.00
60.00 LABORATORY	0	202,536	0		60.00
64.00 INTRAVENOUS THERAPY	0	12,421	0		64.00
65.00 RESPIRATORY THERAPY	0	45,051	0		65.00
66.00 PHYSICAL THERAPY	0	28,525	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	33,491	0		68.00
69.00 ELECTROCARDIOLOGY	0	32,460	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	42,984	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	497,651	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	873,423	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
76.00 DIABETES	0	0	0		76.00
76.01 LI THOTRI PTOR	0	17,877	0		76.01
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0		90.00
90.01 PARTIAL HOSPITAL PRG	0	0	0		90.01
90.02 PAIN MANAGEMENT	0	50,711	0		90.02
91.00 EMERGENCY	0	523,926	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	126,290	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	0	3,374,817	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	3,374,817	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2012 12:37 pm
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,374	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,374	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)		39,374	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)		20,157	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		21,654,630	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		21,654,630	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		29,853,910	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		29,853,910	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.725353	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)		758.21	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		21,654,630	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)		549.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,085,745	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,085,745	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/30/2012 12: 37 pm		
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
NURSERY (title V & XIX only)			0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT		4,058,696	3,752	1,081.74	2,068	2,237,038
44.00	CORONARY CARE UNIT		3,011,566	2,887	1,043.15	1,650	1,721,198
45.00	BURN INTENSIVE CARE UNIT						
46.00	SURGICAL INTENSIVE CARE UNIT						
47.00	OTHER SPECIAL CARE (SPECIFY)						
Cost Center Description							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						31,123,438
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						46,167,419
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						1,472,981
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						3,358,176
52.00	Total Program excludable cost (sum of lines 50 and 51)						4,831,157
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						41,336,262
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0
55.00	Target amount per discharge						0.00
56.00	Target amount (line 54 x line 55)						0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0
58.00	Bonus payment (see instructions)						0
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
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00
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
62.00	Relief payment (see instructions)						0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0
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)						4,178
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						549.97
89.00	Observation bed cost (line 87 x line 88) (see instructions)						2,297,775

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 12:37 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	2,080,604	21,654,630	0.096081	2,297,775	220,773	90.00
91.00	Nursing School cost	0	21,654,630	0.000000	2,297,775	0	91.00
92.00	Allied health cost	0	21,654,630	0.000000	2,297,775	0	92.00
93.00	All other Medical Education	0	21,654,630	0.000000	2,297,775	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 18S102		Date/Time Prepared: 5/30/2012 12:37 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		6,162	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		6,162	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)		6,162	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,458	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)		3,791,983	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)		3,791,983	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		8,090,608	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		8,090,608	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.468689	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)		1,312.98	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,791,983	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)		615.38	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,512,604	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,512,604	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 18S102				Date/Time Prepared: 5/30/2012 12:37 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					293,148		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,805,752		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)					119,901		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					25,829		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					145,730		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,660,022		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: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 18S102				Date/Time Prepared: 5/30/2012 12:37 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	300,552	3,791,983	0.079260	0	0	90.00
91.00	Nursing School cost	0	3,791,983	0.000000	0	0	91.00
92.00	Allied health cost	0	3,791,983	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,791,983	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 18T102		Date/Time Prepared: 5/30/2012 12:37 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		7,015	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		7,015	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)		7,015	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)		5,636	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)		3,998,602	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)		3,998,602	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		5,083,719	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,083,719	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.786551	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)		724.69	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)		3,998,602	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)		570.01	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,212,576	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)		3,212,576	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 18T102				Date/Time Prepared: 5/30/2012 12:37 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							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)					2,598,909		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					5,811,485		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)					312,403		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					224,854		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					537,257		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,274,228		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: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 18T102				Date/Time Prepared: 5/30/2012 12:37 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	388,826	3,998,602	0.097240	0	0	90.00
91.00	Nursing School cost	0	3,998,602	0.000000	0	0	91.00
92.00	Allied health cost	0	3,998,602	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,998,602	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 185412		Date/Time Prepared: 5/30/2012 12:37 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,787	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,787	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)		5,787	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)		4,672	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,490,788	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,490,788	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,469,983	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,469,983	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.717810	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)		599.62	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,490,788	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: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1		
		Component CCN: 185412		Date/Time Prepared: 5/30/2012 12:37 pm		
		Title XVIII	Skilled Nursing Facility	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT					43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges					54.00
55.00	Target amount per discharge					55.00
56.00	Target amount (line 54 x line 55)					56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					57.00
58.00	Bonus payment (see instructions)					58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					61.00
62.00	Relief payment (see instructions)					62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					2,490,788 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					430.41 71.00
72.00	Program routine service cost (line 9 x line 71)					2,010,876 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)					2,010,876 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)					2,010,876 83.00
84.00	Program inpatient ancillary services (see instructions)					1,377,691 84.00
85.00	Utilization review - physician compensation (see instructions)					0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					3,388,567 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: 180102 Component CCN: 185412		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 12:37 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2012 12:37 pm
Cost Center Description		Cost		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		39,374	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		39,374	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)		39,374	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,069	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)		574	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		21,654,630	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		21,654,630	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		29,853,910	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		29,853,910	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.725353	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)		758.21	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		21,654,630	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)		549.97	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,137,888	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,137,888	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/30/2012 12:37 pm	
Cost Center Description			Title XIX	Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	2,000,988	574	3,486.04	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	4,058,696	3,752	1,081.74	0	43.00
44.00	CORONARY CARE UNIT	3,011,566	2,887	1,043.15	0	44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				2,738,921	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				3,876,809	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)				0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				0	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)				4,178	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				549.97	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				2,297,775	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 12:37 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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 12:37 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		16,397,397		30.00
31.00	INTENSIVE CARE UNIT		2,831,790		31.00
32.00	CORONARY CARE UNIT		2,260,500		32.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.309218	13,176,372	4,074,371	50.00
50.01	REHAB MEDICINE	0.447305	1,029,185	460,360	50.01
51.00	RECOVERY ROOM	0.358342	692,639	248,202	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.962033	0	0	52.00
53.00	ANESTHESIOLOGY	0.058060	1,497,110	86,922	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.145446	6,400,115	930,871	54.00
54.01	ULTRA SOUND	0.137199	408,021	55,980	54.01
55.00	RADIOLOGY - THERAPEUTIC	0.009770	74,779	731	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	0.087925	1,209,217	106,320	56.01
57.00	CT SCAN	0.043040	6,731,856	289,739	57.00
59.00	CARDIAC CATHETERIZATION	0.074550	9,955,426	742,177	59.00
60.00	LABORATORY	0.145022	19,303,999	2,799,505	60.00
64.00	INTRAVENOUS THERAPY	0.075148	2,465,161	185,252	64.00
65.00	RESPIRATORY THERAPY	0.173884	4,864,460	845,852	65.00
66.00	PHYSICAL THERAPY	0.308723	1,243,999	384,051	66.00
67.00	OCCUPATIONAL THERAPY	0.301384	305,714	92,137	67.00
68.00	SPEECH PATHOLOGY	0.293796	44,160	12,974	68.00
69.00	ELECTROCARDIOLOGY	0.120828	4,926,755	595,290	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.262926	315,765	83,023	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773300	8,032,442	6,211,487	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.218552	25,817,619	5,642,492	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.401462	13,136,284	5,273,719	73.00
74.00	RENAL DIALYSIS	0.529775	1,173,534	621,709	74.00
76.00	DIABETES	42.554545	0	0	76.00
76.01	LITHOTRIPTOR	0.144492	111,630	16,130	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.231478	664	154	90.00
90.01	PARTIAL HOSPITAL PRG	0.684814	171	117	90.01
90.02	PAIN MANAGEMENT	0.088356	25,580	2,260	90.02
91.00	EMERGENCY	0.206223	3,499,430	721,663	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.823708	776,914	639,950	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		127,219,001	31,123,438	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)		127,219,001		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 18S102		Date/Time Prepared: 5/30/2012 12:37 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
32.00	CORONARY CARE UNIT		0		32.00
40.00	SUBPROVIDER - IPF		2,795,934		40.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.309218	442	137	50.00
50.01	REHAB MEDICINE	0.447305	8,492	3,799	50.01
51.00	RECOVERY ROOM	0.358342	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.962033	0	0	52.00
53.00	ANESTHESIOLOGY	0.058060	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.145446	59,321	8,628	54.00
54.01	ULTRA SOUND	0.137199	3,256	447	54.01
55.00	RADIOLOGY - THERAPEUTIC	0.009770	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	0.087925	0	0	56.01
57.00	CT SCAN	0.043040	92,884	3,998	57.00
59.00	CARDIAC CATHETERIZATION	0.074550	0	0	59.00
60.00	LABORATORY	0.145022	472,724	68,555	60.00
64.00	INTRAVENOUS THERAPY	0.075148	16,829	1,265	64.00
65.00	RESPIRATORY THERAPY	0.173884	15,044	2,616	65.00
66.00	PHYSICAL THERAPY	0.308723	13,712	4,233	66.00
67.00	OCCUPATIONAL THERAPY	0.301384	3,758	1,133	67.00
68.00	SPEECH PATHOLOGY	0.293796	145	43	68.00
69.00	ELECTROCARDIOLOGY	0.120828	34,141	4,125	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.262926	10,048	2,642	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773300	3,177	2,457	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.218552	304	66	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.401462	313,901	126,019	73.00
74.00	RENAL DIALYSIS	0.529775	1,220	646	74.00
76.00	DIABETES	42.554545	0	0	76.00
76.01	LITHOTRIPTOR	0.144492	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.231478	0	0	90.00
90.01	PARTIAL HOSPITAL PRG	0.684814	1,103	755	90.01
90.02	PAIN MANAGEMENT	0.088356	0	0	90.02
91.00	EMERGENCY	0.206223	298,628	61,584	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.823708	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		1,349,129	293,148	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		1,349,129		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 18T102		Date/Time Prepared: 5/30/2012 12:37 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
32.00	CORONARY CARE UNIT		0		32.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		4,073,792		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.309218	62,564	19,346	50.00
50.01	REHAB MEDICINE	0.447305	2,497,689	1,117,229	50.01
51.00	RECOVERY ROOM	0.358342	2,890	1,036	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.962033	0	0	52.00
53.00	ANESTHESIOLOGY	0.058060	6,090	354	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.145446	196,458	28,574	54.00
54.01	ULTRA SOUND	0.137199	11,857	1,627	54.01
55.00	RADIOLOGY - THERAPEUTIC	0.009770	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	0.087925	21,637	1,902	56.01
57.00	CT SCAN	0.043040	292,249	12,578	57.00
59.00	CARDIAC CATHETERIZATION	0.074550	9,274	691	59.00
60.00	LABORATORY	0.145022	1,635,884	237,239	60.00
64.00	INTRAVENOUS THERAPY	0.075148	51,613	3,879	64.00
65.00	RESPIRATORY THERAPY	0.173884	306,278	53,257	65.00
66.00	PHYSICAL THERAPY	0.308723	871,727	269,122	66.00
67.00	OCCUPATIONAL THERAPY	0.301384	422,600	127,365	67.00
68.00	SPEECH PATHOLOGY	0.293796	131,271	38,567	68.00
69.00	ELECTROCARDIOLOGY	0.120828	201,396	24,334	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.262926	23,998	6,310	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773300	192,695	149,011	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.218552	58,618	12,811	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.401462	1,072,135	430,421	73.00
74.00	RENAL DIALYSIS	0.529775	112,170	59,425	74.00
76.00	DIABETES	42.554545	0	0	76.00
76.01	LITHOTRIPTOR	0.144492	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.231478	0	0	90.00
90.01	PARTIAL HOSPITAL PRG	0.684814	0	0	90.01
90.02	PAIN MANAGEMENT	0.088356	1,010	89	90.02
91.00	EMERGENCY	0.206223	18,144	3,742	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.823708	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		8,200,247	2,598,909	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)		8,200,247		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 185412		Date/Time Prepared: 5/30/2012 12:37 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		2,799,858		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.309218	92,211	28,513	50.00
50.01	REHAB MEDICINE	0.447305	547,702	244,990	50.01
51.00	RECOVERY ROOM	0.358342	15	5	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.962033	0	0	52.00
53.00	ANESTHESIOLOGY	0.058060	12,670	736	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.145446	116,238	16,906	54.00
54.01	ULTRA SOUND	0.137199	9,129	1,252	54.01
55.00	RADIOLOGY - THERAPEUTIC	0.009770	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	0.087925	5,949	523	56.01
57.00	CT SCAN	0.043040	6,646	286	57.00
59.00	CARDIAC CATHETERIZATION	0.074550	7,310	545	59.00
60.00	LABORATORY	0.145022	924,816	134,119	60.00
64.00	INTRAVENOUS THERAPY	0.075148	117,325	8,817	64.00
65.00	RESPIRATORY THERAPY	0.173884	400,090	69,569	65.00
66.00	PHYSICAL THERAPY	0.308723	323,311	99,814	66.00
67.00	OCCUPATIONAL THERAPY	0.301384	196,013	59,075	67.00
68.00	SPEECH PATHOLOGY	0.293796	17,557	5,158	68.00
69.00	ELECTROCARDIOLOGY	0.120828	58,754	7,099	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.262926	10,805	2,841	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773300	287,333	222,195	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.218552	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.401462	1,179,773	473,634	73.00
74.00	RENAL DIALYSIS	0.529775	1,251	663	74.00
76.00	DIABETES	42.554545	0	0	76.00
76.01	LI THOTRI PTOR	0.144492	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.231478	0	0	90.00
90.01	PARTIAL HOSPITAL PRG	0.684814	0	0	90.01
90.02	PAIN MANAGEMENT	0.088356	337	30	90.02
91.00	EMERGENCY	0.206223	4,467	921	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.823708	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		4,319,702	1,377,691	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)		4,319,702		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 12:37 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		2,444,122		30.00
31.00	INTENSIVE CARE UNIT		197,417		31.00
32.00	CORONARY CARE UNIT		442,724		32.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY		290,262		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.309218	1,341,107	414,694	50.00
50.01	REHAB MEDICINE	0.447305	0	0	50.01
51.00	RECOVERY ROOM	0.358342	68,532	24,558	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.962033	0	0	52.00
53.00	ANESTHESIOLOGY	0.058060	131,203	7,618	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.145446	502,259	73,052	54.00
54.01	ULTRA SOUND	0.137199	0	0	54.01
55.00	RADIOLOGY - THERAPEUTIC	0.009770	93,129	910	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	NUCLEAR MEDICINE - DIAGNOSTIC	0.087925	81,197	7,139	56.01
57.00	CT SCAN	0.043040	656,652	28,262	57.00
59.00	CARDIAC CATHETERIZATION	0.074550	0	0	59.00
60.00	LABORATORY	0.145022	2,024,113	293,541	60.00
64.00	INTRAVENOUS THERAPY	0.075148	9,516	715	64.00
65.00	RESPIRATORY THERAPY	0.173884	476,781	82,905	65.00
66.00	PHYSICAL THERAPY	0.308723	119,271	36,822	66.00
67.00	OCCUPATIONAL THERAPY	0.301384	0	0	67.00
68.00	SPEECH PATHOLOGY	0.293796	31,093	9,135	68.00
69.00	ELECTROCARDIOLOGY	0.120828	1,034,813	125,034	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.262926	16,199	4,259	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.773300	642,996	497,229	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.218552	1,001,052	218,782	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.401462	1,894,102	760,410	73.00
74.00	RENAL DIALYSIS	0.529775	101,243	53,636	74.00
76.00	DIABETES	42.554545	0	0	76.00
76.01	LITHOTRIPTOR	0.144492	0	0	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.231478	0	0	90.00
90.01	PARTIAL HOSPITAL PRG	0.684814	0	0	90.01
90.02	PAIN MANAGEMENT	0.088356	407	36	90.02
91.00	EMERGENCY	0.206223	485,804	100,184	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.823708	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		10,711,469	2,738,921	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)		10,711,469		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 12:37 pm
		Title XVII I	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		37,668,663	1.00
2.00	Outlier payments for discharges. (see instructions)		745,907	2.00
3.00	Managed Care Simulated Payments		3,477,936	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		203.90	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)		6.36	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		8.95	31.00
32.00	Sum of lines 30 and 31		15.31	32.00
33.00	Allowable disproportionate share percentage (see instructions)		2.70	33.00
34.00	Disproportionate share adjustment (see instructions)		1,017,054	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		39,431,624	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		39,431,624	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,125,199	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 12:37 pm
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			42,556,823 59.00
60.00	Primary payer payments			42,537 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			42,514,286 61.00
62.00	Deductibles billed to program beneficiaries			4,179,230 62.00
63.00	Coinsurance billed to program beneficiaries			49,963 63.00
64.00	Allowable bad debts (see instructions)			819,996 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			573,997 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			396,539 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			38,859,090 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)			38,859,090 71.00
72.00	Interim payments			38,826,412 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)			32,678 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			271,215 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: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 12:37 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		3,966	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		17,295,582	2.00
3.00	PPS payments		18,203,797	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)		3,966	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		11,196	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)		11,196	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)		11,196	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		7,230	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		3,966	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)		18,203,797	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		885	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,281,768	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		13,925,110	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		13,925,110	30.00
31.00	Primary payer payments		32,795	31.00
32.00	Subtotal (line 30 minus line 31)		13,892,315	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)		484,183	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		338,928	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		213,278	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		14,231,243	37.00
38.00	MSP-LCC reconciliation amount from PS&R		11,746	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		14,219,497	40.00
41.00	Interim payments		14,136,243	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)		83,254	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: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 12:37 pm
		Component CCN: 18S102	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		139,558	2.00
3.00	PPS payments		57,470	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		57,470	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		12,320	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)		45,150	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)		45,150	30.00
31.00	Primary payer payments		681	31.00
32.00	Subtotal (line 30 minus line 31)		44,469	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)		44,469	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)		44,469	40.00
41.00	Interim payments		44,469	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: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 12:37 pm
		Component CCN: 18T102	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		1,839	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		1,839	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		556	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)		1,283	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)		1,283	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,283	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)		1,283	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)		1,283	40.00
41.00	Interim payments		1,283	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: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 12:37 pm
		Component CCN: 185412	Title XVIII	Skilled Nursing Facility PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R			38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 180102

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2012 12:37 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		38,826,412		14,136,243	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		38,826,412		14,136,243	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		32,678		83,254	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		38,859,090		14,219,497	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: 180102

Period: From 01/01/2011

Worksheet E-1

Component CCN: 18S102

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
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		1,590,602		44,469	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)		1,590,602		44,469	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		43,926		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,634,528		44,469	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: 180102

Period: From 01/01/2011

Worksheet E-1

Component CCN: 18T102

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
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		7,029,534		1,283	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)		7,029,534		1,283	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		26,001		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,055,535		1,283	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: 180102
Component CCN: 185412

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2012 12:37 pm
PPS

Title XVIII

Skilled Nursing
Facility

		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		1,282,999		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)		1,282,999		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,282,999		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/30/2012 12:37 pm
		Component CCN: 18S102	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,845,127	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	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)		16.882192	9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,845,127	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,845,127	16.00
17.00	Primary payer payments		1,213	17.00
18.00	Subtotal (line 16 less line 17).		1,843,914	18.00
19.00	Deductibles		237,464	19.00
20.00	Subtotal (line 18 minus line 19)		1,606,450	20.00
21.00	Coinurance		15,848	21.00
22.00	Subtotal (line 20 minus line 21)		1,590,602	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		62,751	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		43,926	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		56,055	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,634,528	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		1,634,528	31.00
32.00	Interim payments		1,590,602	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)		43,926	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: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/30/2012 12:37 pm
		Component CCN: 18T102	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		6,806,597	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0612	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		302,036	3.00
4.00	Outlier Payments		15,024	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)		19.219178	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)		7,123,657	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)		7,123,657	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		7,123,657	19.00
20.00	Deductibles		51,912	20.00
21.00	Subtotal (line 19 minus line 20)		7,071,745	21.00
22.00	Coinsurance		22,923	22.00
23.00	Subtotal (line 21 minus line 22)		7,048,822	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		9,590	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		6,713	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		6,226	26.00
27.00	Subtotal (sum of lines 23 and 25)		7,055,535	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)		7,055,535	32.00
33.00	Interim payments		7,029,534	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)		26,001	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: 180102 Component CCN: 185412	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VI Date/Time Prepared: 5/30/2012 12:37 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)		1,345,259	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,345,259	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		62,260	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		1,282,999	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)		1,282,999	15.00
16.00	Interim payments		1,282,999	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2012 12:37 pm
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		3,876,809	1.00
2.00	Medical and other services		3,374,817	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		7,251,626	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		7,251,626	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		26,467,650	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		26,467,650	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	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	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		26,467,650	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		19,216,024	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		7,251,626	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		7,251,626	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		7,251,626	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		7,251,626	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		7,251,626	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		7,251,626	40.00
41.00	Interim payments		7,251,626	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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

Provider CCN: 180102

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

Worksheet G
Date/Time Prepared:
5/30/2012 12:37 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	1,008,485	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	40,277,320	0	0	0	4.00
5.00	Other receivable	8,515,113	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-19,213,096	0	0	0	6.00
7.00	Inventory	4,450,398	0	0	0	7.00
8.00	Prepaid expenses	1,621,540	0	0	0	8.00
9.00	Other current assets	34,527	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)	36,694,287	0	0	0	11.00
FIXED ASSETS						
12.00	Land	453,242	0	0	0	12.00
13.00	Land improvements	2,815,642	0	0	0	13.00
14.00	Accumulated depreciation	-2,777,762	0	0	0	14.00
15.00	Buildings	89,403,955	0	0	0	15.00
16.00	Accumulated depreciation	-50,201,135	0	0	0	16.00
17.00	Leasehold improvements	4,007,836	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	33,854,909	0	0	0	19.00
20.00	Accumulated depreciation	-27,822,677	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	66,096,458	0	0	0	23.00
24.00	Accumulated depreciation	-57,252,774	0	0	0	24.00
25.00	Minor equipment depreciable	6,665,055	0	0	0	25.00
26.00	Accumulated depreciation	-2,937,653	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	62,305,096	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	72,597,586	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	21,115,648	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	93,713,234	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	192,712,617	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,156,584	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,498,676	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	1,638,568	0	0	0	43.00
44.00	Other current liabilities	6,411,469	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	23,705,297	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	27,694,921	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	389,125	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	28,084,046	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	51,789,343	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	140,923,274				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	140,923,274	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	192,712,617	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 180102

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

Worksheet G-1

Date/Time Prepared:
5/30/2012 12:37 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		127,160,374	
2.00	Net income (loss) (From Wkst. G-3, line 29)		13,762,900			2.00
3.00	Total (sum of line 1 and line 2)		140,923,274		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		140,923,274		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		140,923,274		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 180102

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

Worksheet G-1

Date/Time Prepared:
5/30/2012 12:37 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00			0		0	1.00
2.00						2.00
3.00		0			0	3.00
4.00	0			0		4.00
5.00	0			0		5.00
6.00	0			0		6.00
7.00	0			0		7.00
8.00	0			0		8.00
9.00	0			0		9.00
10.00		0			0	10.00
11.00		0			0	11.00
12.00	0			0		12.00
13.00	0			0		13.00
14.00	0			0		14.00
15.00	0			0		15.00
16.00	0			0		16.00
17.00	0			0		17.00
18.00		0			0	18.00
19.00		0			0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 180102

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

Worksheet G-2 Parts

Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	29,853,910		29,853,910	1.00
2.00	SUBPROVIDER - IPF	8,090,608		8,090,608	2.00
3.00	SUBPROVIDER - IRF	5,083,719		5,083,719	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,469,983		3,469,983	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	46,498,220		46,498,220	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	5,510,140		5,510,140	11.00
12.00	CORONARY CARE UNIT	4,205,798		4,205,798	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)	9,715,938		9,715,938	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	56,214,158		56,214,158	17.00
18.00	Ancillary services	207,916,895	197,654,414	405,571,309	18.00
19.00	Outpatient services	6,214,039	25,023,341	31,237,380	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		7,172,335	7,172,335	22.00
23.00	AMBULANCE SERVICES	29,751	20,697	50,448	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	8,900,376	8,900,376	26.00
26.01	HOSPICE II	0	0	0	26.01
27.00	OTHER (SPECIFY)	9,969,824	32,968,035	42,937,859	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	280,344,667	271,739,198	552,083,865	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		162,351,578		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		162,351,578		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 180102

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

Worksheet G-3

Date/Time Prepared:
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		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	552,083,865	1.00
2.00	Less contractual allowances and discounts on patients' accounts	378,448,040	2.00
3.00	Net patient revenues (line 1 minus line 2)	173,635,825	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	162,351,578	4.00
5.00	Net income from service to patients (line 3 minus line 4)	11,284,247	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	2,478,653	24.00
25.00	Total other income (sum of lines 6-24)	2,478,653	25.00
26.00	Total (line 5 plus line 25)	13,762,900	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	13,762,900	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 180102
HHA CCN: 187100

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

Worksheet H
Date/Time Prepared:
5/30/2012 12:37 pm
PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	335,524	0	0	4.00
5.00	Administrative and General	563,556	905,444	0	1,670	507,162	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,214,687	0	0	0	0	6.00
7.00	Physical Therapy	797,519	0	0	7,702	0	7.00
8.00	Occupational Therapy	201,714	0	0	0	0	8.00
9.00	Speech Pathology	105,189	0	0	0	0	9.00
10.00	Medical Social Services	43,804	0	0	0	0	10.00
11.00	Home Health Aide	96,644	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	257,986	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)	100,265	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,123,378	905,444	335,524	9,372	765,148	24.00

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet H

HHA CCN: 187100

To 12/31/2011

Date/Time Prepared: 5/30/2012 12:37 pm

Home Health Agency I

PPS

	Total (sum of col.s. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	335,524	0	335,524	0	4.00
5.00	Administrative and General	1,977,832	-1,209,530	768,302	-1,752	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,214,687	0	1,214,687	0	6.00
7.00	Physical Therapy	805,221	0	805,221	0	7.00
8.00	Occupational Therapy	201,714	0	201,714	0	8.00
9.00	Speech Pathology	105,189	0	105,189	0	9.00
10.00	Medical Social Services	43,804	0	43,804	0	10.00
11.00	Home Health Aide	96,644	0	96,644	0	11.00
12.00	Supplies (see instructions)	257,986	-6,879	251,107	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	100,265	0	100,265	0	23.00
24.00	Total (sum of lines 1-23)	5,138,866	-1,216,409	3,922,457	-1,752	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 180102	Period: From 01/01/2011	Worksheet H-1
		HHA CCN: 187100	To 12/31/2011	Part I
				Date/Time Prepared: 5/30/2012 12:37 pm
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	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	335,524	0	0	0	4.00
5.00	Administrative and General	766,550	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,214,687	0	0	0	6.00
7.00	Physical Therapy	805,221	0	0	0	7.00
8.00	Occupational Therapy	201,714	0	0	0	8.00
9.00	Speech Pathology	105,189	0	0	0	9.00
10.00	Medical Social Services	43,804	0	0	0	10.00
11.00	Home Health Aide	96,644	0	0	0	11.00
12.00	Supplies (see instructions)	251,107	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	100,265	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,920,705	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 180102	Period: From 01/01/2011	Worksheet H-1 Part I Date/Time Prepared: 5/30/2012 12:37 pm
		HHA CCN: 187100	To 12/31/2011	
			Home Health Agency I	PPS

	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	1,102,074	1,102,074	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	1,214,687	474,940	1,689,627
7.00	Physical Therapy	805,221	314,838	1,120,059
8.00	Occupational Therapy	201,714	78,869	280,583
9.00	Speech Pathology	105,189	41,128	146,317
10.00	Medical Social Services	43,804	17,127	60,931
11.00	Home Health Aide	96,644	37,787	134,431
12.00	Supplies (see instructions)	251,107	98,182	349,289
13.00	Drugs	0	0	0
14.00	DME	0	0	0
HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others (specify)	100,265	39,203	139,468
24.00	Total (sum of lines 1-23)	2,818,631		3,920,705

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 180102
HHA CCN: 187100

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

Worksheet H-1
Part II
Date/Time Prepared:
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		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		17,633			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	100		4.00
5.00	Administrative and General	0	17,633	0	100	-1,102,074	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	17,633	0	100	-1,102,074	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	335,524		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	3,355.240000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 180102	Period: From 01/01/2011	Worksheet H-1 Part II Date/Time Prepared: 5/30/2012 12:37 pm
	HHA CCN: 187100	To 12/31/2011	
		Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	2,818,631	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,214,687	6.00
7.00	Physical Therapy	805,221	7.00
8.00	Occupational Therapy	201,714	8.00
9.00	Speech Pathology	105,189	9.00
10.00	Medical Social Services	43,804	10.00
11.00	Home Health Aide	96,644	11.00
12.00	Supplies (see instructions)	251,107	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	100,265	23.00
24.00	Total (sum of lines 1-23)	2,818,631	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	1,102,074	25.00
26.00	Unit Cost Multiplier	0.390996	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 187100

To 12/31/2011

Part I
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	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
1.00	Administrative and General	0	38,675	188,329	13,754	1.00
2.00	Skilled Nursing Care	1,689,627	0	405,924	0	2.00
3.00	Physical Therapy	1,120,059	0	266,515	0	3.00
4.00	Occupational Therapy	280,583	0	67,409	0	4.00
5.00	Speech Pathology	146,317	0	35,152	0	5.00
6.00	Medical Social Services	60,931	0	14,638	0	6.00
7.00	Home Health Aide	134,431	0	32,296	0	7.00
8.00	Supplies (see instructions)	349,289	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)	139,468	0	33,507	0	19.00
20.00	Total (sum of lines 1-19) (2)	3,920,705	0	1,043,770	13,754	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: 180102

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 187100

To 12/31/2011

Part I
Date/Time Prepared:
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Home Health Agency I

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		PURCHASING RECEIVING AND STORES	BUSINESS OFFICE	Subtotal	REGIONAL TEAM	ADMINISTRATIVE	
		5.03	5.04	5A.04	5.05	5.06	
1.00	Administrative and General	299	0	241,057	23,632	0	1.00
2.00	Skilled Nursing Care	0	0	2,095,551	205,437	0	2.00
3.00	Physical Therapy	0	0	1,386,574	135,933	0	3.00
4.00	Occupational Therapy	0	0	347,992	34,115	0	4.00
5.00	Speech Pathology	0	0	181,469	17,790	0	5.00
6.00	Medical Social Services	0	0	75,569	7,408	0	6.00
7.00	Home Health Aide	0	0	166,727	16,345	0	7.00
8.00	Supplies (see instructions)	0	0	349,289	34,243	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	172,975	16,958	0	19.00
20.00	Total (sum of lines 1-19) (2)	299	0	5,017,203	491,861	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.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 180102

Period:

Worksheet H-2

HHA CCN: 187100

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

Part I
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Home Health
Agency I

PPS

		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.06	5.07	6.00	8.00	9.00	
1.00	Administrative and General	264,689	14,644	0	0	0	1.00
2.00	Skilled Nursing Care	2,300,988	127,307	0	0	0	2.00
3.00	Physical Therapy	1,522,507	84,236	0	0	0	3.00
4.00	Occupational Therapy	382,107	21,141	0	0	0	4.00
5.00	Speech Pathology	199,259	11,024	0	0	0	5.00
6.00	Medical Social Services	82,977	4,591	0	0	0	6.00
7.00	Home Health Aide	183,072	10,129	0	0	0	7.00
8.00	Supplies (see instructions)	383,532	21,220	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)	189,933	10,508	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	5,509,064	304,800	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.	0.000000					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 180102
HHA CCN: 187100

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

Worksheet H-2
Part I
Date/Time Prepared:
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		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	74,244	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	74,244	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 187100

To 12/31/2011

Part I
Date/Time Prepared:
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	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			(SPECIFY)			
	16.00	17.00	18.00	24.00	25.00	
1.00 Administrative and General	0	0	0	353,577	0	1.00
2.00 Skilled Nursing Care	0	0	0	2,428,295	0	2.00
3.00 Physical Therapy	0	0	0	1,606,743	0	3.00
4.00 Occupational Therapy	0	0	0	403,248	0	4.00
5.00 Speech Pathology	0	0	0	210,283	0	5.00
6.00 Medical Social Services	0	0	0	87,568	0	6.00
7.00 Home Health Aide	0	0	0	193,201	0	7.00
8.00 Supplies (see instructions)	0	0	0	404,752	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	200,441	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	5,888,108	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: 180102

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 187100

To 12/31/2011

Part I
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		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		26.00	27.00	28.00	
1.00	Administrative and General	353,577			1.00
2.00	Skilled Nursing Care	2,428,295	155,133	2,583,428	2.00
3.00	Physical Therapy	1,606,743	102,648	1,709,391	3.00
4.00	Occupational Therapy	403,248	25,762	429,010	4.00
5.00	Speech Pathology	210,283	13,434	223,717	5.00
6.00	Medical Social Services	87,568	5,594	93,162	6.00
7.00	Home Health Aide	193,201	12,343	205,544	7.00
8.00	Supplies (see instructions)	404,752	25,858	430,610	8.00
9.00	Drugs	0	0	0	9.00
10.00	DME	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	13.00
14.00	Clinic	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	15.00
16.00	Day Care Program	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	17.00
18.00	Homemaker Service	0	0	0	18.00
19.00	All Others (specify)	200,441	12,805	213,246	19.00
20.00	Total (sum of lines 1-19) (2)	5,888,108	353,577	5,888,108	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.		0.063886		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 180102
HHA CCN: 187100

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

Worksheet H-2
Part II
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		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
1.00		2.00	4.00				
1.00	Administrative and General	0	17,633	563,556	59	45,249	1.00
2.00	Skilled Nursing Care	0	0	1,214,687	0	0	2.00
3.00	Physical Therapy	0	0	797,519	0	0	3.00
4.00	Occupational Therapy	0	0	201,714	0	0	4.00
5.00	Speech Pathology	0	0	105,189	0	0	5.00
6.00	Medical Social Services	0	0	43,804	0	0	6.00
7.00	Home Health Aide	0	0	96,644	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	100,265	0	0	19.00
20.00	Total (sum of lines 1-19)	0	17,633	3,123,378	59	45,249	20.00
21.00	Total cost to be allocated	0	38,675	1,043,770	13,754	299	21.00
22.00	Unit cost multiplier	0.000000	2.193331	0.334180	233.118644	0.006608	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 180102
HHA CCN: 187100

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

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Part II
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		BUSINESS OFFICE (REVENUE)	Reconciliation	REGIONAL TEAM (ACCUM. COST)	ADMITTING (REVENUE)	Reconciliation	
		5.04	5A.05	5.05	5.06	5A.07	
1.00	Administrative and General	0	0	241,057	0	0	1.00
2.00	Skilled Nursing Care	0	0	2,095,551	0	0	2.00
3.00	Physical Therapy	0	0	1,386,574	0	0	3.00
4.00	Occupational Therapy	0	0	347,992	0	0	4.00
5.00	Speech Pathology	0	0	181,469	0	0	5.00
6.00	Medical Social Services	0	0	75,569	0	0	6.00
7.00	Home Health Aide	0	0	166,727	0	0	7.00
8.00	Supplies (see instructions)	0	0	349,289	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	172,975	0	0	19.00
20.00	Total (sum of lines 1-19)	0		5,017,203	0		20.00
21.00	Total cost to be allocated	0		491,861	0		21.00
22.00	Unit cost multiplier	0.000000		0.098035	0.000000		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 180102

Period: From 01/01/2011

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HHA CCN: 187100

To 12/31/2011

Part II
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	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	5.07	6.00	8.00	9.00	10.00	
1.00	Administrative and General	264,689	0	0	0	1.00
2.00	Skilled Nursing Care	2,300,988	0	0	0	2.00
3.00	Physical Therapy	1,522,507	0	0	0	3.00
4.00	Occupational Therapy	382,107	0	0	0	4.00
5.00	Speech Pathology	199,259	0	0	0	5.00
6.00	Medical Social Services	82,977	0	0	0	6.00
7.00	Home Health Aide	183,072	0	0	0	7.00
8.00	Supplies (see instructions)	383,532	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)	189,933	0	0	0	19.00
20.00	Total (sum of lines 1-19)	5,509,064	0	0	0	20.00
21.00	Total cost to be allocated	304,800	0	0	0	21.00
22.00	Unit cost multiplier	0.055327	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 180102 HHA CCN: 187100	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/30/2012 12:37 pm PPS
		Home Health Agency I	

	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	5,955	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	5,955	0	0	0	0	20.00
21.00 Total cost to be allocated	74,244	0	0	0	0	21.00
22.00 Unit cost multiplier	12.467506	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 180102 HHA CCN: 187100	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/30/2012 12:37 pm PPS
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	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (REVENUE)		
		17.00		18.00
1.00	Administrative and General	0	0	1.00
2.00	Skilled Nursing Care	0	0	2.00
3.00	Physical Therapy	0	0	3.00
4.00	Occupational Therapy	0	0	4.00
5.00	Speech Pathology	0	0	5.00
6.00	Medical Social Services	0	0	6.00
7.00	Home Health Aide	0	0	7.00
8.00	Supplies (see instructions)	0	0	8.00
9.00	Drugs	0	0	9.00
10.00	DME	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	11.00
12.00	Respiratory Therapy	0	0	12.00
13.00	Private Duty Nursing	0	0	13.00
14.00	Clinic	0	0	14.00
15.00	Health Promotion Activities	0	0	15.00
16.00	Day Care Program	0	0	16.00
17.00	Home Delivered Meals Program	0	0	17.00
18.00	Homemaker Service	0	0	18.00
19.00	All Others (specify)	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	20.00
21.00	Total cost to be allocated	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 180102 HHA CCN: 187100		Period: From 01/01/2011 To 12/31/2011		Worksheet H-3 Parts I-II Date/Time Prepared: 5/30/2012 12:37 pm	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,583,428		2,583,428	18,741	1.00
2.00	Physical Therapy	3.00	1,709,391	0	1,709,391	16,329	2.00
3.00	Occupational Therapy	4.00	429,010	0	429,010	3,216	3.00
4.00	Speech Pathology	5.00	223,717	0	223,717	1,508	4.00
5.00	Medical Social Services	6.00	93,162		93,162	455	5.00
6.00	Home Health Aide	7.00	205,544		205,544	3,759	6.00
7.00	Total (sum of lines 1-6)		5,244,252	0	5,244,252	44,008	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		99918	7,886	4,436		8.00
8.01	Skilled Nursing Care		99914	722	344		8.01
9.00	Physical Therapy		99918	7,265	3,357		9.00
9.01	Physical Therapy		99914	656	235		9.01
10.00	Occupational Therapy		99918	1,279	678		10.00
10.01	Occupational Therapy		99914	72	15		10.01
11.00	Speech Pathology		99918	569	147		11.00
11.01	Speech Pathology		99914	33	13		11.01
12.00	Medical Social Services		99918	129	147		12.00
12.01	Medical Social Services		99914	5	10		12.01
13.00	Home Health Aide		99918	640	1,949		13.00
13.01	Home Health Aide		99914	107	155		13.01
14.00	Total (sum of lines 8-13)			19,363	11,486		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	430,610	0	430,610	312,954	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	0.308723	0	0	1.00
2.00	Occupational Therapy		67.00	0.301384	0	0	2.00
3.00	Speech Pathology		68.00	0.293796	0	0	3.00
4.00	Cost of Medical Supplies		71.00	0.773300	0	0	4.00
5.00	Cost of Drugs		73.00	0.401462	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 180102	Period: From 01/01/2011	Worksheet H-3		
		HHA CCN: 187100	To 12/31/2011	Parts I-II		
		Title XVIII	Home Health Agency I	Date/Time Prepared: 5/30/2012 12:37 pm		
				PPS		
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	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	137.85	8,608	4,780	1.00	
2.00	Physical Therapy	104.68	7,921	3,592	2.00	
3.00	Occupational Therapy	133.40	1,351	693	3.00	
4.00	Speech Pathology	148.35	602	160	4.00	
5.00	Medical Social Services	204.75	134	157	5.00	
6.00	Home Health Aide	54.68	747	2,104	6.00	
7.00	Total (sum of lines 1-6)		19,363	11,486	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
8.01	Skilled Nursing Care					8.01
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
14.00	Total (sum of lines 8-13)					14.00
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Program Covered Charges			
			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	1.375953	153,419	128,881	0	15.00
16.00	Cost of Drugs	0.000000	0	0	0	16.00
Cost Center Description			Transfer to Part I as Indicated			
			4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	col. 2, line 2.00			1.00	
2.00	Occupational Therapy	col. 2, line 3.00			2.00	
3.00	Speech Pathology	col. 2, line 4.00			3.00	
4.00	Cost of Medical Supplies	col. 2, line 15.00			4.00	
5.00	Cost of Drugs	col. 2, line 16.00			5.00	

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 180102	Period: From 01/01/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/30/2012 12:37 pm
	HHA CCN: 187100	To 12/31/2011	
	Title XVIII	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance			
	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	1,186,613	658,923		1,845,536	1.00
2.00	Physical Therapy	829,170	376,011		1,205,181	2.00
3.00	Occupational Therapy	180,223	92,446		272,669	3.00
4.00	Speech Pathology	89,307	23,736		113,043	4.00
5.00	Medical Social Services	27,437	32,146		59,583	5.00
6.00	Home Health Aide	40,846	115,047		155,893	6.00
7.00	Total (sum of lines 1-6)	2,353,596	1,298,309		3,651,905	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
14.00	Total (sum of lines 8-13)					14.00
Cost of Services						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance			
	9.00	10.00	11.00			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	211,097	177,334	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 180102 HHA CCN: 187100	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2012 12:37 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		2,951,453	1,570,487
12.00	Total PPS Reimbursement - Full Episodes with Outliers		16,378	13,864
13.00	Total PPS Reimbursement - LUPA Episodes		22,286	27,645
14.00	Total PPS Reimbursement - PEP Episodes		24,675	21,005
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		2,172	5,817
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)		3,016,964	1,638,818
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		3,016,964	1,638,818
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		3,016,964	1,638,818
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)		3,016,964	1,638,818
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		3,016,964	1,638,818
32.00	Interim payments (see instructions)		3,016,964	1,638,818
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: 180102
HHA CCN: 187100

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

Worksheet H-5
Date/Time Prepared:
5/30/2012 12:37 pm
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		3,016,964		1,638,818	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)		3,016,964		1,638,818	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)		3,016,964		1,638,818	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K

Hospice CCN: 181507

To 12/31/2011

Date/Time Prepared: 5/30/2012 12:37 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	40,423	11,643	0	0	0	5.00
6.00	Administrative and General	502,089	144,621	0	0	540,343	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	305,595	9.00
10.00	Nursing Care	1,044,011	300,715	0	0	806,047	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,466	422	0	0	0	12.00
13.00	Occupational Therapy	61	18	0	0	0	13.00
14.00	Speech/ Language Pathology	208	60	0	0	0	14.00
15.00	Medical Social Services	150,591	43,376	0	0	0	15.00
16.00	Spiritual Counseling	73,886	21,282	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	196,887	56,711	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	440,090	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	469,929	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	5	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	243,146	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	99,020	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	14,139	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	31,665	9,121	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	105,386	30,354	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,146,673	618,323	243,146	0	2,675,168	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K

Hospice CCN: 181507

To 12/31/2011

Date/Time Prepared: 5/30/2012 12:37 pm

		Total (col. 5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	52,066	0	52,066	0	52,066	5.00
6.00	Administrative and General	1,187,053	-1,176,944	10,109	-20,062	-9,953	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	305,595	0	305,595	0	305,595	9.00
10.00	Nursing Care	2,150,773	0	2,150,773	0	2,150,773	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,888	0	1,888	0	1,888	12.00
13.00	Occupational Therapy	79	0	79	0	79	13.00
14.00	Speech/ Language Pathology	268	0	268	0	268	14.00
15.00	Medical Social Services	193,967	0	193,967	0	193,967	15.00
16.00	Spiritual Counseling	95,168	0	95,168	0	95,168	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	253,598	0	253,598	0	253,598	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	440,090	0	440,090	0	440,090	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	469,929	-469,929	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	5	0	5	0	5	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	243,146	0	243,146	0	243,146	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	99,020	-99,020	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	14,139	0	14,139	0	14,139	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	40,786	0	40,786	0	40,786	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	135,740	0	135,740	-105,385	30,355	38.00
39.00	Total (sum of lines 1 thru 38)	5,683,310	-1,745,893	3,937,417	-125,447	3,811,970	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K

Hospice CCN: 141548

To 12/31/2011

Date/Time Prepared: 5/30/2012 12:37 pm

		Hospice II					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	73,109	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	5,170	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	7,744	0	9.00
10.00	Nursing Care	58,618	11,867	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	13,758	2,785	0	0	0	15.00
16.00	Spiritual Counseling	9,646	1,953	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	5,423	1,098	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	843	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	101,445	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	23,121	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	3,953	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	394	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	96,797	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	87,445	17,703	23,121	113,664	175,791	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K

Hospice CCN: 141548

To 12/31/2011

Date/Time Prepared: 5/30/2012 12:37 pm

		Hospice II					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	73,109	-72,616	493	-27	466	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	5,170	0	5,170	0	5,170	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	7,744	0	7,744	0	7,744	9.00
10.00	Nursing Care	70,485	0	70,485	0	70,485	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	16,543	0	16,543	0	16,543	15.00
16.00	Spiritual Counseling	11,599	0	11,599	0	11,599	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	6,521	0	6,521	0	6,521	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	843	0	843	0	843	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	101,445	-101,445	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	23,121	0	23,121	0	23,121	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	3,953	-3,953	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	394	0	394	0	394	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	96,797	0	96,797	0	96,797	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	417,724	-178,014	239,710	-27	239,683	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 181507

To 12/31/2011

Date/Time Prepared: 5/30/2012 12:37 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	351,192	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	1,044,011	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	150,591	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	150,591	0	1,395,203	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 181507

To 12/31/2011

Date/Time Prepared: 5/30/2012 12:37 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	40,423	40,423	5.00
6.00	Administrative and General		0	150,897	502,089	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	1,044,011	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	1,466	0	0	1,466	12.00
13.00	Occupational Therapy	61	0	0	61	13.00
14.00	Speech/ Language Pathology	208	0	0	208	14.00
15.00	Medical Social Services		0	0	150,591	15.00
16.00	Spiritual Counseling		0	73,886	73,886	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		196,887	0	196,887	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	31,665	31,665	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	105,386	105,386	38.00
39.00	Total (sum of lines 1 thru 38)	1,735	196,887	402,257	2,146,673	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 141548

To 12/31/2011

Date/Time Prepared: 5/30/2012 12:37 pm

		Hospice II					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	58,618	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	13,758	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	13,758	0	58,618	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 141548

To 12/31/2011

Date/Time Prepared: 5/30/2012 12:37 pm

		Hospice II				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	58,618	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	13,758	15.00
16.00	Spiritual Counseling		0	9,646	9,646	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		5,423	0	5,423	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	5,423	9,646	87,445	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet K-2	
		Hospice CCN: 181507				Date/Time Prepared: 5/30/2012 12:37 pm	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	101,157	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	300,715	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	43,376	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	43,376	0	401,872	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-2

Hospice CCN: 181507

To 12/31/2011

Date/Time Prepared: 5/30/2012 12:37 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	11,643	11,643	5.00
6.00	Administrative and General		0	43,464	144,621	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	300,715	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	422	0	0	422	12.00
13.00	Occupational Therapy	18	0	0	18	13.00
14.00	Speech/ Language Pathology	60	0	0	60	14.00
15.00	Medical Social Services		0	0	43,376	15.00
16.00	Spiritual Counseling		0	21,282	21,282	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		56,711	0	56,711	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	9,121	9,121	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	30,354	30,354	38.00
39.00	Total (sum of lines 1 thru 38)	500	56,711	115,864	618,323	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-2

Hospice CCN: 141548

To 12/31/2011

Date/Time Prepared: 5/30/2012 12:37 pm

		Hospice II					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	11,867	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	2,785	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	2,785	0	11,867	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-2

Hospice CCN: 141548

To 12/31/2011

Date/Time Prepared: 5/30/2012 12:37 pm

		Hospice II				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	11,867	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	2,785	15.00
16.00	Spiritual Counseling		0	1,953	1,953	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		1,098	0	1,098	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,098	1,953	17,703	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 180102		Period: From 01/01/2011 To 12/31/2011		Worksheet K-3	
		Hospice CCN: 141548				Date/Time Prepared: 5/30/2012 12:37 pm	
		Hospice II					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 180102 Hospice CCN: 141548		Period: From 01/01/2011 To 12/31/2011		Worksheet K-3 Date/Time Prepared: 5/30/2012 12:37 pm	
		Hospice II					
		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	0	0		6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care		0	5,170	5,170		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
VISITING SERVICES							
9.00	Physician Services		0	7,744	7,744		9.00
10.00	Nursing Care		0	0	0		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	0		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	0	0		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	3,953	3,953		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	96,797	96,797		34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	113,664	113,664		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 181507

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 12:37 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	52,066	0	0	0	0	5.00
6.00	Administrative and General	-9,953	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	305,595	0	0	0	0	9.00
10.00	Nursing Care	2,150,773	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,888	0	0	0	0	12.00
13.00	Occupational Therapy	79	0	0	0	0	13.00
14.00	Speech/ Language Pathology	268	0	0	0	0	14.00
15.00	Medical Social Services	193,967	0	0	0	0	15.00
16.00	Spiritual Counseling	95,168	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	253,598	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	440,090	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	5	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	243,146	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	14,139	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	40,786	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	30,355	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,811,970	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 180102	Period: From 01/01/2011	Worksheet K-4
		Hospice CCN: 181507	To 12/31/2011	Part I
		Hospice I		Date/Time Prepared: 5/30/2012 12:37 pm

	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
	5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.		0		1.00
2.00	Capital Related Costs-Movable Equip.		0		2.00
3.00	Plant Operation and Maintenance		0		3.00
4.00	Transportation - Staff		0		4.00
5.00	Volunteer Service Coordination	52,066			5.00
6.00	Administrative and General	52,066	42,113		6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	8.00
VISITING SERVICES					
9.00	Physician Services	0	305,595	3,414	9.00
10.00	Nursing Care	0	2,150,773	24,026	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	1,888	21	12.00
13.00	Occupational Therapy	0	79	1	13.00
14.00	Speech/ Language Pathology	0	268	3	14.00
15.00	Medical Social Services	0	193,967	2,167	15.00
16.00	Spiritual Counseling	0	95,168	1,063	16.00
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	253,598	2,833	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	20.00
21.00	Other	0	440,090	4,916	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy	0	0	0	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	5	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	26.00
27.00	Patient Transportation	0	243,146	2,716	27.00
28.00	Imaging Services	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	29.00
30.00	Medical Supplies	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	14,139	158	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	0	40,786	456	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	30,355	339	38.00
39.00	Total (sum of lines 1 thru 38)	52,066	3,769,857	42,113	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 181507

To 12/31/2011

Part II
Date/Time Prepared:
5/30/2012 12:37 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	14,055				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	100	5.00
6.00	Administrative and General	0	14,055	0	0	100	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	52,066	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	520.660000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 181507

To 12/31/2011

Part II
Date/Time Prepared:
5/30/2012 12:37 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-42,113	3,769,857	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	305,595	9.00
10.00	Nursing Care	0	2,150,773	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	1,888	12.00
13.00	Occupational Therapy	0	79	13.00
14.00	Speech/ Language Pathology	0	268	14.00
15.00	Medical Social Services	0	193,967	15.00
16.00	Spiritual Counseling	0	95,168	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	253,598	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	440,090	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	5	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	243,146	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	14,139	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	40,786	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	30,355	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		42,113	39.00
40.00	Unit Cost Multiplier		0.011171	40.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 141548

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 12:37 pm

		CAPITAL RELATED COST				Hospice II	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	466	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	5,170	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	7,744	0	0	0	0	9.00
10.00	Nursing Care	70,485	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	16,543	0	0	0	0	15.00
16.00	Spiritual Counseling	11,599	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	6,521	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	843	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	23,121	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	394	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	96,797	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	239,683	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 180102	Period: From 01/01/2011	Worksheet K-4
		Hospice CCN: 141548	To 12/31/2011	Part I
		Hospice II		Date/Time Prepared: 5/30/2012 12:37 pm

	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
	5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.		0		1.00
2.00	Capital Related Costs-Movable Equip.		0		2.00
3.00	Plant Operation and Maintenance		0		3.00
4.00	Transportation - Staff		0		4.00
5.00	Volunteer Service Coordination	0			5.00
6.00	Administrative and General	0	466		6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	0	5,170	10	5,180
8.00	Inpatient - Respite Care	0	0	0	0
VISITING SERVICES					
9.00	Physician Services	0	7,744	15	7,759
10.00	Nursing Care	0	70,485	137	70,622
11.00	Nursing Care-Continuous Home Care	0	0	0	0
12.00	Physical Therapy	0	0	0	0
13.00	Occupational Therapy	0	0	0	0
14.00	Speech/ Language Pathology	0	0	0	0
15.00	Medical Social Services	0	16,543	32	16,575
16.00	Spiritual Counseling	0	11,599	23	11,622
17.00	Dietary Counseling	0	0	0	0
18.00	Counseling - Other	0	0	0	0
19.00	Home Health Aide and Homemaker	0	6,521	13	6,534
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0
21.00	Other	0	843	2	845
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0
23.00	Analgesics	0	0	0	0
24.00	Sedatives / Hypnotics	0	0	0	0
25.00	Other - Specify	0	0	0	0
26.00	Durable Medical Equipment/Oxygen	0	0	0	0
27.00	Patient Transportation	0	23,121	45	23,166
28.00	Imaging Services	0	0	0	0
29.00	Labs and Diagnostics	0	0	0	0
30.00	Medical Supplies	0	0	0	0
31.00	Outpatient Services (including E/R Dept.)	0	394	1	395
32.00	Radiation Therapy	0	0	0	0
33.00	Chemotherapy	0	0	0	0
34.00	Other	0	96,797	188	96,985
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	0	0	0	0
36.00	Volunteer Program Costs	0	0	0	0
37.00	Fundraising	0	0	0	0
38.00	Other Program Costs	0	0	0	0
39.00	Total (sum of lines 1 thru 38)	0	239,217	466	239,683

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 141548

To 12/31/2011

Part II
Date/Time Prepared:
5/30/2012 12:37 pm

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

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 180102	Period: From 01/01/2011	Worksheet K-4 Part II Date/Time Prepared: 5/30/2012 12:37 pm
	Hospice CCN: 141548	To 12/31/2011	
		Hospice II	

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-466	239,217	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	5,170	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	7,744	9.00
10.00	Nursing Care	0	70,485	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	16,543	15.00
16.00	Spiritual Counseling	0	11,599	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	6,521	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	843	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	23,121	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	394	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	96,797	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		466	39.00
40.00	Unit Cost Multiplier		0.001948	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 181507

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Hospice I					
		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
			1.00	2.00			
1.00	Administrative and General	0	0	30,827	717,375	10,490	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	309,009	0	0	0	0	4.00
5.00	Nursing Care	2,174,799	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	1,909	0	0	0	0	7.00
8.00	Occupational Therapy	80	0	0	0	0	8.00
9.00	Speech/ Language Pathology	271	0	0	0	0	9.00
10.00	Medical Social Services	196,134	0	0	0	0	10.00
11.00	Spiritual Counseling	96,231	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	256,431	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	445,006	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	5	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	245,862	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	14,297	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	41,242	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	30,694	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,811,970	0	30,827	717,375	10,490	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 181507

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Hospice I		Subtotal	REGIONAL TEAM	ADMITTING	
		PURCHASING RECEIVING AND STORES	BUSINESS OFFICE				
		5.03	5.04	5A.04	5.05	5.06	
1.00	Administrative and General	495	0	759,187	74,427	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	309,009	30,294	0	4.00
5.00	Nursing Care	0	0	2,174,799	213,206	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	1,909	187	0	7.00
8.00	Occupational Therapy	0	0	80	8	0	8.00
9.00	Speech/ Language Pathology	0	0	271	27	0	9.00
10.00	Medical Social Services	0	0	196,134	19,228	0	10.00
11.00	Spiritual Counseling	0	0	96,231	9,434	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	256,431	25,139	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	445,006	43,626	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	5	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	245,862	24,103	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	14,297	1,402	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	41,242	4,043	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	30,694	3,009	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	495	0	4,571,157	448,133	0	34.00
35.00	Unit Cost Multiplier (see instructions)			0.000000			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 181507

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Subtotal	Hospice I				
			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.06	5.07	6.00	8.00	9.00	
1.00	Administrative and General	833,614	46,121	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	339,303	18,773	0	0	0	4.00
5.00	Nursing Care	2,388,005	132,122	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	2,096	116	0	0	0	7.00
8.00	Occupational Therapy	88	5	0	0	0	8.00
9.00	Speech/ Language Pathology	298	16	0	0	0	9.00
10.00	Medical Social Services	215,362	11,915	0	0	0	10.00
11.00	Spiritual Counseling	105,665	5,846	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	281,570	15,578	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	488,632	27,035	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	5	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	269,965	14,936	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	15,699	869	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	45,285	2,505	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	33,703	1,865	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,019,290	277,702	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 181507

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

Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	Hospice I					
	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	0	51,528	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	51,528	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 181507

From 01/01/2011

Part I

To 12/31/2011

Date/Time Prepared:

5/30/2012 12:37 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	18.00	24.00	25.00	
1.00	Administrative and General	0	0	0	931,263		1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	358,076	0	4.00
5.00	Nursing Care	0	0	0	2,520,127	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	2,212	0	7.00
8.00	Occupational Therapy	0	0	0	93	0	8.00
9.00	Speech/ Language Pathology	0	0	0	314	0	9.00
10.00	Medical Social Services	0	0	0	227,277	0	10.00
11.00	Spiritual Counseling	0	0	0	111,511	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	297,148	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	515,667	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	5	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	284,901	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	16,568	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	47,790	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	35,568	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	5,348,520	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 181507

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Subtotal	Allocated	Total Hospice	Hospice I	
		(col s. 24 ± 25)	Hospice A&G (See Part II)	Costs (col s. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	358,076	75,491	433,567		4.00
5.00	Nursing Care	2,520,127	531,303	3,051,430		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	2,212	466	2,678		7.00
8.00	Occupational Therapy	93	20	113		8.00
9.00	Speech/ Language Pathology	314	66	380		9.00
10.00	Medical Social Services	227,277	47,915	275,192		10.00
11.00	Spiritual Counseling	111,511	23,509	135,020		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	297,148	62,646	359,794		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	515,667	108,715	624,382		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	5	1	6		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	284,901	60,064	344,965		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	16,568	3,493	20,061		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	0	0	0		29.00
30.00	Bereavement Program Costs	47,790	10,075	57,865		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	35,568	7,499	43,067		33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,348,520		5,348,520		34.00
35.00	Unit Cost Multiplier (see instructions)		0.210824			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 181507

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

Part II
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
1.00 Administrative and General	0	14,055	2,146,673	45	74,909	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	14,055	2,146,673	45	74,909	34.00
35.00 Total cost to be allocated	0	30,827	717,375	10,490	495	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	2.193312	0.334180	233.111111	0.006608	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 181507

From 01/01/2011

Part II

To 12/31/2011

Date/Time Prepared:

5/30/2012 12:37 pm

Cost Center Description	BUSINESS OFFICE (REVENUE)	Reconciliation	REGIONAL TEAM (ACCUM. COST)	Hospice I ADMITTING (REVENUE)	Reconciliation	
	5.04	5A.05	5.05	5.06	5A.07	
1.00 Administrative and General	0	0	759,187	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	309,009	0	0	4.00
5.00 Nursing Care	0	0	2,174,799	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	1,909	0	0	7.00
8.00 Occupational Therapy	0	0	80	0	0	8.00
9.00 Speech/ Language Pathology	0	0	271	0	0	9.00
10.00 Medical Social Services	0	0	196,134	0	0	10.00
11.00 Spiritual Counseling	0	0	96,231	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	256,431	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	445,006	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	5	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	245,862	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	14,297	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	41,242	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	30,694	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0		4,571,157	0		34.00
35.00 Total cost to be allocated	0		448,133	0		35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000		0.098035	0.000000		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102

Hospice CCN: 181507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.07	6.00	8.00	9.00	10.00	
1.00	Administrative and General	833,614	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	339,303	0	0	0	0	4.00
5.00	Nursing Care	2,388,005	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	2,096	0	0	0	0	7.00
8.00	Occupational Therapy	88	0	0	0	0	8.00
9.00	Speech/ Language Pathology	298	0	0	0	0	9.00
10.00	Medical Social Services	215,362	0	0	0	0	10.00
11.00	Spiritual Counseling	105,665	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	281,570	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	488,632	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	5	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	269,965	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	15,699	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	45,285	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	33,703	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,019,290	0	0	0	0	34.00
35.00	Total cost to be allocated	277,702	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.055327	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102

Hospice CCN: 181507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Hospice I					
		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	4,133	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	4,133	0	0	0	0	34.00
35.00	Total cost to be allocated	51,528	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	12.467457	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 181507

From 01/01/2011

To 12/31/2011

Part II

Date/Time Prepared:
5/30/2012 12:37 pm

Hospice I

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 181507

To 12/31/2011

Part III
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.308723	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.301384	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.293796	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.401462	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.145022	0	0 6.00
6.01	BLOOD LABORATORY	60.01			6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.773300	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY - THERAPEUTIC	55.00	0.009770	0	0 9.00
10.00	DIABETES	76.00	42.554545	0	0 10.00
10.01	LITHOTRIPTOR	76.01	0.144492	0	0 10.01
11.00	Totals (sum of lines 1-10)				0 11.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 141548

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Hospice II

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
1.00 Administrative and General	0	0	0	29,222	699	1.00
2.00 Inpatient - General Care	5,180	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	7,759	0	0	0	0	4.00
5.00 Nursing Care	70,622	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	16,575	0	0	0	0	10.00
11.00 Spiritual Counseling	11,622	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	6,534	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	845	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	23,166	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	395	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	96,985	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	239,683	0	0	29,222	699	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 141548

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Hospice II		Subtotal	REGIONAL TEAM	ADMITTING	
		PURCHASING RECEIVING AND STORES	BUSINESS OFFICE				
1.00	Administrative and General	0	0	29,921	2,933	0	1.00
2.00	Inpatient - General Care	0	0	5,180	508	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	7,759	761	0	4.00
5.00	Nursing Care	0	0	70,622	6,923	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	16,575	1,625	0	10.00
11.00	Spiritual Counseling	0	0	11,622	1,139	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	6,534	641	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	845	83	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	23,166	2,271	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	395	39	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	96,985	9,508	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	269,604	26,431	0	34.00
35.00	Unit Cost Multiplier (see instructions)			0.000000			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 141548

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Subtotal	Hospice II				
			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.06	5.07	6.00	8.00	9.00	
1.00	Administrative and General	32,854	1,818	0	0	0	1.00
2.00	Inpatient - General Care	5,688	315	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	8,520	471	0	0	0	4.00
5.00	Nursing Care	77,545	4,290	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	18,200	1,007	0	0	0	10.00
11.00	Spiritual Counseling	12,761	706	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	7,175	397	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	928	51	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	25,437	1,407	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	434	24	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	106,493	5,893	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	296,035	16,379	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 141548

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	Hospice II						
	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY		
	10.00	11.00	13.00	14.00	15.00		
1.00 Administrative and General	0	3,291	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	3,291	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 141548

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Hospice II

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
			18.00			
	16.00	17.00	18.00	24.00	25.00	
1.00 Administrative and General	0	0	0	37,963		1.00
2.00 Inpatient - General Care	0	0	0	6,003	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	8,991	0	4.00
5.00 Nursing Care	0	0	0	81,835	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	19,207	0	10.00
11.00 Spiritual Counseling	0	0	0	13,467	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	7,572	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	979	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	26,844	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	458	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	112,386	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	315,705	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 141548

To 12/31/2011

Part I
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Subtotal	Allocated	Total Hospice	Hospice II	
		(col s. 24 ± 25)	Hospice A&G (See Part II)	Costs (col s. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	6,003	821	6,824		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	8,991	1,229	10,220		4.00
5.00	Nursing Care	81,835	11,186	93,021		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	0	0	0		7.00
8.00	Occupational Therapy	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0		9.00
10.00	Medical Social Services	19,207	2,625	21,832		10.00
11.00	Spiritual Counseling	13,467	1,841	15,308		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	7,572	1,035	8,607		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	979	134	1,113		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	26,844	3,669	30,513		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	458	63	521		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	112,386	15,360	127,746		29.00
30.00	Bereavement Program Costs	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	315,705		315,705		34.00
35.00	Unit Cost Multiplier (see instructions)		0.136684			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102

Hospice CCN: 141548

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
1.00 Administrative and General	0	0	87,445	3	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	87,445	3	0	34.00
35.00 Total cost to be allocated	0	0	29,222	699	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.334176	233.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102

Period:

Worksheet K-5

Hospice CCN: 141548

From 01/01/2011

Part II

To 12/31/2011

Date/Time Prepared:

5/30/2012 12:37 pm

Cost Center Description	BUSINESS OFFICE (REVENUE)	Reconciliation	REGIONAL TEAM (ACCUM. COST)	Hospice II ADMINISTRATIVE (REVENUE)	Reconciliation	
	5.04	5A.05	5.05	5.06	5A.07	
1.00 Administrative and General	0	0	29,921	0	0	1.00
2.00 Inpatient - General Care	0	0	5,180	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	7,759	0	0	4.00
5.00 Nursing Care	0	0	70,622	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	16,575	0	0	10.00
11.00 Spiritual Counseling	0	0	11,622	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	6,534	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	845	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	23,166	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	395	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	96,985	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0		269,604	0		34.00
35.00 Total cost to be allocated	0		26,431	0		35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000		0.098036	0.000000		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102

Hospice CCN: 141548

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Hospice II					
		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.07	6.00	8.00	9.00	10.00	
1.00	Administrative and General	32,854	0	0	0	0	1.00
2.00	Inpatient - General Care	5,688	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	8,520	0	0	0	0	4.00
5.00	Nursing Care	77,545	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	18,200	0	0	0	0	10.00
11.00	Spiritual Counseling	12,761	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	7,175	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	928	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	25,437	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	434	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	106,493	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	296,035	0	0	0	0	34.00
35.00	Total cost to be allocated	16,379	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.055328	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2012 12:37 pm

Cost Center Description		Hospice II					
		CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	264	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	264	0	0	0	0	34.00
35.00	Total cost to be allocated	3,291	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	12.465909	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2012 12:37 pm

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet K-5 Part III Date/Time Prepared: 5/30/2012 12:37 pm	
		Hospice CCN: 141548	Hospice II		
Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
	0	1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.308723	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.301384	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.293796	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.401462	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.145022	0	6.00
6.01	BLOOD LABORATORY	60.01			6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.773300	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY - THERAPEUTIC	55.00	0.009770	0	9.00
10.00	DIABETES	76.00	42.554545	0	10.00
10.01	LITHOTRIPTOR	76.01	0.144492	0	10.01
11.00	Totals (sum of lines 1-10)				11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 180102

Period: From 01/01/2011

Worksheet K-6

Hospice CCN: 181507

To 12/31/2011

Date/Time Prepared: 5/30/2012 12:37 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				5,305,453	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				39,733	2.00
3.00	Average cost per diem (line 1 divided by line 2)				133.53	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	35,013				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	4,675,286				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		1,362			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		181,868			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	6,264				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	836,432				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		42			10.00
11.00	Aggregate NF cost (line 3 times line 10)		5,608			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			3,358		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			448,394		13.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 180102

Period:

Worksheet K-6

Hospice CCN: 141548

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

Date/Time Prepared:
5/30/2012 12:37 pm

		Hospice II				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				315,705	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				6,116	2.00
3.00	Average cost per diem (line 1 divided by line 2)				51.62	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	5,703				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	294,389				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		159			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		8,208			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	1,456				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	75,159				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		12			10.00
11.00	Aggregate NF cost (line 3 times line 10)		619			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			254		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			13,111		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 180102	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/30/2012 12:37 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,013,112	1.00
2.00	Capital DRG outlier payments		112,087	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		114.62	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,125,199	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