

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: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/30/2012 11:20 am
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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: 11:20 am
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 THE MONROE CLINIC 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

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	167,834	-1,340,567	0	623,905	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	167,834	-1,340,567	0	623,905	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

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<b>PART I - COST REPORT STATUS</b>			
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: 11:20 am
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**  
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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 THE MONROE CLINIC 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.

Encryption Information  
 ECR: Date: 5/30/2012 Time: 11:20 am  
 sazCsfa0Xq932gC: vZ8904, kzQez: 0  
 64t: Y0sVBE7HTeSi 1Zi d0JRPVNuj v  
 09Si 1: o0B00pdh2G  
 PI: Date: 5/30/2012 Time: 11:20 am  
 Er: nIadbE89Ns2jn99WHyCXxaHENI 1  
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 k6l 2mpo. i TODShk:

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)  
 \_\_\_\_\_  
 Title  
 \_\_\_\_\_  
 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	Hospital	0	167,834	-1,340,567	0	623,905
2.00	Subprovider - IPF	0	0	0	0	0
3.00	Subprovider - IRF	0	0	0	0	0
4.00	SUBPROVIDER I	0	0	0	0	0
5.00	Swing bed - SNF	0	0	0	0	0
6.00	Swing bed - NF	0	0	0	0	0
7.00	SKILLED NURSING FACILITY	0	0	0	0	0
8.00	NURSING FACILITY	0	0	0	0	0
9.00	HOME HEALTH AGENCY I	0	0	0	0	0
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00	CMHC I	0	0	0	0	0
200.00	Total	0	167,834	-1,340,567	0	623,905

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: 520028		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 11:20 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 515 22ND AVENUE			PO Box:						1.00	
2.00	City: MONROE			State: WI		Zip Code: 53566		County: GREEN		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		THE MONROE CLINIC	520028	99952	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N		N	8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		THE MONROE CLINIC HOMECARE	527157	99952		05/21/1985	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		THE MONROE CLINIC HOSPICE	521523	99952		09/01/1988				14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						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.						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.						3		N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			0	0	0	0	0	0		24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.			0	0	0	0	0	0		25.00
							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.						1				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).						1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0				35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 11:20 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	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 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
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	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 520028

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/30/2012 11:20 am

		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.			N			70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00	

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			1.00	2.00	3.00
<b>Inpatient Rehabilitation Facility PPS</b>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
<b>TEFRA Providers</b>					
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	
<b>Title V or XIX Inpatient Services</b>					
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	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
<b>Rural Providers</b>					
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
			1.00	2.00	3.00
			Respiratory		4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	109.00
			1.00		2.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		1,000,000	3,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	Y	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 520028		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/30/2012 11:20 am		
			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)						N		140.00
	1.00	2.00	3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:		Contractor's Name:		Contractor's Number:			141.00	
142.00	Street:		PO Box:					142.00	
143.00	City:		State:		Zip Code:			143.00	
							1.00		
144.00	Are provider based physicians' costs included in Worksheet A?						Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.						N		145.00
			1.00	2.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.						N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.						N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.						N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.						N		149.00
					Part A	Part B			
					1.00	2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital						N	N	155.00
156.00	Subprovider - IPF						N	N	156.00
157.00	Subprovider - IRF						N	N	157.00
158.00	SUBPROVIDER						N	N	158.00
159.00	SNF						N	N	159.00
160.00	HOME HEALTH AGENCY						N	N	160.00
161.00	CMHC							N	161.00
161.10	CORF							N	161.10
							1.00		
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N		165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N		167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/30/2012 11:20 am
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	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.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	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.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		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: 520028

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2012 11:20 am

		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
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
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.		Y		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
<b>Interest Expense</b>					
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		Y		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
<b>Purchased Services</b>					
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.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		Y		35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 520028

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/30/2012 11:20 am

		Part B		
		Y/N	Date	
PS&R Data		3.00	4.00	
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		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: 520028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 11:20 am

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	90	32,850	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)		90	32,850	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,650	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		100	36,500	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		100				27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 520028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	4,299	326	8,117		1.00
2.00 HMO		587	412			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	4,299	326	8,117		7.00
8.00 INTENSIVE CARE UNIT	0	699	0	1,124		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		63	970		13.00
14.00 Total (see instructions)	0	4,998	389	10,211		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	7,680	0	11,288		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	809		28.00
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 520028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,355	1.00
2.00 HMO					157	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	1.24	920.43	0.00	0	1,355	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	19.87	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	0.00	0.00			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	1.24	940.30	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 520028

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	104	2,822		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)	104	2,822		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
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
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 520028

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2012 11:20 am

	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	
<b>PART II - WAGE DATA</b>						
<b>SALARIES</b>						
1.00	Total salaries (see instructions)	200.00	71,666,496	0	71,666,496	1,955,824.00 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		26,447,903	0	26,447,903	208,208.00 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	74,361	74,361	2,579.20 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	0	0	0	0.00 9.00
10.00	Excluded area salaries (see instructions)		2,847,296	0	2,847,296	90,084.80 10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>						
11.00	Contract labor (see instructions)		222,855	0	222,855	3,793.52 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		0	0	0	0.00 13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		12,690,227	0	12,690,227	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	18.00
19.00	Excluded areas		854,188	0	854,188	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		3,961,345	0	3,961,345	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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>						
26.00	Employee Benefits	4.00	839,409	939,089	1,778,498	35,609.60 26.00
27.00	Administrative & General	5.00	9,996,329	-939,089	9,057,240	289,598.40 27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00 28.00
29.00	Maintenance & Repairs	6.00	935,155	0	935,155	41,828.80 29.00
30.00	Operation of Plant	7.00	229,872	0	229,872	5,948.80 30.00
31.00	Laundry & Linen Service	8.00	157,393	0	157,393	12,480.00 31.00
32.00	Housekeeping	9.00	510,766	0	510,766	45,385.60 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	534,835	0	534,835	44,220.80 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	3,888	0	3,888	790.40 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	221,648	0	221,648	6,780.80 38.00
39.00	Central Services and Supply	14.00	118,896	0	118,896	8,299.20 39.00
40.00	Pharmacy	15.00	1,771,057	0	1,771,057	44,345.60 40.00
41.00	Medical Records & Medical Records Library	16.00	428,204	0	428,204	29,265.60 41.00
42.00	Social Service	17.00	117,706	0	117,706	5,158.40 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/30/2012 11:20 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	36.64	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	127.03	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	28.83	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	0.00	9.00
10.00	Excluded area salaries (see instructions)	31.61	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	58.75	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	0.00	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
<b>WAGE-RELATED COSTS</b>			
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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>			
26.00	Employee Benefits	49.94	26.00
27.00	Administrative & General	31.28	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	22.36	29.00
30.00	Operation of Plant	38.64	30.00
31.00	Laundry & Linen Service	12.61	31.00
32.00	Housekeeping	11.25	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	12.09	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	4.92	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	32.69	38.00
39.00	Central Services and Supply	14.33	39.00
40.00	Pharmacy	39.94	40.00
41.00	Medical Records & Medical Records Library	14.63	41.00
42.00	Social Service	22.82	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 520028		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part III Date/Time Prepared: 5/30/2012 11:20 am	
	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		
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	45,218,593	-74,361	45,144,232	1,745,036.80		1.00
2.00	Excluded area salaries (see instructions)	2,847,296	0	2,847,296	90,084.80		2.00
3.00	Subtotal salaries (line 1 minus line 2)	42,371,297	-74,361	42,296,936	1,654,952.00		3.00
4.00	Subtotal other wages & related costs (see inst.)	222,855	0	222,855	3,793.52		4.00
5.00	Subtotal wage-related costs (see inst.)	12,690,227	0	12,690,227	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	55,284,379	-74,361	55,210,018	1,658,745.52		6.00
7.00	Total overhead cost (see instructions)	15,865,158	0	15,865,158	569,712.00		7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/30/2012 11:20 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>			
1.00	Net salaries (see instructions)	25.87	1.00
2.00	Excluded area salaries (see instructions)	31.61	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25.56	3.00
4.00	Subtotal other wages & related costs (see inst.)	58.75	4.00
5.00	Subtotal wage-related costs (see inst.)	30.00	5.00
6.00	Total (sum of lines 3 thru 5)	33.28	6.00
7.00	Total overhead cost (see instructions)	27.85	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2012 11:20 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			1,299,111 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Qualified and Non-Qualified Pension Plan Cost			1,848,382 3.00
4.00	Prior Year Pension Service Cost			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			7,998,469 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			282,143 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			113,808 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)			897,413 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			303,158 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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			4,283,521 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			173,365 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			306,389 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			17,505,759 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 520028

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/30/2012 11:20 am

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet S-4
		Component CCN: 527157		Date/Time Prepared: 5/30/2012 11:20 am
			Home Health Agency I	PPS

		1.00					
0.00	County	GREEN					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	1,047	5	57	1,109	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	413.00	36.00	151.00	600.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00					3.00
4.00	Director(s) and Assistant Director(s)	0.59					4.00
5.00	Other Administrative Personnel	2.53					5.00
6.00	Direct Nursing Service	10.03					6.00
7.00	Nursing Supervisor	1.89					7.00
8.00	Physical Therapy Service	2.16					8.00
9.00	Physical Therapy Supervisor	0.00					9.00
10.00	Occupational Therapy Service	0.00					10.00
11.00	Occupational Therapy Supervisor	0.00					11.00
12.00	Speech Pathology Service	0.00					12.00
13.00	Speech Pathology Supervisor	0.00					13.00
14.00	Medical Social Service	0.00					14.00
15.00	Medical Social Service Supervisor	0.00					15.00
16.00	Home Health Aide	0.00					16.00
17.00	Home Health Aide Supervisor	0.00					17.00
18.00	Other (specify)	0.00					18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.	4					19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	99952					20.00
20.01		27500					20.01
20.02		31540					20.02
20.03		40420					20.03
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	4,278	96	138	78	4,590	21.00
22.00	Skilled Nursing Visit Charges	754,246	16,992	24,366	13,479	809,083	22.00
23.00	Physical Therapy Visits	1,425	8	17	18	1,468	23.00
24.00	Physical Therapy Visit Charges	263,994	1,488	3,162	3,348	271,992	24.00
25.00	Occupational Therapy Visits	570	6	5	3	584	25.00
26.00	Occupational Therapy Visit Charges	125,942	1,332	1,110	666	129,050	26.00
27.00	Speech Pathology Visits	35	0	0	0	35	27.00
28.00	Speech Pathology Visit Charges	8,477	0	0	0	8,477	28.00
29.00	Medical Social Service Visits	26	0	0	0	26	29.00
30.00	Medical Social Service Visit Charges	5,059	0	0	0	5,059	30.00
31.00	Home Health Aide Visits	929	45	3	0	977	31.00
32.00	Home Health Aide Visit Charges	85,468	4,140	276	0	89,884	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	7,263	155	163	99	7,680	33.00
34.00	Other Charges	61,712	2,578	3,094	1,793	69,177	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,304,898	26,530	32,008	19,286	1,382,722	35.00
36.00	Total Number of Episodes (standard/non outlier)	493		57	10	560	36.00
37.00	Total Number of Outlier Episodes		3		0	3	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 520028 Component CCN: 521523	Period: From 01/01/2011 To 12/31/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 5/30/2012 11:20 am
		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	
<b>PART I - ENROLLMENT DAYS</b>						
1.00	Continuous Home Care	0	0	0	0	0
2.00	Routine Home Care	9,987	115	2,061	0	429
3.00	Inpatient Respite Care	0	0	0	0	0
4.00	General Inpatient Care	4	0	0	0	0
5.00	Total Hospice Days	9,991	115	2,061	0	429
<b>Part II - CENSUS DATA</b>						
6.00	Number of Patients Receiving Hospice Care	142	7	30	0	15
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00		
8.00	Average Length of Stay (line 5/line 6)	70.36	16.43	68.70	0.00	28.60
9.00	Unduplicated Census Count	142	7	30	0	15

HOSPITAL IDENTIFICATION DATA		Provider CCN: 520028 Component CCN: 521523	Period: From 01/01/2011 To 12/31/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 5/30/2012 11:20 am
		Hospice I		

		Unduplicated Days	
		Total (sum of cols. 1, 2 & 5)	
		6.00	
<b>PART I - ENROLLMENT DAYS</b>			
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	10,531	2.00
3.00	Inpatient Respite Care	0	3.00
4.00	General Inpatient Care	4	4.00
5.00	Total Hospice Days	10,535	5.00
<b>Part II - CENSUS DATA</b>			
6.00	Number of Patients Receiving Hospice Care	164	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)	64.24	8.00
9.00	Unduplicated Census Count	164	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/30/2012 11:20 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.402518	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		4,428,909	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		6,087,854	6.00	
7.00	Medicaid cost (line 1 times line 6)		2,450,471	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)		0	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
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	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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	
<b>Uncompensated care (see instructions for each line)</b>					
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)		0	19.00	
			1.00		
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	8,319,392	0	8,319,392	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,348,705	0	3,348,705	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,348,705	0	3,348,705	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?				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)			5,667,094	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			144,958	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			5,522,136	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			2,222,759	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			5,571,464	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			5,571,464	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 520028

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

Worksheet A  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		1,774,779	1,774,779	-852,217	922,562	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	839,409	1,635,580	2,474,989	2,511,287	4,986,276	4.00
5.01 DATA PROCESSING	2,843,155	6,139,843	8,982,998	-399,271	8,583,727	5.01
5.02 COMMUNICATIONS	134,439	101,134	235,573	234,768	470,341	5.02
5.03 MATERIALS MGMT	277,656	445,058	722,714	0	722,714	5.03
5.04 ADMISSIONS	296,934	129,910	426,844	0	426,844	5.04
5.05 PATIENT ACCOUNTS	603,719	1,104,095	1,707,814	0	1,707,814	5.05
5.06 ADMIN & GENERAL	5,840,426	12,855,896	18,696,322	-3,160,146	15,536,176	5.06
6.00 MAINTENANCE & REPAIRS	935,155	2,579,233	3,514,388	-1,405,628	2,108,760	6.00
7.00 OPERATION OF PLANT	229,872	139,587	369,459	1,071,089	1,440,548	7.00
8.00 LAUNDRY & LINEN SERVICE	157,393	149,500	306,893	0	306,893	8.00
9.00 HOUSEKEEPING	510,766	670,544	1,181,310	-284,300	897,010	9.00
10.00 DIETARY	534,835	667,477	1,202,312	0	1,202,312	10.00
11.00 CAFETERIA	3,888	4,032	7,920	0	7,920	11.00
13.00 NURSING ADMINISTRATION	221,648	85,996	307,644	0	307,644	13.00
14.00 CENTRAL SERVICES & SUPPLY	118,896	338,244	457,140	-277,983	179,157	14.00
15.00 PHARMACY	1,771,057	1,759,900	3,530,957	0	3,530,957	15.00
16.00 MEDICAL RECORDS & LIBRARY	428,204	201,680	629,884	0	629,884	16.00
17.00 SOCIAL SERVICE	117,706	31,702	149,408	0	149,408	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	74,361	74,361	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	4,745,359	1,344,864	6,090,223	-23,189	6,067,034	30.00
31.00 INTENSIVE CARE UNIT	998,214	362,995	1,361,209	-8,647	1,352,562	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	384,478	142,456	526,934	0	526,934	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,502,167	5,328,943	6,831,110	-3,530,403	3,300,707	50.00
51.00 RECOVERY ROOM	293,985	80,320	374,305	-1,360	372,945	51.00
52.00 DELIVERY ROOM & LABOR ROOM	464,025	171,930	635,955	-22,057	613,898	52.00
53.00 ANESTHESIOLOGY	2,212,817	545,466	2,758,283	-52,978	2,705,305	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,419,478	2,192,745	3,612,223	-779,400	2,832,823	54.00
57.00 CT SCAN	276,000	408,235	684,235	-91,527	592,708	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	25,963	941,137	967,100	-56,334	910,766	58.00
59.00 CARDIAC CATHETERIZATION	231,291	853,333	1,084,624	-614,021	470,603	59.00
60.00 LABORATORY	2,722,073	3,288,447	6,010,520	0	6,010,520	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	547,617	259,711	807,328	-29,789	777,539	65.00
66.00 PHYSICAL THERAPY	975,581	303,510	1,279,091	-5,544	1,273,547	66.00
67.00 OCCUPATIONAL THERAPY	222,405	73,060	295,465	-828	294,637	67.00
68.00 SPEECH PATHOLOGY	0	137,613	137,613	0	137,613	68.00
69.00 ELECTROCARDIOLOGY	39,620	58,551	98,171	-1,955	96,216	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,136,488	3,136,488	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,477,582	2,477,582	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	955,673	267,279	1,222,952	-5,568	1,217,384	75.00
75.01 PROCTO/ENTERO/GASTRO	379,969	328,748	708,717	-96,966	611,751	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	31,352,603	15,505,040	46,857,643	2,284,418	49,142,061	90.00
91.00 EMERGENCY	2,990,362	1,416,621	4,406,983	-89,661	4,317,322	91.00
91.01 CARDIAC REHAB	214,362	43,350	257,712	-221	257,491	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	1,338,899	639,996	1,978,895	0	1,978,895	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	624,166	518,120	1,142,286	0	1,142,286	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	70,782,265	66,026,660	136,808,925	0	136,808,925	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 MONROE CLINIC INN	0	1,957	1,957	0	1,957	194.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 520028		Period: From 01/01/2011 To 12/31/2011	Worksheet A Date/Time Prepared: 5/30/2012 11:20 am	
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	
194.01 5 WEST	0	0	0	0	0	194.01
194.02 LIFELINE	0	0	0	0	0	194.02
194.03 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 FREESTANDING CLINIC	884,231	4,193,654	5,077,885	0	5,077,885	194.04
200.00 TOTAL (SUM OF LINES 118-199)	71,666,496	70,222,271	141,888,767	0	141,888,767	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 520028

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

Worksheet A  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	922,562	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	0	4,986,276	4.00
5.01	DATA PROCESSING	0	8,583,727	5.01
5.02	COMMUNICATIONS	-3,318	467,023	5.02
5.03	MATERIALS MGMT	0	722,714	5.03
5.04	ADMISSIONS	0	426,844	5.04
5.05	PATIENT ACCOUNTS	0	1,707,814	5.05
5.06	ADMIN & GENERAL	-2,283,418	13,252,758	5.06
6.00	MAINTENANCE & REPAIRS	0	2,108,760	6.00
7.00	OPERATION OF PLANT	-12,327	1,428,221	7.00
8.00	LAUNDRY & LINEN SERVICE	-9,402	297,491	8.00
9.00	HOUSEKEEPING	0	897,010	9.00
10.00	DIETARY	-494,719	707,593	10.00
11.00	CAFETERIA	0	7,920	11.00
13.00	NURSING ADMINISTRATION	-18	307,626	13.00
14.00	CENTRAL SERVICES & SUPPLY	-31,007	148,150	14.00
15.00	PHARMACY	-104,638	3,426,319	15.00
16.00	MEDICAL RECORDS & LIBRARY	-1,881	628,003	16.00
17.00	SOCIAL SERVICE	0	149,408	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	74,361	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-1,761,018	4,306,016	30.00
31.00	INTENSIVE CARE UNIT	0	1,352,562	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	526,934	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	3,300,707	50.00
51.00	RECOVERY ROOM	0	372,945	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	613,898	52.00
53.00	ANESTHESIOLOGY	-2,472,988	232,317	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	2,832,823	54.00
57.00	CT SCAN	0	592,708	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	910,766	58.00
59.00	CARDIAC CATHETERIZATION	0	470,603	59.00
60.00	LABORATORY	-801,169	5,209,351	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	0	777,539	65.00
66.00	PHYSICAL THERAPY	0	1,273,547	66.00
67.00	OCCUPATIONAL THERAPY	0	294,637	67.00
68.00	SPEECH PATHOLOGY	0	137,613	68.00
69.00	ELECTROCARDIOLOGY	0	96,216	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,136,488	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	2,477,582	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	1,217,384	75.00
75.01	PROCTO/ENTERO/GASTRO	0	611,751	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	-23,173,937	25,968,124	90.00
91.00	EMERGENCY	-2,146,668	2,170,654	91.00
91.01	CARDIAC REHAB	0	257,491	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	0	1,978,895	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
116.00	HOSPICE	0	1,142,286	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-33,296,508	103,512,417	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	MONROE CLINIC INN	0	1,957	194.00
194.01	5 WEST	0	0	194.01
194.02	LIFELINE	0	0	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 520028

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

Worksheet A  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6.00	7.00	
194.03 PHARMACY NURSING HOME	0	0	194.03
194.04 FREESTANDING CLINIC	0	5,077,885	194.04
200.00 TOTAL (SUM OF LINES 118-199)	-33,296,508	108,592,259	200.00

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2012 11:20 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - TO RECLASSIFY PHONE COSTS</b>					
1.00	COMMUNICATIONS	5.02	0	399,271	1.00
	TOTALS		0	399,271	
<b>B - TO RECLASS IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO	72.00	0	2,477,582	1.00
	PATIENT				
2.00		0.00	0	0	2.00
	TOTALS		0	2,477,582	
<b>C - TO RECLASS M/S COSTS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	3,136,538	1.00
	PATIENTS				
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
	TOTALS		0	3,136,538	
<b>D - TO RECLASSIFY UNEMPLOYMENT</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	173,365	1.00
	TOTALS		0	173,365	
<b>E - TO RECLASSIFY WORKERS COMP</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	137,123	1.00
	TOTALS		0	137,123	
<b>F - TO RECLASSIFY RETIREMENT</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	1,261,710	1.00
	TOTALS		0	1,261,710	
<b>I - TO RECLASSIFY RENTAL SPD</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	50	1.00
	TOTALS		0	50	
<b>J - TO RECLASS CLINIC DEPRECIATION</b>					
1.00	CLINIC	90.00	0	852,217	1.00
	TOTALS		0	852,217	
<b>L - TO RECLASS CLINIC HSKPG</b>					
1.00	CLINIC	90.00	0	284,300	1.00
	TOTALS		0	284,300	
<b>M - TO RECLASS PROP TAXES</b>					
1.00	CLINIC	90.00	0	565,425	1.00
	TOTALS		0	565,425	
<b>Q - TO RECLASS UTILITIES TO PLANT</b>					
1.00	OPERATION OF PLANT	7.00	0	1,405,628	1.00
	TOTALS		0	1,405,628	
<b>P - TO RECLASS GAIN SHARE</b>					
1.00	EMPLOYEE BENEFITS	4.00	939,089	0	1.00
	TOTALS		939,089	0	
<b>Q - TO RECLASS PROPERTY INSURANCE</b>					
1.00	CLINIC	90.00	0	83,434	1.00
	TOTALS		0	83,434	
<b>S - TO RECLASSIFY RESIDENT SALARIES</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	74,361	0	1.00
	TOTALS		74,361	0	
<b>T - TO RECLASS CLINIC PHONE EXPENSE</b>					
1.00	CLINIC	90.00	0	164,503	1.00
	TOTALS		0	164,503	
<b>U - TO RECLASSIFY CLINIC UTILITIES</b>					
1.00	CLINIC	90.00	0	334,539	1.00
	TOTALS		0	334,539	
500.00	Grand Total: Increases		1,013,450	11,275,685	500.00

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2012 11:20 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - TO RECLASSIFY PHONE COSTS</b>							
1.00	DATA PROCESSING	5.01	0	399,271	0		1.00
	TOTALS		0	399,271			
<b>B - TO RECLASS IMPLANTABLE DEVICES</b>							
1.00	OPERATING ROOM	50.00	0	1,942,343	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	535,239	0		2.00
	TOTALS		0	2,477,582			
<b>C - TO RECLASS M/S COSTS</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	278,033	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	23,189	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	8,647	0		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	22,057	0		4.00
5.00	OPERATING ROOM	50.00	0	1,588,060	0		5.00
6.00	RECOVERY ROOM	51.00	0	1,360	0		6.00
7.00	CARDIAC REHAB	91.01	0	221	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	779,400	0		8.00
9.00	CT SCAN	57.00	0	91,527	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	78,782	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	29,789	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	5,544	0		12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	828	0		13.00
14.00	PROCTO/ENTERO/GASTRO	75.01	0	96,966	0		14.00
15.00	EMERGENCY	91.00	0	15,300	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	52,978	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	56,334	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	1,955	0		18.00
19.00	ASC (NON-DISTINCT PART)	75.00	0	5,568	0		19.00
	TOTALS		0	3,136,538			
<b>D - TO RECLASSIFY UNEMPLOYMENT</b>							
1.00	ADMIN & GENERAL	5.06	0	173,365	0		1.00
	TOTALS		0	173,365			
<b>E - TO RECLASSIFY WORKERS COMP</b>							
1.00	ADMIN & GENERAL	5.06	0	137,123	0		1.00
	TOTALS		0	137,123			
<b>F - TO RECLASSIFY RETIREMENT</b>							
1.00	ADMIN & GENERAL	5.06	0	1,261,710	0		1.00
	TOTALS		0	1,261,710			
<b>I - TO RECLASSIFY RENTAL SPD</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	50	0		1.00
	TOTALS		0	50			
<b>J - TO RECLASS CLINIC DEPRECIATION</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	852,217	9		1.00
	TOTALS		0	852,217			
<b>L - TO RECLASS CLINIC HSKPG</b>							
1.00	HOUSEKEEPING	9.00	0	284,300	0		1.00
	TOTALS		0	284,300			
<b>M - TO RECLASS PROP TAXES</b>							
1.00	ADMIN & GENERAL	5.06	0	565,425	0		1.00
	TOTALS		0	565,425			
<b>O - TO RECLASS UTILITIES TO PLANT</b>							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,405,628	0		1.00
	TOTALS		0	1,405,628			
<b>P - TO RECLASS GAIN SHARE</b>							
1.00	ADMIN & GENERAL	5.06	939,089	0	0		1.00
	TOTALS		939,089	0			
<b>Q - TO RECLASS PROPERTY INSURANCE</b>							
1.00	ADMIN & GENERAL	5.06	0	83,434	12		1.00
	TOTALS		0	83,434			
<b>S - TO RECLASSIFY RESIDENT SALARIES</b>							
1.00	EMERGENCY	91.00	74,361	0	0		1.00
	TOTALS		74,361	0			
<b>T - TO RECLASS CLINIC PHONE EXPENSE</b>							
1.00	COMMUNICATIONS	5.02	0	164,503	0		1.00
	TOTALS		0	164,503			
<b>U - TO RECLASSIFY CLINIC UTILITIES</b>							
1.00	OPERATION OF PLANT	7.00	0	334,539	0		1.00
	TOTALS		0	334,539			
500.00	Grand Total: Decreases		1,013,450	11,275,685			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520028

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,277,164	0	0	2,200	1.00
2.00	Land Improvements	4,983,269	56,297	0	2,700	2.00
3.00	Buildings and Fixtures	80,373,190	31,499,103	0	115,066	3.00
4.00	Building Improvements	10,888,402	23,275	0	73,642	4.00
5.00	Fixed Equipment	8,170,858	330	0	0	5.00
6.00	Movable Equipment	63,580,282	3,735,897	0	657,769	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	169,273,165	35,314,902	0	851,377	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	169,273,165	35,314,902	0	851,377	10.00
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,774,779	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,774,779	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>						
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	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520028

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			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,274,964	0		1.00	
2.00	Land Improvements	5,036,866	0		2.00	
3.00	Buildings and Fixtures	111,757,227	0		3.00	
4.00	Building Improvements	10,838,035	0		4.00	
5.00	Fixed Equipment	8,171,188	0		5.00	
6.00	Movable Equipment	66,658,410	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	203,736,690	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	203,736,690	0		10.00	
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	1,774,779		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	1,774,779		3.00	
<b>ALLOCATION OF OTHER CAPITAL</b>						
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
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	922,562	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0
3.00	Total (sum of lines 1-2)	0	0	0	922,562	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520028

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

Worksheet A-7  
Parts I-III  
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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		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	922,562	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	922,562	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 520028

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

Worksheet A-8

Date/Time Prepared:  
5/30/2012 11:20 am

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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-31,007	CENTRAL SERVICES & SUPPLY	14.00 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)	A	-3,318	COMMUNICATIONS	5.02 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	-27,608,962		
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0		
13.00 Laundry and linen service	B	-9,402	LAUNDRY & LINEN SERVICE	8.00 13.00
14.00 Cafeteria-employees and guests	B	-480,921	DIETARY	10.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients	B	-104,638	PHARMACY	15.00 17.00
18.00 Sale of medical records and abstracts	B	-1,881	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	-12,327	OPERATION OF PLANT	7.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			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		OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00		0		0.00 33.00
34.00		0		0.00 34.00
35.00 HOSPITALIST MID LEVEL SALARIES	A	-105,364	ADULTS & PEDIATRICALS	30.00 35.00
35.01 HOSPITALIST MID LEVEL FRINGES	A	-31,609	ADMIN & GENERAL	5.06 35.01
36.00 INTEREST EXPENSE	A	-980,220	ADMIN & GENERAL	5.06 36.00
37.00 CATERING REVENUE	B	-13,798	DIETARY	10.00 37.00
38.00 OUTREACH REVENUE	B	-18	NURSING ADMINISTRATION	13.00 38.00
39.00 ADVERTISING EXPENSE	A	-66,374	ADMIN & GENERAL	5.06 39.00
40.00 MISC REVENUE	B	-17,900	ADMIN & GENERAL	5.06 40.00
41.00 MID LEVEL SALARIES	A	-2,666,867	CLINIC	90.00 41.00
42.00 MID LEVEL FRINGE BENEFITS	A	-800,060	CLINIC	90.00 42.00
43.00 E/R MID LEVEL	A	-278,340	EMERGENCY	91.00 43.00
44.00 E/R MID LEVEL FRINGES	A	-83,502	EMERGENCY	91.00 44.00
45.00 OTHER ADJUSTMENTS (SPECIFY)		0		0.00 45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-33,296,508		

ADJUSTMENTS TO EXPENSES

Provider CCN: 520028

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00		0	33.00
34.00		0	34.00
35.00	HOSPITALIST MID LEVEL SALARIES	0	35.00
35.01	HOSPITALIST MID LEVEL FRINGES	0	35.01
36.00	INTEREST EXPENSE	0	36.00
37.00	CATERING REVENUE	0	37.00
38.00	OUTREACH REVENUE	0	38.00
39.00	ADVERTISING EXPENSE	0	39.00
40.00	MISC REVENUE	0	40.00
41.00	MID LEVEL SALARIES	0	41.00
42.00	MID LEVEL FRINGE BENEFITS	0	42.00
43.00	E/R MID LEVEL	0	43.00
44.00	E/R MID LEVEL FRINGES	0	44.00
45.00	OTHER ADJUSTMENTS (SPECIFY)	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 520028

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

Worksheet A-8-2

Date/Time Prepared:  
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	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	91.00	EMERGENCY	1,091,440	1,091,440	1.00
2.00	91.00	EMERGENCY	130,761	130,761	2.00
3.00	5.06	ADMIN & GENERAL	515,849	515,849	3.00
4.00	5.06	ADMIN & GENERAL	671,466	671,466	4.00
5.00	53.00	ANESTHESIOLOGY	2,175,078	2,175,078	5.00
6.00	53.00	ANESTHESIOLOGY	210,928	210,928	6.00
7.00	60.00	LABORATORY	730,630	730,630	7.00
8.00	60.00	LABORATORY	70,539	70,539	8.00
9.00	30.00	ADULTS & PEDIATRICS	1,490,644	1,490,644	9.00
10.00	30.00	ADULTS & PEDIATRICS	165,010	165,010	10.00
11.00	90.00	CLINIC	17,238,074	17,238,074	11.00
12.00	90.00	CLINIC	2,468,936	2,468,936	12.00
13.00	91.00	EMERGENCY	562,625	562,625	13.00
14.00	53.00	ANESTHESIOLOGY	86,982	86,982	14.00
200.00			27,608,962	27,608,962	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 520028

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

Worksheet A-8-2

Date/Time Prepared:  
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	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
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 520028

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

Worksheet A-8-2

Date/Time Prepared:  
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	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	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
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 520028

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

Worksheet A-8-2

Date/Time Prepared:  
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	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	1,091,440	1.00
2.00	0	130,761	2.00
3.00	0	515,849	3.00
4.00	0	671,466	4.00
5.00	0	2,175,078	5.00
6.00	0	210,928	6.00
7.00	0	730,630	7.00
8.00	0	70,539	8.00
9.00	0	1,490,644	9.00
10.00	0	165,010	10.00
11.00	0	17,238,074	11.00
12.00	0	2,468,936	12.00
13.00	0	562,625	13.00
14.00	0	86,982	14.00
200.00	0	27,608,962	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	922,562	922,562				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	0		0			2.00
4.00 EMPLOYEE BENEFITS	4,986,276	13,865	0	5,000,141		4.00
5.01 DATA PROCESSING	8,583,727	22,438	0	203,414	8,809,579	5.01
5.02 COMMUNICATIONS	467,023	1,010	0	9,618	50,922	5.02
5.03 MATERIALS MGMT	722,714	15,929	0	19,865	152,767	5.03
5.04 ADMISSIONS	426,844	10,077	0	21,244	203,690	5.04
5.05 PATIENT ACCOUNTS	1,707,814	5,573	0	43,193	611,069	5.05
5.06 ADMIN & GENERAL	13,252,758	44,353	0	350,666	1,425,828	5.06
6.00 MAINTENANCE & REPAIRS	2,108,760	18,410	0	66,906	0	6.00
7.00 OPERATION OF PLANT	1,428,221	306,721	0	16,446	101,845	7.00
8.00 LAUNDRY & LINEN SERVICE	297,491	16,747	0	11,261	0	8.00
9.00 HOUSEKEEPING	897,010	6,723	0	36,543	101,845	9.00
10.00 DIETARY	707,593	23,451	0	38,265	101,845	10.00
11.00 CAFETERIA	7,920	12,315	0	278	0	11.00
13.00 NURSING ADMINISTRATION	307,626	4,370	0	15,858	50,922	13.00
14.00 CENTRAL SERVICES & SUPPLY	148,150	8,386	0	8,506	101,845	14.00
15.00 PHARMACY	3,426,319	7,223	0	126,710	152,767	15.00
16.00 MEDICAL RECORDS & LIBRARY	628,003	11,211	0	30,636	203,690	16.00
17.00 SOCIAL SERVICE	149,408	2,306	0	8,421	50,922	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	74,361	0	0	5,320	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	4,306,016	66,726	0	339,507	152,767	30.00
31.00 INTENSIVE CARE UNIT	1,352,562	28,841	0	71,417	50,922	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	526,934	3,428	0	27,507	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	3,300,707	43,430	0	107,473	203,690	50.00
51.00 RECOVERY ROOM	372,945	1,958	0	21,033	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	613,898	10,269	0	33,199	0	52.00
53.00 ANESTHESIOLOGY	232,317	0	0	158,316	50,922	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,832,823	46,952	0	101,557	203,690	54.00
57.00 CT SCAN	592,708	1,669	0	19,746	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	910,766	870	0	1,858	0	58.00
59.00 CARDIAC CATHETERIZATION	470,603	2,804	0	16,548	50,922	59.00
60.00 LABORATORY	5,209,351	23,097	0	194,751	305,535	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	777,539	5,834	0	39,179	50,922	65.00
66.00 PHYSICAL THERAPY	1,273,547	11,767	0	69,798	101,845	66.00
67.00 OCCUPATIONAL THERAPY	294,637	4,731	0	15,912	50,922	67.00
68.00 SPEECH PATHOLOGY	137,613	2,014	0	0	50,922	68.00
69.00 ELECTROCARDIOLOGY	96,216	398	0	2,835	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,136,488	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	2,477,582	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	1,217,384	4,131	0	68,374	50,922	75.00
75.01 PROCTO/ENTERO/GASTRO	611,751	5,772	0	27,185	50,922	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	25,968,124	0	0	2,243,124	3,513,650	90.00
91.00 EMERGENCY	2,170,654	19,553	0	208,625	203,690	91.00
91.01 CARDIAC REHAB	257,491	9,132	0	15,337	50,922	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	1,978,895	28,449	0	95,792	101,845	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	1,142,286	615	0	44,656	101,845	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	103,512,417	853,548	0	4,936,879	8,656,812	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,852	0	0	0	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
192.00 PHYSICIANS' PRIVATE OFFICES	0	17,406	0	0	0	192.00
194.00 MONROE CLINIC INN	1,957	20,809	0	0	0	194.00
194.01 5 WEST	0	14,876	0	0	0	194.01
194.02 LI FELINE	0	0	0	0	0	194.02
194.03 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 FREESTANDING CLINIC	5,077,885	11,071	0	63,262	152,767	194.04
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)	108,592,259	922,562	0	5,000,141	8,809,579	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

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Part I  
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Cost Center Description		COMMUNICATIONS	MATERIALS MGMT	ADMISSIONS	PATIENT ACCOUNTS	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	DATA PROCESSING						5.01
5.02	COMMUNICATIONS	528,573					5.02
5.03	MATERIALS MGMT	7,698	918,973				5.03
5.04	ADMISSIONS	7,698	120	669,673			5.04
5.05	PATIENT ACCOUNTS	30,791	495	0	2,398,935		5.05
5.06	ADMIN & GENERAL	71,845	6,532	0	0	15,151,982	5.06
6.00	MAINTENANCE & REPAIRS	23,093	5,896	0	0	2,223,065	6.00
7.00	OPERATION OF PLANT	10,264	203	0	0	1,863,700	7.00
8.00	LAUNDRY & LINEN SERVICE	5,132	2,582	0	0	333,213	8.00
9.00	HOUSEKEEPING	2,566	6,090	0	0	1,050,777	9.00
10.00	DIETARY	7,698	1,644	0	0	880,496	10.00
11.00	CAFETERIA	2,566	0	0	0	23,079	11.00
13.00	NURSING ADMINISTRATION	23,093	126	0	0	401,995	13.00
14.00	CENTRAL SERVICES & SUPPLY	5,132	14,357	0	0	286,376	14.00
15.00	PHARMACY	10,264	62,379	0	0	3,785,662	15.00
16.00	MEDICAL RECORDS & LIBRARY	23,093	324	0	0	896,957	16.00
17.00	SOCIAL SERVICE	5,132	4	0	0	216,193	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	79,681	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	82,102	6,943	46,591	143,012	5,143,664	30.00
31.00	INTENSIVE CARE UNIT	10,264	2,026	11,161	34,258	1,561,451	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	2,566	0	3,179	9,759	573,373	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	15,395	209,493	153,648	471,393	4,505,229	50.00
51.00	RECOVERY ROOM	5,132	350	12,423	38,132	451,973	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,566	0	8,589	26,363	694,884	52.00
53.00	ANESTHESIOLOGY	5,132	4,122	50,571	155,227	656,607	53.00
54.00	RADIOLOGY-DIAGNOSTIC	23,093	41,626	54,018	165,807	3,469,566	54.00
57.00	CT SCAN	2,566	6,382	64,942	199,338	887,351	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	5,132	2,925	43,095	132,280	1,096,926	58.00
59.00	CARDIAC CATHETERIZATION	10,264	32,582	15,077	46,280	645,080	59.00
60.00	LABORATORY	15,395	2,258	49,380	478,904	6,278,671	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	10,264	3,846	26,014	79,851	993,449	65.00
66.00	PHYSICAL THERAPY	15,395	1,808	21,316	80,064	1,575,540	66.00
67.00	OCCUPATIONAL THERAPY	5,132	316	5,968	19,957	397,575	67.00
68.00	SPEECH PATHOLOGY	2,566	21	3,271	10,040	206,447	68.00
69.00	ELECTROCARDIOLOGY	2,566	449	6,102	18,731	127,297	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,136,488	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,477,582	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	5,132	1,851	22,355	68,617	1,438,766	75.00
75.01	PROCTO/ENTERO/GASTRO	2,566	8,037	0	0	706,233	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	279,911	0	0	32,004,809	90.00
91.00	EMERGENCY	17,961	5,371	70,220	215,542	2,911,616	91.00
91.01	CARDIAC REHAB	2,566	187	1,718	5,273	342,626	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	10,264	3,050	0	0	2,218,295	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	HOSPICE	2,566	5,564	0	0	1,297,532	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	492,650	719,870	669,638	2,398,828	102,992,206	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	4,852	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	2,566	0	0	0	19,972	192.00
194.00	MONROE CLINIC INN	25,659	66	35	107	48,633	194.00
194.01	5 WEST	0	0	0	0	14,876	194.01
194.02	LIFELINE	0	0	0	0	0	194.02
194.03	PHARMACY NURSING HOME	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

Period:  
From 01/01/2011  
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Cost Center Description	COMMUNICATIONS	MATERIALS MGMT	ADMISSIONS	PATIENT ACCOUNTS	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
194.04 FREESTANDING CLINIC	7,698	199,037	0	0	5,511,720	194.04
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)	528,573	918,973	669,673	2,398,935	108,592,259	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

Period:  
From 01/01/2011  
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Cost Center Description		ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	DATA PROCESSING						5.01
5.02	COMMUNICATIONS						5.02
5.03	MATERIALS MGMT						5.03
5.04	ADMISSIONS						5.04
5.05	PATIENT ACCOUNTS						5.05
5.06	ADMIN & GENERAL	15,151,982					5.06
6.00	MAINTENANCE & REPAIRS	360,486	2,583,551				6.00
7.00	OPERATION OF PLANT	302,212	1,517,144	3,683,056			7.00
8.00	LAUNDRY & LINEN SERVICE	54,033	53,309	127,388	567,943		8.00
9.00	HOUSEKEEPING	170,391	65,387	51,139	26,410	1,364,104	9.00
10.00	DIETARY	142,779	67,478	178,385	13,767	42,679	10.00
11.00	CAFETERIA	3,742	13,937	93,673	0	24,525	11.00
13.00	NURSING ADMINISTRATION	65,186	5,342	33,242	0	26,749	13.00
14.00	CENTRAL SERVICES & SUPPLY	46,438	5,807	63,788	7,785	15,839	14.00
15.00	PHARMACY	613,872	9,640	54,946	0	21,730	15.00
16.00	MEDICAL RECORDS & LIBRARY	145,448	7,317	85,280	0	21,339	16.00
17.00	SOCIAL SERVICE	35,057	116	17,543	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	12,921	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	834,081	25,319	507,562	282,641	484,528	30.00
31.00	INTENSIVE CARE UNIT	253,200	39,604	219,382	36,889	58,608	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	92,976	0	26,078	863	40,906	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	730,554	72,588	330,361	14,928	133,747	50.00
51.00	RECOVERY ROOM	73,291	3,833	14,895	51,970	32,220	51.00
52.00	DELIVERY ROOM & LABOR ROOM	112,680	0	78,116	0	41,567	52.00
53.00	ANESTHESIOLOGY	106,473	1,394	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	562,614	1,626	357,149	13,358	120,493	54.00
57.00	CT SCAN	143,890	1,045	12,696	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	177,874	697	6,620	0	0	58.00
59.00	CARDIAC CATHETERIZATION	104,604	3,949	21,326	0	0	59.00
60.00	LABORATORY	1,018,130	42,391	175,690	3,990	60,833	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	161,095	3,020	44,378	5,542	47,788	65.00
66.00	PHYSICAL THERAPY	255,485	14,518	89,512	18,531	29,575	66.00
67.00	OCCUPATIONAL THERAPY	64,470	465	35,984	0	23,413	67.00
68.00	SPEECH PATHOLOGY	33,477	0	15,321	0	0	68.00
69.00	ELECTROCARDIOLOGY	20,642	0	3,026	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	508,603	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	401,757	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	233,306	27,409	31,421	0	0	75.00
75.01	PROCTO/ENTERO/GASTRO	114,521	8,478	43,905	0	4,118	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	5,189,792	506,606	0	56,657	0	90.00
91.00	EMERGENCY	472,139	40,765	148,737	27,143	95,907	91.00
91.01	CARDIAC REHAB	55,559	9,524	69,463	0	3,697	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	359,712	8,827	216,403	0	20,528	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	210,404	2,091	4,681	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	14,243,894	2,559,626	3,158,090	560,474	1,350,789	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	787	0	36,906	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	3,239	0	132,400	0	0	192.00
194.00	MONROE CLINIC INN	7,886	8,130	158,289	7,469	13,315	194.00
194.01	5 WEST	2,412	0	113,155	0	0	194.01
194.02	LIFELINE	0	0	0	0	0	194.02
194.03	PHARMACY NURSING HOME	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

Period:  
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Cost Center Description	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.06	6.00	7.00	8.00	9.00	
194.04 FREESTANDING CLINIC	893,764	15,795	84,216	0	0	194.04
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)	15,151,982	2,583,551	3,683,056	567,943	1,364,104	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:  
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 DATA PROCESSING						5.01
5.02 COMMUNICATIONS						5.02
5.03 MATERIALS MGMT						5.03
5.04 ADMISSIONS						5.04
5.05 PATIENT ACCOUNTS						5.05
5.06 ADMIN & GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	1,325,584					10.00
11.00 CAFETERIA	1,082,960	1,241,916				11.00
13.00 NURSING ADMINISTRATION	0	8,303	540,817			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	10,162	0	436,195		14.00
15.00 PHARMACY	0	54,300	39,828	540	4,580,518	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	35,835	0	0	0	16.00
17.00 SOCIAL SERVICE	0	6,316	4,633	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	204,090	187,477	137,512	42,311	411	30.00
31.00 INTENSIVE CARE UNIT	25,245	36,064	26,452	13,685	181	31.00
41.00 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	31	6,943	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	61,711	45,264	454	34,693	50.00
51.00 RECOVERY ROOM	0	8,659	6,352	865	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	6,408	52.00
53.00 ANESTHESIOLOGY	0	15,511	11,377	17,118	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	58,349	42,798	999	30,531	54.00
57.00 CT SCAN	0	11,104	8,145	0	6,412	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	1,528	1,121	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	9,245	6,781	178	0	59.00
60.00 LABORATORY	0	112,445	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	25,698	18,849	96	0	65.00
66.00 PHYSICAL THERAPY	0	42,227	30,973	414	0	66.00
67.00 OCCUPATIONAL THERAPY	0	10,213	7,491	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	2,216	1,625	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	335,938	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	4,156,206	73.00
75.00 ASC (NON-DISTINCT PART)	13,289	34,612	25,388	2,372	1,077	75.00
75.01 PROCTO/ENTERO/GASTRO	0	12,098	8,874	50	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	337,846	0	0	0	90.00
91.00 EMERGENCY	0	77,273	56,678	14,702	6,493	91.00
91.01 CARDIAC REHAB	0	8,940	6,557	205	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	50,607	37,119	3,469	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	23,177	17,000	432	331,163	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,325,584	1,241,916	540,817	433,859	4,580,518	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 MONROE CLINIC INN	0	0	0	17	0	194.00
194.01 5 WEST	0	0	0	0	0	194.01
194.02 LIFELINE	0	0	0	0	0	194.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B  
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.03 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 FREESTANDING CLINIC	0	0	0	2,319	0	194.04
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)	1,325,584	1,241,916	540,817	436,195	4,580,518	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

Period:  
From 01/01/2011  
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 DATA PROCESSING						5.01
5.02 COMMUNICATIONS						5.02
5.03 MATERIALS MGMT						5.03
5.04 ADMISSIONS						5.04
5.05 PATIENT ACCOUNTS						5.05
5.06 ADMIN & GENERAL						5.06
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY						15.00
16.00 MEDICAL RECORDS & LIBRARY	1,192,176					16.00
17.00 SOCIAL SERVICE	8,726	288,584				17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	92,602			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	371,941	245,297	0	0	8,466,834	30.00
31.00 INTENSIVE CARE UNIT	38,176	28,858	0	0	2,337,795	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	7,635	0	0	0	748,805	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	392,666	0	55,561	0	6,377,756	50.00
51.00 RECOVERY ROOM	0	0	0	0	644,058	51.00
52.00 DELIVERY ROOM & LABOR ROOM	7,635	0	0	0	941,290	52.00
53.00 ANESTHESIOLOGY	21,815	0	0	0	830,295	53.00
54.00 RADIOLOGY-DIAGNOSTIC	43,629	0	0	0	4,701,112	54.00
57.00 CT SCAN	0	0	0	0	1,070,643	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,284,766	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	791,163	59.00
60.00 LABORATORY	0	0	0	0	7,692,150	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	7,635	0	0	0	1,307,550	65.00
66.00 PHYSICAL THERAPY	39,267	0	0	0	2,096,042	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	539,611	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	255,245	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	154,806	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,981,029	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,879,339	72.00
73.00 DRUGS CHARGED TO PATIENTS	55,628	0	0	0	4,211,834	73.00
75.00 ASC (NON-DISTINCT PART)	87,259	0	0	0	1,894,899	75.00
75.01 PROCTO/ENTERO/GASTRO	0	0	0	0	898,277	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	38,095,710	90.00
91.00 EMERGENCY	110,164	14,429	37,041	0	4,013,087	91.00
91.01 CARDIAC REHAB	0	0	0	0	496,571	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	2,914,960	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	0	0	0	1,886,480	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,192,176	288,584	92,602	0	101,512,107	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	42,545	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	155,611	192.00
194.00 MONROE CLINIC INN	0	0	0	0	243,739	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
194.01 5 WEST	0	0	0	0	130,443	194.01
194.02 LI FELINE	0	0	0	0	0	194.02
194.03 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 FREESTANDING CLINIC	0	0	0	0	6,507,814	194.04
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,192,176	288,584	92,602	0	108,592,259	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

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Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00 EMPLOYEE BENEFITS			4.00
5.01 DATA PROCESSING			5.01
5.02 COMMUNICATIONS			5.02
5.03 MATERIALS MGMT			5.03
5.04 ADMINISTRATIONS			5.04
5.05 PATIENT ACCOUNTS			5.05
5.06 ADMIN & GENERAL			5.06
6.00 MAINTENANCE & REPAIRS			6.00
7.00 OPERATION OF PLANT			7.00
8.00 LAUNDRY & LINEN SERVICE			8.00
9.00 HOUSEKEEPING			9.00
10.00 DIETARY			10.00
11.00 CAFETERIA			11.00
13.00 NURSING ADMINISTRATION			13.00
14.00 CENTRAL SERVICES & SUPPLY			14.00
15.00 PHARMACY			15.00
16.00 MEDICAL RECORDS & LIBRARY			16.00
17.00 SOCIAL SERVICE			17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	0	8,466,834	30.00
31.00 INTENSIVE CARE UNIT	0	2,337,795	31.00
41.00 SUBPROVIDER - IRF	0	0	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	748,805	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	-55,561	6,322,195	50.00
51.00 RECOVERY ROOM	0	644,058	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	941,290	52.00
53.00 ANESTHESIOLOGY	0	830,295	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	4,701,112	54.00
57.00 CT SCAN	0	1,070,643	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	1,284,766	58.00
59.00 CARDIAC CATHETERIZATION	0	791,163	59.00
60.00 LABORATORY	0	7,692,150	60.00
60.01 BLOOD LABORATORY	0	0	60.01
65.00 RESPIRATORY THERAPY	0	1,307,550	65.00
66.00 PHYSICAL THERAPY	0	2,096,042	66.00
67.00 OCCUPATIONAL THERAPY	0	539,611	67.00
68.00 SPEECH PATHOLOGY	0	255,245	68.00
69.00 ELECTROCARDIOLOGY	0	154,806	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,981,029	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	2,879,339	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	4,211,834	73.00
75.00 ASC (NON-DISTINCT PART)	0	1,894,899	75.00
75.01 PROCTO/ENTERO/GASTRO	0	898,277	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	38,095,710	90.00
91.00 EMERGENCY	-37,041	3,976,046	91.00
91.01 CARDIAC REHAB	0	496,571	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.10 CORF	0	0	99.10
101.00 HOME HEALTH AGENCY	0	2,914,960	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00 PANCREAS ACQUISITION	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	110.00
111.00 ISLET ACQUISITION	0	0	111.00
113.00 INTEREST EXPENSE			113.00
116.00 HOSPICE	0	1,886,480	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-92,602	101,419,505	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	42,545	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	155,611	192.00
194.00 MONROE CLINIC INN	0	243,739	194.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

Period:  
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To 12/31/2011

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
194.01	5 WEST	0	130,443	194.01
194.02	LI FELINE	0	0	194.02
194.03	PHARMACY NURSING HOME	0	0	194.03
194.04	FREESTANDING CLINIC	0	6,507,814	194.04
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-92,602	108,499,657	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2. 00			
<b>GENERAL SERVICE COST CENTERS</b>						
1. 00	NEW CAP REL COSTS-BLDG & FIXT					1. 00
2. 00	NEW CAP REL COSTS-MVBLE EQUIP					2. 00
4. 00	EMPLOYEE BENEFITS	0	13,865	0	13,865	4. 00
5. 01	DATA PROCESSING	0	22,438	0	22,438	5. 01
5. 02	COMMUNICATIONS	0	1,010	0	1,010	5. 02
5. 03	MATERIALS MGMT	0	15,929	0	15,929	5. 03
5. 04	ADMISSIONS	0	10,077	0	10,077	5. 04
5. 05	PATIENT ACCOUNTS	0	5,573	0	5,573	5. 05
5. 06	ADMIN & GENERAL	0	44,353	0	44,353	5. 06
6. 00	MAINTENANCE & REPAIRS	0	18,410	0	18,410	6. 00
7. 00	OPERATION OF PLANT	0	306,721	0	306,721	7. 00
8. 00	LAUNDRY & LINEN SERVICE	0	16,747	0	16,747	8. 00
9. 00	HOUSEKEEPING	0	6,723	0	6,723	9. 00
10. 00	DIETARY	0	23,451	0	23,451	10. 00
11. 00	CAFETERIA	0	12,315	0	12,315	11. 00
13. 00	NURSING ADMINISTRATION	0	4,370	0	4,370	13. 00
14. 00	CENTRAL SERVICES & SUPPLY	0	8,386	0	8,386	14. 00
15. 00	PHARMACY	0	7,223	0	7,223	15. 00
16. 00	MEDICAL RECORDS & LIBRARY	0	11,211	0	11,211	16. 00
17. 00	SOCIAL SERVICE	0	2,306	0	2,306	17. 00
21. 00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21. 00
22. 00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22. 00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30. 00	ADULTS & PEDIATRICS	0	66,726	0	66,726	30. 00
31. 00	INTENSIVE CARE UNIT	0	28,841	0	28,841	31. 00
41. 00	SUBPROVIDER - IRF	0	0	0	0	41. 00
42. 00	SUBPROVIDER	0	0	0	0	42. 00
43. 00	NURSERY	0	3,428	0	3,428	43. 00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50. 00	OPERATING ROOM	0	43,430	0	43,430	50. 00
51. 00	RECOVERY ROOM	0	1,958	0	1,958	51. 00
52. 00	DELIVERY ROOM & LABOR ROOM	0	10,269	0	10,269	52. 00
53. 00	ANESTHESIOLOGY	0	0	0	0	53. 00
54. 00	RADIOLOGY-DIAGNOSTIC	0	46,952	0	46,952	54. 00
57. 00	CT SCAN	0	1,669	0	1,669	57. 00
58. 00	MAGNETIC RESONANCE IMAGING (MRI)	0	870	0	870	58. 00
59. 00	CARDIAC CATHETERIZATION	0	2,804	0	2,804	59. 00
60. 00	LABORATORY	0	23,097	0	23,097	60. 00
60. 01	BLOOD LABORATORY	0	0	0	0	60. 01
65. 00	RESPIRATORY THERAPY	0	5,834	0	5,834	65. 00
66. 00	PHYSICAL THERAPY	0	11,767	0	11,767	66. 00
67. 00	OCCUPATIONAL THERAPY	0	4,731	0	4,731	67. 00
68. 00	SPEECH PATHOLOGY	0	2,014	0	2,014	68. 00
69. 00	ELECTROCARDIOLOGY	0	398	0	398	69. 00
71. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71. 00
72. 00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72. 00
73. 00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73. 00
75. 00	ASC (NON-DISTINCT PART)	0	4,131	0	4,131	75. 00
75. 01	PROCTO/ENTERO/GASTRO	0	5,772	0	5,772	75. 01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88. 00	RURAL HEALTH CLINIC	0	0	0	0	88. 00
89. 00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89. 00
90. 00	CLINIC	0	0	0	0	90. 00
91. 00	EMERGENCY	0	19,553	0	19,553	91. 00
91. 01	CARDIAC REHAB	0	9,132	0	9,132	91. 01
92. 00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92. 00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99. 10	CORF	0	0	0	0	99. 10
101. 00	HOME HEALTH AGENCY	0	28,449	0	28,449	101. 00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109. 00	PANCREAS ACQUISITION	0	0	0	0	109. 00
110. 00	INTESTINAL ACQUISITION	0	0	0	0	110. 00
111. 00	ISLET ACQUISITION	0	0	0	0	111. 00
113. 00	INTEREST EXPENSE	0	0	0	0	113. 00
116. 00	HOSPICE	0	615	0	615	116. 00
118. 00	SUBTOTALS (SUM OF LINES 1-117)	0	853,548	0	853,548	118. 00
<b>NONREIMBURSABLE COST CENTERS</b>						
190. 00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,852	0	4,852	190. 00
192. 00	PHYSICIANS' PRIVATE OFFICES	0	17,406	0	17,406	192. 00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
194.00 MONROE CLINIC INN	0	20,809	0	20,809	0	194.00
194.01 5 WEST	0	14,876	0	14,876	0	194.01
194.02 LI FELINE	0	0	0	0	0	194.02
194.03 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 FREESTANDING CLINIC	0	11,071	0	11,071	175	194.04
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)	0	922,562	0	922,562	13,865	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 520028		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 11:20 am	
Cost Center Description	DATA PROCESSING	COMMUNICATIONS	MATERIALS MGMT	ADMISSIONS	PATIENT ACCOUNTS		
	5.01	5.02	5.03	5.04	5.05		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	DATA PROCESSING	23,001					5.01
5.02	COMMUNICATIONS	133	1,170				5.02
5.03	MATERIALS MGMT	399	17	16,400			5.03
5.04	ADMISSIONS	532	17	2	10,687		5.04
5.05	PATIENT ACCOUNTS	1,595	68	9	0	7,365	5.05
5.06	ADMIN & GENERAL	3,723	159	117	0	0	5.06
6.00	MAINTENANCE & REPAIRS	0	51	105	0	0	6.00
7.00	OPERATION OF PLANT	266	23	4	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	11	46	0	0	8.00
9.00	HOUSEKEEPING	266	6	109	0	0	9.00
10.00	DIETARY	266	17	29	0	0	10.00
11.00	CAFETERIA	0	6	0	0	0	11.00
13.00	NURSING ADMINISTRATION	133	51	2	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	266	11	256	0	0	14.00
15.00	PHARMACY	399	23	1,113	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	532	51	6	0	0	16.00
17.00	SOCIAL SERVICE	133	11	0	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	399	180	124	742	438	30.00
31.00	INTENSIVE CARE UNIT	133	23	36	178	105	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	6	0	51	30	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	532	34	3,739	2,471	1,445	50.00
51.00	RECOVERY ROOM	0	11	6	198	117	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	6	0	137	81	52.00
53.00	ANESTHESIOLOGY	133	11	74	805	476	53.00
54.00	RADIOLOGY-DIAGNOSTIC	532	51	743	860	508	54.00
57.00	CT SCAN	0	6	114	1,034	611	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	11	52	686	406	58.00
59.00	CARDIAC CATHETERIZATION	133	23	581	240	142	59.00
60.00	LABORATORY	798	34	40	786	1,480	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	133	23	69	414	245	65.00
66.00	PHYSICAL THERAPY	266	34	32	339	245	66.00
67.00	OCCUPATIONAL THERAPY	133	11	6	95	61	67.00
68.00	SPEECH PATHOLOGY	133	6	0	52	31	68.00
69.00	ELECTROCARDIOLOGY	0	6	8	97	57	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	133	11	33	356	210	75.00
75.01	PROCTO/ENTERO/GASTRO	133	6	143	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	9,171	0	4,997	0	0	90.00
91.00	EMERGENCY	532	40	96	1,118	661	91.00
91.01	CARDIAC REHAB	133	6	3	27	16	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	266	23	54	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	266	6	99	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	22,602	1,090	12,847	10,686	7,365	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	6	0	0	0	192.00
194.00	MONROE CLINIC INN	0	57	1	1	0	194.00
194.01	5 WEST	0	0	0	0	0	194.01
194.02	LIFELINE	0	0	0	0	0	194.02
194.03	PHARMACY NURSING HOME	0	0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 520028		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 11:20 am	
Cost Center Description		DATA PROCESSING 5.01	COMMUNICATIONS 5.02	MATERIALS MGMT 5.03	ADMISSIONS 5.04	PATIENT ACCOUNTS 5.05	
194.04	FREESTANDING CLINIC	399	17	3,552	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	23,001	1,170	16,400	10,687	7,365	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 520028		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 11:20 am	
Cost Center Description		ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	DATA PROCESSING						5.01
5.02	COMMUNICATIONS						5.02
5.03	MATERIALS MGMT						5.03
5.04	ADMISSIONS						5.04
5.05	PATIENT ACCOUNTS						5.05
5.06	ADMIN & GENERAL	49,322					5.06
6.00	MAINTENANCE & REPAIRS	1,174	19,925				6.00
7.00	OPERATION OF PLANT	984	11,704	319,748			7.00
8.00	LAUNDRY & LINEN SERVICE	176	411	11,059	28,481		8.00
9.00	HOUSEKEEPING	555	504	4,440	1,324	14,028	9.00
10.00	DIETARY	465	520	15,487	690	439	10.00
11.00	CAFETERIA	12	107	8,132	0	252	11.00
13.00	NURSING ADMINISTRATION	212	41	2,886	0	275	13.00
14.00	CENTRAL SERVICES & SUPPLY	151	45	5,538	390	163	14.00
15.00	PHARMACY	1,999	74	4,770	0	223	15.00
16.00	MEDICAL RECORDS & LIBRARY	474	56	7,404	0	219	16.00
17.00	SOCIAL SERVICE	114	1	1,523	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	42	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	2,716	195	44,064	14,175	4,985	30.00
31.00	INTENSIVE CARE UNIT	824	305	19,046	1,850	603	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	303	0	2,264	43	421	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	2,379	560	28,681	749	1,375	50.00
51.00	RECOVERY ROOM	239	30	1,293	2,606	331	51.00
52.00	DELIVERY ROOM & LABOR ROOM	367	0	6,782	0	427	52.00
53.00	ANESTHESIOLOGY	347	11	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,832	13	31,006	670	1,239	54.00
57.00	CT SCAN	469	8	1,102	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	579	5	575	0	0	58.00
59.00	CARDIAC CATHETERIZATION	341	30	1,851	0	0	59.00
60.00	LABORATORY	3,315	327	15,253	200	626	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	525	23	3,853	278	491	65.00
66.00	PHYSICAL THERAPY	832	112	7,771	929	304	66.00
67.00	OCCUPATIONAL THERAPY	210	4	3,124	0	241	67.00
68.00	SPEECH PATHOLOGY	109	0	1,330	0	0	68.00
69.00	ELECTROCARDIOLOGY	67	0	263	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,656	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,308	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	760	211	2,728	0	0	75.00
75.01	PROCTO/ENTERO/GASTRO	373	65	3,812	0	42	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	16,881	3,907	0	2,841	0	90.00
91.00	EMERGENCY	1,537	314	12,913	1,361	986	91.00
91.01	CARDIAC REHAB	181	73	6,030	0	38	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	1,171	68	18,787	0	211	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	685	16	406	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	46,364	19,740	274,173	28,106	13,891	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3	0	3,204	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	11	0	11,494	0	0	192.00
194.00	MONROE CLINIC INN	26	63	13,742	375	137	194.00
194.01	5 WEST	8	0	9,824	0	0	194.01
194.02	LIFELINE	0	0	0	0	0	194.02
194.03	PHARMACY NURSING HOME	0	0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 520028		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 11:20 am	
Cost Center Description		ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
194.04	FREESTANDING CLINIC	2,910	122	7,311	0	0	194.04
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)	49,322	19,925	319,748	28,481	14,028	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 520028		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/30/2012 11:20 am	
Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
	10.00	11.00	13.00	14.00	15.00		
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	DATA PROCESSING						5.01
5.02	COMMUNICATIONS						5.02
5.03	MATERIALS MGMT						5.03
5.04	ADMISSIONS						5.04
5.05	PATIENT ACCOUNTS						5.05
5.06	ADMIN & GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	41,470					10.00
11.00	CAFETERIA	33,879	54,704				11.00
13.00	NURSING ADMINISTRATION	0	366	8,380			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	448	0	15,678		14.00
15.00	PHARMACY	0	2,392	617	19	19,203	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,578	0	0	0	16.00
17.00	SOCIAL SERVICE	0	278	72	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	6,385	8,258	2,134	1,521		2 30.00
31.00	INTENSIVE CARE UNIT	790	1,589	410	492		1 31.00
41.00	SUBPROVIDER - IRF	0	0	0	0		0 41.00
42.00	SUBPROVIDER	0	0	0	0		0 42.00
43.00	NURSERY	0	0	0	1	29	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	2,718	701	16	145	50.00
51.00	RECOVERY ROOM	0	381	98	31	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	27	52.00
53.00	ANESTHESIOLOGY	0	683	176	615	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	2,570	663	36	128	54.00
57.00	CT SCAN	0	489	126	0	27	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	67	17	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	407	105	6	0	59.00
60.00	LABORATORY	0	4,953	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	1,132	292	3	0	65.00
66.00	PHYSICAL THERAPY	0	1,860	480	15	0	66.00
67.00	OCCUPATIONAL THERAPY	0	450	116	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	98	25	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,076	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	17,424	73.00
75.00	ASC (NON-DISTINCT PART)	416	1,525	393	85	5	75.00
75.01	PROCTO/ENTERO/GASTRO	0	533	137	2	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	14,881	0	0	0	90.00
91.00	EMERGENCY	0	3,404	878	528	27	91.00
91.01	CARDIAC REHAB	0	394	102	7	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	2,229	575	125	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	HOSPICE	0	1,021	263	16	1,388	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	41,470	54,704	8,380	15,594	19,203	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	MONROE CLINIC INN	0	0	0	1	0	194.00
194.01	5 WEST	0	0	0	0	0	194.01
194.02	LIFELINE	0	0	0	0	0	194.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

Period:  
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
194.03 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 FREESTANDING CLINIC	0	0	0	83	0	194.04
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)	41,470	54,704	8,380	15,678	19,203	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	DATA PROCESSING					5.01
5.02	COMMUNICATIONS					5.02
5.03	MATERIALS MGMT					5.03
5.04	ADMINISTRATIONS					5.04
5.05	PATIENT ACCOUNTS					5.05
5.06	ADMIN & GENERAL					5.06
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY	21,616				16.00
17.00	SOCIAL SERVICE	158	4,619			17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	57		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	6,744	3,926			164,654 30.00
31.00	INTENSIVE CARE UNIT	692	462			56,578 31.00
41.00	SUBPROVIDER - IRF	0	0			0 41.00
42.00	SUBPROVIDER	0	0			0 42.00
43.00	NURSERY	138	0			6,790 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	7,121	0			96,393 50.00
51.00	RECOVERY ROOM	0	0			7,357 51.00
52.00	DELIVERY ROOM & LABOR ROOM	138	0			18,326 52.00
53.00	ANESTHESIOLOGY	396	0			4,165 53.00
54.00	RADIOLOGY-DIAGNOSTIC	791	0			88,875 54.00
57.00	CT SCAN	0	0			5,710 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0			3,273 58.00
59.00	CARDIAC CATHETERIZATION	0	0			6,709 59.00
60.00	LABORATORY	0	0			51,448 60.00
60.01	BLOOD LABORATORY	0	0			0 60.01
65.00	RESPIRATORY THERAPY	138	0			13,561 65.00
66.00	PHYSICAL THERAPY	712	0			25,891 66.00
67.00	OCCUPATIONAL THERAPY	0	0			9,226 67.00
68.00	SPEECH PATHOLOGY	0	0			3,675 68.00
69.00	ELECTROCARDIOLOGY	0	0			1,027 69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			13,732 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0			1,308 72.00
73.00	DRUGS CHARGED TO PATIENTS	1,009	0			18,433 73.00
75.00	ASC (NON-DISTINCT PART)	1,582	0			12,768 75.00
75.01	PROCTO/ENTERO/GASTRO	0	0			11,093 75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0			0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0			0 89.00
90.00	CLINIC	0	0			58,912 90.00
91.00	EMERGENCY	1,997	231			46,753 91.00
91.01	CARDIAC REHAB	0	0			16,184 91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0			0 99.10
101.00	HOME HEALTH AGENCY	0	0			52,223 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0			0 109.00
110.00	INTESTINAL ACQUISITION	0	0			0 110.00
111.00	ISLET ACQUISITION	0	0			0 111.00
113.00	INTEREST EXPENSE					0 113.00
116.00	HOSPICE	0	0			4,905 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	21,616	4,619	0	0	799,969 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			8,059 190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0			28,917 192.00
194.00	MONROE CLINIC INN	0	0			35,212 194.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
			16.00	17.00			21.00
194.01 5 WEST	0	0			24,708	194.01	
194.02 LI FELINE	0	0			0	194.02	
194.03 PHARMACY NURSING HOME	0	0			0	194.03	
194.04 FREESTANDING CLINIC	0	0			25,640	194.04	
200.00 Cross Foot Adjustments				57	0	57	200.00
201.00 Negative Cost Centers	0	0		0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	21,616	4,619		57	0	922,562	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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To 12/31/2011

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.01	DATA PROCESSING			5.01
5.02	COMMUNICATIONS			5.02
5.03	MATERIALS MGMT			5.03
5.04	ADMINISTRATIONS			5.04
5.05	PATIENT ACCOUNTS			5.05
5.06	ADMIN & GENERAL			5.06
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE			17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	0	164,654	30.00
31.00	INTENSIVE CARE UNIT	0	56,578	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	6,790	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	96,393	50.00
51.00	RECOVERY ROOM	0	7,357	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	18,326	52.00
53.00	ANESTHESIOLOGY	0	4,165	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	88,875	54.00
57.00	CT SCAN	0	5,710	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	3,273	58.00
59.00	CARDIAC CATHETERIZATION	0	6,709	59.00
60.00	LABORATORY	0	51,448	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	0	13,561	65.00
66.00	PHYSICAL THERAPY	0	25,891	66.00
67.00	OCCUPATIONAL THERAPY	0	9,226	67.00
68.00	SPEECH PATHOLOGY	0	3,675	68.00
69.00	ELECTROCARDIOLOGY	0	1,027	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	13,732	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,308	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	18,433	73.00
75.00	ASC (NON-DISTINCT PART)	0	12,768	75.00
75.01	PROCTO/ENTERO/GASTRO	0	11,093	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	58,912	90.00
91.00	EMERGENCY	0	46,753	91.00
91.01	CARDIAC REHAB	0	16,184	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	0	52,223	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE			113.00
116.00	HOSPICE	0	4,905	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	799,969	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,059	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	28,917	192.00
194.00	MONROE CLINIC INN	0	35,212	194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
194.01	5 WEST	0	24,708	194.01
194.02	LI FELINE	0	0	194.02
194.03	PHARMACY NURSING HOME	0	0	194.03
194.04	FREESTANDING CLINIC	0	25,640	194.04
200.00	Cross Foot Adjustments	0	57	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	922,562	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description	CAPITAL RELATED COSTS					COMMUNICATIONS (NO OF EXTENSIONS)
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)		
	1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	296,820					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		4,434,599				2.00
4.00 EMPLOYEE BENEFITS	4,461	1,380	69,887,998			4.00
5.01 DATA PROCESSING	7,219	2,597,736	2,843,155	173		5.01
5.02 COMMUNICATIONS	325	34,793	134,439	1	2,060	5.02
5.03 MATERIALS MGMT	5,125	3,464	277,656	3	30	5.03
5.04 ADMISSIONS	3,242	4,486	296,934	4	30	5.04
5.05 PATIENT ACCOUNTS	1,793	1,470	603,719	12	120	5.05
5.06 ADMIN & GENERAL	14,270	50,762	4,901,337	28	280	5.06
6.00 MAINTENANCE & REPAIRS	5,923	30,879	935,155	0	90	6.00
7.00 OPERATION OF PLANT	98,683	12,832	229,872	2	40	7.00
8.00 LAUNDRY & LINEN SERVICE	5,388	21,182	157,393	0	20	8.00
9.00 HOUSEKEEPING	2,163	692	510,766	2	10	9.00
10.00 DIETARY	7,545	16,513	534,835	2	30	10.00
11.00 CAFETERIA	3,962	4,196	3,888	0	10	11.00
13.00 NURSING ADMINISTRATION	1,406	4,795	221,648	1	90	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,698	2,400	118,896	2	20	14.00
15.00 PHARMACY	2,324	34,962	1,771,057	3	40	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,607	18,198	428,204	4	90	16.00
17.00 SOCIAL SERVICE	742	0	117,706	1	20	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	74,361	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	21,468	105,311	4,745,359	3	320	30.00
31.00 INTENSIVE CARE UNIT	9,279	90,993	998,214	1	40	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,103	0	384,478	0	10	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	13,973	344,041	1,502,167	4	60	50.00
51.00 RECOVERY ROOM	630	15,164	293,985	0	20	51.00
52.00 DELIVERY ROOM & LABOR ROOM	3,304	0	464,025	0	10	52.00
53.00 ANESTHESIOLOGY	0	147,097	2,212,817	1	20	53.00
54.00 RADIOLOGY-DIAGNOSTIC	15,106	444,207	1,419,478	4	90	54.00
57.00 CT SCAN	537	31,156	276,000	0	10	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	280	78	25,963	0	20	58.00
59.00 CARDIAC CATHETERIZATION	902	46,034	231,291	1	40	59.00
60.00 LABORATORY	7,431	198,423	2,722,073	6	60	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	1,877	21,817	547,617	1	40	65.00
66.00 PHYSICAL THERAPY	3,786	13,705	975,581	2	60	66.00
67.00 OCCUPATIONAL THERAPY	1,522	3,099	222,405	1	20	67.00
68.00 SPEECH PATHOLOGY	648	23	0	1	10	68.00
69.00 ELECTROCARDIOLOGY	128	299	39,620	0	10	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	1,329	2,803	955,673	1	20	75.00
75.01 PROCTO/ENTERO/GASTRO	1,857	44,682	379,969	1	10	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	31,352,603	69	0	90.00
91.00 EMERGENCY	6,291	33,820	2,916,001	4	70	91.00
91.01 CARDIAC REHAB	2,938	2,366	214,362	1	10	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	9,153	11,303	1,338,899	2	40	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	198	232	624,166	2	10	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	274,616	4,397,393	69,003,767	170	1,920	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,561	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	5,600	0	0	0	10	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	COMMUNICATIONS (NO OF EXTENSIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.00 MONROE CLINIC INN	6,695	451	0	0	100	194.00
194.01 5 WEST	4,786	0	0	0	0	194.01
194.02 LI FELINE	0	0	0	0	0	194.02
194.03 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 FREESTANDING CLINIC	3,562	36,755	884,231	3	30	194.04
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)	922,562	0	5,000,141	8,809,579	528,573	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	3.108153	0.000000	0.071545	50,922.421965	256.588835	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			13,865	23,001	1,170	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000198	132.953757	0.567961	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description	MATERIALS MGMT	ADMISSIONS	PATIENT	Reconciliation	ADMIN &	
	(SUPPLY COST)	(GROSS REVENUE)	ACCOUNTS (GROSS REVENUE)		GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 DATA PROCESSING						5.01
5.02 COMMUNICATIONS						5.02
5.03 MATERIALS MGMT	18,062,942					5.03
5.04 ADMISSIONS	2,358	161,582,584				5.04
5.05 PATIENT ACCOUNTS	9,735	0	188,593,620			5.05
5.06 ADMIN & GENERAL	128,395	0	0	-15,151,982	93,440,277	5.06
6.00 MAINTENANCE & REPAIRS	115,896	0	0	0	2,223,065	6.00
7.00 OPERATION OF PLANT	3,991	0	0	0	1,863,700	7.00
8.00 LAUNDRY & LINEN SERVICE	50,742	0	0	0	333,213	8.00
9.00 HOUSEKEEPING	119,699	0	0	0	1,050,777	9.00
10.00 DIETARY	32,320	0	0	0	880,496	10.00
11.00 CAFETERIA	6	0	0	0	23,079	11.00
13.00 NURSING ADMINISTRATION	2,470	0	0	0	401,995	13.00
14.00 CENTRAL SERVICES & SUPPLY	282,203	0	0	0	286,376	14.00
15.00 PHARMACY	1,226,099	0	0	0	3,785,662	15.00
16.00 MEDICAL RECORDS & LIBRARY	6,369	0	0	0	896,957	16.00
17.00 SOCIAL SERVICE	86	0	0	0	216,193	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	79,681	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	136,460	11,243,087	11,243,087	0	5,143,664	30.00
31.00 INTENSIVE CARE UNIT	39,813	2,693,265	2,693,265	0	1,561,451	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	767,181	767,181	0	573,373	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	4,117,727	37,059,210	37,059,210	0	4,505,229	50.00
51.00 RECOVERY ROOM	6,871	2,997,782	2,997,782	0	451,973	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	2,072,537	2,072,537	0	694,884	52.00
53.00 ANESTHESIOLOGY	81,011	12,203,405	12,203,405	0	656,607	53.00
54.00 RADIOLOGY-DIAGNOSTIC	818,185	13,035,150	13,035,150	0	3,469,566	54.00
57.00 CT SCAN	125,434	15,671,235	15,671,235	0	887,351	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	57,493	10,399,379	10,399,379	0	1,096,926	58.00
59.00 CARDIAC CATHETERIZATION	640,418	3,638,351	3,638,351	0	645,080	59.00
60.00 LABORATORY	44,374	11,915,959	37,647,874	0	6,278,671	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	75,593	6,277,619	6,277,619	0	993,449	65.00
66.00 PHYSICAL THERAPY	35,542	5,143,924	6,294,327	0	1,575,540	66.00
67.00 OCCUPATIONAL THERAPY	6,220	1,440,195	1,568,913	0	397,575	67.00
68.00 SPEECH PATHOLOGY	422	789,277	789,277	0	206,447	68.00
69.00 ELECTROCARDIOLOGY	8,816	1,472,549	1,472,549	0	127,297	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,136,488	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,477,582	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	36,392	5,394,426	5,394,426	0	1,438,766	75.00
75.01 PROCTO/ENTERO/GASTRO	157,976	0	0	0	706,233	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	5,501,751	0	0	0	32,004,809	90.00
91.00 EMERGENCY	105,571	16,945,095	16,945,095	0	2,911,616	91.00
91.01 CARDIAC REHAB	3,670	414,540	414,540	0	342,626	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	59,957	0	0	0	2,218,295	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	109,370	0	0	0	1,297,532	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	14,149,435	161,574,166	188,585,202	-15,151,982	87,840,224	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	4,852	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	19,972	192.00
194.00 MONROE CLINIC INN	1,301	8,418	8,418	0	48,633	194.00
194.01 5 WEST	0	0	0	0	14,876	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description	MATERIALS MGMT	ADMISSIONS	PATIENT	Reconciliation	ADMIN &	
	(SUPPLY COST)	(GROSS REVENUE)	ACCOUNTS (GROSS REVENUE)		GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
194.02 LIFELINE	0	0	0	0	0	194.02
194.03 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 FREESTANDING CLINIC	3,912,206	0	0	0	5,511,720	194.04
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)	918,973	669,673	2,398,935		15,151,982	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.050876	0.004144	0.012720		0.162157	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	16,400	10,687	7,365		49,322	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000908	0.000066	0.000039		0.000528	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description	MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 DATA PROCESSING						5.01
5.02 COMMUNICATIONS						5.02
5.03 MATERIALS MGMT						5.03
5.04 ADMISSIONS						5.04
5.05 PATIENT ACCOUNTS						5.05
5.06 ADMIN & GENERAL						5.06
6.00 MAINTENANCE & REPAIRS	22,245					6.00
7.00 OPERATION OF PLANT	13,063	155,779				7.00
8.00 LAUNDRY & LINEN SERVICE	459	5,388	663,051			8.00
9.00 HOUSEKEEPING	563	2,163	30,833	45,386		9.00
10.00 DIETARY	581	7,545	16,073	1,420	177,063	10.00
11.00 CAFETERIA	120	3,962	0	816	144,655	11.00
13.00 NURSING ADMINISTRATION	46	1,406	0	890	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	50	2,698	9,089	527	0	14.00
15.00 PHARMACY	83	2,324	0	723	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	63	3,607	0	710	0	16.00
17.00 SOCIAL SERVICE	1	742	0	0	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	218	21,468	329,971	16,121	27,261	30.00
31.00 INTENSIVE CARE UNIT	341	9,279	43,067	1,950	3,372	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	1,103	1,007	1,361	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	625	13,973	17,428	4,450	0	50.00
51.00 RECOVERY ROOM	33	630	60,673	1,072	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	3,304	0	1,383	0	52.00
53.00 ANESTHESIOLOGY	12	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	14	15,106	15,595	4,009	0	54.00
57.00 CT SCAN	9	537	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	6	280	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	34	902	0	0	0	59.00
60.00 LABORATORY	365	7,431	4,658	2,024	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	26	1,877	6,470	1,590	0	65.00
66.00 PHYSICAL THERAPY	125	3,786	21,634	984	0	66.00
67.00 OCCUPATIONAL THERAPY	4	1,522	0	779	0	67.00
68.00 SPEECH PATHOLOGY	0	648	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	128	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	236	1,329	0	0	1,775	75.00
75.01 PROCTO/ENTERO/GASTRO	73	1,857	0	137	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	4,362	0	66,145	0	0	90.00
91.00 EMERGENCY	351	6,291	31,688	3,191	0	91.00
91.01 CARDIAC REHAB	82	2,938	0	123	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	76	9,153	0	683	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	18	198	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	22,039	133,575	654,331	44,943	177,063	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,561	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	5,600	0	0	0	192.00
194.00 MONROE CLINIC INN	70	6,695	8,720	443	0	194.00
194.01 5 WEST	0	4,786	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description	MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	6.00	7.00	8.00	9.00	10.00	
194.02 LIFELINE	0	0	0	0	0	194.02
194.03 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 FREESTANDING CLINIC	136	3,562	0	0	0	194.04
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)	2,583,551	3,683,056	567,943	1,364,104	1,325,584	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	116.140751	23.642827	0.856560	30.055612	7.486510	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	19,925	319,748	28,481	14,028	41,470	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.895707	2.052574	0.042954	0.309082	0.234210	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description		CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION  (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	DATA PROCESSING						5.01
5.02	COMMUNICATIONS						5.02
5.03	MATERIALS MGMT						5.03
5.04	ADMINISTRATIONS						5.04
5.05	PATIENT ACCOUNTS						5.05
5.06	ADMIN & GENERAL						5.06
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	48,762					11.00
13.00	NURSING ADMINISTRATION	326	28,950				13.00
14.00	CENTRAL SERVICES & SUPPLY	399	0	421,884			14.00
15.00	PHARMACY	2,132	2,132	522	1,293,090		15.00
16.00	MEDICAL RECORDS & LIBRARY	1,407	0	0	0	1,093	16.00
17.00	SOCIAL SERVICE	248	248	0	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	7,361	7,361	40,923	116	341	30.00
31.00	INTENSIVE CARE UNIT	1,416	1,416	13,236	51	35	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	30	1,960	7	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	2,423	2,423	439	9,794	360	50.00
51.00	RECOVERY ROOM	340	340	837	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	1,809	7	52.00
53.00	ANESTHESIOLOGY	609	609	16,556	0	20	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,291	2,291	966	8,619	40	54.00
57.00	CT SCAN	436	436	0	1,810	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	60	60	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	363	363	172	0	0	59.00
60.00	LABORATORY	4,415	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	1,009	1,009	93	0	7	65.00
66.00	PHYSICAL THERAPY	1,658	1,658	400	0	36	66.00
67.00	OCCUPATIONAL THERAPY	401	401	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	87	87	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	324,918	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	1,173,306	51	73.00
75.00	ASC (NON-DISTINCT PART)	1,359	1,359	2,294	304	80	75.00
75.01	PROCTO/ENTERO/GASTRO	475	475	48	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	13,265	0	0	0	0	90.00
91.00	EMERGENCY	3,034	3,034	14,220	1,833	101	91.00
91.01	CARDIAC REHAB	351	351	198	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	1,987	1,987	3,355	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	910	910	418	93,488	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	48,762	28,950	419,625	1,293,090	1,093	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	MONROE CLINIC INN	0	0	16	0	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description		CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION  (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
194.01	5 WEST	0	0	0	0	0	194.01
194.02	LIFELINE	0	0	0	0	0	194.02
194.03	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	FREESTANDING CLINIC	0	0	2,243	0	0	194.04
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)	1,241,916	540,817	436,195	4,580,518	1,192,176	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	25.468931	18.681071	1.033922	3.542304	1,090.737420	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	54,704	8,380	15,678	19,203	21,616	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.121857	0.289465	0.037162	0.014850	19.776761	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description	INTERNS & RESIDENTS				
	SOCIAL SERVICE	SERVICES-SALARY & FRINGES	SERVICES-OTHER		
	(TIME SPENT)	(ASSIGNED TIME)	(ACCU. COST)		
	17.00	21.00	22.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 DATA PROCESSING					5.01
5.02 COMMUNICATIONS					5.02
5.03 MATERIALS MGMT					5.03
5.04 ADMISSIONS					5.04
5.05 PATIENT ACCOUNTS					5.05
5.06 ADMIN & GENERAL					5.06
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE	1,000				17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,000			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		1,000		22.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	850	0	1,000		30.00
31.00 INTENSIVE CARE UNIT	100	0	0		31.00
41.00 SUBPROVIDER - IRF	0	0	0		41.00
42.00 SUBPROVIDER	0	0	0		42.00
43.00 NURSERY	0	0	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	600	0		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
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
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 PROCTO/ENTERO/GASTRO	0	0	0		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	50	400	0		91.00
91.01 CARDIAC REHAB	0	0	0		91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.10 CORF	0	0	0		99.10
101.00 HOME HEALTH AGENCY	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
109.00 PANCREAS ACQUISITION	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0		111.00
113.00 INTEREST EXPENSE					113.00
116.00 HOSPICE	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,000	1,000	1,000		118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)		
		17.00	21.00		
194.00 MONROE CLINIC INN	0	0	0		194.00
194.01 5 WEST	0	0	0		194.01
194.02 LI FELINE	0	0	0		194.02
194.03 PHARMACY NURSING HOME	0	0	0		194.03
194.04 FREESTANDING CLINIC	0	0	0		194.04
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)	288,584	92,602	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	288.584000	92.602000	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	4,619	57	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	4.619000	0.057000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520028

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2012 11:20 am

		Title XVII		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS		8,466,834	0	8,466,834	30.00
31.00	INTENSIVE CARE UNIT		2,337,795	0	2,337,795	31.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		748,805	0	748,805	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM		6,322,195	0	6,322,195	50.00
51.00	RECOVERY ROOM		644,058	0	644,058	51.00
52.00	DELIVERY ROOM & LABOR ROOM		941,290	0	941,290	52.00
53.00	ANESTHESIOLOGY		830,295	0	830,295	53.00
54.00	RADIOLOGY-DIAGNOSTIC		4,701,112	0	4,701,112	54.00
57.00	CT SCAN		1,070,643	0	1,070,643	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,284,766	0	1,284,766	58.00
59.00	CARDIAC CATHETERIZATION		791,163	0	791,163	59.00
60.00	LABORATORY		7,692,150	0	7,692,150	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	1,307,550	0	1,307,550	65.00
66.00	PHYSICAL THERAPY	0	2,096,042	0	2,096,042	66.00
67.00	OCCUPATIONAL THERAPY	0	539,611	0	539,611	67.00
68.00	SPEECH PATHOLOGY	0	255,245	0	255,245	68.00
69.00	ELECTROCARDIOLOGY		154,806	0	154,806	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,981,029	0	3,981,029	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		2,879,339	0	2,879,339	72.00
73.00	DRUGS CHARGED TO PATIENTS		4,211,834	0	4,211,834	73.00
75.00	ASC (NON-DISTINCT PART)		1,894,899	0	1,894,899	75.00
75.01	PROCTO/ENTERO/GASTRO		898,277	0	898,277	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		38,095,710	0	38,095,710	90.00
91.00	EMERGENCY		3,976,046	0	3,976,046	91.00
91.01	CARDIAC REHAB		496,571	0	496,571	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		767,385	0	767,385	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF		0	0	0	99.10
101.00	HOME HEALTH AGENCY		2,914,960	0	2,914,960	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
113.00	INTEREST EXPENSE		0	0	0	113.00
116.00	HOSPICE		1,886,480	0	1,886,480	116.00
200.00	Subtotal (see instructions)	0	102,186,890	0	102,186,890	200.00
201.00	Less Observation Beds		767,385	0	767,385	201.00
202.00	Total (see instructions)	0	101,419,505	0	101,419,505	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 11:20 am	
			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			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	8,686,652		8,686,652		30.00
31.00	INTENSIVE CARE UNIT	2,537,156		2,537,156		31.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	753,363		753,363		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	7,560,696	19,985,278	27,545,974	0.229514	50.00
51.00	RECOVERY ROOM	839,038	2,153,976	2,993,014	0.215187	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,813,611	258,926	2,072,537	0.454173	52.00
53.00	ANESTHESIOLOGY	806,530	1,641,412	2,447,942	0.339181	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,290,699	9,753,849	12,044,548	0.390310	54.00
57.00	CT SCAN	5,554,819	10,113,994	15,668,813	0.068330	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	834,243	9,565,136	10,399,379	0.123543	58.00
59.00	CARDIAC CATHETERIZATION	982,086	1,751,643	2,733,729	0.289408	59.00
60.00	LABORATORY	6,192,977	29,839,202	36,032,179	0.213480	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	RESPIRATORY THERAPY	2,526,899	1,767,944	4,294,843	0.304447	65.00
66.00	PHYSICAL THERAPY	983,903	4,058,151	5,042,054	0.415712	66.00
67.00	OCCUPATIONAL THERAPY	561,668	742,518	1,304,186	0.413753	67.00
68.00	SPEECH PATHOLOGY	79,621	520,159	599,780	0.425564	68.00
69.00	ELECTROCARDIOLOGY	605,915	866,634	1,472,549	0.105128	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,302,734	10,360,680	17,663,414	0.225383	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,518,582	2,287,487	4,806,069	0.599105	72.00
73.00	DRUGS CHARGED TO PATIENTS	14,884,731	10,707,292	25,592,023	0.164576	73.00
75.00	ASC (NON-DISTINCT PART)	36,631	5,357,795	5,394,426	0.351270	75.00
75.01	PROCTO/ENTERO/GASTRO	164,390	2,571,054	2,735,444	0.328384	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	316,563	45,604,677	45,921,240	0.829588	90.00
91.00	EMERGENCY	1,911,451	7,398,074	9,309,525	0.427094	91.00
91.01	CARDIAC REHAB	16,500	398,040	414,540	1.197884	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	91,242	1,151,022	1,242,264	0.617731	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	2,114,571	2,114,571		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	0	2,046,708	2,046,708		116.00
200.00	Subtotal (see instructions)	70,852,700	183,016,222	253,868,922		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	70,852,700	183,016,222	253,868,922		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 11:20 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.229514		50.00
51.00	RECOVERY ROOM	0.215187		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.454173		52.00
53.00	ANESTHESIOLOGY	0.339181		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.390310		54.00
57.00	CT SCAN	0.068330		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.123543		58.00
59.00	CARDIAC CATHETERIZATION	0.289408		59.00
60.00	LABORATORY	0.213480		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
65.00	RESPIRATORY THERAPY	0.304447		65.00
66.00	PHYSICAL THERAPY	0.415712		66.00
67.00	OCCUPATIONAL THERAPY	0.413753		67.00
68.00	SPEECH PATHOLOGY	0.425564		68.00
69.00	ELECTROCARDIOLOGY	0.105128		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.225383		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.599105		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.164576		73.00
75.00	ASC (NON-DISTINCT PART)	0.351270		75.00
75.01	PROCTO/ENTERO/GASTRO	0.328384		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	0.829588		90.00
91.00	EMERGENCY	0.427094		91.00
91.01	CARDIAC REHAB	1.197884		91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.617731		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 11:20 am		
		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS		8,466,834	0	0	30.00
31.00	INTENSIVE CARE UNIT		2,337,795	0	0	31.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		748,805	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM		6,322,195	0	0	50.00
51.00	RECOVERY ROOM		644,058	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM		941,290	0	0	52.00
53.00	ANESTHESIOLOGY		830,295	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC		4,701,112	0	0	54.00
57.00	CT SCAN		1,070,643	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		1,284,766	0	0	58.00
59.00	CARDIAC CATHETERIZATION		791,163	0	0	59.00
60.00	LABORATORY		7,692,150	0	0	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	1,307,550	0	0	65.00
66.00	PHYSICAL THERAPY	0	2,096,042	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	539,611	0	0	67.00
68.00	SPEECH PATHOLOGY	0	255,245	0	0	68.00
69.00	ELECTROCARDIOLOGY		154,806	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,981,029	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		2,879,339	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS		4,211,834	0	0	73.00
75.00	ASC (NON-DISTINCT PART)		1,894,899	0	0	75.00
75.01	PROCTO/ENTERO/GASTRO		898,277	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		38,095,710	0	0	90.00
91.00	EMERGENCY		3,976,046	0	0	91.00
91.01	CARDIAC REHAB		496,571	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		767,385	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF		0	0	0	99.10
101.00	HOME HEALTH AGENCY		2,914,960	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
113.00	INTEREST EXPENSE		0	0	0	113.00
116.00	HOSPICE		1,886,480	0	0	116.00
200.00	Subtotal (see instructions)	0	102,186,890	0	0	200.00
201.00	Less Observation Beds		767,385	0	0	201.00
202.00	Total (see instructions)	0	101,419,505	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 520028		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/30/2012 11:20 am	
		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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	8,686,652		8,686,652			30.00
31.00	INTENSIVE CARE UNIT	2,537,156		2,537,156			31.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	753,363		753,363			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	7,560,696	19,985,278	27,545,974	0.229514	0.000000	50.00
51.00	RECOVERY ROOM	839,038	2,153,976	2,993,014	0.215187	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,813,611	258,926	2,072,537	0.454173	0.000000	52.00
53.00	ANESTHESIOLOGY	806,530	1,641,412	2,447,942	0.339181	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,290,699	9,753,849	12,044,548	0.390310	0.000000	54.00
57.00	CT SCAN	5,554,819	10,113,994	15,668,813	0.068330	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	834,243	9,565,136	10,399,379	0.123543	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	982,086	1,751,643	2,733,729	0.289408	0.000000	59.00
60.00	LABORATORY	6,192,977	29,839,202	36,032,179	0.213480	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	RESPIRATORY THERAPY	2,526,899	1,767,944	4,294,843	0.304447	0.000000	65.00
66.00	PHYSICAL THERAPY	983,903	4,058,151	5,042,054	0.415712	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	561,668	742,518	1,304,186	0.413753	0.000000	67.00
68.00	SPEECH PATHOLOGY	79,621	520,159	599,780	0.425564	0.000000	68.00
69.00	ELECTROCARDIOLOGY	605,915	866,634	1,472,549	0.105128	0.000000	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,302,734	10,360,680	17,663,414	0.225383	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,518,582	2,287,487	4,806,069	0.599105	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	14,884,731	10,707,292	25,592,023	0.164576	0.000000	73.00
75.00	ASC (NON-DISTINCT PART)	36,631	5,357,795	5,394,426	0.351270	0.000000	75.00
75.01	PROCTO/ENTERO/GASTRO	164,390	2,571,054	2,735,444	0.328384	0.000000	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	CLINIC	316,563	45,604,677	45,921,240	0.829588	0.000000	90.00
91.00	EMERGENCY	1,911,451	7,398,074	9,309,525	0.427094	0.000000	91.00
91.01	CARDIAC REHAB	16,500	398,040	414,540	1.197884	0.000000	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	91,242	1,151,022	1,242,264	0.617731	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0			99.10
101.00	HOME HEALTH AGENCY	0	2,114,571	2,114,571			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	2,046,708	2,046,708			116.00
200.00	Subtotal (see instructions)	70,852,700	183,016,222	253,868,922			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	70,852,700	183,016,222	253,868,922			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/30/2012 11:20 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0.000000		50.00
51.00	RECOVERY ROOM	0.000000		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
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
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	PROCTO/ENTERO/GASTRO	0.000000		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	0.000000		90.00
91.00	EMERGENCY	0.000000		91.00
91.01	CARDIAC REHAB	0.000000		91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 520028		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/30/2012 11:20 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	164,654	0	164,654	8,926	18.45	30.00
31.00	INTENSIVE CARE UNIT	56,578		56,578	1,124	50.34	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	6,790		6,790	970	7.00	43.00
200.00	Total (Lines 30-199)	228,022		228,022	11,020		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/30/2012 11:20 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	4,299	79,317		30.00
31.00 INTENSIVE CARE UNIT	699	35,188		31.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (lines 30-199)	4,998	114,505		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/30/2012 11:20 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	96,393	27,545,974	0.003499	6,551,894	22,925	50.00
51.00	RECOVERY ROOM	7,357	2,993,014	0.002458	353,504	869	51.00
52.00	DELIVERY ROOM & LABOR ROOM	18,326	2,072,537	0.008842	21,808	193	52.00
53.00	ANESTHESIOLOGY	4,165	2,447,942	0.001701	579,218	985	53.00
54.00	RADIOLOGY-DIAGNOSTIC	88,875	12,044,548	0.007379	2,237,792	16,513	54.00
57.00	CT SCAN	5,710	15,668,813	0.000364	5,465,483	1,989	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	3,273	10,399,379	0.000315	516,070	163	58.00
59.00	CARDIAC CATHETERIZATION	6,709	2,733,729	0.002454	938,699	2,304	59.00
60.00	LABORATORY	51,448	36,032,179	0.001428	3,322,318	4,744	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	13,561	4,294,843	0.003158	1,619,349	5,114	65.00
66.00	PHYSICAL THERAPY	25,891	5,042,054	0.005135	724,727	3,721	66.00
67.00	OCCUPATIONAL THERAPY	9,226	1,304,186	0.007074	423,394	2,995	67.00
68.00	SPEECH PATHOLOGY	3,675	599,780	0.006127	70,964	435	68.00
69.00	ELECTROCARDIOLOGY	1,027	1,472,549	0.000697	300,412	209	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,732	17,663,414	0.000777	1,329,496	1,033	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,308	4,806,069	0.000272	379,986	103	72.00
73.00	DRUGS CHARGED TO PATIENTS	18,433	25,592,023	0.000720	3,192,479	2,299	73.00
75.00	ASC (NON-DISTINCT PART)	12,768	5,394,426	0.002367	0	0	75.00
75.01	PROCTO/ENTERO/GASTRO	11,093	2,735,444	0.004055	99,983	405	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	58,912	45,921,240	0.001283	810	1	90.00
91.00	EMERGENCY	46,753	9,309,525	0.005022	1,207,054	6,062	91.00
91.01	CARDIAC REHAB	16,184	414,540	0.039041	202	8	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	14,923	1,242,264	0.012013	51,581	620	92.00
200.00	Total (Lines 50-199)	529,742	237,730,472		29,387,223	73,690	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 520028		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 11:20 am	
Cost Center Description		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/30/2012 11:20 am
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	Title XVIII	
						Hospital	PPS
	6.00	7.00	8.00	9.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	8,926	0.00	4,299	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	1,124	0.00	699	0	0	0	31.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	0	0	42.00
43.00 NURSERY	970	0.00	0	0	0	0	43.00
200.00 Total (lines 30-199)	11,020		4,998	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 520028		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/30/2012 11:20 am	
Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS	
		12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520028

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2012 11:20 am

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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
57.00	CT SCAN	0	0	0	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	LABORATORY	0	0	0	0	0	60.00	
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01	
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	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01	PROCTO/ENTERO/GASTRO	0	0	0	0	0	75.01	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	CLINIC	0	0	0	0	0	90.00	
91.00	EMERGENCY	0	0	0	0	0	91.00	
91.01	CARDIAC REHAB	0	0	0	0	0	91.01	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
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: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 11:20 am
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	27,545,974	0.000000	0.000000	6,551,894	50.00
51.00	RECOVERY ROOM	0	2,993,014	0.000000	0.000000	353,504	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,072,537	0.000000	0.000000	21,808	52.00
53.00	ANESTHESIOLOGY	0	2,447,942	0.000000	0.000000	579,218	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	12,044,548	0.000000	0.000000	2,237,792	54.00
57.00	CT SCAN	0	15,668,813	0.000000	0.000000	5,465,483	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	10,399,379	0.000000	0.000000	516,070	58.00
59.00	CARDIAC CATHETERIZATION	0	2,733,729	0.000000	0.000000	938,699	59.00
60.00	LABORATORY	0	36,032,179	0.000000	0.000000	3,322,318	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	RESPIRATORY THERAPY	0	4,294,843	0.000000	0.000000	1,619,349	65.00
66.00	PHYSICAL THERAPY	0	5,042,054	0.000000	0.000000	724,727	66.00
67.00	OCCUPATIONAL THERAPY	0	1,304,186	0.000000	0.000000	423,394	67.00
68.00	SPEECH PATHOLOGY	0	599,780	0.000000	0.000000	70,964	68.00
69.00	ELECTROCARDIOLOGY	0	1,472,549	0.000000	0.000000	300,412	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,663,414	0.000000	0.000000	1,329,496	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	4,806,069	0.000000	0.000000	379,986	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	25,592,023	0.000000	0.000000	3,192,479	73.00
75.00	ASC (NON-DISTINCT PART)	0	5,394,426	0.000000	0.000000	0	75.00
75.01	PROCTO/ENTERO/GASTRO	0	2,735,444	0.000000	0.000000	99,983	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	45,921,240	0.000000	0.000000	810	90.00
91.00	EMERGENCY	0	9,309,525	0.000000	0.000000	1,207,054	91.00
91.01	CARDIAC REHAB	0	414,540	0.000000	0.000000	202	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,242,264	0.000000	0.000000	51,581	92.00
200.00	Total (Lines 50-199)	0	237,730,472			29,387,223	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520028

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

Worksheet D  
Part IV  
Date/Time Prepared:  
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Cost Center Description		Title XVIII			Hospital		PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	3,808,346	0	0	0	50.00
51.00	RECOVERY ROOM	0	463,055	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	6,598	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	1,457,455	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	4,555,380	0	0	0	54.00
57.00	CT SCAN	0	3,921,576	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,423,011	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	1,809,586	0	0	0	59.00
60.00	LABORATORY	0	881,093	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	374,837	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	784,650	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	852,899	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,418,918	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,618,421	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	4,854,933	0	0	0	75.00
75.01	PROCTO/ENTERO/GASTRO	0	1,279,485	0	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	14,092,387	0	0	0	90.00
91.00	EMERGENCY	0	2,348,386	0	0	0	91.00
91.01	CARDIAC REHAB	0	213,888	0	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	626,048	0	0	0	92.00
200.00	Total (Lines 50-199)	0	48,790,952	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/30/2012 11:20 am
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	0	0	50.00
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
75.01 PROCTO/ENTERO/GASTRO	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
91.01 CARDIAC REHAB	0	0	91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 11:20 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.229514	3,808,346	0	0	50.00
51.00	RECOVERY ROOM	0.215187	463,055	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.454173	6,598	0	0	52.00
53.00	ANESTHESIOLOGY	0.339181	1,457,455	1,180	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.390310	4,555,380	0	0	54.00
57.00	CT SCAN	0.068330	3,921,576	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.123543	2,423,011	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.289408	1,809,586	0	0	59.00
60.00	LABORATORY	0.213480	881,093	-834	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0.304447	374,837	0	0	65.00
66.00	PHYSICAL THERAPY	0.415712	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.413753	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.425564	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.105128	784,650	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.225383	852,899	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.599105	1,418,918	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.164576	2,618,421	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0.351270	4,854,933	0	0	75.00
75.01	PROCTO/ENTERO/GASTRO	0.328384	1,279,485	0	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.829588	14,092,387	-9,848	107,111	90.00
91.00	EMERGENCY	0.427094	2,348,386	-2,389	0	91.00
91.01	CARDIAC REHAB	1.197884	213,888	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.617731	626,048	0	0	92.00
200.00	Subtotal (see instructions)		48,790,952	-11,891	107,111	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		48,790,952	-11,891	107,111	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 11:20 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	874,069	0	0		50.00
51.00 RECOVERY ROOM	99,643	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,997	0	0		52.00
53.00 ANESTHESIOLOGY	494,341	400	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,778,010	0	0		54.00
57.00 CT SCAN	267,961	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	299,346	0	0		58.00
59.00 CARDIAC CATHETERIZATION	523,709	0	0		59.00
60.00 LABORATORY	188,096	-178	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
65.00 RESPIRATORY THERAPY	114,118	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	82,489	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	192,229	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	850,081	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	430,929	0	0		73.00
75.00 ASC (NON-DISTINCT PART)	1,705,392	0	0		75.00
75.01 PROCTO/ENTERO/GASTRO	420,162	0	0		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	11,690,875	-8,170	88,858		90.00
91.00 EMERGENCY	1,002,982	-1,020	0		91.00
91.01 CARDIAC REHAB	256,213	0	0		91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	386,729	0	0		92.00
200.00 Subtotal (see instructions)	21,660,371	-8,968	88,858		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	21,660,371	-8,968	88,858		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 11:20 am
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.229514	0	500,515	0	50.00
51.00	RECOVERY ROOM	0.215187	0	53,157	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.454173	0	11,491	0	52.00
53.00	ANESTHESIOLOGY	0.339181	0	240,388	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.390310	0	199,004	0	54.00
57.00	CT SCAN	0.068330	0	310,283	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.123543	0	288,674	0	58.00
59.00	CARDIAC CATHETERIZATION	0.289408	0	47,750	0	59.00
60.00	LABORATORY	0.213480	0	185,090	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0.304447	0	31,047	0	65.00
66.00	PHYSICAL THERAPY	0.415712	0	128,262	0	66.00
67.00	OCCUPATIONAL THERAPY	0.413753	0	63,185	0	67.00
68.00	SPEECH PATHOLOGY	0.425564	0	390,443	0	68.00
69.00	ELECTROCARDIOLOGY	0.105128	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.225383	0	21,632	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.599105	0	16,394	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.164576	0	181,438	0	73.00
75.00	ASC (NON-DISTINCT PART)	0.351270	0	94,248	0	75.00
75.01	PROCTO/ENTERO/GASTRO	0.328384	0	38,552	0	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	0.829588	0	205,530	0	90.00
91.00	EMERGENCY	0.427094	0	734,393	0	91.00
91.01	CARDIAC REHAB	1.197884	0	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.617731	0	0	0	92.00
200.00	Subtotal (see instructions)		0	3,741,476	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	3,741,476	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/30/2012 11:20 am
	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		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	114,875	0		50.00
51.00 RECOVERY ROOM	0	11,439	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	5,219	0		52.00
53.00 ANESTHESIOLOGY	0	81,535	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	77,673	0		54.00
57.00 CT SCAN	0	21,202	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	35,664	0		58.00
59.00 CARDIAC CATHETERIZATION	0	13,819	0		59.00
60.00 LABORATORY	0	39,513	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
65.00 RESPIRATORY THERAPY	0	9,452	0		65.00
66.00 PHYSICAL THERAPY	0	53,320	0		66.00
67.00 OCCUPATIONAL THERAPY	0	26,143	0		67.00
68.00 SPEECH PATHOLOGY	0	166,158	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,875	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	9,822	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	29,860	0		73.00
75.00 ASC (NON-DISTINCT PART)	0	33,106	0		75.00
75.01 PROCTO/ENTERO/GASTRO	0	12,660	0		75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	170,505	0		90.00
91.00 EMERGENCY	0	313,655	0		91.00
91.01 CARDIAC REHAB	0	0	0		91.01
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	0	1,230,495	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	1,230,495	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2012 11:20 am
Cost Center Description		PPS		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,926	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,926	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)		8,926	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)		4,299	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
<b>SWING BED ADJUSTMENT</b>				
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)		8,466,834	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)		8,466,834	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		8,803,957	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		8,803,957	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.961708	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)		986.33	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)		8,466,834	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		948.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,077,859	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)		4,077,859	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/30/2012 11:20 am	
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)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,337,795	1,124	2,079.89	699	1,453,843		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)					6,742,832		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,274,534		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)					114,505		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					73,690		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					188,195		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					12,086,339		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)					809		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					948.56		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					767,385		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 11:20 am	
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	164,654	8,466,834	0.019447	767,385	14,923	90.00
91.00	Nursing School cost	0	8,466,834	0.000000	767,385	0	91.00
92.00	Allied health cost	0	8,466,834	0.000000	767,385	0	92.00
93.00	All other Medical Education	0	8,466,834	0.000000	767,385	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/30/2012 11:20 am
Cost Center Description		Cost		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,926	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,926	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)		8,926	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)		326	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)		970	15.00
16.00	Nursery days (title V or XIX only)		63	16.00
<b>SWING BED ADJUSTMENT</b>				
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)		8,466,834	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)		8,466,834	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		8,803,957	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		8,803,957	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.961708	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)		986.33	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)		8,466,834	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		948.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		309,231	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)		309,231	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/30/2012 11:20 am		
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)	748,805	970	771.96	63	48,633	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,337,795	1,124	2,079.89	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					694,491	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,052,355	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)					809	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					948.56	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					767,385	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/30/2012 11:20 am	
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: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 11:20 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		4,490,786		30.00
31.00	INTENSIVE CARE UNIT		1,601,825		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.229514	6,551,894	1,503,751	50.00
51.00	RECOVERY ROOM	0.215187	353,504	76,069	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.454173	21,808	9,905	52.00
53.00	ANESTHESIOLOGY	0.339181	579,218	196,460	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.390310	2,237,792	873,433	54.00
57.00	CT SCAN	0.068330	5,465,483	373,456	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.123543	516,070	63,757	58.00
59.00	CARDIAC CATHETERIZATION	0.289408	938,699	271,667	59.00
60.00	LABORATORY	0.213480	3,322,318	709,248	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.304447	1,619,349	493,006	65.00
66.00	PHYSICAL THERAPY	0.415712	724,727	301,278	66.00
67.00	OCCUPATIONAL THERAPY	0.413753	423,394	175,181	67.00
68.00	SPEECH PATHOLOGY	0.425564	70,964	30,200	68.00
69.00	ELECTROCARDIOLOGY	0.105128	300,412	31,582	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.225383	1,329,496	299,646	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.599105	379,986	227,652	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.164576	3,192,479	525,405	73.00
75.00	ASC (NON-DISTINCT PART)	0.351270	0	0	75.00
75.01	PROCTO/ENTERO/GASTRO	0.328384	99,983	32,833	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	0.829588	810	672	90.00
91.00	EMERGENCY	0.427094	1,207,054	515,526	91.00
91.01	CARDIAC REHAB	1.197884	202	242	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.617731	51,581	31,863	92.00
200.00	Total (sum of lines 50-94 and 96-98)		29,387,223	6,742,832	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)		29,387,223		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/30/2012 11:20 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		303,616		30.00
31.00	INTENSIVE CARE UNIT		71,634		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		40,843		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.229514	312,697	71,768	50.00
51.00	RECOVERY ROOM	0.215187	29,812	6,415	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.454173	100,359	45,580	52.00
53.00	ANESTHESIOLOGY	0.339181	227,312	77,100	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.390310	52,907	20,650	54.00
57.00	CT SCAN	0.068330	89,336	6,104	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.123543	43,101	5,325	58.00
59.00	CARDIAC CATHETERIZATION	0.289408	43,387	12,557	59.00
60.00	LABORATORY	0.213480	228,944	48,875	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.304447	58,088	17,685	65.00
66.00	PHYSICAL THERAPY	0.415712	29,644	12,323	66.00
67.00	OCCUPATIONAL THERAPY	0.413753	15,257	6,313	67.00
68.00	SPEECH PATHOLOGY	0.425564	1,087	463	68.00
69.00	ELECTROCARDIOLOGY	0.105128	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.225383	33,192	7,481	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.599105	1,948	1,167	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.164576	211,246	34,766	73.00
75.00	ASC (NON-DISTINCT PART)	0.351270	0	0	75.00
75.01	PROCTO/ENTERO/GASTRO	0.328384	2,060	676	75.01
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	0.829588	315,753	261,945	90.00
91.00	EMERGENCY	0.427094	134,157	57,298	91.00
91.01	CARDIAC REHAB	1.197884	0	0	91.01
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.617731	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,930,287	694,491	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)		1,930,287		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 11:20 am
		Title XVII I	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		10,096,525	1.00
2.00	Outlier payments for discharges. (see instructions)		78,880	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		97.78	4.00
<b>Indirect Medical Education Adjustment</b>				
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)		1.13	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)		1.13	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		1.24	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)		1.13	12.00
13.00	Total allowable FTE count for the prior year.		1.18	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.		1.03	14.00
15.00	Sum of lines 12 through 14 divided by 3.		1.11	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		1.11	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.011352	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.010654	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.010654	21.00
22.00	IME payment adjustment (see instructions)		58,620	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
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)		0.11	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)		58,620	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
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)		10,234,025	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)		10,234,025	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		829,050	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).		12,868	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: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/30/2012 11:20 am
		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)			11,075,943 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			11,075,943 61.00
62.00	Deductibles billed to program beneficiaries			1,163,344 62.00
63.00	Coinsurance billed to program beneficiaries			21,225 63.00
64.00	Allowable bad debts (see instructions)			48,434 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			33,904 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			46,068 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			9,925,278 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			483,906 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)			10,409,184 71.00
72.00	Interim payments			10,241,350 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)			167,834 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 11:20 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		79,890	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,660,371	2.00
3.00	PPS payments		15,116,063	3.00
4.00	Outlier payment (see instructions)		1,481,879	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.791	5.00
6.00	Line 2 times line 5		17,133,353	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		96.88	7.00
8.00	Transitional corridor payment (see instructions)		455,099	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)		79,890	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		95,220	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)		95,220	14.00
<b>Customary charges</b>				
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)		95,220	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		15,330	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)		79,890	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		17,053,041	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		277	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,564,283	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)		13,568,371	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		22,790	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)		13,591,161	30.00
31.00	Primary payer payments		599	31.00
32.00	Subtotal (line 30 minus line 31)		13,590,562	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		158,648	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		111,054	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		156,525	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		13,701,616	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		13,701,616	40.00
41.00	Interim payments		15,042,183	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		-1,340,567	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/30/2012 11:20 am
		Title XVIII	Hospital
			PPS
			Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 520028

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2012 11:20 am

		Title XVIII		Hospital	PPS	
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		10,241,350		15,042,183	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)		10,241,350		15,042,183	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		167,834		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1,340,567	6.02
7.00	Total Medicare program liability (see instructions)		10,409,184		13,701,616	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: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2012 11:20 am
		Title XIX	Hospital	Cost
				1.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services			1,052,355 1.00
2.00	Medical and other services			1,230,495 2.00
3.00	Organ acquisition (certified transplant centers only)			0 3.00
4.00	Subtotal (sum of lines 1, 2 and 3)			2,282,850 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)			2,282,850 7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges			0 8.00
9.00	Ancillary service charges			5,671,763 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)			5,671,763 12.00
<b>CUSTOMARY CHRGES</b>				
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)			5,671,763 16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			3,388,913 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)			2,282,850 21.00
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
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.			2,282,850 29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)			2,282,850 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)			2,282,850 36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 37.00
38.00	Subtotal (line 36 ± line 37)			2,282,850 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)			2,282,850 40.00
41.00	Interim payments			1,658,945 41.00
42.00	Balance due provider/program (line 40 minus 41)			623,905 42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2			0 43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/30/2012 11:20 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			1.10	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			1.10	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	1.24	0.00	1.24	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	1.24	0.00	1.24	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	1.24	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.18	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.03	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	1.15	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	1.15	0.00		17.00
18.00	Per resident amount	52,078.39	0.00		18.00
19.00	Approved amount for resident costs	59,890	0	59,890	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			52,078.39	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			59,890	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	4,998	587		26.00
27.00	Total Inpatient Days	9,241	9,241		27.00
28.00	Ratio of inpatient days to total inpatient days	0.540851	0.063521		28.00
29.00	Program direct GME amount	32,392	3,804		29.00
30.00	Reduction for nursing/allied health		538		30.00
31.00	Net Program direct GME amount			35,658	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4  Date/Time Prepared: 5/30/2012 11:20 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		12,274,534	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		12,274,534	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		21,740,261	42.00
43.00	Primary payer payments (see instructions)		599	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		21,739,662	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		34,014,196	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.360865	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.639135	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		35,658	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		12,868	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		22,790	50.00

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

Provider CCN: 520028

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

Worksheet G

Date/Time Prepared:  
5/30/2012 11:20 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	37,136,096	0	0	0	1.00
2.00	Temporary investments	2,140,802	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	59,334,222	0	0	0	4.00
5.00	Other receivable	516,123	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-35,534,501	0	0	0	6.00
7.00	Inventory	2,529,333	0	0	0	7.00
8.00	Prepaid expenses	2,870,965	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	68,993,040	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,274,964	0	0	0	12.00
13.00	Land improvements	5,036,866	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	137,531,631	0	0	0	15.00
16.00	Accumulated depreciation	-98,923,278	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	65,915,622	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	110,835,805	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	52,705,918	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	5,515,928	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	58,221,846	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	238,050,691	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	8,192,295	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,631,170	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	0	0	0	0	43.00
44.00	Other current liabilities	4,283,453	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	23,106,918	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	80,754,538	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,216,001	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	85,970,539	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	109,077,457	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	128,973,234				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)	128,973,234	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	238,050,691	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 520028

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

Worksheet G-1

Date/Time Prepared:  
5/30/2012 11:20 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		123,638,029	
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,530,133			2.00
3.00	Total (sum of line 1 and line 2)		130,168,162		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)		130,168,162		0	11.00
12.00	CHGS IN UNREALIZED GAIN/LOSSES	1,194,928		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)		1,194,928		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		128,973,234		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 520028

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

Worksheet G-1

Date/Time Prepared:  
5/30/2012 11:20 am

	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: 520028

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

Worksheet G-2 Parts

Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	8,803,957		8,803,957	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	8,803,957		8,803,957	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,538,618		2,538,618	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,538,618		2,538,618	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	11,342,575		11,342,575	17.00
18.00	Ancillary services	62,078,441	138,323,027	200,401,468	18.00
19.00	Outpatient services	0	13,783,181	13,783,181	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		2,114,571	2,114,571	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	1	2,046,707	2,046,708	26.00
27.00	CLINIC OUTPATIENT	0	115,038,623	115,038,623	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	73,421,017	271,306,109	344,727,126	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		141,888,767		29.00
30.00	BAD DEBTS	5,667,092			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)		5,667,092		36.00
37.00	ROUNDING	2			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)		2		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		147,555,857		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 520028

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

Worksheet G-3

Date/Time Prepared:  
5/30/2012 11:20 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	344,727,126	1.00
2.00	Less contractual allowances and discounts on patients' accounts	196,930,412	2.00
3.00	Net patient revenues (line 1 minus line 2)	147,796,714	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	147,555,857	4.00
5.00	Net income from service to patients (line 3 minus line 4)	240,857	5.00
<b>OTHER INCOME</b>			
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 INCOME	5,247,205	24.00
24.01	INVESTMENT INCOME	1,015,595	24.01
24.02	EQUITY IN EARNINGS OF FTD	174,823	24.02
24.03	EQUITY IN EARNINGS OF AFFILIATES	22,725	24.03
25.00	Total other income (sum of lines 6-24)	6,460,348	25.00
26.00	Total (line 5 plus line 25)	6,701,205	26.00
27.00	LOSS ON DISPOSAL OF EQUIPMENT	30,648	27.00
27.01	OTHER LOSS	140,424	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	171,072	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	6,530,133	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 520028

Period: From 01/01/2011

Worksheet H

HHA CCN: 527157

To 12/31/2011

Date/Time Prepared: 5/30/2012 11:20 am

Home Health Agency I

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	155,298	46,558	0	0	34,805	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	983,248	196,115	64,679	120	125,257	6.00
7.00	Physical Therapy	161,172	35,387	12,215	0	0	7.00
8.00	Occupational Therapy	67,446	14,809	5,112	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	711	156	54	0	0	10.00
11.00	Home Health Aide	39,061	16,466	6,888	0	13,338	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
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	1,406,936	309,491	88,948	120	173,400	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: 520028

Period: From 01/01/2011

Worksheet H

HHA CCN: 527157

To 12/31/2011

Date/Time Prepared: 5/30/2012 11:20 am

Home Health Agency I

PPS

		Total (sum of col. 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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	236,661	0	236,661	0	236,661	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,369,419	0	1,369,419	0	1,369,419	6.00
7.00	Physical Therapy	208,774	0	208,774	0	208,774	7.00
8.00	Occupational Therapy	87,367	0	87,367	0	87,367	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	921	0	921	0	921	10.00
11.00	Home Health Aide	75,753	0	75,753	0	75,753	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
<b>HHA NONREIMBURSABLE SERVICES</b>							
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)	1,978,895	0	1,978,895	0	1,978,895	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: 520028	Period: From 01/01/2011	Worksheet H-1 Part I Date/Time Prepared: 5/30/2012 11:20 am
	HHA CCN: 527157	To 12/31/2011	
		Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	236,661	0	0	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	1,369,419	0	0	0	6.00
7.00	Physical Therapy	208,774	0	0	0	7.00
8.00	Occupational Therapy	87,367	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	9.00
10.00	Medical Social Services	921	0	0	0	10.00
11.00	Home Health Aide	75,753	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,978,895	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet H-1 Part I Date/Time Prepared: 5/30/2012 11:20 am
		HHA CCN: 527157	Home Health Agency I	PPS

	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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	236,661	236,661	5.00
<b>HHA REIMBURSABLE SERVICES</b>				
6.00	Skilled Nursing Care	1,369,419	186,019	1,555,438
7.00	Physical Therapy	208,774	28,359	237,133
8.00	Occupational Therapy	87,367	11,868	99,235
9.00	Speech Pathology	0	0	0
10.00	Medical Social Services	921	125	1,046
11.00	Home Health Aide	75,753	10,290	86,043
12.00	Supplies (see instructions)	0	0	0
13.00	Drugs	0	0	0
14.00	DME	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others (specify)	0	0	0
24.00	Total (sum of lines 1-23)	1,742,234		1,978,895

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 520028

Period:

Worksheet H-1

HHA CCN: 527157

From 01/01/2011

Part II

To 12/31/2011

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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-236,661	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
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
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-236,661	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 520028	Period: From 01/01/2011	Worksheet H-1 Part II Date/Time Prepared: 5/30/2012 11:20 am
	HHA CCN: 527157	To 12/31/2011	
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		Administrative & General (ACCUM. COST)	
		5.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	1,742,234	5.00
<b>HHA REIMBURSABLE SERVICES</b>			
6.00	Skilled Nursing Care	1,369,419	6.00
7.00	Physical Therapy	208,774	7.00
8.00	Occupational Therapy	87,367	8.00
9.00	Speech Pathology	0	9.00
10.00	Medical Social Services	921	10.00
11.00	Home Health Aide	75,753	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	1,742,234	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	236,661	25.00
26.00	Unit Cost Multiplier	0.135838	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520028

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 527157

To 12/31/2011

Part I  
Date/Time Prepared:  
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	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	DATA PROCESSING		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				
1.00	Administrative and General	0	28,449	0	0	101,845	1.00
2.00	Skilled Nursing Care	1,555,438	0	0	95,792	0	2.00
3.00	Physical Therapy	237,133	0	0	0	0	3.00
4.00	Occupational Therapy	99,235	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	1,046	0	0	0	0	6.00
7.00	Home Health Aide	86,043	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,978,895	28,449	0	95,792	101,845	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: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part I Date/Time Prepared: 5/30/2012 11:20 am
		HHA CCN: 527157	Home Health Agency I	PPS

		COMMUNICATIONS	MATERIALS MGMT	ADMINISTRATIONS	PATIENT ACCOUNTS	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	0	0	0	0	130,294	1.00
2.00	Skilled Nursing Care	10,264	3,050	0	0	1,664,544	2.00
3.00	Physical Therapy	0	0	0	0	237,133	3.00
4.00	Occupational Therapy	0	0	0	0	99,235	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	1,046	6.00
7.00	Home Health Aide	0	0	0	0	86,043	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)	10,264	3,050	0	0	2,218,295	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: 520028

Period:

Worksheet H-2

HHA CCN: 527157

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

Part I  
Date/Time Prepared:  
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	ADMIN & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.06	6.00	7.00	8.00	9.00	
1.00 Administrative and General	21,128	8,827	216,403	0	20,528	1.00
2.00 Skilled Nursing Care	269,917	0	0	0	0	2.00
3.00 Physical Therapy	38,453	0	0	0	0	3.00
4.00 Occupational Therapy	16,092	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	170	0	0	0	0	6.00
7.00 Home Health Aide	13,952	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)	359,712	8,827	216,403	0	20,528	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: 520028

Period:

Worksheet H-2

HHA CCN: 527157

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

Part I  
Date/Time Prepared:  
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	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	0	50,607	37,119	3,469	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	50,607	37,119	3,469	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: 520028

Period:

Worksheet H-2

HHA CCN: 527157

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

Part I  
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		INTERNS & RESIDENTS				Subtotal	
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
		16.00	17.00	21.00	22.00	24.00	
1.00	Administrative and General	0	0	0	0	488,375	1.00
2.00	Skilled Nursing Care	0	0	0	0	1,934,461	2.00
3.00	Physical Therapy	0	0	0	0	275,586	3.00
4.00	Occupational Therapy	0	0	0	0	115,327	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	1,216	6.00
7.00	Home Health Aide	0	0	0	0	99,995	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	0	0	0	2,914,960	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: 520028

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 527157

To 12/31/2011

Part I  
Date/Time Prepared:  
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	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	488,375		1.00
2.00	Skilled Nursing Care	0	1,934,461	389,330	2.00
3.00	Physical Therapy	0	275,586	55,464	3.00
4.00	Occupational Therapy	0	115,327	23,211	4.00
5.00	Speech Pathology	0	0	0	5.00
6.00	Medical Social Services	0	1,216	245	6.00
7.00	Home Health Aide	0	99,995	20,125	7.00
8.00	Supplies (see instructions)	0	0	0	8.00
9.00	Drugs	0	0	0	9.00
10.00	DME	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	13.00
14.00	Clinic	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	15.00
16.00	Day Care Program	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	17.00
18.00	Homemaker Service	0	0	0	18.00
19.00	All Others (specify)	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	2,914,960	488,375	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.			0.201260	21.00
				2,914,960	

(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: 520028  
HHA CCN: 527157

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

Worksheet H-2  
Part II  
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	CAPITAL RELATED COSTS					COMMUNICATIONS (NO OF EXTENSIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)			
	1.00	2.00	4.00	5.01	5.02		
1.00	Administrative and General	9,153	11,303	0	2	0	1.00
2.00	Skilled Nursing Care	0	0	1,338,899	0	40	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)	9,153	11,303	1,338,899	2	40	20.00
21.00	Total cost to be allocated	28,449	0	95,792	101,845	10,264	21.00
22.00	Unit cost multiplier	3.108161	0.000000	0.071545	50,922.500000	256.600000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 520028 HHA CCN: 527157	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/30/2012 11:20 am PPS
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	MATERIALS MGMT (SUPPLY COST) 5.03	ADMISSIONS (GROSS REVENUE) 5.04	PATIENT ACCOUNTS (GROSS REVENUE) 5.05	Reconciliation 5A.06	ADMIN & GENERAL (ACCUM. COST) 5.06	
1.00 Administrative and General	0	0	0	0	130,294	1.00
2.00 Skilled Nursing Care	59,957	0	0	0	1,664,544	2.00
3.00 Physical Therapy	0	0	0	0	237,133	3.00
4.00 Occupational Therapy	0	0	0	0	99,235	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	1,046	6.00
7.00 Home Health Aide	0	0	0	0	86,043	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)	59,957	0	0		2,218,295	20.00
21.00 Total cost to be allocated	3,050	0	0		359,712	21.00
22.00 Unit cost multiplier	0.050870	0.000000	0.000000		0.162157	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 520028  
HHA CCN: 527157

Period:  
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		MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	76	9,153	0	683	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)	76	9,153	0	683	0	20.00
21.00	Total cost to be allocated	8,827	216,403	0	20,528	0	21.00
22.00	Unit cost multiplier	116.144737	23.642849	0.000000	30.055637	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 520028  
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		CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION  (NURSING FTES)	CENTRAL SERVICES & 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	1,987	1,987	3,355	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)	1,987	1,987	3,355	0	0	20.00
21.00	Total cost to be allocated	50,607	37,119	3,469	0	0	21.00
22.00	Unit cost multiplier	25.469049	18.680926	1.033979	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 520028

HHA CCN: 527157

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

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 520028 HHA CCN: 527157	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/30/2012 11:20 am
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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	2,323,791	2,323,791	7,186
2.00	Physical Therapy	3.00	331,050	331,050	2,147
3.00	Occupational Therapy	4.00	138,538	138,538	753
4.00	Speech Pathology	5.00	0	0	47
5.00	Medical Social Services	6.00	1,461	1,461	50
6.00	Home Health Aide	7.00	120,120	120,120	1,105
7.00	Total (sum of lines 1-6)		2,914,960	2,914,960	11,288

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits	
				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	99952	2,311	2,235	8.00
8.01	Skilled Nursing Care	27500	3	18	8.01
8.02	Skilled Nursing Care	31540	2	21	8.02
8.03	Skilled Nursing Care	40420	0	0	8.03
9.00	Physical Therapy	99952	808	625	9.00
9.01	Physical Therapy	27500	7	0	9.01
9.02	Physical Therapy	31540	7	21	9.02
9.03	Physical Therapy	40420	0	0	9.03
10.00	Occupational Therapy	99952	306	256	10.00
10.01	Occupational Therapy	27500	0	0	10.01
10.02	Occupational Therapy	31540	1	21	10.02
10.03	Occupational Therapy	40420	0	0	10.03
11.00	Speech Pathology	99952	18	11	11.00
11.01	Speech Pathology	27500	0	0	11.01
11.02	Speech Pathology	31540	0	6	11.02
11.03	Speech Pathology	40420	0	0	11.03
12.00	Medical Social Services	99952	13	13	12.00
12.01	Medical Social Services	27500	0	0	12.01
12.02	Medical Social Services	31540	0	0	12.02
12.03	Medical Social Services	40420	0	0	12.03
13.00	Home Health Aide	99952	453	492	13.00
13.01	Home Health Aide	27500	0	16	13.01
13.02	Home Health Aide	31540	0	16	13.02
13.03	Home Health Aide	40420	0	0	13.03
14.00	Total (sum of lines 8-13)		3,929	3,751	14.00

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

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	0.415712	0	0
2.00	Occupational Therapy	67.00	0.413753	0	0
3.00	Speech Pathology	68.00	0.425564	0	0
4.00	Cost of Medical Supplies	71.00	0.225383	0	0
5.00	Cost of Drugs	73.00	0.164576	0	0

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 520028 HHA CCN: 527157	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/30/2012 11:20 am
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Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		
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	323.38	2,316	2,274		1.00
2.00	Physical Therapy	154.19	822	646		2.00
3.00	Occupational Therapy	183.98	307	277		3.00
4.00	Speech Pathology	0.00	18	17		4.00
5.00	Medical Social Services	29.22	13	13		5.00
6.00	Home Health Aide	108.71	453	524		6.00
7.00	Total (sum of lines 1-6)		3,929	3,751		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
8.02	Skilled Nursing Care					8.02
8.03	Skilled Nursing Care					8.03
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
9.03	Physical Therapy					9.03
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
10.03	Occupational Therapy					10.03
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
11.03	Speech Pathology					11.03
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
12.03	Medical Social Services					12.03
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
13.03	Home Health Aide					13.03
14.00	Total (sum of lines 8-13)					14.00
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0.000000	0	0	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: 520028	Period: From 01/01/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/30/2012 11:20 am
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Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00	12.00		
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>						
<b>Cost Per Visit Computation</b>						
1.00	Skilled Nursing Care	748,948	735,366		1,484,314	1.00
2.00	Physical Therapy	126,744	99,607		226,351	2.00
3.00	Occupational Therapy	56,482	50,962		107,444	3.00
4.00	Speech Pathology	0	0		0	4.00
5.00	Medical Social Services	380	380		760	5.00
6.00	Home Health Aide	49,246	56,964		106,210	6.00
7.00	Total (sum of lines 1-6)	981,800	943,279		1,925,079	7.00
<b>Cost Center Description</b>						
		10.00	11.00	12.00		
<b>Limitation Cost Computation</b>						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
8.03	Skilled Nursing Care					8.03
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
9.03	Physical Therapy					9.03
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
10.03	Occupational Therapy					10.03
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
11.03	Speech Pathology					11.03
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
12.03	Medical Social Services					12.03
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
13.03	Home Health Aide					13.03
14.00	Total (sum of lines 8-13)					14.00
<b>Cost of Services</b>						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00			
<b>Supplies and Drugs Cost Computations</b>						
15.00	Cost of Medical Supplies	0	0	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 520028 HHA CCN: 527157	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2012 11:20 am
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
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	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		641,622	620,124
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		8,015	11,712
14.00	Total PPS Reimbursement - PEP Episodes		1,168	14,278
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
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)		650,805	646,114
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		650,805	646,114
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		650,805	646,114
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)		650,805	646,114
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		650,805	646,114
32.00	Interim payments (see instructions)		650,805	646,114
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: 520028

Period: From 01/01/2011

Worksheet H-5

HHA CCN: 527157

To 12/31/2011

Date/Time Prepared: 5/30/2012 11:20 am

Home Health Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		650,805		646,114	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		650,805		646,114	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)		650,805		646,114	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: 520028

Period: From 01/01/2011

Worksheet K

Hospice CCN: 521523

To 12/31/2011

Date/Time Prepared: 5/30/2012 11:20 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	10,446	0	0	0	0	5.00
6.00	Administrative and General	57,411	14,588	877	0	17,401	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	30,601	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	441,714	88,819	14,610	140,452	148,898	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	69,635	0	4,280	0	0	14.00
15.00	Medical Social Services	9,948	18,901	710	0	0	15.00
16.00	Spiritual Counseling	0	1,950	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	6,248	0	0	18.00
19.00	Home Health Aide and Homemaker	24,650	1,711	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	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	5,613	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	463	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	465	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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	19,896	4,740	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	7,259	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)	633,700	130,709	27,190	171,516	179,171	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 520028

Period: From 01/01/2011

Worksheet K

Hospice CCN: 521523

To 12/31/2011

Date/Time Prepared: 5/30/2012 11:20 am

		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	10,446	0	10,446	0	10,446	5.00
6.00	Administrative and General	90,277	0	90,277	0	90,277	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	30,601	0	30,601	0	30,601	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	834,493	0	834,493	0	834,493	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	73,915	0	73,915	0	73,915	14.00
15.00	Medical Social Services	29,559	0	29,559	0	29,559	15.00
16.00	Spiritual Counseling	1,950	0	1,950	0	1,950	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	6,248	0	6,248	0	6,248	18.00
19.00	Home Health Aide and Homemaker	26,361	0	26,361	0	26,361	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
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	5,613	0	5,613	0	5,613	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	463	0	463	0	463	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	465	0	465	0	465	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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	24,636	0	24,636	0	24,636	35.00
36.00	Volunteer Program Costs	7,259	0	7,259	0	7,259	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)	1,142,286	0	1,142,286	0	1,142,286	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 520028

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 521523

To 12/31/2011

Date/Time Prepared: 5/30/2012 11:20 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	46,965	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	79,732	361,982	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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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	46,965	79,732	361,982	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 520028

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 521523

To 12/31/2011

Date/Time Prepared: 5/30/2012 11:20 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	10,446	10,446	5.00
6.00	Administrative and General		0	10,446	57,411	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	441,714	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	69,635	69,635	14.00
15.00	Medical Social Services		0	9,948	9,948	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		24,650	0	24,650	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	19,896	19,896	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	24,650	120,371	633,700	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 520028	Period: From 01/01/2011	Worksheet K-2
		Hospice CCN: 521523	To 12/31/2011	Date/Time Prepared: 5/30/2012 11:20 am

		Hospice I				
		Administrator	Director	Social Services	Supervisors	Nurses
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
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	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	0	11,658	0	0	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	16,032	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
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	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	11,658	0	16,032	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 520028

Period: From 01/01/2011

Worksheet K-2

Hospice CCN: 521523

To 12/31/2011

Date/Time Prepared: 5/30/2012 11:20 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	2,930	14,588	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	88,819	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	18,901	18,901	15.00
16.00	Spiritual Counseling		0	1,950	1,950	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		1,711	0	1,711	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	4,740	4,740	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	1,711	28,521	130,709	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 520028	Period: From 01/01/2011	Worksheet K-3
		Hospice CCN: 521523	To 12/31/2011	Date/Time Prepared: 5/30/2012 11:20 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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: 520028 Hospice CCN: 521523		Period: From 01/01/2011 To 12/31/2011		Worksheet K-3 Date/Time Prepared: 5/30/2012 11:20 am	
		Hospice I					
		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>							
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
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care		0	30,601	30,601		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	140,452	140,452		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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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	463	463		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
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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	171,516	171,516		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 520028	Period: From 01/01/2011	Worksheet K-4
		Hospice CCN: 521523	To 12/31/2011	Part I
		Hospice I		Date/Time Prepared: 5/30/2012 11:20 am

	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
		BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		0	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.	0	0			1.00
2.00	Capital Related Costs-Movable Equip.	0	0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	10,446	0	0	0	5.00
6.00	Administrative and General	90,277	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	30,601	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	834,493	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	73,915	0	0	0	14.00
15.00	Medical Social Services	29,559	0	0	0	15.00
16.00	Spiritual Counseling	1,950	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	6,248	0	0	0	18.00
19.00	Home Health Aide and Homemaker	26,361	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	5,613	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	463	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	465	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	24,636	0	0	0	35.00
36.00	Volunteer Program Costs	7,259	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,142,286	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 520028	Period: From 01/01/2011	Worksheet K-4
		Hospice CCN: 521523	To 12/31/2011	Part I
				Date/Time Prepared: 5/30/2012 11:20 am

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>						
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	10,446				5.00
6.00	Administrative and General	10,446	100,723			6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	30,601	2,959	33,560	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	834,493	80,699	915,192	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	73,915	7,148	81,063	14.00
15.00	Medical Social Services	0	29,559	2,858	32,417	15.00
16.00	Spiritual Counseling	0	1,950	189	2,139	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	6,248	604	6,852	18.00
19.00	Home Health Aide and Homemaker	0	26,361	2,549	28,910	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	5,613	543	6,156	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	463	45	508	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	465	45	510	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	24,636	2,382	27,018	35.00
36.00	Volunteer Program Costs	0	7,259	702	7,961	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	10,446	1,041,563	100,723	1,142,286	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 521523

To 12/31/2011

Part II  
Date/Time Prepared:  
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		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	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	198					1.00
2.00	Capital Related Costs-Movable Equip.	0	232				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	15,815		4.00
5.00	Volunteer Service Coordination	0	0	0	533	100	5.00
6.00	Administrative and General	198	232	0	0	100	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	8,820	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	2,456	0	15.00
16.00	Spiritual Counseling	0	0	0	375	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	3,601	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
<b>OTHER HOSPICE SERVICE COSTS</b>							
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	30	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
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	10,446	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	104.460000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 521523

To 12/31/2011

Part II  
Date/Time Prepared:  
5/30/2012 11:20 am

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
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	-100,723	1,041,563	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	30,601	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	834,493	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	73,915	14.00
15.00	Medical Social Services	0	29,559	15.00
16.00	Spiritual Counseling	0	1,950	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	6,248	18.00
19.00	Home Health Aide and Homemaker	0	26,361	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	5,613	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	463	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	465	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
35.00	Bereavement Program Costs	0	24,636	35.00
36.00	Volunteer Program Costs	0	7,259	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)		100,723	39.00
40.00	Unit Cost Multiplier		0.096704	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 521523

To 12/31/2011

Part I  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
1.00 Administrative and General	0	615	0	0	0	1.00
2.00 Inpatient - General Care	33,560	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	915,192	0	0	44,656	101,845	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	81,063	0	0	0	0	9.00
10.00 Medical Social Services	32,417	0	0	0	0	10.00
11.00 Spiritual Counseling	2,139	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	6,852	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	28,910	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	6,156	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	508	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	510	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	27,018	0	0	0	0	30.00
31.00 Volunteer Program Costs	7,961	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	1,142,286	615	0	44,656	101,845	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

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

Part I  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description		Hospice I				Subtotal	
		COMMUNICATIONS	MATERIALS MGMT	ADMINISTRATIONS	PATIENT ACCOUNTS		
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	0	0	0	0	615	1.00
2.00	Inpatient - General Care	0	0	0	0	33,560	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	2,566	5,564	0	0	1,069,823	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	81,063	9.00
10.00	Medical Social Services	0	0	0	0	32,417	10.00
11.00	Spiritual Counseling	0	0	0	0	2,139	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	6,852	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	28,910	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	6,156	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	508	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	510	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	27,018	30.00
31.00	Volunteer Program Costs	0	0	0	0	7,961	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,566	5,564	0	0	1,297,532	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

From 01/01/2011

Part I

To 12/31/2011

Date/Time Prepared: 5/30/2012 11:20 am

Cost Center Description		Hospice I					
		ADMIN & GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
1.00	Administrative and General	100	2,091	4,681	0	0	1.00
2.00	Inpatient - General Care	5,442	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	173,479	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	13,145	0	0	0	0	9.00
10.00	Medical Social Services	5,257	0	0	0	0	10.00
11.00	Spiritual Counseling	347	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	1,111	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	4,688	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	998	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	82	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	83	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	4,381	0	0	0	0	30.00
31.00	Volunteer Program Costs	1,291	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)	210,404	2,091	4,681	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 521523

To 12/31/2011

Part I  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description		Hospice I					
		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	23,177	17,000	432	331,163	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	23,177	17,000	432	331,163	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 521523

To 12/31/2011

Part I  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description		Hospice I				Subtotal (col s. 4A-23)	
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS			
				SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
		16.00	17.00	21.00	22.00	24.00	
1.00	Administrative and General	0	0	0	0	7,487	1.00
2.00	Inpatient - General Care	0	0	0	0	39,002	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	1,615,074	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	94,208	9.00
10.00	Medical Social Services	0	0	0	0	37,674	10.00
11.00	Spiritual Counseling	0	0	0	0	2,486	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	7,963	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	33,598	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	7,154	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	590	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	593	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	31,399	30.00
31.00	Volunteer Program Costs	0	0	0	0	9,252	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	1,886,480	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 521523

To 12/31/2011

Part I  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description		Hospice I					
		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General						1.00
2.00	Inpatient - General Care	0	39,002	155	39,157		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	1,615,074	6,436	1,621,510		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	94,208	375	94,583		9.00
10.00	Medical Social Services	0	37,674	150	37,824		10.00
11.00	Spiritual Counseling	0	2,486	10	2,496		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	7,963	32	7,995		13.00
14.00	Home Health Aide and Homemaker	0	33,598	134	33,732		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	7,154	29	7,183		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	590	2	592		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	593	2	595		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	31,399	125	31,524		30.00
31.00	Volunteer Program Costs	0	9,252	37	9,289		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	1,886,480		1,886,480		34.00
35.00	Unit Cost Multiplier (see instructions)			0.003985			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

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

Part II  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	COMMUNICATIONS (NO OF EXTENSIONS)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
1.00	Administrative and General	198	232	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	624,166	2	10	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)	198	232	624,166	2	10	34.00
35.00	Total cost to be allocated	615	0	44,656	101,845	2,566	35.00
36.00	Unit Cost Multiplier (see instructions)	3.106061	0.000000	0.071545	50,922.500000	256.600000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 520028  
Hospice CCN: 521523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description		Hospice I					ADMIN & GENERAL (ACCUM. COST)	
		MATERIALS MGMT (SUPPLY COST)	ADMISSIONS (GROSS REVENUE)	PATIENT ACCOUNTS (GROSS REVENUE)	Reconciliation			
		5.03	5.04	5.05	5A.06	5.06		
1.00	Administrative and General	0	0	0	0	615	1.00	
2.00	Inpatient - General Care	0	0	0	0	33,560	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	109,370	0	0	0	1,069,823	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	81,063	9.00	
10.00	Medical Social Services	0	0	0	0	32,417	10.00	
11.00	Spiritual Counseling	0	0	0	0	2,139	11.00	
12.00	Dietary Counseling	0	0	0	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	6,852	13.00	
14.00	Home Health Aide and Homemaker	0	0	0	0	28,910	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	6,156	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	508	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	0	0	0	0	510	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	27,018	30.00	
31.00	Volunteer Program Costs	0	0	0	0	7,961	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)	109,370	0	0	0	1,297,532	34.00	
35.00	Total cost to be allocated	5,564	0	0	0	210,404	35.00	
36.00	Unit Cost Multiplier (see instructions)	0.050873	0.000000	0.000000		0.162157	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 520028

Hospice CCN: 521523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	18	198	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)	18	198	0	0	0	34.00
35.00	Total cost to be allocated	2,091	4,681	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	116.166667	23.641414	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 520028

Hospice CCN: 521523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/30/2012 11:20 am

Cost Center Description		Hospice I					
		CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION  (NURSING FTES)	CENTRAL SERVICES & 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	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	910	910	418	93,488	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)	910	910	418	93,488	0	34.00
35.00	Total cost to be allocated	23,177	17,000	432	331,163	0	35.00
36.00	Unit Cost Multiplier (see instructions)	25.469231	18.681319	1.033493	3.542305	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 520028

Hospice CCN: 521523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/30/2012 11:20 am

Hospice I

Cost Center Description	SOCIAL SERVICE (TIME SPENT) 17.00	INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME) 21.00	SERVICES-OTHER PRGM COSTS (ACCUM. COST) 22.00		
		1.00 Administrative and General	0		
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: 520028

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 521523

To 12/31/2011

Part III  
Date/Time Prepared:  
5/30/2012 11:20 am

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
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.415712	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.413753	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.425564	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.164576	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.213480	0	0 6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0 6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.225383	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00			9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00			10.00
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 520028

Period: From 01/01/2011

Worksheet K-6

Hospice CCN: 521523

To 12/31/2011

Date/Time Prepared: 5/30/2012 11:20 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,886,480	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				10,535	2.00
3.00	Average cost per diem (line 1 divided by line 2)				179.07	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	9,991				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,789,088				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		115			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		20,593			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	2,061				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	369,063				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			429		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			76,821		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 520028	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/30/2012 11:20 am
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		818,896	1.00
2.00	Capital DRG outlier payments		0	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		25.32	3.00
4.00	Number of interns & residents (see instructions)		1.11	4.00
5.00	Indirect medical education percentage (see instructions)		1.24	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		10,154	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)		829,050	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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