

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: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet S Parts I-III Date/Time Prepared: 2/25/2013 5:56 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 2/25/2013 Time: 5:56 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification 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 DECATUR MEMORIAL HOSPITAL ( 140135 ) for the cost reporting period beginning 10/01/2011 and ending 09/30/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and 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, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_ Title

\_\_\_\_\_ Date

Cost Center Description	Title V 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	916,938	33,488	2,697,385	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	-1	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	916,938	33,487	2,697,385	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140135			Period: From 10/01/2011 To 09/30/2012		Worksheet S-2 Part I Date/Time Prepared: 2/25/2013 5:53 pm			
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 2300 N. EDWARD ST.			PO Box:						1.00
2.00	City: DECATUR			State: IL		Zip Code: 62526		County: MACON		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	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	DECATUR MEMORIAL HOSPITAL	140135	16580	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									7.00
8.00	Swing Beds - NF									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	DMH HHA	147206	16580		01/13/1982	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	DMH HOSPICE	141517	16580		06/30/1988				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:		To:		
						1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2011		09/30/2012		20.00
21.00	Type of Control (see instructions)							2		21.00
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
1.00		2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	6,906	954	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	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	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "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: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/25/2013 5:53 pm		
		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
		Y/N				
		1.00				
39.00	Does this facility qualify for the Inpatient Hospital Payment Adjustment for Low Volume Hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no.					39.00
		V	XVIII	XIX		
		1.00	2.00	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	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? 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)	Y				60.00
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
<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 in column 1. If yes, complete lines 64-67. (see instructions)	Y				63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
					5.00		
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, 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)	FAMILY MEDICINE	3600	6.46	6.32	0.505477	65.00

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

Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
					5.00		
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, 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. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	FAMILY MEDICINE	3600	7.23	6.20	0.538347	67.00

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		1.00	2.00	3.00		
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost 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		71.00
<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 and "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)(ii)? Enter "Y" for yes and "N" for no.				86.00	
				V	XIX	
				1.00	2.00	
<b>Title V and XIX 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		N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
<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)				106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			N	107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N	108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	2.00	3.00
<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. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.			N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			Y	116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N	117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2	118.00	

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0		0
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) 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 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<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
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
<b>All Providers</b>					
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: NATIONAL GOVERNMENT SERVICES, INC	Contractor's Name: 00131		Contractor's Number: 00131	
142.00	Street: 8115 KNUE ROAD	PO Box:			
143.00	City: INDIANAPOLIS	State:		Zip Code: 46250	
				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, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00
				1.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
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	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140135		Period: From 10/01/2011 To 09/30/2012		Worksheet S-2 Part I Date/Time Prepared: 2/25/2013 5:53 pm		
							1.00	
<b>Multi campus</b>								
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	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part II Date/Time Prepared: 2/25/2013 5:53 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	01/12/2012	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	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			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		Legal Oper.	
		1.00	2.00	3.00	
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		02/09/2013	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: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part II Date/Time Prepared: 2/25/2013 5:53 pm
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		Part A		
Description		Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		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			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
<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.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
<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.			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.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
<b>Home Office Costs</b>				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
				1.00
				2.00
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TOM	WEST	41.00
42.00	Enter the employer/company name of the cost report preparer.	DECATUR MEMORIAL HOSPITAL		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	2178762031	TOMW@DMHHS.ORG	43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
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	02/09/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR, ANALYTICS & PERFORMANCE MA		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
	Line Number		Avai lable		
	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	228	83,448	0.00	1.00
2.00 HMO					2.00
3.00 HMO IPF Subprovider					3.00
4.00 HMO IRF Subprovider					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)		228	83,448	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	22	8,052	0.00	8.00
9.00 CORONARY CARE UNIT	32.00	30	10,980	0.00	9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		280	102,480	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF					17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE	46.00	16	5,856		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
26.00 RURAL HEALTH CLINIC					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00 Total (sum of lines 14-26)		296			27.00
28.00 Observation Bed Days					28.00
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: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	17,931	5,684	31,177		1.00
2.00 HMO		1,219	0			2.00
3.00 HMO IPF Subprovider		0	0			3.00
4.00 HMO IRF Subprovider		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		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	17,931	5,684	31,177		7.00
8.00 INTENSIVE CARE UNIT	0	3,308	936	5,179		8.00
9.00 CORONARY CARE UNIT	0	2,109	621	3,434		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		432	2,392		13.00
14.00 Total (see instructions)	0	23,348	7,673	42,182		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE				2,920		21.00
22.00 HOME HEALTH AGENCY	0	16,632	2,436	23,991		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		556	5,715	6,271		24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		1,392	6,009		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				621		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			186	262		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	5,727	1.00
2.00 HMO					287	2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						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)	13.43	1,793.44	0.00	0	5,727	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	13.91	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE	0.00	6.42	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	36.78	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	9.73	0.00			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	13.43	1,860.28	0.00			27.00
28.00 Observation Bed Days						28.00
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: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	2,225	12,280		1.00
2.00 HMO				2.00
3.00 HMO IPF Subprovider				3.00
4.00 HMO IRF Subprovider				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)	2,225	12,280		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
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
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: 140135		Period: From 10/01/2011 To 09/30/2012		Worksheet S-3 Part II Date/Time Prepared: 2/25/2013 5:53 pm	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	115,572,285	0	115,572,285	3,884,265.00	29.75	1.00
2.00	Non-physician anesthetist Part A		5,022,487	0	5,022,487	53,519.00	93.84	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		487,755	0	487,755	2,488.00	196.04	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	904,504	904,504	35,371.00	25.57	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		48,294,706	-1,811,808	46,482,898	1,053,931.00	44.10	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor (see instructions)		84,389	0	84,389	91.00	927.35	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		228,350	0	228,350	1,613.00	141.57	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		20,678,327	0	20,678,327			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		5,885,145	0	5,885,145			19.00
20.00	Non-physician anesthetist Part A		703,742	0	703,742			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		48,509	0	48,509			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		252,116	0	252,116			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits	4.00	779,479	0	779,479	26,664.00	29.23	26.00
27.00	Administrative & General	5.00	8,967,257	-247,994	8,719,263	363,598.00	23.98	27.00
28.00	Administrative & General under contract (see inst.)		1,301,360	0	1,301,360	6,775.00	192.08	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,179,604	0	1,179,604	65,313.00	18.06	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,508,513	0	1,508,513	138,393.00	10.90	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,855,727	-1,504,894	350,833	26,219.00	13.38	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,504,894	1,504,894	112,466.00	13.38	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,378,155	247,994	1,626,149	59,535.00	27.31	38.00
39.00	Central Services and Supply	14.00	690,393	0	690,393	39,129.00	17.64	39.00
40.00	Pharmacy	15.00	1,690,796	0	1,690,796	51,803.00	32.64	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet S-3  
Part II  
Date/Time Prepared:  
2/25/2013 5:53 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	2,136,645	0	2,136,645	115,550.00	18.49 41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet S-3  
Part III  
Date/Time Prepared:  
2/25/2013 5:53 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	111,851,158	-904,504	110,946,654	3,802,150.00	29.18	1.00
2.00	Excluded area salaries (see instructions)	48,294,706	-1,811,808	46,482,898	1,053,931.00	44.10	2.00
3.00	Subtotal salaries (line 1 minus line 2)	63,556,452	907,304	64,463,756	2,748,219.00	23.46	3.00
4.00	Subtotal other wages & related costs (see inst.)	312,739	0	312,739	1,704.00	183.53	4.00
5.00	Subtotal wage-related costs (see inst.)	20,726,836	0	20,726,836	0.00	32.15	5.00
6.00	Total (sum of lines 3 thru 5)	84,596,027	907,304	85,503,331	2,749,923.00	31.09	6.00
7.00	Total overhead cost (see instructions)	21,487,929	0	21,487,929	1,005,445.00	21.37	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 2/25/2013 5:53 pm
				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			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,535,214	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		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		619,077	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)		16,162,695	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		548,259	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		175,142	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)		652,590	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		300,648	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		7,292,088	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		205,585	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		76,541	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		27,567,839	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: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet S-3  
Part V  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
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			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			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			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140135 Component CCN: 147206		Period: From 10/01/2011 To 09/30/2012		Worksheet S-4 Date/Time Prepared: 2/25/2013 5:53 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	3,633	454	1,184	5,271 1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	881.00	110.00	287.00	1,278.00 2.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00 3.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00 4.00	
5.00	Other Administrative Personnel			4.33	0.00	4.33 5.00	
6.00	Direct Nursing Service			20.04	0.00	20.04 6.00	
7.00	Nursing Supervisor			0.00	0.00	0.00 7.00	
8.00	Physical Therapy Service			2.53	0.00	2.53 8.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00 9.00	
10.00	Occupational Therapy Service			1.10	0.00	1.10 10.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00 11.00	
12.00	Speech Pathology Service			0.02	0.00	0.02 12.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00 13.00	
14.00	Medical Social Service			1.01	0.00	1.01 14.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00 15.00	
16.00	Home Health Aide			2.53	0.00	2.53 16.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00 17.00	
18.00	Other (specify)			0.00	0.00	0.00 18.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			19500		20.00	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	8,033	1,168	340	134	9,675 21.00	
22.00	Skilled Nursing Visit Charges	1,512,351	195,520	78,884	27,520	1,814,275 22.00	
23.00	Physical Therapy Visits	3,903	58	44	57	4,062 23.00	
24.00	Physical Therapy Visit Charges	624,347	9,280	7,040	9,120	649,787 24.00	
25.00	Occupational Therapy Visits	697	27	6	16	746 25.00	
26.00	Occupational Therapy Visit Charges	111,544	4,320	960	2,560	119,384 26.00	
27.00	Speech Pathology Visits	22	0	0	0	22 27.00	
28.00	Speech Pathology Visit Charges	3,520	0	0	0	3,520 28.00	
29.00	Medical Social Service Visits	62	4	4	0	70 29.00	
30.00	Medical Social Service Visit Charges	11,160	720	720	0	12,600 30.00	
31.00	Home Health Aide Visits	1,887	136	1	33	2,057 31.00	
32.00	Home Health Aide Visit Charges	160,395	11,560	85	2,805	174,845 32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,604	1,393	395	240	16,632 33.00	
34.00	Other Charges	0	0	0	0	0 34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,423,317	221,400	87,689	42,005	2,774,411 35.00	
36.00	Total Number of Episodes (standard/non outlier)	910		130	19	1,059 36.00	
37.00	Total Number of Outlier Episodes		26		0	26 37.00	
38.00	Total Non-Routine Medical Supply Charges	78,274	10,844	3,801	816	93,735 38.00	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet S-7

Date/Time Prepared:  
2/25/2013 5:53 pm

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

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	0	0	0	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	0	0	0	15.00
16.00	RVB	0	0	0	16.00
17.00	RVA	0	0	0	17.00
18.00	RHC	0	0	0	18.00
19.00	RHB	0	0	0	19.00
20.00	RHA	0	0	0	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	0	0	0	22.00
23.00	RMA	0	0	0	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	0	0	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	0	0	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	0	0	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	0	0	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	0	0	0	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	0	0	0	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	0	0	0	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet S-7

Date/Time Prepared:  
2/25/2013 5:53 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	0	0	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
SNF SERVICES						
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).				0	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing			0	0.00	202.00
203.00	Recruitment			0	0.00	203.00
204.00	Retention of employees			0	0.00	204.00
205.00	Training			0	0.00	205.00
206.00	OTHER (SPECIFY)			0	0.00	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)			0		207.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140135  
Component CCN: 141517

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet S-9  
Parts I & II  
Date/Time Prepared:  
2/25/2013 5:53 pm

	Unduplicated Days					All Other	
	Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			
	1.00	2.00	3.00	4.00	5.00		
<b>PART I - ENROLLMENT DAYS</b>							
1.00	Continuous Home Care	0	0	0	0	0	1.00
2.00	Routine Home Care	5,715	556	0	0	0	2.00
3.00	Inpatient Respite Care	29	5	0	0	0	3.00
4.00	General Inpatient Care	14	358	0	0	0	4.00
5.00	Total Hospice Days	5,758	919	0	0	0	5.00
<b>Part II - CENSUS DATA</b>							
6.00	Number of Patients Receiving Hospice Care	227	19	0	0	29	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00			7.00
8.00	Average Length of Stay (line 5/line 6)	25.37	48.37	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	225	19	0	0	29	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140135 Component CCN: 141517	Period: From 10/01/2011 To 09/30/2012	Worksheet S-9 Parts I & II Date/Time Prepared: 2/25/2013 5:53 pm
		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	6,271	2.00
3.00	Inpatient Respite Care	34	3.00
4.00	General Inpatient Care	372	4.00
5.00	Total Hospice Days	6,677	5.00
<b>Part II - CENSUS DATA</b>			
6.00	Number of Patients Receiving Hospice Care	275	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)	24.28	8.00
9.00	Unduplicated Census Count	273	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet S-10 Date/Time Prepared: 2/25/2013 5:53 pm
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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 202 column 3 divided by line 202 column 8)		0.234156	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		10,976,757	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		4,979,469	5.00	
6.00	Medicaid charges		101,435,584	6.00	
7.00	Medicaid cost (line 1 times line 6)		23,751,751	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)		7,795,525	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)		7,795,525	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	22,212,092	1,580,555	23,792,647	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,201,095	370,096	5,571,191	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)	5,201,095	370,096	5,571,191	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		17,579,915	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,154,564	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		16,425,351	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		3,846,094	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		9,417,285	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,212,810	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet A  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		27,609,594	27,609,594	-19,027,696	8,581,898	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	13,992,972	13,992,972	2.00
4.00 00400 EMPLOYEE BENEFITS	779,479	21,044,955	21,824,434	0	21,824,434	4.00
5.00 00500 ADMINI STRATIVE & GENERAL	8,967,257	14,987,689	23,954,946	4,826,062	28,781,008	5.00
7.00 00700 OPERATION OF PLANT	1,179,604	6,856,331	8,035,935	0	8,035,935	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	1,222,979	1,222,979	0	1,222,979	8.00
9.00 00900 HOUSEKEEPING	1,508,513	958,544	2,467,057	0	2,467,057	9.00
10.00 01000 DIETARY	1,855,727	1,871,739	3,727,466	-3,022,773	704,693	10.00
11.00 01100 CAFETERIA	0	0	0	3,022,773	3,022,773	11.00
13.00 01300 NURSING ADMINISTRATION	1,378,155	796,579	2,174,734	247,994	2,422,728	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	690,393	5,344,269	6,034,662	-4,010,739	2,023,923	14.00
15.00 01500 PHARMACY	1,690,796	9,719,326	11,410,122	-8,772,153	2,637,969	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,136,645	540,300	2,676,945	0	2,676,945	16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	5,022,487	5,022,487	19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	904,504	904,504	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,362,928	1,362,928	22.00
23.00 02300 PARAMED ED PRGM	376,334	48,374	424,708	0	424,708	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	9,502,321	1,133,515	10,635,836	-173,156	10,462,680	30.00
31.00 03100 INTENSIVE CARE UNIT	2,317,451	310,982	2,628,433	-8,234	2,620,199	31.00
32.00 03200 CORONARY CARE UNIT	2,108,392	227,524	2,335,916	62,500	2,398,416	32.00
43.00 04300 NURSERY	0	122,084	122,084	0	122,084	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00 04600 OTHER LONG TERM CARE	171,559	2,693	174,252	0	174,252	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	4,515,784	14,412,483	18,928,267	-8,589,739	10,338,528	50.00
50.01 05001 ORTHO MEDICAL	119,861	84,719	204,580	0	204,580	50.01
51.00 05100 RECOVERY ROOM	659,736	69,563	729,299	0	729,299	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	42,858	42,858	228,781	271,639	52.00
53.00 05300 ANESTHESIOLOGY	5,296,508	923,619	6,220,127	-5,022,487	1,197,640	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,531,074	7,489,446	13,020,520	-81,394	12,939,126	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1,095,864	1,625,280	2,721,144	-34,029	2,687,115	55.00
60.00 06000 LABORATORY	3,210,545	4,580,246	7,790,791	0	7,790,791	60.00
65.00 06500 RESPIRATORY THERAPY	880,304	257,298	1,137,602	0	1,137,602	65.00
66.00 06600 PHYSICAL THERAPY	2,294,574	745,666	3,040,240	1,272,885	4,313,125	66.00
67.00 06700 OCCUPATIONAL THERAPY	468,767	95,946	564,713	0	564,713	67.00
68.00 06800 SPEECH PATHOLOGY	266,140	32,292	298,432	0	298,432	68.00
69.00 06900 ELECTROCARDIOLOGY	1,826,660	563,604	2,390,264	0	2,390,264	69.00
69.01 06901 CATH LAB	786,894	2,167,662	2,954,556	-1,839,391	1,115,165	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	532,453	78,899	611,352	0	611,352	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	3,642,747	3,642,747	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,194,078	11,194,078	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	8,772,153	8,772,153	73.00
74.00 07400 RENAL DIALYSIS	354,388	176,673	531,061	0	531,061	74.00
75.00 07500 ASC (NON-DISTINCT PART)	2,609,469	1,417,233	4,026,702	-96,299	3,930,403	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	208,728	264,089	472,817	0	472,817	90.00
91.00 09100 EMERGENCY	2,505,097	2,476,693	4,981,790	0	4,981,790	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100 HOME HEALTH AGENCY	2,420,659	645,264	3,065,923	-38,409	3,027,514	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00 11600 HOSPICE	506,412	375,317	881,729	-923	880,806	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	70,752,543	131,322,327	202,074,870	3,835,442	205,910,312	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	291,172	769,140	1,060,312	0	1,060,312	190.00
190.01 19001 SIU CLINIC	904,504	1,447,240	2,351,744	-2,267,432	84,312	190.01
190.02 19002 WOMEN'S CENTER	69,882	36,611	106,493	0	106,493	190.02
190.04 19004 NON HOSPITAL PHARMACIES	288,797	2,623,961	2,912,758	0	2,912,758	190.04
190.05 19005 RENTAL PROPERTY	0	558	558	0	558	190.05
190.06 19006 DECATUR DIGESTIVE CENTER	359,695	30,573	390,268	0	390,268	190.06
190.07 19007 DMH MEDICAL EQUIPMENT	581,729	1,124,821	1,706,550	0	1,706,550	190.07
190.08 19008 PULMONARY EXTENDED CARE	151,344	9,062	160,406	0	160,406	190.08
190.09 19009 SHORE	0	30,524	30,524	0	30,524	190.09
190.10 19010 PHYSICIAN RECRUITMENT	236,941	401,029	637,970	0	637,970	190.10
190.12 19012 CCOP FISCAL INTERMEDIARY	118,056	1,569,393	1,687,449	0	1,687,449	190.12
190.13 19013 ELDERLY SERVICES	83,977	122,568	206,545	0	206,545	190.13
190.14 19014 REAL ESTATE MANAGEMENT	140,788	258,670	399,458	0	399,458	190.14
190.15 19015 CORPORATE HEALTH	2,185,532	2,340,381	4,525,913	0	4,525,913	190.15
190.16 19016 CANCER CARE INSTITUTE	149,565	133,788	283,353	0	283,353	190.16

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet A  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
190.17	19017	INTEGRATED CENTER	596,179	669,932	1,266,111	-1,256,885	9,226	190.17
191.00	19100	RESEARCH	669,878	167,724	837,602	0	837,602	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	37,991,703	12,397,988	50,389,691	-311,125	50,078,566	192.00
200.00		TOTAL (SUM OF LINES 118-199)	115,572,285	155,456,290	271,028,575	0	271,028,575	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet A  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	8,581,898	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	13,992,972	2.00
4.00	00400	EMPLOYEE BENEFITS	-5,480,786	16,343,648	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-2,149,711	26,631,297	5.00
7.00	00700	OPERATION OF PLANT	-1,485	8,034,450	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-1,432	1,221,547	8.00
9.00	00900	HOUSEKEEPING	0	2,467,057	9.00
10.00	01000	DIETARY	-44,261	660,432	10.00
11.00	01100	CAFETERIA	-1,857,109	1,165,664	11.00
13.00	01300	NURSING ADMINISTRATION	-29,674	2,393,054	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,023,923	14.00
15.00	01500	PHARMACY	0	2,637,969	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-97,762	2,579,183	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-5,022,487	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	904,504	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,362,928	22.00
23.00	02300	PARAMED ED PRGM	-3,600	421,108	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-106,837	10,355,843	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,620,199	31.00
32.00	03200	CORONARY CARE UNIT	-43,237	2,355,179	32.00
43.00	04300	NURSERY	-60,000	62,084	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	174,252	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-122,800	10,215,728	50.00
50.01	05001	ORTHO MEDICAL	0	204,580	50.01
51.00	05100	RECOVERY ROOM	0	729,299	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	271,639	52.00
53.00	05300	ANESTHESIOLOGY	-642,479	555,161	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-172,354	12,766,772	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-8,590	2,678,525	55.00
60.00	06000	LABORATORY	0	7,790,791	60.00
65.00	06500	RESPIRATORY THERAPY	-174,192	963,410	65.00
66.00	06600	PHYSICAL THERAPY	-68,972	4,244,153	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	564,713	67.00
68.00	06800	SPEECH PATHOLOGY	0	298,432	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,390,264	69.00
69.01	06901	CATH LAB	0	1,115,165	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-24,143	587,209	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-258,017	3,384,730	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,194,078	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,772,153	73.00
74.00	07400	RENAL DIALYSIS	0	531,061	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-25	3,930,378	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000	CLINIC	-2,880	469,937	90.00
91.00	09100	EMERGENCY	-1,870,927	3,110,863	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY	-1,114	3,026,400	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
116.00	11600	HOSPICE	-1,114	879,692	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-18,245,988	187,664,324	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,060,312	190.00
190.01	19001	SIU CLINIC	0	84,312	190.01
190.02	19002	WOMEN'S CENTER	0	106,493	190.02
190.04	19004	NON HOSPITAL PHARMACIES	0	2,912,758	190.04
190.05	19005	RENTAL PROPERTY	0	558	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	390,268	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	1,706,550	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	160,406	190.08
190.09	19009	SHORE	0	30,524	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	637,970	190.10
190.12	19012	CCOP FISCAL INTERMEDIARY	0	1,687,449	190.12
190.13	19013	ELDERLY SERVICES	0	206,545	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	399,458	190.14
190.15	19015	CORPORATE HEALTH	0	4,525,913	190.15
190.16	19016	CANCER CARE INSTITUTE	0	283,353	190.16
190.17	19017	INTEGRATED CENTER	0	9,226	190.17
191.00	19100	RESEARCH	0	837,602	191.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet A Date/Time Prepared: 2/25/2013 5:53 pm
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6.00	7.00	
			0	50,078,566	192.00
200.00		TOTAL (SUM OF LINES 118-199)	-18,245,988	252,782,587	200.00

RECLASSIFICATIONS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet A-6  
Date/Time Prepared:  
2/25/2013 5:53 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
<b>A - MOVABLE EQUIPMENT</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	13,959,434	1.00
	TOTALS		0	13,959,434	
<b>B - BED TAX</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,074,056	1.00
	TOTALS		0	5,074,056	
<b>C - ANESTHESIA - RN SALARY</b>					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	5,022,487	0	1.00
	TOTALS		5,022,487	0	
<b>D - MEDICAL SUPPLIES</b>					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	16,192,366	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		0	16,192,366	
<b>E - DRUGS CHARGED TO PATIENTS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,772,153	1.00
	TOTALS		0	8,772,153	
<b>F - MEDICAL EDUCATION</b>					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	904,504	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	1,362,928	2.00
	TOTALS		904,504	1,362,928	
<b>G - HHA RECLASS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,771	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	32,638	2.00
	TOTALS		0	38,409	
<b>H - HOSPICE DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	23	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	900	2.00
	TOTALS		0	923	
<b>I - CAFETERIA RECLASS</b>					
1.00	CAFETERIA	11.00	1,504,894	1,517,879	1.00
	TOTALS		1,504,894	1,517,879	
<b>J - CHIEF NURSING SALARY</b>					
1.00	NURSING ADMINISTRATION	13.00	247,994	0	1.00
	TOTALS		247,994	0	
<b>K - INTEGRATED CENTER</b>					
1.00	PHYSICAL THERAPY	66.00	596,179	660,706	1.00
	TOTALS		596,179	660,706	
<b>L - PHYSICIANS</b>					
1.00	ADULTS & PEDIATRICS	30.00	15,000	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	40,625	0	2.00
3.00	CORONARY CARE UNIT	32.00	62,500	0	3.00
4.00	OPERATING ROOM	50.00	177,000	0	4.00
5.00	PHYSICAL THERAPY	66.00	16,000	0	5.00
	TOTALS		311,125	0	
<b>M - LABOR AND DELIVERY ROOM</b>					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	199,187	29,594	1.00
	TOTALS		199,187	29,594	
<b>N - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,194,078	1.00
	TOTALS		0	11,194,078	
<b>O - CHARGEABLE MEDICAL SUPPLIES</b>					
1.00	INTENSIVE CARE UNIT	31.00	0	67,872	1.00
2.00	OPERATING ROOM	50.00	0	4,162,921	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	433,278	3.00
4.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,642,747	4.00
5.00	ASC (NON-DISTINCT PART)	75.00	0	702,209	5.00
	TOTALS		0	9,009,027	
500.00	Grand Total: Increases		8,786,370	67,811,553	500.00

RECLASSIFICATIONS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet A-6  
Date/Time Prepared:  
2/25/2013 5:53 pm

		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
<b>A - MOVABLE EQUIPMENT</b>							
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	13,959,434		9	1.00
	TOTALS		0	13,959,434			
<b>B - BED TAX</b>							
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	5,074,056		13	1.00
	TOTALS		0	5,074,056			
<b>C - ANESTHESIA - RN SALARY</b>							
1.00	ANESTHESIOLOGY	53.00	5,022,487	0		0	1.00
	TOTALS		5,022,487	0			
<b>D - MEDICAL SUPPLIES</b>							
1.00	INTENSIVE CARE UNIT	31.00	0	76,106		0	1.00
2.00	OPERATING ROOM	50.00	0	12,929,660		0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	514,672		0	3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	34,029		0	4.00
5.00	CATH LAB	69.01	0	1,839,391		0	5.00
6.00	ASC (NON-DISTINCT PART)	75.00	0	798,508		0	6.00
	TOTALS		0	16,192,366			
<b>E - DRUGS CHARGED TO PATIENTS</b>							
1.00	PHARMACY	15.00	0	8,772,153		0	1.00
	TOTALS		0	8,772,153			
<b>F - MEDICAL EDUCATION</b>							
1.00	SIU CLINIC	190.01	904,504	1,362,928		0	1.00
2.00		0.00	0	0		0	2.00
	TOTALS		904,504	1,362,928			
<b>G - HHA RECLASS</b>							
1.00	HOME HEALTH AGENCY	101.00	0	38,409		9	1.00
2.00		0.00	0	0		9	2.00
	TOTALS		0	38,409			
<b>H - HOSPICE DEPRECIATION</b>							
1.00	HOSPICE	116.00	0	923		9	1.00
2.00		0.00	0	0		9	2.00
	TOTALS		0	923			
<b>I - CAFETERIA RECLASS</b>							
1.00	DIETARY	10.00	1,504,894	1,517,879		0	1.00
	TOTALS		1,504,894	1,517,879			
<b>J - CHIEF NURSING SALARY</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	247,994	0		0	1.00
	TOTALS		247,994	0			
<b>K - INTEGRATED CENTER</b>							
1.00	INTEGRATED CENTER	190.17	596,179	660,706		0	1.00
	TOTALS		596,179	660,706			
<b>L - PHYSICIANS</b>							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	311,125	0		0	1.00
2.00		0.00	0	0		0	2.00
3.00		0.00	0	0		0	3.00
4.00		0.00	0	0		0	4.00
5.00		0.00	0	0		0	5.00
	TOTALS		311,125	0			
<b>M - LABOR AND DELIVERY ROOM</b>							
1.00	ADULTS & PEDIATRICS	30.00	199,187	29,594		0	1.00
	TOTALS		199,187	29,594			
<b>N - IMPLANTABLE DEVICES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	11,194,078		0	1.00
	TOTALS		0	11,194,078			
<b>O - CHARGEABLE MEDICAL SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	67,872		0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,162,921		0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	433,278		0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,642,747		0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	702,209		0	5.00
	TOTALS		0	9,009,027			
500.00	Grand Total: Decreases		8,786,370	67,811,553			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

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	1,337,264	0	0	0	1.00
2.00	Land Improvements	8,904,201	83,635	0	83,635	2.00
3.00	Buildings and Fixtures	155,839,753	4,260,754	0	4,260,754	3.00
4.00	Building Improvements	1,965,852	119,117	0	119,117	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	187,398,331	11,697,298	0	11,697,298	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	355,445,401	16,160,804	0	16,160,804	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	355,445,401	16,160,804	0	16,160,804	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	20,827,942	0	1,707,596	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)	20,827,942	0	1,707,596	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	160,100,507	0	160,100,507	0.445991	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	198,876,633	0	198,876,633	0.554009	2.00
3.00	Total (sum of lines 1-2)	358,977,140	0	358,977,140	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

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	1,337,264	0		1.00		
2.00	Land Improvements	8,987,836	0		2.00		
3.00	Buildings and Fixtures	160,100,507	0		3.00		
4.00	Building Improvements	2,084,969	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	198,876,633	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	371,387,209	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	371,387,209	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	27,609,594		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	27,609,594		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	6,874,302	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	13,992,972	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	20,867,274	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140135

Period:  
From 10/01/2011  
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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		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,707,596	0	0	0	8,581,898	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	13,992,972	2.00
3.00	Total (sum of lines 1-2)	1,707,596	0	0	0	22,574,870	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0			0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-565		ADMINISTRATIVE & GENERAL	5.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-258,017		MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00 7.00
8.00 Television and radio service (chapter 21)		0			0.00 8.00
9.00 Parking lot (chapter 21)		0			0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-2,298,223			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			12.00
13.00 Laundry and linen service	B	-1,432		LAUNDRY & LINEN SERVICE	8.00 13.00
14.00 Cafeteria-employees and guests	B	-1,815,676		CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0			0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-97,762		MEDICAL RECORDS & LIBRARY	16.00 16.00
17.00 Sale of drugs to other than patients		0			0.00 17.00
18.00 Sale of medical records and abstracts		0			0.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00 19.00
20.00 Vending machines	B	-41,433		CAFETERIA	11.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0		RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0		PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0		*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist	A	-5,022,487		NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00 Physicians' assistant		0			0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0		OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0		SPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00 32.00
33.00 EMPLOYEE BENEFITS-OTHER REVENUE	B	-8,408		EMPLOYEE BENEFITS	4.00 33.00
33.01 A&G - OTHER REVENUE	B	-814,392		ADMINISTRATIVE & GENERAL	5.00 33.01
33.02 MISC TELEPHONE REVENUE	B	-151,571		ADMINISTRATIVE & GENERAL	5.00 33.02
33.03 MISC ACCOUNTING REVENUE	B	-137,429		ADMINISTRATIVE & GENERAL	5.00 33.03
33.04 OPERATION OF PLANT - OTHER REV	B	-1,485		OPERATION OF PLANT	7.00 33.04
33.05 DIET-OTHER REVENUE	B	-44,261		DIETARY	10.00 33.05
33.06 NURSING ADMIN - OTHER REV	B	-11,507		NURSING ADMINISTRATION	13.00 33.06
33.07 A&P - OTHER REV	B	-13,317		ADULTS & PEDIATRICS	30.00 33.07
33.08 A&P - OTHER REV	B	-3,222		ADULTS & PEDIATRICS	30.00 33.08
33.09 ANES-OTHER REVENUE	B	-313,381		ANESTHESIOLOGY	53.00 33.09
33.10 RADIOLOGY DIAGNOSTIC - OTHER REV	B	-163,987		RADIOLOGY-DIAGNOSTIC	54.00 33.10
33.11 RESPIRATORY - OTHER REV	B	-112,572		RESPIRATORY THERAPY	65.00 33.11
33.12 ASC - OTHER REV	B	-25		ASC (NON-DISTINCT PART)	75.00 33.12
33.13 CLINIC-OTHER REVENUE	B	-2,880		CLINIC	90.00 33.13
33.14 SELF INSURANCE	A	-5,255,271		EMPLOYEE BENEFITS	4.00 33.14
33.15 HHA-OTHER REVENUE	B	-1,114		HOME HEALTH AGENCY	101.00 33.15
33.16 HSPC-OTHER REVENUE	B	-1,114		HOSPICE	116.00 33.16
33.17 NREV-OTHER REVENUE	B	-18,167		NURSING ADMINISTRATION	13.00 33.17
33.18 ADMN-OTHER REVENUE	B	-113,615		ADMINISTRATIVE & GENERAL	5.00 33.18

ADJUSTMENTS TO EXPENSES

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center			Line #
			1.00	2.00		3.00
33.19 OTRV-SILVER RECOVERY	B	-5,202	RADIOLOGY-DIAGNOSTIC	54.00	33.19	
33.20 SPOR-OTHER REVENUE	B	-49,205	PHYSICAL THERAPY	66.00	33.20	
33.21 ULTR-OTHER REVENUE	B	-1,075	RADIOLOGY-DIAGNOSTIC	54.00	33.21	
33.22 CANC-OTHER REVENUE	B	-5,129	RADIOLOGY-THERAPEUTIC	55.00	33.22	
33.23 EMER-OTHER REVENUE	B	-120	EMERGENCY	91.00	33.23	
33.26 NON-ALLOWABLE DUES	A	-5,905	ADMINISTRATIVE & GENERAL	5.00	33.26	
33.27 ADVERTISING	A	-669,672	ADMINISTRATIVE & GENERAL	5.00	33.27	
33.28 LOBBYING DUES	A	-22,983	ADMINISTRATIVE & GENERAL	5.00	33.28	
33.29 ANESTHESIA GRANT	B	-3,600	PARAMEDICAL PRGM	23.00	33.29	
33.30 NON-ALLOWABLE MARKETING	A	-233,579	ADMINISTRATIVE & GENERAL	5.00	33.30	
33.31 CRNA BENEFITS	A	-217,107	EMPLOYEE BENEFITS	4.00	33.31	
33.32 CRNA ACCRUALS	A	-26,345	ANESTHESIOLOGY	53.00	33.32	
33.33 CRNA FICA	A	-302,753	ANESTHESIOLOGY	53.00	33.33	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-18,245,988			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

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	EMPLOYEE BENEFITS-OTHER REVENUE	0	33.00
33.01	A&G - OTHER REVENUE	0	33.01
33.02	MISC TELEPHONE REVENUE	0	33.02
33.03	MISC ACCOUNTING REVENUE	0	33.03
33.04	OPERATION OF PLANT - OTHER REV	0	33.04
33.05	DIET-OTHER REVENUE	0	33.05
33.06	NURSING ADMIN - OTHER REV	0	33.06
33.07	A&P - OTHER REV	0	33.07
33.08	A&P - OTHER REV	0	33.08
33.09	ANES-OTHER REVENUE	0	33.09
33.10	RADIOLOGY DIAGNOSTIC - OTHER REV	0	33.10
33.11	RESPIRATORY - OTHER REV	0	33.11
33.12	ASC - OTHER REV	0	33.12
33.13	CLINIC-OTHER REVENUE	0	33.13
33.14	SELF INSURANCE	0	33.14
33.15	HHA-OTHER REVENUE	0	33.15
33.16	HSPC-OTHER REVENUE	0	33.16
33.17	NREV-OTHER REVENUE	0	33.17
33.18	ADMN-OTHER REVENUE	0	33.18
33.19	OTRV-SILVER RECOVERY	0	33.19
33.20	SPOR-OTHER REVENUE	0	33.20
33.21	ULTR-OTHER REVENUE	0	33.21
33.22	CANC-OTHER REVENUE	0	33.22
33.23	EMER-OTHER REVENUE	0	33.23
33.26	NON-ALLOWABLE DUES	0	33.26
33.27	ADVERTISING	0	33.27
33.28	LOBBYING DUES	0	33.28
33.29	ANESTHESIA GRANT	0	33.29

ADJUSTMENTS TO EXPENSES

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet A-8

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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.30	NON-ALLOWABLE MARKETING	0	33.30
33.31	CRNA BENEFITS	0	33.31
33.32	CRNA ACCRUALS	0	33.32
33.33	CRNA FICA	0	33.33
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: 140135

Period:  
From 10/01/2011  
To 09/30/2012

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	30.00	ADULTS & PEDIATRICS	100,000	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	15,000	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	40,625	0	3.00
4.00	32.00	CORONARY CARE UNIT	62,500	0	4.00
5.00	43.00	NURSERY	60,000	60,000	5.00
6.00	50.00	OPERATING ROOM	177,000	0	6.00
7.00	50.00	OPERATING ROOM	40,000	0	7.00
8.00	54.00	RADIOLOGY-DIAGNOSTIC	2,090	2,090	8.00
9.00	55.00	RADIOLOGY-THERAPEUTIC	8,350	0	9.00
10.00	65.00	RESPIRATORY THERAPY	60,000	0	10.00
11.00	65.00	RESPIRATORY THERAPY	60,000	0	11.00
12.00	66.00	PHYSICAL THERAPY	16,000	0	12.00
13.00	66.00	PHYSICAL THERAPY	9,990	9,990	13.00
14.00	70.00	ELECTROENCEPHALOGRAPHY	36,630	0	14.00
15.00	91.00	EMERGENCY	1,928,595	1,828,595	15.00
200.00			2,616,780	1,900,675	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

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	100,000	136,700	520	34,175	1,709	1.00
2.00	15,000	136,700	69	4,535	227	2.00
3.00	40,625	136,700	405	26,617	1,331	3.00
4.00	62,500	154,100	260	19,263	963	4.00
5.00	0	0	0	0	0	5.00
6.00	177,000	204,100	780	76,538	3,827	6.00
7.00	40,000	204,100	180	17,662	883	7.00
8.00	0	0	0	0	0	8.00
9.00	8,350	231,100	44	4,889	244	9.00
10.00	60,000	154,100	459	34,006	1,700	10.00
11.00	60,000	154,100	329	24,374	1,219	11.00
12.00	16,000	154,100	84	6,223	311	12.00
13.00	0	0	0	0	0	13.00
14.00	36,630	136,700	190	12,487	624	14.00
15.00	100,000	154,100	780	57,788	2,889	15.00
200.00	716,105		4,100	318,557	15,927	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet A-8-2

Date/Time Prepared:  
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	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	34,175	1.00
2.00	0	0	0	0	4,535	2.00
3.00	0	0	0	0	26,617	3.00
4.00	0	0	0	0	19,263	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	76,538	6.00
7.00	0	0	0	0	17,662	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	4,889	9.00
10.00	0	0	0	0	34,006	10.00
11.00	0	0	0	0	24,374	11.00
12.00	0	0	0	0	6,223	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	12,487	14.00
15.00	0	0	0	0	57,788	15.00
200.00	0	0	0	0	318,557	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet A-8-2

Date/Time Prepared:  
2/25/2013 5:53 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	65,825	65,825	1.00
2.00	10,465	10,465	2.00
3.00	14,008	14,008	3.00
4.00	43,237	43,237	4.00
5.00	0	60,000	5.00
6.00	100,462	100,462	6.00
7.00	22,338	22,338	7.00
8.00	0	2,090	8.00
9.00	3,461	3,461	9.00
10.00	25,994	25,994	10.00
11.00	35,626	35,626	11.00
12.00	9,777	9,777	12.00
13.00	0	9,990	13.00
14.00	24,143	24,143	14.00
15.00	42,212	1,870,807	15.00
200.00	397,548	2,298,223	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	8,581,898	8,581,898				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	13,992,972		13,992,972			2.00
4.00 00400 EMPLOYEE BENEFITS	16,343,648	71,087	1,197	16,415,932		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	26,631,297	563,069	4,885,031	1,916,715	33,996,112	5.00
7.00 00700 OPERATION OF PLANT	8,034,450	480,969	235,791	252,136	9,003,346	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,221,547	104,994	0	0	1,326,541	8.00
9.00 00900 HOUSEKEEPING	2,467,057	966,026	7,185	322,439	3,762,707	9.00
10.00 01000 DIETARY	660,432	93,831	116,711	74,989	945,963	10.00
11.00 01100 CAFETERIA	1,165,664	394,781	0	321,665	1,882,110	11.00
13.00 01300 NURSING ADMINISTRATION	2,393,054	91,778	292,126	294,575	3,071,533	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,023,923	258,915	12,831	147,569	2,443,238	14.00
15.00 01500 PHARMACY	2,637,969	39,048	31,573	361,401	3,069,991	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,579,183	61,909	25,828	456,699	3,123,619	16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	904,504	0	0	0	904,504	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,362,928	0	0	0	1,362,928	22.00
23.00 02300 PARAMED PRGM	421,108	0	1,157	80,440	502,705	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	10,355,843	1,417,991	198,045	2,031,088	14,002,967	30.00
31.00 03100 INTENSIVE CARE UNIT	2,620,199	177,917	124,638	495,346	3,418,100	31.00
32.00 03200 CORONARY CARE UNIT	2,355,179	173,344	26,071	450,660	3,005,254	32.00
43.00 04300 NURSERY	62,084	20,976	23,081	0	106,141	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00 04600 OTHER LONG TERM CARE	174,252	135,315	1,756	36,670	347,993	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	10,215,728	669,398	1,641,707	965,231	13,492,064	50.00
50.01 05001 ORTHO MEDICAL	204,580	19,390	21,226	25,620	270,816	50.01
51.00 05100 RECOVERY ROOM	729,299	32,540	14,884	141,016	917,739	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	271,639	41,367	3,068	0	316,074	52.00
53.00 05300 ANESTHESIOLOGY	555,161	33,908	137,664	1,132,107	1,858,840	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	12,766,772	446,010	2,489,360	1,182,245	16,884,387	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,678,525	122,833	1,865,172	234,237	4,900,767	55.00
60.00 06000 LABORATORY	7,790,791	173,511	301,318	686,241	8,951,861	60.00
65.00 06500 RESPIRATORY THERAPY	963,410	0	23,180	188,161	1,174,751	65.00
66.00 06600 PHYSICAL THERAPY	4,244,153	151,501	43,088	617,887	5,056,629	66.00
67.00 06700 OCCUPATIONAL THERAPY	564,713	9,411	12,872	100,197	687,193	67.00
68.00 06800 SPEECH PATHOLOGY	298,432	11,147	0	56,886	366,465	68.00
69.00 06900 ELECTROCARDIOLOGY	2,390,264	180,436	332,213	390,441	3,293,354	69.00
69.01 06901 CATH LAB	1,115,165	190,816	607,098	168,195	2,081,274	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	587,209	29,236	59,573	113,810	789,828	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,384,730	0	0	0	3,384,730	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	11,194,078	0	0	0	11,194,078	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	8,772,153	0	0	0	8,772,153	73.00
74.00 07400 RENAL DIALYSIS	531,061	0	15,467	75,749	622,277	74.00
75.00 07500 ASC (NON-DISTINCT PART)	3,930,378	78,512	189,392	557,764	4,756,046	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC	469,937	0	22,278	44,615	536,830	90.00
91.00 09100 EMERGENCY	3,110,863	500,609	22,248	535,454	4,169,174	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100 HOME HEALTH AGENCY	3,026,400	68,317	32,404	517,406	3,644,527	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00 11600 HOSPICE	879,692	0	894	108,243	988,829	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	187,664,324	7,810,892	13,818,127	15,083,897	185,386,438	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,060,312	58,204	4,080	62,237	1,184,833	190.00
190.01 19001 SIU CLINIC	84,312	0	817	193,334	278,463	190.01
190.02 19002 WOMEN'S CENTER	106,493	0	123	14,937	121,553	190.02
190.04 19004 NON HOSPITAL PHARMACIES	2,912,758	0	0	61,729	2,974,487	190.04
190.05 19005 RENTAL PROPERTY	558	107,965	0	0	108,523	190.05
190.06 19006 DECATUR DIGESTIVE CENTER	390,268	0	0	76,883	467,151	190.06
190.07 19007 DMH MEDICAL EQUIPMENT	1,706,550	0	77,109	124,342	1,908,001	190.07
190.08 19008 PULMONARY EXTENDED CARE	160,406	13,133	0	32,349	205,888	190.08
190.09 19009 SHORE	30,524	0	409	0	30,933	190.09
190.10 19010 PHYSICIAN RECRUITMENT	637,970	0	330	50,645	688,945	190.10
190.12 19012 CCOP FISCAL INTERMEDIARY	1,687,449	0	34	25,234	1,712,717	190.12
190.13 19013 ELDERLY SERVICES	206,545	0	17,850	17,950	242,345	190.13

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
190.14 19014 REAL ESTATE MANAGEMENT	399,458	0	557	30,093	430,108	190.14
190.15 19015 CORPORATE HEALTH	4,525,913	0	66,959	467,149	5,060,021	190.15
190.16 19016 CANCER CARE INSTITUTE	283,353	8,010	511	31,969	323,843	190.16
190.17 19017 INTEGRATED CENTER	9,226	0	85	0	9,311	190.17
191.00 19100 RESEARCH	837,602	36,878	5,981	143,184	1,023,645	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	50,078,566	546,816	0	0	50,625,382	192.00
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)	252,782,587	8,581,898	13,992,972	16,415,932	252,782,587	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	33,996,112				5.00
7.00	00700	OPERATION OF PLANT	1,398,985	10,402,331			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	206,125	157,832	1,690,498		8.00
9.00	00900	HOUSEKEEPING	584,668	1,452,165	0	5,799,540	9.00
10.00	01000	DIETARY	146,988	141,050	1,152	93,038	1,328,191
11.00	01100	CAFETERIA	292,452	593,449	0	391,446	0
13.00	01300	NURSING ADMINISTRATION	477,270	137,965	0	91,003	0
14.00	01400	CENTRAL SERVICES & SUPPLY	379,643	389,211	0	256,729	0
15.00	01500	PHARMACY	477,031	58,698	0	38,718	0
16.00	01600	MEDICAL RECORDS & LIBRARY	485,364	93,063	0	61,386	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	140,546	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	211,779	0	0	0	0
23.00	02300	PARAMED ED PRGM	78,113	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	2,175,851	2,131,576	597,200	1,406,015	988,090
31.00	03100	INTENSIVE CARE UNIT	531,121	267,451	109,370	176,414	109,452
32.00	03200	CORONARY CARE UNIT	466,971	260,578	99,537	171,880	116,584
43.00	04300	NURSERY	16,493	31,531	14,815	20,798	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	54,073	203,410	0	134,172	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,096,464	1,006,264	234,638	663,745	2,071
50.01	05001	ORTHO MEDICAL	42,081	29,148	6,437	19,227	0
51.00	05100	RECOVERY ROOM	142,603	48,915	23,312	32,265	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,113	62,184	8,780	41,018	0
53.00	05300	ANESTHESIOLOGY	288,836	50,972	0	33,622	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,623,580	670,458	103,569	442,243	7,911
55.00	05500	RADIOLOGY-THERAPEUTIC	761,506	184,647	24,774	121,795	0
60.00	06000	LABORATORY	1,390,985	260,828	0	172,046	0
65.00	06500	RESPIRATORY THERAPY	182,539	0	148	0	0
66.00	06600	PHYSICAL THERAPY	785,724	227,742	46,720	150,222	0
67.00	06700	OCCUPATIONAL THERAPY	106,779	14,148	0	9,332	0
68.00	06800	SPEECH PATHOLOGY	56,943	16,756	0	11,053	0
69.00	06900	ELECTROCARDIOLOGY	511,738	271,238	50,624	178,912	0
69.01	06901	CATH LAB	323,399	286,841	0	189,204	4,283
70.00	07000	ELECTROENCEPHALOGRAPHY	122,727	43,948	16,227	28,989	116
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	525,936	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,739,392	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,363,061	0	0	0	0
74.00	07400	RENAL DIALYSIS	96,693	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	739,018	118,022	125,315	77,849	64,443
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	83,415	0	1,424	0	0
91.00	09100	EMERGENCY	647,827	752,534	188,764	496,382	35,241
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	566,305	102,696	0	67,740	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	11600	HOSPICE	153,649	0	1,226	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,523,786	10,065,320	1,654,032	5,577,243	1,328,191
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	184,105	87,495	158	57,713	0
190.01	19001	SUICLINIC	43,269	0	0	0	0
190.02	19002	WOMEN'S CENTER	18,888	0	0	0	0
190.04	19004	NON HOSPITAL PHARMACIES	462,191	0	0	0	0
190.05	19005	RENTAL PROPERTY	16,863	162,297	0	107,053	0
190.06	19006	DECATUR DIGESTIVE CENTER	72,588	0	0	0	0
190.07	19007	DMH MEDICAL EQUIPMENT	296,475	0	0	0	0
190.08	19008	PULMONARY EXTENDED CARE	31,992	19,741	0	13,022	0
190.09	19009	SHORE	4,807	0	0	0	0
190.10	19010	PHYSICIAN RECRUITMENT	107,052	0	0	0	0
190.12	19012	CCOP FISCAL INTERMEDIARY	266,131	0	0	0	0
190.13	19013	ELDERLY SERVICES	37,657	0	244	0	0
190.14	19014	REAL ESTATE MANAGEMENT	66,832	0	0	0	0
190.15	19015	CORPORATE HEALTH	786,251	0	12,585	0	0
190.16	19016	CANCER CARE INSTITUTE	50,320	12,041	0	7,942	0
190.17	19017	INTEGRATED CENTER	1,447	0	17	0	0
191.00	19100	RESEARCH	159,059	55,437	0	36,567	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description			ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,866,399	0	23,462	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	33,996,112	10,402,331	1,690,498	5,799,540	1,328,191	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,159,457					11.00
13.00	01300	49,686	3,827,457				13.00
14.00	01400	39,521	0	3,508,342			14.00
15.00	01500	52,322	0	12,312	3,709,072		15.00
16.00	01600	116,708	0	2	0	3,880,142	16.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	5,715	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	406,916	2,483,822	36,752	0	119,179	30.00
31.00	03100	94,248	574,990	11,943	0	44,098	31.00
32.00	03200	88,406	539,344	3,478	0	21,500	32.00
43.00	04300	0	0	7,696	0	2,615	43.00
44.00	04400	0	0	0	0	0	44.00
46.00	04600	10,481	63,883	11	0	2,345	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	188,875	0	2,028,920	8,019	682,757	50.00
50.01	05001	5,420	0	11,118	0	4,893	50.01
51.00	05100	23,156	0	937	0	31,139	51.00
52.00	05200	0	0	6,277	0	35,552	52.00
53.00	05300	57,004	0	26,967	0	24,944	53.00
54.00	05400	225,254	0	80,762	113,912	892,716	54.00
55.00	05500	34,544	0	5,340	686	122,108	55.00
60.00	06000	158,085	0	52,181	0	627,824	60.00
65.00	06500	40,175	0	6,804	590	46,629	65.00
66.00	06600	120,525	0	2,663	0	108,548	66.00
67.00	06700	15,290	0	1,559	0	48,604	67.00
68.00	06800	759	0	853	0	8,808	68.00
69.00	06900	73,728	0	3,107	127,068	160,185	69.00
69.01	06901	26,108	0	288,637	32,483	100,614	69.01
70.00	07000	22,460	0	1,681	0	39,912	70.00
71.00	07100	0	0	640,971	0	65,955	71.00
72.00	07200	0	0	0	0	85,868	72.00
73.00	07300	0	0	0	3,409,625	166,627	73.00
74.00	07400	12,548	76,516	21,194	0	9,317	74.00
75.00	07500	95,197	88,902	125,302	0	113,141	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	7,213	0	15,035	0	11,745	90.00
91.00	09100	110,191	0	20,413	0	276,761	91.00
92.00	09200						92.00
92.01	09201	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	81,425	0	5,527	63	18,843	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	11600	19,128	0	833	16,626	6,915	116.00
118.00		2,181,088	3,827,457	3,419,275	3,709,072	3,880,142	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	26,847	0	19	0	0	190.00
190.01	19001	35,725	0	0	0	0	190.01
190.02	19002	2,805	0	0	0	0	190.02
190.04	19004	12,928	0	480	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	16,492	0	0	0	0	190.06
190.07	19007	30,875	0	1,225	0	0	190.07
190.08	19008	5,336	0	0	0	0	190.08
190.09	19009	0	0	0	0	0	190.09
190.10	19010	9,216	0	0	0	0	190.10
190.12	19012	6,137	0	0	0	0	190.12
190.13	19013	696	0	397	0	0	190.13
190.14	19014	6,074	0	0	0	0	190.14
190.15	19015	90,979	0	6,489	0	0	190.15
190.16	19016	7,613	0	0	0	0	190.16
190.17	19017	21	0	2	0	0	190.17

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
191.00	19100 RESEARCH	29,694	0	8,782	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	696,931	0	71,673	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,159,457	3,827,457	3,508,342	3,709,072	3,880,142	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B  
Part I  
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2/25/2013 5:53 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	19.00	21.00	22.00	23.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0						19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,045,050					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,574,707				22.00
23.00 02300 PARAMED PRGM	0	0	0	586,533			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	0	1,045,050	1,574,707	0		26,968,125	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0		5,337,187	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0		4,773,532	32.00
43.00 04300 NURSERY	0	0	0	0		200,089	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0		0	44.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0		816,368	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0		20,403,817	50.00
50.01 05001 ORTHO MEDICAL	0	0	0	0		389,140	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0		1,220,066	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		518,998	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	586,533		2,927,718	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0		22,044,792	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0		6,156,167	55.00
60.00 06000 LABORATORY	0	0	0	0		11,613,810	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0		1,451,636	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0		6,498,773	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0		882,905	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0		461,637	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0		4,669,954	69.00
69.01 06901 CATH LAB	0	0	0	0		3,332,843	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0		1,065,888	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		4,617,592	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		13,019,338	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0		13,711,466	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0		838,545	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0		6,303,235	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000 CLINIC	0	0	0	0		655,662	90.00
91.00 09100 EMERGENCY	0	0	0	0		6,697,287	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00 10100 HOME HEALTH AGENCY	0	0	0	0		4,487,126	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00 11600 HOSPICE	0	0	0	0		1,187,206	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	0	1,045,050	1,574,707	586,533		173,250,902	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		1,541,170	190.00
190.01 19001 SIU CLINIC	0	0	0	0		357,457	190.01
190.02 19002 WOMEN'S CENTER	0	0	0	0		143,246	190.02
190.04 19004 NON HOSPITAL PHARMACIES	0	0	0	0		3,450,086	190.04
190.05 19005 RENTAL PROPERTY	0	0	0	0		394,736	190.05
190.06 19006 DECATUR DIGESTIVE CENTER	0	0	0	0		556,231	190.06
190.07 19007 DMH MEDICAL EQUIPMENT	0	0	0	0		2,236,576	190.07
190.08 19008 PULMONARY EXTENDED CARE	0	0	0	0		275,979	190.08
190.09 19009 SHORE	0	0	0	0		35,740	190.09
190.10 19010 PHYSICIAN RECRUITMENT	0	0	0	0		805,213	190.10
190.12 19012 CCOP FISCAL INTERMEDIARY	0	0	0	0		1,984,985	190.12
190.13 19013 ELDERLY SERVICES	0	0	0	0		281,339	190.13
190.14 19014 REAL ESTATE MANAGEMENT	0	0	0	0		503,014	190.14
190.15 19015 CORPORATE HEALTH	0	0	0	0		5,956,325	190.15
190.16 19016 CANCER CARE INSTITUTE	0	0	0	0		401,759	190.16

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
19.00	21.00	22.00	23.00	24.00			
190.17 19017 INTEGRATED CENTER	0	0	0	0	10,798	190.17	
191.00 19100 RESEARCH	0	0	0	0	1,313,184	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	59,283,847	192.00	
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00	
202.00 TOTAL (sum lines 118-201)	0	1,045,050	1,574,707	586,533	252,782,587	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B  
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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	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED PRGM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	-2,619,757	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ORTHO MEDICAL	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
60.00	06000	LABORATORY	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	CATH LAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100	HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-2,619,757	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	SIU CLINIC	0	190.01
190.02	19002	WOMEN'S CENTER	0	190.02
190.04	19004	NON HOSPITAL PHARMACIES	0	190.04
190.05	19005	RENTAL PROPERTY	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	190.08
190.09	19009	SHORE	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	190.10
190.12	19012	CCOP FISCAL INTERMEDIARY	0	190.12
190.13	19013	ELDERLY SERVICES	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	190.14
190.15	19015	CORPORATE HEALTH	0	190.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
190.16	19016	CANCER CARE INSTITUTE	0	401,759	190.16
190.17	19017	INTEGRATED CENTER	0	10,798	190.17
191.00	19100	RESEARCH	0	1,313,184	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	59,283,847	192.00
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)	-2,619,757	250,162,830	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	71,087	1,197	72,284	72,284 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	563,069	4,885,031	5,448,100	8,438 5.00
7.00 00700	OPERATION OF PLANT	0	480,969	235,791	716,760	1,110 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	104,994	0	104,994	0 8.00
9.00 00900	HOUSEKEEPING	0	966,026	7,185	973,211	1,420 9.00
10.00 01000	DIETARY	0	93,831	116,711	210,542	330 10.00
11.00 01100	CAFETERIA	0	394,781	0	394,781	1,416 11.00
13.00 01300	NURSING ADMINISTRATION	0	91,778	292,126	383,904	1,297 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	258,915	12,831	271,746	650 14.00
15.00 01500	PHARMACY	0	39,048	31,573	70,621	1,591 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	61,909	25,828	87,737	2,011 16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM	0	0	1,157	1,157	354 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,417,991	198,045	1,616,036	8,958 30.00
31.00 03100	INTENSIVE CARE UNIT	0	177,917	124,638	302,555	2,181 31.00
32.00 03200	CORONARY CARE UNIT	0	173,344	26,071	199,415	1,984 32.00
43.00 04300	NURSERY	0	20,976	23,081	44,057	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
46.00 04600	OTHER LONG TERM CARE	0	135,315	1,756	137,071	161 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	669,398	1,641,707	2,311,105	4,249 50.00
50.01 05001	ORTHO MEDICAL	0	19,390	21,226	40,616	113 50.01
51.00 05100	RECOVERY ROOM	0	32,540	14,884	47,424	621 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	41,367	3,068	44,435	0 52.00
53.00 05300	ANESTHESIOLOGY	0	33,908	137,664	171,572	4,984 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	446,010	2,489,360	2,935,370	5,205 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	122,833	1,865,172	1,988,005	1,031 55.00
60.00 06000	LABORATORY	0	173,511	301,318	474,829	3,021 60.00
65.00 06500	RESPIRATORY THERAPY	0	0	23,180	23,180	828 65.00
66.00 06600	PHYSICAL THERAPY	0	151,501	43,088	194,589	2,720 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	9,411	12,872	22,283	441 67.00
68.00 06800	SPEECH PATHOLOGY	0	11,147	0	11,147	250 68.00
69.00 06900	ELECTROCARDIOLOGY	0	180,436	332,213	512,649	1,719 69.00
69.01 06901	CATH LAB	0	190,816	607,098	797,914	740 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	29,236	59,573	88,809	501 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	15,467	15,467	333 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	78,512	189,392	267,904	2,456 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000	CLINIC	0	0	22,278	22,278	196 90.00
91.00 09100	EMERGENCY	0	500,609	22,248	522,857	2,357 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0 92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	68,317	32,404	100,721	2,278 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00 11600	HOSPICE	0	0	894	894	477 116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	7,810,892	13,818,127	21,629,019	66,421 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	58,204	4,080	62,284	274 190.00
190.01 19001	SUCLINIC	0	0	817	817	851 190.01
190.02 19002	WOMEN'S CENTER	0	0	123	123	66 190.02
190.04 19004	NON HOSPITAL PHARMACIES	0	0	0	0	272 190.04
190.05 19005	RENTAL PROPERTY	0	107,965	0	107,965	0 190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	0	0	338 190.06
190.07 19007	DMH MEDICAL EQUIPMENT	0	0	77,109	77,109	547 190.07
190.08 19008	PULMONARY EXTENDED CARE	0	13,133	0	13,133	142 190.08
190.09 19009	SHORE	0	0	409	409	0 190.09
190.10 19010	PHYSICIAN RECRUITMENT	0	0	330	330	223 190.10
190.12 19012	CCOP FISCAL INTERMEDIARY	0	0	34	34	111 190.12
190.13 19013	ELDERLY SERVICES	0	0	17,850	17,850	79 190.13
190.14 19014	REAL ESTATE MANAGEMENT	0	0	557	557	132 190.14

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
190.15 19015 CORPORATE HEALTH	0	0	66,959	66,959	2,057	190.15
190.16 19016 CANCER CARE INSTITUTE	0	8,010	511	8,521	141	190.16
190.17 19017 INTEGRATED CENTER	0	0	85	85	0	190.17
191.00 19100 RESEARCH	0	36,878	5,981	42,859	630	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	546,816	0	546,816	0	192.00
200.00 Cross Foot Adjustments			0	0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	8,581,898	13,992,972	22,574,870	72,284	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet B Part II Date/Time Prepared: 2/25/2013 5:53 pm		
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
		5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,456,538			5.00
7.00	00700	OPERATION OF PLANT	224,543	942,413		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	33,084	14,299	152,377	8.00
9.00	00900	HOUSEKEEPING	93,842	131,561	0	9.00
10.00	01000	DIETARY	23,592	12,779	104	10.00
11.00	01100	CAFETERIA	46,940	53,764	0	11.00
13.00	01300	NURSING ADMINISTRATION	76,604	12,499	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	60,934	35,261	0	14.00
15.00	01500	PHARMACY	76,566	5,318	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	77,903	8,431	0	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	22,558	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	33,991	0	0	22.00
23.00	02300	PARAMED ED PRGM	12,537	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	349,234	193,112	53,832	30.00
31.00	03100	INTENSIVE CARE UNIT	85,247	24,230	9,858	31.00
32.00	03200	CORONARY CARE UNIT	74,951	23,607	8,972	32.00
43.00	04300	NURSERY	2,647	2,857	1,335	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	8,679	18,428	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	336,492	91,164	21,150	50.00
50.01	05001	ORTHO MEDICAL	6,754	2,641	580	50.01
51.00	05100	RECOVERY ROOM	22,888	4,431	2,101	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,883	5,634	791	52.00
53.00	05300	ANESTHESIOLOGY	46,359	4,618	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	421,097	60,741	9,335	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	122,225	16,728	2,233	55.00
60.00	06000	LABORATORY	223,259	23,630	0	60.00
65.00	06500	RESPIRATORY THERAPY	29,298	0	13	65.00
66.00	06600	PHYSICAL THERAPY	126,112	20,633	4,211	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,139	1,282	0	67.00
68.00	06800	SPEECH PATHOLOGY	9,140	1,518	0	68.00
69.00	06900	ELECTROCARDIOLOGY	82,136	24,573	4,563	69.00
69.01	06901	CATH LAB	51,907	25,987	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	19,698	3,982	1,463	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	84,415	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	279,180	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	218,777	0	0	73.00
74.00	07400	RENAL DIALYSIS	15,520	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	118,616	10,692	11,296	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	13,389	0	128	90.00
91.00	09100	EMERGENCY	103,979	68,177	17,015	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	10100	HOME HEALTH AGENCY	90,895	9,304	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00	11600	HOSPICE	24,661	0	110	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,775,671	911,881	149,090	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,550	7,927	14	190.00
190.01	19001	SUICIDIC	6,945	0	0	190.01
190.02	19002	WOMEN'S CENTER	3,032	0	0	190.02
190.04	19004	NON HOSPITAL PHARMACIES	74,184	0	0	190.04
190.05	19005	RENTAL PROPERTY	2,707	14,703	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	11,651	0	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	47,586	0	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	5,135	1,789	0	190.08
190.09	19009	SHORE	771	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	17,182	0	0	190.10
190.12	19012	CCOP FISCAL INTERMEDIARY	42,715	0	0	190.12
190.13	19013	ELDERLY SERVICES	6,044	0	22	190.13
190.14	19014	REAL ESTATE MANAGEMENT	10,727	0	0	190.14
190.15	19015	CORPORATE HEALTH	126,197	0	1,134	190.15
190.16	19016	CANCER CARE INSTITUTE	8,077	1,091	0	190.16
190.17	19017	INTEGRATED CENTER	232	0	2	190.17
191.00	19100	RESEARCH	25,530	5,022	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140135		Period: From 10/01/2011 To 09/30/2012		Worksheet B Part II Date/Time Prepared: 2/25/2013 5:53 pm	
Cost Center Description			ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,262,602	0	2,115	0	0	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,456,538	942,413	152,377	1,200,034	266,598	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140135		Period: From 10/01/2011 To 09/30/2012		Worksheet B Part II Date/Time Prepared: 2/25/2013 5:53 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	577,899					11.00
13.00	01300	9,088	502,222				13.00
14.00	01400	7,229	0	428,942			14.00
15.00	01500	9,570	0	1,505	173,182		15.00
16.00	01600	21,347	0	0	0	210,131	16.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	1,045	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	74,429	325,917	4,494	0	6,446	30.00
31.00	03100	17,239	75,448	1,460	0	2,385	31.00
32.00	03200	16,170	70,770	425	0	1,163	32.00
43.00	04300	0	0	941	0	141	43.00
44.00	04400	0	0	0	0	0	44.00
46.00	04600	1,917	8,382	1	0	127	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	34,547	0	248,060	374	36,927	50.00
50.01	05001	991	0	1,359	0	265	50.01
51.00	05100	4,235	0	115	0	1,684	51.00
52.00	05200	0	0	767	0	1,923	52.00
53.00	05300	10,427	0	3,297	0	1,349	53.00
54.00	05400	41,201	0	9,874	5,319	48,556	54.00
55.00	05500	6,318	0	653	32	6,604	55.00
60.00	06000	28,915	0	6,380	0	33,956	60.00
65.00	06500	7,348	0	832	28	2,522	65.00
66.00	06600	22,045	0	326	0	5,871	66.00
67.00	06700	2,797	0	191	0	2,629	67.00
68.00	06800	139	0	104	0	476	68.00
69.00	06900	13,486	0	380	5,933	8,664	69.00
69.01	06901	4,776	0	35,291	1,517	5,442	69.01
70.00	07000	4,108	0	205	0	2,159	70.00
71.00	07100	0	0	78,369	0	3,567	71.00
72.00	07200	0	0	0	0	4,644	72.00
73.00	07300	0	0	0	159,200	9,012	73.00
74.00	07400	2,295	10,040	2,591	0	504	74.00
75.00	07500	17,412	11,665	15,320	0	6,119	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	1,319	0	1,838	0	635	90.00
91.00	09100	20,155	0	2,496	0	14,968	91.00
92.00	09200						92.00
92.01	09201	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	14,894	0	676	3	1,019	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	11600	3,499	0	102	776	374	116.00
118.00		398,941	502,222	418,052	173,182	210,131	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	4,911	0	2	0	0	190.00
190.01	19001	6,535	0	0	0	0	190.01
190.02	19002	513	0	0	0	0	190.02
190.04	19004	2,365	0	59	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	3,017	0	0	0	0	190.06
190.07	19007	5,647	0	150	0	0	190.07
190.08	19008	976	0	0	0	0	190.08
190.09	19009	0	0	0	0	0	190.09
190.10	19010	1,686	0	0	0	0	190.10
190.12	19012	1,123	0	0	0	0	190.12
190.13	19013	127	0	49	0	0	190.13
190.14	19014	1,111	0	0	0	0	190.14
190.15	19015	16,641	0	793	0	0	190.15
190.16	19016	1,393	0	0	0	0	190.16
190.17	19017	4	0	0	0	0	190.17

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140135		Period: From 10/01/2011 To 09/30/2012		Worksheet B Part II Date/Time Prepared: 2/25/2013 5:53 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
191.00	19100 RESEARCH	5,431	0	1,074	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	127,478	0	8,763	0	0	192.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	577,899	502,222	428,942	173,182	210,131	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B  
Part II  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
	19.00	21.00	22.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD		22,558				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			33,991			22.00
23.00 02300 PARAMED PRGM				15,093		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS					3,121,724	30.00
31.00 03100 INTENSIVE CARE UNIT					579,075	31.00
32.00 03200 CORONARY CARE UNIT					456,423	32.00
43.00 04300 NURSERY					56,282	43.00
44.00 04400 SKILLED NURSING FACILITY					0	44.00
46.00 04600 OTHER LONG TERM CARE					202,529	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM					3,221,825	50.00
50.01 05001 ORTHO MEDICAL					57,297	50.01
51.00 05100 RECOVERY ROOM					90,175	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM					69,920	52.00
53.00 05300 ANESTHESIOLOGY					249,563	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC					3,629,794	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC					2,169,031	55.00
60.00 06000 LABORATORY					829,590	60.00
65.00 06500 RESPIRATORY THERAPY					64,049	65.00
66.00 06600 PHYSICAL THERAPY					407,591	66.00
67.00 06700 OCCUPATIONAL THERAPY					48,693	67.00
68.00 06800 SPEECH PATHOLOGY					25,061	68.00
69.00 06900 ELECTROCARDIOLOGY					691,123	69.00
69.01 06901 CATH LAB					963,584	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY					126,946	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS					166,351	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS					283,824	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS					386,989	73.00
74.00 07400 RENAL DIALYSIS					46,750	74.00
75.00 07500 ASC (NON-DISTINCT PART)					490,523	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 09000 CLINIC					39,783	90.00
91.00 09100 EMERGENCY					861,789	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)					0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100 HOME HEALTH AGENCY					233,807	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00 11600 HOSPICE					30,893	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	19,600,984	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					116,904	190.00
190.01 19001 SIU CLINIC					15,148	190.01
190.02 19002 WOMEN'S CENTER					3,734	190.02
190.04 19004 NON HOSPITAL PHARMACIES					76,880	190.04
190.05 19005 RENTAL PROPERTY					147,526	190.05
190.06 19006 DECATUR DIGESTIVE CENTER					15,006	190.06
190.07 19007 DMH MEDICAL EQUIPMENT					131,039	190.07
190.08 19008 PULMONARY EXTENDED CARE					23,869	190.08
190.09 19009 SHORE					1,180	190.09
190.10 19010 PHYSICIAN RECRUITMENT					19,421	190.10
190.12 19012 CCOP FISCAL INTERMEDIARY					43,983	190.12
190.13 19013 ELDERLY SERVICES					24,171	190.13
190.14 19014 REAL ESTATE MANAGEMENT					12,527	190.14
190.15 19015 CORPORATE HEALTH					213,781	190.15
190.16 19016 CANCER CARE INSTITUTE					20,866	190.16

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B  
Part II  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		19.00	21.00	22.00			
190.17 19017 INTEGRATED CENTER					323	190.17	
191.00 19100 RESEARCH					88,112	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES					1,947,774	192.00	
200.00 Cross Foot Adjustments	0	22,558	33,991	15,093	71,642	200.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00	
202.00 TOTAL (sum lines 118-201)	0	22,558	33,991	15,093	22,574,870	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet B Part II Date/Time Prepared: 2/25/2013 5:53 pm
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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	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED PRGM		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
50.01	05001	ORTHO MEDICAL	0	50.01
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
60.00	06000	LABORATORY	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
69.01	06901	CATH LAB	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0	90.00
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100	HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	SIU CLINIC	0	190.01
190.02	19002	WOMEN'S CENTER	0	190.02
190.04	19004	NON HOSPITAL PHARMACIES	0	190.04
190.05	19005	RENTAL PROPERTY	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	190.07
190.08	19008	PULMONARY EXTENDED CARE	0	190.08
190.09	19009	SHORE	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	190.10
190.12	19012	CCOP FISCAL INTERMEDIARY	0	190.12
190.13	19013	ELDERLY SERVICES	0	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	190.14
190.15	19015	CORPORATE HEALTH	0	190.15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B  
Part II  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
190.16	19016	CANCER CARE INSTITUTE	0	20,866	190.16
190.17	19017	INTEGRATED CENTER	0	323	190.17
191.00	19100	RESEARCH	0	88,112	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,947,774	192.00
200.00		Cross Foot Adjustments	0	71,642	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	22,574,870	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B-1  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	514,287					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		14,094,074				2.00
4.00 00400	EMPLOYEE BENEFITS	4,260	1,206	76,801,101			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	33,743	4,920,330	8,967,257	-33,996,112	218,786,475	5.00
7.00 00700	OPERATION OF PLANT	28,823	237,495	1,179,604	0	9,003,346	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	6,292	0	0	0	1,326,541	8.00
9.00 00900	HOUSEKEEPING	57,891	7,237	1,508,513	0	3,762,707	9.00
10.00 01000	DIETARY	5,623	117,554	350,833	0	945,963	10.00
11.00 01100	CAFETERIA	23,658	0	1,504,894	0	1,882,110	11.00
13.00 01300	NURSING ADMINISTRATION	5,500	294,237	1,378,155	0	3,071,533	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,516	12,924	690,393	0	2,443,238	14.00
15.00 01500	PHARMACY	2,340	31,801	1,690,796	0	3,069,991	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,710	26,015	2,136,645	0	3,123,619	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	904,504	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,362,928	22.00
23.00 02300	PARAMED ED PRGM	0	1,165	376,334	0	502,705	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	84,976	199,476	9,502,321	0	14,002,967	30.00
31.00 03100	INTENSIVE CARE UNIT	10,662	125,538	2,317,451	0	3,418,100	31.00
32.00 03200	CORONARY CARE UNIT	10,388	26,259	2,108,392	0	3,005,254	32.00
43.00 04300	NURSERY	1,257	23,248	0	0	106,141	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	8,109	1,769	171,559	0	347,993	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000	OPERATING ROOM	40,115	1,653,568	4,515,784	0	13,492,064	50.00
50.01 05001	ORTHO MEDICAL	1,162	21,379	119,861	0	270,816	50.01
51.00 05100	RECOVERY ROOM	1,950	14,992	659,736	0	917,739	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,479	3,090	0	0	316,074	52.00
53.00 05300	ANESTHESIOLOGY	2,032	138,659	5,296,508	0	1,858,840	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	26,728	2,507,345	5,531,074	0	16,884,387	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	7,361	1,878,648	1,095,864	0	4,900,767	55.00
60.00 06000	LABORATORY	10,398	303,495	3,210,545	0	8,951,861	60.00
65.00 06500	RESPIRATORY THERAPY	0	23,347	880,304	0	1,174,751	65.00
66.00 06600	PHYSICAL THERAPY	9,079	43,399	2,890,753	0	5,056,629	66.00
67.00 06700	OCCUPATIONAL THERAPY	564	12,965	468,767	0	687,193	67.00
68.00 06800	SPEECH PATHOLOGY	668	0	266,140	0	366,465	68.00
69.00 06900	ELECTROCARDIOLOGY	10,813	334,613	1,826,660	0	3,293,354	69.00
69.01 06901	CATH LAB	11,435	611,484	786,894	0	2,081,274	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	1,752	60,003	532,453	0	789,828	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,384,730	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11,194,078	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,772,153	73.00
74.00 07400	RENAL DIALYSIS	0	15,579	354,388	0	622,277	74.00
75.00 07500	ASC (NON-DISTINCT PART)	4,705	190,760	2,609,469	0	4,756,046	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 09000	CLINIC	0	22,439	208,728	0	536,830	90.00
91.00 09100	EMERGENCY	30,000	22,409	2,505,097	0	4,169,174	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00 10100	HOME HEALTH AGENCY	4,094	32,638	2,420,658	0	3,644,527	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00 11600	HOSPICE	0	900	506,411	0	988,829	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	468,083	13,917,966	70,569,241	-33,996,112	151,390,326	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	4,109	291,172	0	1,184,833	190.00
190.01 19001	SUICLINIC	0	823	904,504	0	278,463	190.01
190.02 19002	WOMEN'S CENTER	0	124	69,882	0	121,553	190.02
190.04 19004	NON HOSPITAL PHARMACIES	0	0	288,797	0	2,974,487	190.04
190.05 19005	RENTAL PROPERTY	6,470	0	0	0	108,523	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	359,695	0	467,151	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	0	77,666	581,729	0	1,908,001	190.07
190.08 19008	PULMONARY EXTENDED CARE	787	0	151,344	0	205,888	190.08
190.09 19009	SHORE	0	412	0	0	30,933	190.09
190.10 19010	PHYSICIAN RECRUITMENT	0	332	236,941	0	688,945	190.10
190.12 19012	CCOP FISCAL INTERMEDIARY	0	34	118,056	0	1,712,717	190.12
190.13 19013	ELDERLY SERVICES	0	17,979	83,977	0	242,345	190.13
190.14 19014	REAL ESTATE MANAGEMENT	0	561	140,788	0	430,108	190.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B-1

Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00				
190.15	19015	CORPORATE HEALTH	0	67,443	2,185,532	0	5,060,021	190.15
190.16	19016	CANCER CARE INSTITUTE	480	515	149,565	0	323,843	190.16
190.17	19017	INTEGRATED CENTER	0	86	0	0	9,311	190.17
191.00	19100	RESEARCH	2,210	6,024	669,878	0	1,023,645	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	32,769	0	0	0	50,625,382	192.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,581,898	13,992,972	16,415,932		33,996,112	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.686982	0.992827	0.213746		0.155385	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			72,284		5,456,538	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000941		0.024940	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B-1

Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)		
		7.00	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	414,692				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	6,292	1,871,532			8.00	
9.00	00900	HOUSEKEEPING	57,891	0	350,509		9.00	
10.00	01000	DIETARY	5,623	1,275	5,623	160,327	10.00	
11.00	01100	CAFETERIA	23,658	0	23,658	0	11.00	
13.00	01300	NURSING ADMINISTRATION	5,500	0	5,500	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	15,516	0	15,516	0	14.00	
15.00	01500	PHARMACY	2,340	0	2,340	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	3,710	0	3,710	0	16.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00	
23.00	02300	PARAMED PRGM	0	0	0	271	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	84,976	661,156	84,976	119,273	19,295	30.00
31.00	03100	INTENSIVE CARE UNIT	10,662	121,082	10,662	13,212	4,469	31.00
32.00	03200	CORONARY CARE UNIT	10,388	110,196	10,388	14,073	4,192	32.00
43.00	04300	NURSERY	1,257	16,402	1,257	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	8,109	0	8,109	0	497	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	40,115	259,765	40,115	250	8,956	50.00
50.01	05001	ORTHO MEDICAL	1,162	7,126	1,162	0	257	50.01
51.00	05100	RECOVERY ROOM	1,950	25,808	1,950	0	1,098	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,479	9,720	2,479	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,032	0	2,032	0	2,703	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,728	114,660	26,728	955	10,681	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	7,361	27,427	7,361	0	1,638	55.00
60.00	06000	LABORATORY	10,398	0	10,398	0	7,496	60.00
65.00	06500	RESPIRATORY THERAPY	0	164	0	0	1,905	65.00
66.00	06600	PHYSICAL THERAPY	9,079	51,723	9,079	0	5,715	66.00
67.00	06700	OCCUPATIONAL THERAPY	564	0	564	0	725	67.00
68.00	06800	SPEECH PATHOLOGY	668	0	668	0	36	68.00
69.00	06900	ELECTROCARDIOLOGY	10,813	56,045	10,813	0	3,496	69.00
69.01	06901	CATH LAB	11,435	0	11,435	517	1,238	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,752	17,965	1,752	14	1,065	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	595	74.00
75.00	07500	ASC (NON-DISTINCT PART)	4,705	138,735	4,705	7,779	4,514	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	0	1,577	0	0	342	90.00
91.00	09100	EMERGENCY	30,000	208,978	30,000	4,254	5,225	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	4,094	0	4,094	0	3,861	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
116.00	11600	HOSPICE	0	1,357	0	0	907	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	401,257	1,831,161	337,074	160,327	103,422	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,488	175	3,488	0	1,273	190.00
190.01	19001	SU CLINIC	0	0	0	0	1,694	190.01
190.02	19002	WOMEN'S CENTER	0	0	0	0	133	190.02
190.04	19004	NON HOSPITAL PHARMACIES	0	0	0	0	613	190.04
190.05	19005	RENTAL PROPERTY	6,470	0	6,470	0	0	190.05
190.06	19006	DECATUR DIGESTIVE CENTER	0	0	0	0	782	190.06
190.07	19007	DMH MEDICAL EQUIPMENT	0	0	0	0	1,464	190.07
190.08	19008	PULMONARY EXTENDED CARE	787	0	787	0	253	190.08
190.09	19009	SHORE	0	0	0	0	0	190.09
190.10	19010	PHYSICIAN RECRUITMENT	0	0	0	0	437	190.10
190.12	19012	CCOP FISCAL INTERMEDIARY	0	0	0	0	291	190.12
190.13	19013	ELDERLY SERVICES	0	270	0	0	33	190.13
190.14	19014	REAL ESTATE MANAGEMENT	0	0	0	0	288	190.14
190.15	19015	CORPORATE HEALTH	0	13,933	0	0	4,314	190.15
190.16	19016	CANCER CARE INSTITUTE	480	0	480	0	361	190.16

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B-1

Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
190.17	19017	0	19	0	0	1	190.17
191.00	19100	2,210	0	2,210	0	1,408	191.00
192.00	19200	0	25,974	0	0	33,047	192.00
200.00							200.00
201.00							201.00
202.00		10,402,331	1,690,498	5,799,540	1,328,191	3,159,457	202.00
203.00		25.084475	0.903270	16.546052	8.284263	21.089197	203.00
204.00		942,413	152,377	1,200,034	266,598	577,899	204.00
205.00		2.272561	0.081418	3.423690	1.662839	3.857443	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B-1

Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	622,023					13.00
14.00	01400	0	22,357,534				14.00
15.00	01500	0	78,462	9,542,566			15.00
16.00	01600	0	10	0	728,706,181		16.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	403,661	234,209	0	22,381,113		30.00
31.00	03100	93,445	76,106	0	8,281,278		31.00
32.00	03200	87,652	22,164	0	4,037,578		32.00
43.00	04300	0	49,045	0	491,031		43.00
44.00	04400	0	0	0	0		44.00
46.00	04600	10,382	72	0	440,310		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	12,929,660	20,631	128,217,245	0	50.00
50.01	05001	0	70,853	0	918,858	0	50.01
51.00	05100	0	5,973	0	5,847,672	0	51.00
52.00	05200	0	39,999	0	6,676,342	0	52.00
53.00	05300	0	171,855	0	4,684,272	0	53.00
54.00	05400	0	514,672	293,070	167,687,629	0	54.00
55.00	05500	0	34,029	1,766	22,931,091	0	55.00
60.00	06000	0	332,531	0	117,901,222	0	60.00
65.00	06500	0	43,358	1,519	8,756,590	0	65.00
66.00	06600	0	16,972	0	20,384,648	0	66.00
67.00	06700	0	9,937	0	9,127,513	0	67.00
68.00	06800	0	5,433	0	1,654,010	0	68.00
69.00	06900	0	19,800	326,917	30,081,784	0	69.00
69.01	06901	0	1,839,391	83,571	18,894,569	0	69.01
70.00	07000	0	10,710	0	7,495,119	0	70.00
71.00	07100	0	4,084,699	0	12,385,994	0	71.00
72.00	07200	0	0	0	16,125,515	0	72.00
73.00	07300	0	0	8,772,153	31,291,380	0	73.00
74.00	07400	12,435	135,064	0	1,749,702	0	74.00
75.00	07500	14,448	798,508	0	21,247,215	0	75.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	95,813	0	2,205,549	0	90.00
91.00	09100	0	130,086	0	51,973,832	0	91.00
92.00	09200	0	0	0	0	0	92.00
92.01	09201	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	35,222	163	3,538,571	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	0	5,307	42,776	1,298,549	0	116.00
118.00		622,023	21,789,940	9,542,566	728,706,181	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	121	0	0	0	190.00
190.01	19001	0	3	0	0	0	190.01
190.02	19002	0	0	0	0	0	190.02
190.04	19004	0	3,057	0	0	0	190.04
190.05	19005	0	0	0	0	0	190.05
190.06	19006	0	0	0	0	0	190.06
190.07	19007	0	7,805	0	0	0	190.07
190.08	19008	0	0	0	0	0	190.08
190.09	19009	0	0	0	0	0	190.09
190.10	19010	0	0	0	0	0	190.10
190.12	19012	0	0	0	0	0	190.12
190.13	19013	0	2,532	0	0	0	190.13
190.14	19014	0	0	0	0	0	190.14
190.15	19015	0	41,353	0	0	0	190.15

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B-1

Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		13.00	14.00	15.00	16.00	19.00	
190.16	19016	CANCER CARE INSTITUTE	0	0	0	0	0 190.16
190.17	19017	INTEGRATED CENTER	0	12	0	0	0 190.17
191.00	19100	RESEARCH	0	55,964	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	456,747	0	0	0 192.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,827,457	3,508,342	3,709,072	3,880,142	0 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	6.153240	0.156920	0.388687	0.005325	0.000000 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	502,222	428,942	173,182	210,131	0 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.807401	0.019186	0.018148	0.000288	0.000000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B-1  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (TIME SPENT)	SERVICES-OTHER PRGM COSTS (TIME SPENT)			
	21.00	22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	100			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		100		22.00
23.00 02300	PARAMED PRGM			100	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	100	100	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
43.00 04300	NURSERY	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	0	0	50.00
50.01 05001	ORTHO MEDICAL	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	100	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
60.00 06000	LABORATORY	0	0	0	60.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01 06901	CATH LAB	0	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 09000	CLINIC	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
116.00 11600	HOSPICE	0	0	0	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	100	100	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
190.01 19001	SUCLINIC	0	0	0	190.01
190.02 19002	WOMEN'S CENTER	0	0	0	190.02
190.04 19004	NON HOSPITAL PHARMACIES	0	0	0	190.04
190.05 19005	RENTAL PROPERTY	0	0	0	190.05
190.06 19006	DECATUR DIGESTIVE CENTER	0	0	0	190.06
190.07 19007	DMH MEDICAL EQUIPMENT	0	0	0	190.07
190.08 19008	PULMONARY EXTENDED CARE	0	0	0	190.08
190.09 19009	SHORE	0	0	0	190.09
190.10 19010	PHYSICIAN RECRUITMENT	0	0	0	190.10
190.12 19012	CCOP FISCAL INTERMEDIARY	0	0	0	190.12
190.13 19013	ELDERLY SERVICES	0	0	0	190.13
190.14 19014	REAL ESTATE MANAGEMENT	0	0	0	190.14

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet B-1  
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Cost Center Description		INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES (TIME SPENT)	SERVICES-OTHER PRGM COSTS (TIME SPENT)			
		21.00	22.00			
190.15	19015	CORPORATE HEALTH	0	0	0	190.15
190.16	19016	CANCER CARE INSTITUTE	0	0	0	190.16
190.17	19017	INTEGRATED CENTER	0	0	0	190.17
191.00	19100	RESEARCH	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,045,050	1,574,707	586,533	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	10,450.500000	15,747.070000	5,865.330000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	22,558	33,991	15,093	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	225.580000	339.910000	150.930000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140135		Period: From 10/01/2011 To 09/30/2012		Worksheet C Part I Date/Time Prepared: 2/25/2013 5:53 pm		
		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	24,348,368		24,348,368	90,298	24,438,666	30.00
31.00	03100	INTENSIVE CARE UNIT	5,337,187		5,337,187	0	5,337,187	31.00
32.00	03200	CORONARY CARE UNIT	4,773,532		4,773,532	43,237	4,816,769	32.00
43.00	04300	NURSERY	200,089		200,089	0	200,089	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	816,368		816,368	0	816,368	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	20,403,817		20,403,817	122,800	20,526,617	50.00
50.01	05001	ORTHO MEDICAL	389,140		389,140	0	389,140	50.01
51.00	05100	RECOVERY ROOM	1,220,066		1,220,066	0	1,220,066	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	518,998		518,998	0	518,998	52.00
53.00	05300	ANESTHESIOLOGY	2,927,718		2,927,718	0	2,927,718	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,044,792		22,044,792	0	22,044,792	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,156,167		6,156,167	3,461	6,159,628	55.00
60.00	06000	LABORATORY	11,613,810		11,613,810	0	11,613,810	60.00
65.00	06500	RESPIRATORY THERAPY	1,451,636	0	1,451,636	61,620	1,513,256	65.00
66.00	06600	PHYSICAL THERAPY	6,498,773	0	6,498,773	9,777	6,508,550	66.00
67.00	06700	OCCUPATIONAL THERAPY	882,905	0	882,905	0	882,905	67.00
68.00	06800	SPEECH PATHOLOGY	461,637	0	461,637	0	461,637	68.00
69.00	06900	ELECTROCARDIOLOGY	4,669,954		4,669,954	0	4,669,954	69.00
69.01	06901	CATH LAB	3,332,843		3,332,843	0	3,332,843	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,065,888		1,065,888	24,143	1,090,031	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,617,592		4,617,592	0	4,617,592	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,019,338		13,019,338	0	13,019,338	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,711,466		13,711,466	0	13,711,466	73.00
74.00	07400	RENAL DIALYSIS	838,545		838,545	0	838,545	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,303,235		6,303,235	0	6,303,235	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	655,662		655,662	0	655,662	90.00
91.00	09100	EMERGENCY	6,697,287		6,697,287	42,212	6,739,499	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,949,115		3,949,115	0	3,949,115	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	4,487,126		4,487,126	0	4,487,126	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
116.00	11600	HOSPICE	1,187,206		1,187,206	0	1,187,206	116.00
200.00		Subtotal (see instructions)	174,580,260	0	174,580,260	397,548	174,977,808	200.00
201.00		Less Observation Beds	3,949,115		3,949,115	0	3,949,115	201.00
202.00		Total (see instructions)	170,631,145	0	170,631,145	397,548	171,028,693	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet C  
Part I  
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2/25/2013 5:53 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	17,770,800		17,770,800		30.00
31.00	03100	INTENSIVE CARE UNIT	8,281,278		8,281,278		31.00
32.00	03200	CORONARY CARE UNIT	4,037,578		4,037,578		32.00
43.00	04300	NURSERY	491,031		491,031		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
46.00	04600	OTHER LONG TERM CARE	440,310		440,310		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	46,953,835	81,263,410	128,217,245	0.159135	50.00
50.01	05001	ORTHO MEDICAL	75,430	843,428	918,858	0.423504	50.01
51.00	05100	RECOVERY ROOM	2,057,856	3,789,816	5,847,672	0.208641	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,707,605	1,968,737	6,676,342	0.077737	52.00
53.00	05300	ANESTHESIOLOGY	1,807,674	2,876,598	4,684,272	0.625010	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,686,099	134,001,530	167,687,629	0.131463	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	188,053	22,743,038	22,931,091	0.268464	55.00
60.00	06000	LABORATORY	41,936,993	75,964,229	117,901,222	0.098505	60.00
65.00	06500	RESPIRATORY THERAPY	8,310,895	445,695	8,756,590	0.165776	65.00
66.00	06600	PHYSICAL THERAPY	3,691,746	16,692,902	20,384,648	0.318807	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,777,100	7,350,413	9,127,513	0.096730	67.00
68.00	06800	SPEECH PATHOLOGY	430,601	1,223,409	1,654,010	0.279102	68.00
69.00	06900	ELECTROCARDIOLOGY	8,962,411	21,119,373	30,081,784	0.155242	69.00
69.01	06901	CATH LAB	9,754,846	9,139,723	18,894,569	0.176392	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	492,581	7,002,538	7,495,119	0.142211	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,895,823	5,490,171	12,385,994	0.372808	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,347,856	4,777,659	16,125,515	0.807375	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,253,733	14,037,647	31,291,380	0.438187	73.00
74.00	07400	RENAL DIALYSIS	1,436,402	313,300	1,749,702	0.479250	74.00
75.00	07500	ASC (NON-DISTINCT PART)	61,598	21,185,617	21,247,215	0.296662	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	82,016	2,123,533	2,205,549	0.297278	90.00
91.00	09100	EMERGENCY	11,545,259	40,428,573	51,973,832	0.128859	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,610,313	4,610,313	0.856583	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	3,538,571	3,538,571		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	11600	HOSPICE	0	1,298,549	1,298,549		116.00
200.00		Subtotal (see instructions)	244,477,409	484,228,772	728,706,181		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	244,477,409	484,228,772	728,706,181		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet C Part I Date/Time Prepared: 2/25/2013 5:53 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
46.00	04600 OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.160092		50.00
50.01	05001 ORTHO MEDICAL	0.423504		50.01
51.00	05100 RECOVERY ROOM	0.208641		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.077737		52.00
53.00	05300 ANESTHESIOLOGY	0.625010		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.131463		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.268615		55.00
60.00	06000 LABORATORY	0.098505		60.00
65.00	06500 RESPIRATORY THERAPY	0.172813		65.00
66.00	06600 PHYSICAL THERAPY	0.319287		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.096730		67.00
68.00	06800 SPEECH PATHOLOGY	0.279102		68.00
69.00	06900 ELECTROCARDIOLOGY	0.155242		69.00
69.01	06901 CATH LAB	0.176392		69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.145432		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.372808		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.807375		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.438187		73.00
74.00	07400 RENAL DIALYSIS	0.479250		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.296662		75.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.297278		90.00
91.00	09100 EMERGENCY	0.129671		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.856583		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
	OTHER REIMBURSABLE COST CENTERS			
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
116.00	11600 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: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet C  
Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

		Title XIX		Hospital		Cost		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance			Total Costs
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	24,348,368		24,348,368	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,337,187		5,337,187	0	0	31.00
32.00	03200	CORONARY CARE UNIT	4,773,532		4,773,532	0	0	32.00
43.00	04300	NURSERY	200,089		200,089	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
46.00	04600	OTHER LONG TERM CARE	816,368		816,368	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	20,403,817		20,403,817	0	0	50.00
50.01	05001	ORTHO MEDICAL	389,140		389,140	0	0	50.01
51.00	05100	RECOVERY ROOM	1,220,066		1,220,066	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	518,998		518,998	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,927,718		2,927,718	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,044,792		22,044,792	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	6,156,167		6,156,167	0	0	55.00
60.00	06000	LABORATORY	11,613,810		11,613,810	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,451,636	0	1,451,636	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,498,773	0	6,498,773	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	882,905	0	882,905	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	461,637	0	461,637	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,669,954		4,669,954	0	0	69.00
69.01	06901	CATH LAB	3,332,843		3,332,843	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,065,888		1,065,888	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,617,592		4,617,592	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,019,338		13,019,338	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,711,466		13,711,466	0	0	73.00
74.00	07400	RENAL DIALYSIS	838,545		838,545	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	6,303,235		6,303,235	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00	09000	CLINIC	655,662		655,662	0	0	90.00
91.00	09100	EMERGENCY	6,697,287		6,697,287	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,949,115		3,949,115	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	4,487,126		4,487,126		0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
116.00	11600	HOSPICE	1,187,206		1,187,206		0	116.00
200.00		Subtotal (see instructions)	174,580,260	0	174,580,260	0	0	200.00
201.00		Less Observation Beds	3,949,115		3,949,115		0	201.00
202.00		Total (see instructions)	170,631,145	0	170,631,145	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet C  
Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	17,770,800		17,770,800		30.00
31.00	03100	INTENSIVE CARE UNIT	8,281,278		8,281,278		31.00
32.00	03200	CORONARY CARE UNIT	4,037,578		4,037,578		32.00
43.00	04300	NURSERY	491,031		491,031		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
46.00	04600	OTHER LONG TERM CARE	440,310		440,310		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	46,953,835	81,263,410	128,217,245	0.159135	50.00
50.01	05001	ORTHO MEDICAL	75,430	843,428	918,858	0.423504	50.01
51.00	05100	RECOVERY ROOM	2,057,856	3,789,816	5,847,672	0.208641	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,707,605	1,968,737	6,676,342	0.077737	52.00
53.00	05300	ANESTHESIOLOGY	1,807,674	2,876,598	4,684,272	0.625010	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,686,099	134,001,530	167,687,629	0.131463	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	188,053	22,743,038	22,931,091	0.268464	55.00
60.00	06000	LABORATORY	41,936,993	75,964,229	117,901,222	0.098505	60.00
65.00	06500	RESPIRATORY THERAPY	8,310,895	445,695	8,756,590	0.165776	65.00
66.00	06600	PHYSICAL THERAPY	3,691,746	16,692,902	20,384,648	0.318807	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,777,100	7,350,413	9,127,513	0.096730	67.00
68.00	06800	SPEECH PATHOLOGY	430,601	1,223,409	1,654,010	0.279102	68.00
69.00	06900	ELECTROCARDIOLOGY	8,962,411	21,119,373	30,081,784	0.155242	69.00
69.01	06901	CATH LAB	9,754,846	9,139,723	18,894,569	0.176392	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	492,581	7,002,538	7,495,119	0.142211	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,895,823	5,490,171	12,385,994	0.372808	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,347,856	4,777,659	16,125,515	0.807375	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,253,733	14,037,647	31,291,380	0.438187	73.00
74.00	07400	RENAL DIALYSIS	1,436,402	313,300	1,749,702	0.479250	74.00
75.00	07500	ASC (NON-DISTINCT PART)	61,598	21,185,617	21,247,215	0.296662	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	82,016	2,123,533	2,205,549	0.297278	90.00
91.00	09100	EMERGENCY	11,545,259	40,428,573	51,973,832	0.128859	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,610,313	4,610,313	0.856583	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	0	3,538,571	3,538,571		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	11600	HOSPICE	0	1,298,549	1,298,549		116.00
200.00		Subtotal (see instructions)	244,477,409	484,228,772	728,706,181		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	244,477,409	484,228,772	728,706,181		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet C Part I Date/Time Prepared: 2/25/2013 5:53 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
32.00	03200	CORONARY CARE UNIT		32.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
46.00	04600	OTHER LONG TERM CARE		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.000000	50.00
50.01	05001	ORTHO MEDICAL	0.000000	50.01
51.00	05100	RECOVERY ROOM	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
60.00	06000	LABORATORY	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	69.00
69.01	06901	CATH LAB	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	09000	CLINIC	0.000000	90.00
91.00	09100	EMERGENCY	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	92.01
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100	HOME HEALTH AGENCY		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
116.00	11600	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: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part I Date/Time Prepared: 2/25/2013 5:53 pm
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	3,121,724	0	3,121,724	37,186	83.95	30.00
31.00	03100 INTENSIVE CARE UNIT	579,075		579,075	5,179	111.81	31.00
32.00	03200 CORONARY CARE UNIT	456,423		456,423	3,434	132.91	32.00
43.00	04300 NURSERY	56,282		56,282	2,392	23.53	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	4,213,504		4,213,504	48,191		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet D  
Part I  
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Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
Title XVIII Hospital PPS				
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	17,931	1,505,307	30.00
31.00	03100 INTENSIVE CARE UNIT	3,308	369,867	31.00
32.00	03200 CORONARY CARE UNIT	2,109	280,307	32.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30-199)	23,348	2,155,481	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part II Date/Time Prepared: 2/25/2013 5:53 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	3,221,825	128,217,245	0.025128	29,542,132	742,335	50.00
50.01	05001 ORTHO MEDICAL	57,297	918,858	0.062357	45,492	2,837	50.01
51.00	05100 RECOVERY ROOM	90,175	5,847,672	0.015421	1,219,702	18,809	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	69,920	6,676,342	0.010473	572,331	5,994	52.00
53.00	05300 ANESTHESIOLOGY	249,563	4,684,272	0.053277	884,494	47,123	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,629,794	167,687,629	0.021646	23,351,378	505,464	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,169,031	22,931,091	0.094589	149,374	14,129	55.00
60.00	06000 LABORATORY	829,590	117,901,222	0.007036	27,426,548	192,973	60.00
65.00	06500 RESPIRATORY THERAPY	64,049	8,756,590	0.007314	5,702,362	41,707	65.00
66.00	06600 PHYSICAL THERAPY	407,591	20,384,648	0.019995	2,685,698	53,701	66.00
67.00	06700 OCCUPATIONAL THERAPY	48,693	9,127,513	0.005335	1,343,900	7,170	67.00
68.00	06800 SPEECH PATHOLOGY	25,061	1,654,010	0.015152	340,461	5,159	68.00
69.00	06900 ELECTROCARDIOLOGY	691,123	30,081,784	0.022975	6,632,371	152,379	69.00
69.01	06901 CATH LAB	963,584	18,894,569	0.050998	6,327,503	322,690	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	126,946	7,495,119	0.016937	325,833	5,519	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	166,351	12,385,994	0.013431	6,146,014	82,547	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	283,824	16,125,515	0.017601	6,421,120	113,018	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	386,989	31,291,380	0.012367	10,298,267	127,359	73.00
74.00	07400 RENAL DIALYSIS	46,750	1,749,702	0.026719	1,146,422	30,631	74.00
75.00	07500 ASC (NON-DISTINCT PART)	490,523	21,247,215	0.023086	59,989	1,385	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000 CLINIC	39,783	2,205,549	0.018038	39,019	704	90.00
91.00	09100 EMERGENCY	861,789	51,973,832	0.016581	8,379,055	138,933	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	504,448	4,610,313	0.109417	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
200.00	Total (lines 50-199)	15,424,699	692,848,064		139,039,465	2,612,566	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140135		Period: From 10/01/2011 To 09/30/2012		Worksheet D Part III Date/Time Prepared: 2/25/2013 5:53 pm	
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	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140135		Period: From 10/01/2011 To 09/30/2012		Worksheet D Part III Date/Time Prepared: 2/25/2013 5:53 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	37,186	0.00	17,931	0	30.00	
31.00	03100 INTENSIVE CARE UNIT	5,179	0.00	3,308	0	31.00	
32.00	03200 CORONARY CARE UNIT	3,434	0.00	2,109	0	32.00	
43.00	04300 NURSERY	2,392	0.00	0	0	43.00	
44.00	04400 SKILLED NURSING FACILITY	0	0.00	0	0	44.00	
200.00	Total (lines 30-199)	48,191		23,348	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet D  
Part IV  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	ORTHO MEDICAL	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	586,533	0	586,533	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901	CATH LAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
200.00		Total (lines 50-199)	0	0	586,533	0	586,533	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet D  
Part IV  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital			
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	128,217,245	0.000000	0.000000	29,542,132	50.00
50.01	05001	ORTHO MEDICAL	0	918,858	0.000000	0.000000	45,492	50.01
51.00	05100	RECOVERY ROOM	0	5,847,672	0.000000	0.000000	1,219,702	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	6,676,342	0.000000	0.000000	572,331	52.00
53.00	05300	ANESTHESIOLOGY	586,533	4,684,272	0.125213	0.125213	884,494	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	167,687,629	0.000000	0.000000	23,351,378	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	22,931,091	0.000000	0.000000	149,374	55.00
60.00	06000	LABORATORY	0	117,901,222	0.000000	0.000000	27,426,548	60.00
65.00	06500	RESPIRATORY THERAPY	0	8,756,590	0.000000	0.000000	5,702,362	65.00
66.00	06600	PHYSICAL THERAPY	0	20,384,648	0.000000	0.000000	2,685,698	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	9,127,513	0.000000	0.000000	1,343,900	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,654,010	0.000000	0.000000	340,461	68.00
69.00	06900	ELECTROCARDIOLOGY	0	30,081,784	0.000000	0.000000	6,632,371	69.00
69.01	06901	CATH LAB	0	18,894,569	0.000000	0.000000	6,327,503	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,495,119	0.000000	0.000000	325,833	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,385,994	0.000000	0.000000	6,146,014	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	16,125,515	0.000000	0.000000	6,421,120	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,291,380	0.000000	0.000000	10,298,267	73.00
74.00	07400	RENAL DIALYSIS	0	1,749,702	0.000000	0.000000	1,146,422	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	21,247,215	0.000000	0.000000	59,989	75.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,205,549	0.000000	0.000000	39,019	90.00
91.00	09100	EMERGENCY	0	51,973,832	0.000000	0.000000	8,379,055	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,610,313	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
200.00		Total (lines 50-199)	586,533	692,848,064			139,039,465	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet D  
Part IV  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	20,959,343	0	50.00
50.01	05001 ORTHO MEDICAL	0	155,296	0	50.01
51.00	05100 RECOVERY ROOM	0	826,107	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	6,154	0	52.00
53.00	05300 ANESTHESIOLOGY	110,750	724,073	90,663	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	45,147,546	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,420,770	0	55.00
60.00	06000 LABORATORY	0	3,035,275	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	121,314	0	65.00
66.00	06600 PHYSICAL THERAPY	0	334,176	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	22,959	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,515	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	8,430,692	0	69.00
69.01	06901 CATH LAB	0	4,856,405	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,137,066	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,332,593	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,170,201	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,890,855	0	73.00
74.00	07400 RENAL DIALYSIS	0	254,391	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	8,250,025	0	75.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	833,803	0	90.00
91.00	09100 EMERGENCY	0	8,026,776	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,210,605	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00	Total (lines 50-199)	110,750	128,149,940	90,663	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part V Date/Time Prepared: 2/25/2013 5:53 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00			
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0.159135	20,959,343	0	0	50.00
50.01	05001	ORTHO MEDICAL	0.423504	155,296	0	0	50.01
51.00	05100	RECOVERY ROOM	0.208641	826,107	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.077737	6,154	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.625010	724,073	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.131463	45,147,546	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.268464	12,420,770	0	0	55.00
60.00	06000	LABORATORY	0.098505	3,035,275	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.165776	121,314	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.318807	334,176	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.096730	22,959	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.279102	3,515	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.155242	8,430,692	0	0	69.00
69.01	06901	CATH LAB	0.176392	4,856,405	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.142211	2,137,066	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.372808	2,332,593	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.807375	2,170,201	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.438187	5,890,855	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.479250	254,391	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.296662	8,250,025	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	09000	CLINIC	0.297278	833,803	0	0	90.00
91.00	09100	EMERGENCY	0.128859	8,026,776	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.856583	1,210,605	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	92.01
200.00		Subtotal (see instructions)		128,149,940	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (Line 200 +/- Line 201)		128,149,940	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part V Date/Time Prepared: 2/25/2013 5:53 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs			Hospital	PPS	
	PPS Services (see inst.)	Cost	Cost			
		Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
5.00	6.00	7.00				
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	3,335,365	0	0	50.00
50.01	05001	ORTHO MEDICAL	65,768	0	0	50.01
51.00	05100	RECOVERY ROOM	172,360	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	478	0	0	52.00
53.00	05300	ANESTHESIOLOGY	452,553	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,935,232	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,334,530	0	0	55.00
60.00	06000	LABORATORY	298,990	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	20,111	0	0	65.00
66.00	06600	PHYSICAL THERAPY	106,538	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,221	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	981	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,308,797	0	0	69.00
69.01	06901	CATH LAB	856,631	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	303,914	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	869,609	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,752,166	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,581,296	0	0	73.00
74.00	07400	RENAL DIALYSIS	121,917	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,447,469	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	09000	CLINIC	247,871	0	0	90.00
91.00	09100	EMERGENCY	1,034,322	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,036,984	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
200.00		Subtotal (see instructions)	26,286,103	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00		Net Charges (Line 200 +/- Line 201)	26,286,103	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/25/2013 5:53 pm
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)		37,186	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,186	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		31,177	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)		17,931	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)		24,438,666	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)		24,438,666	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		21,413,917	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		21,413,917	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.141252	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)		686.85	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)		24,438,666	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)		657.20	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,784,253	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		11,784,253	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet D-1 Date/Time Prepared: 2/25/2013 5:53 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,337,187	5,179	1,030.54	3,308	3,409,026	43.00
44.00	CORONARY CARE UNIT	4,816,769	3,434	1,402.67	2,109	2,958,231	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)					29,326,671	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					47,478,181	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)					2,155,481	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,723,316	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,878,797	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					42,599,384	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)					6,009	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					657.20	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,949,115	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet D-1  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description		Cost	Title XVIII		Hospital		
			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	3,121,724	24,438,666	0.127737	3,949,115	504,448	90.00
91.00	Nursing School cost	0	24,438,666	0.000000	3,949,115	0	91.00
92.00	Allied health cost	0	24,438,666	0.000000	3,949,115	0	92.00
93.00	All other Medical Education	0	24,438,666	0.000000	3,949,115	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet D-3 Date/Time Prepared: 2/25/2013 5:53 pm
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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	03000 ADULTS & PEDIATRICS		8,863,063		30.00
31.00	03100 INTENSIVE CARE UNIT		4,241,063		31.00
32.00	03200 CORONARY CARE UNIT		2,365,288		32.00
43.00	04300 NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.160092	29,542,132	4,729,459	50.00
50.01	05001 ORTHO MEDICAL	0.423504	45,492	19,266	50.01
51.00	05100 RECOVERY ROOM	0.208641	1,219,702	254,480	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.077737	572,331	44,491	52.00
53.00	05300 ANESTHESIOLOGY	0.625010	884,494	552,818	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.131463	23,351,378	3,069,842	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.268615	149,374	40,124	55.00
60.00	06000 LABORATORY	0.098505	27,426,548	2,701,652	60.00
65.00	06500 RESPIRATORY THERAPY	0.172813	5,702,362	985,442	65.00
66.00	06600 PHYSICAL THERAPY	0.319287	2,685,698	857,508	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.096730	1,343,900	129,995	67.00
68.00	06800 SPEECH PATHOLOGY	0.279102	340,461	95,023	68.00
69.00	06900 ELECTROCARDIOLOGY	0.155242	6,632,371	1,029,623	69.00
69.01	06901 CATH LAB	0.176392	6,327,503	1,116,121	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.145432	325,833	47,387	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.372808	6,146,014	2,291,283	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.807375	6,421,120	5,184,252	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.438187	10,298,267	4,512,567	73.00
74.00	07400 RENAL DIALYSIS	0.479250	1,146,422	549,423	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.296662	59,989	17,796	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	09000 CLINIC	0.297278	39,019	11,599	90.00
91.00	09100 EMERGENCY	0.129671	8,379,055	1,086,520	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.856583	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
200.00	Total (sum of lines 50-94 and 96-98)		139,039,465	29,326,671	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)		139,039,465		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part A Date/Time Prepared: 2/25/2013 5:53 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		39,114,490	1.00
2.00	Outlier payments for discharges. (see instructions)		321,004	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		1,999,552	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		263.58	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)		5.81	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)		5.81	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		13.43	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)		5.81	12.00
13.00	Total allowable FTE count for the prior year.		5.81	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.		5.81	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.81	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		5.81	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.022043	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.021920	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.021920	21.00
22.00	IME payment adjustment (see instructions)		489,545	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).		7.20	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		7.62	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)		7.20	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.027316	26.00
27.00	IME payments adjustment. (see instructions)		0.007243	27.00
28.00	IME Adjustment (see instructions)		297,789	28.00
29.00	Total IME payment (sum of lines 22 and 28)		787,334	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.38	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		18.25	31.00
32.00	Sum of lines 30 and 31		23.63	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.71	33.00
34.00	Disproportionate share adjustment (see instructions)		3,406,872	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)		43,629,700	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part A Date/Time Prepared: 2/25/2013 5:53 pm
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
		1.00	1.01	
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	43,629,700		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	3,436,754		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).	424,865		52.00
53.00	Nursing and Allied Health Managed Care payment	21,536		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 (from Wkst D, Part III, column 9, lines 30-35).	0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	110,750		58.00
59.00	Total (sum of amounts on lines 49 through 58)	47,623,605		59.00
60.00	Primary payer payments	73,506		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	47,550,099		61.00
62.00	Deductibles billed to program beneficiaries	4,770,520		62.00
63.00	Coinsurance billed to program beneficiaries	54,502		63.00
64.00	Allowable bad debts (see instructions)	723,696		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	506,587		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	723,696		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	43,231,664		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 (Sum of lines 93, 95 and 96). (For SCH see instructions)	0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	-3,885		70.00
70.95	Recovery of Accelerated Depreciation	0		70.95
70.96	Low Volume Payment-1	0		70.96
70.97	Low Volume Payment-2	0		70.97
70.98	Low Volume Payment-3	0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	43,227,779		71.00
72.00	Interim payments	42,310,841		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)	916,938		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 (see instructions)	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: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part B Date/Time Prepared: 2/25/2013 5:53 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,195,440	2.00
3.00	PPS payments		24,659,323	3.00
4.00	Outlier payment (see instructions)		11,284	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		90,663	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		24,761,270	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,787,739	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)		18,973,531	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		235,546	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)		19,209,077	30.00
31.00	Primary payer payments		4,855	31.00
32.00	Subtotal (line 30 minus line 31)		19,204,222	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)		925,682	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		647,977	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		925,682	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		19,852,199	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)		19,852,199	40.00
41.00	Interim payments		19,818,711	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)		33,488	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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		42,204,235		19,840,111	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	10/01/2012	106,606		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	10/01/2012	21,400	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)		106,606		-21,400	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)		42,310,841		19,818,711	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		916,938		33,488	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		43,227,779		19,852,199	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet E-1  
Part II  
Date/Time Prepared:  
2/25/2013 5:53 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			12,280 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			23,348 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,219 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			39,790 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			728,706,181 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			23,792,647 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,697,385 8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			2,697,385 32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet E-4 Date/Time Prepared: 2/25/2013 5:53 pm	
		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.			7.19	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)			7.19	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			13.43	6.00
7.00	Enter the lesser of line 5 or line 6			7.19	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.	13.30	0.00	13.30	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.	7.12	0.00	7.12	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	7.12	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	7.06	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	7.18	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	7.12	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	7.12	0.00		17.00
18.00	Per resident amount	78,326.35	78,326.35		18.00
19.00	Approved amount for resident costs	557,684	0	557,684	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)			5.82	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			6.24	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			5.76	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			90,191.49	23.00
24.00	Multiply line 22 time line 23			519,503	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,077,187	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	23,348	1,219		26.00
27.00	Total Inpatient Days (see instructions)	39,790	39,790		27.00
28.00	Ratio of inpatient days to total inpatient days	0.586781	0.030636		28.00
29.00	Program direct GME amount	632,073	33,001		29.00
30.00	Reduction for direct GME payments for Medicare managed care		4,663		30.00
31.00	Net Program direct GME amount			660,411	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet E-4 Date/Time Prepared: 2/25/2013 5:53 pm
		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)		1,749,702	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)		47,478,181	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)		73,506	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		47,404,675	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		26,286,103	42.00
43.00	Primary payer payments (see instructions)		4,855	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		26,281,248	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		73,685,923	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.643334	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.356666	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		660,411	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		424,865	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		235,546	50.00

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

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet G

Date/Time Prepared:  
2/25/2013 5:53 pm

		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	6,926,876	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	57,153,142	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-13,221,948	0	0	0	6.00
7.00	Inventory	3,127,753	0	0	0	7.00
8.00	Prepaid expenses	3,674,503	0	0	0	8.00
9.00	Other current assets	36,169	0	0	0	9.00
10.00	Due from other funds	332,924	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	58,029,419	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	120,176,803	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	0	0	0	0	15.00
16.00	Accumulated depreciation	0	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	0	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)	120,176,803	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	133,706,908	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	56,580,421	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	190,287,329	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	368,493,551	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	4,161,665	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,435,235	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,836,000	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	21,416,322	0	0	0	43.00
44.00	Other current liabilities	1,403,665	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	38,252,887	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	26,728,590	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	16,143,080	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	42,871,670	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	81,124,557	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	287,368,994				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)	287,368,994	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	368,493,551	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet G-1

Date/Time Prepared:  
2/25/2013 5:53 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		259,227,280		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		10,330,751			2.00
3.00	Total (sum of line 1 and line 2)		269,558,031		0	3.00
4.00	Additions (credit adjustments) (specify)	17,810,963		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)		17,810,963		0	10.00
11.00	Subtotal (line 3 plus line 10)		287,368,994		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		287,368,994		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet G-1

Date/Time Prepared:  
2/25/2013 5:53 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
2/25/2013 5:53 pm

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	21,413,917		21,413,917	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE	440,310		440,310	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	21,854,227		21,854,227	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,464,910		8,464,910	11.00
12.00	CORONARY CARE UNIT	5,180,459		5,180,459	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)	13,645,369		13,645,369	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	35,499,596		35,499,596	17.00
18.00	Ancillary services	205,595,409	442,005,733	647,601,142	18.00
19.00	Outpatient services	11,811,275	43,030,642	54,841,917	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		3,538,571	3,538,571	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,298,549	1,298,549	26.00
27.00	NON REIMBURSABLE	6,235,287	100,577,874	106,813,161	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	259,141,567	590,451,369	849,592,936	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		271,028,575		29.00
30.00	BAD DEBTS	20,294,160			30.00
31.00	NET ASSETS RELEASED	253,801			31.00
32.00	NORV-GAIN/LOSS-CAPITAL EQUI	-3,029			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)		20,544,932		36.00
37.00	RESTRICTED DISBURSEMENTS	61,312			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)		61,312		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		291,512,195		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140135

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet G-3

Date/Time Prepared:  
2/25/2013 5:53 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	849,592,936	1.00
2.00	Less contractual allowances and discounts on patients' accounts	577,065,063	2.00
3.00	Net patient revenues (line 1 minus line 2)	272,527,873	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	291,512,195	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-18,984,322	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	19,725,520	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 REVENUE	8,539,317	24.00
24.01	TRUST DISTRIBUTION	796,435	24.01
24.02	NET ASSETS RELEASED	253,801	24.02
25.00	Total other income (sum of lines 6-24)	29,315,073	25.00
26.00	Total (line 5 plus line 25)	10,330,751	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	10,330,751	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140135  
HHA CCN: 147206

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet H  
Date/Time Prepared:  
2/25/2013 5:53 pm  
PPS

		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		5,771	1.00
2.00	Capital Related - Movable Equipment			0		32,638	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	79,196	3.00
4.00	Transportation	0	0	143,995	0	0	4.00
5.00	Administrative and General	511,897	187,106	0	73,314	87,860	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,262,406	0	0	0	0	6.00
7.00	Physical Therapy	287,134	0	0	0	0	7.00
8.00	Occupational Therapy	141,870	0	0	0	0	8.00
9.00	Speech Pathology	64,506	0	0	0	0	9.00
10.00	Medical Social Services	89,644	0	0	0	0	10.00
11.00	Home Health Aide	63,201	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	35,222	12.00
13.00	Drugs	0	0	0	0	163	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)	2,420,658	187,106	143,995	73,314	240,850	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: 140135

Period:

Worksheet H

HHA CCN: 147206

From 10/01/2011  
To 09/30/2012

Date/Time Prepared:  
2/25/2013 5:53 pm

Home Health  
Agency I

PPS

		Total (sum of col.s. 1 thru 5)	Reclassifi- cation	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	5,771	-5,771	0	0	0	1.00
2.00	Capital Related - Movable Equipment	32,638	-32,638	0	0	0	2.00
3.00	Plant Operation & Maintenance	79,196	0	79,196	0	79,196	3.00
4.00	Transportation	143,995	0	143,995	0	143,995	4.00
5.00	Administrative and General	860,177	0	860,177	-1,114	859,063	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,262,406	0	1,262,406	0	1,262,406	6.00
7.00	Physical Therapy	287,134	0	287,134	0	287,134	7.00
8.00	Occupational Therapy	141,870	0	141,870	0	141,870	8.00
9.00	Speech Pathology	64,506	0	64,506	0	64,506	9.00
10.00	Medical Social Services	89,644	0	89,644	0	89,644	10.00
11.00	Home Health Aide	63,201	0	63,201	0	63,201	11.00
12.00	Supplies (see instructions)	35,222	0	35,222	0	35,222	12.00
13.00	Drugs	163	0	163	0	163	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)	3,065,923	-38,409	3,027,514	-1,114	3,026,400	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: 140135	Period:	Worksheet H-1
	HHA CCN: 147206	From 10/01/2011 To 09/30/2012	Part I Date/Time Prepared: 2/25/2013 5:53 pm
		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			2.00
3.00	Plant Operation & Maintenance	79,196	0	79,196		3.00
4.00	Transportation	143,995	0	0	143,995	4.00
5.00	Administrative and General	859,063	0	79,196	143,995	5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	1,262,406	0	0	0	6.00
7.00	Physical Therapy	287,134	0	0	0	7.00
8.00	Occupational Therapy	141,870	0	0	0	8.00
9.00	Speech Pathology	64,506	0	0	0	9.00
10.00	Medical Social Services	89,644	0	0	0	10.00
11.00	Home Health Aide	63,201	0	0	0	11.00
12.00	Supplies (see instructions)	35,222	0	0	0	12.00
13.00	Drugs	163	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)	3,026,400	0	79,196	143,995	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140135	Period: From 10/01/2011	Worksheet H-1
		HHA CCN: 147206	To 09/30/2012	Part I
			Home Health Agency I	Date/Time Prepared: 2/25/2013 5:53 pm
				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	1,082,254	1,082,254	5.00
<b>HHA REIMBURSABLE SERVICES</b>				
6.00	Skilled Nursing Care	1,262,406	702,748	1,965,154
7.00	Physical Therapy	287,134	159,840	446,974
8.00	Occupational Therapy	141,870	78,975	220,845
9.00	Speech Pathology	64,506	35,909	100,415
10.00	Medical Social Services	89,644	49,902	139,546
11.00	Home Health Aide	63,201	35,182	98,383
12.00	Supplies (see instructions)	35,222	19,607	54,829
13.00	Drugs	163	91	254
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)	3,026,400		3,026,400

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140135 HHA CCN: 147206		Period: From 10/01/2011 To 09/30/2012		Worksheet H-1 Part II Date/Time Prepared: 2/25/2013 5:53 pm	
				Home Health Agency I		PPS	
		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
<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	86,809		0	3.00
4.00	Transportation (see instructions)	0	0	0	125,537		4.00
5.00	Administrative and General	0	0	86,809	125,537	-1,082,254	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	86,809	125,537	-1,082,254	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	79,196	143,995		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.912302	1.147032		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140135	Period:	Worksheet H-1
	HHA CCN: 147206	From 10/01/2011 To 09/30/2012	Part II Date/Time Prepared: 2/25/2013 5:53 pm
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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	1,944,146	5.00
<b>HHA REIMBURSABLE SERVICES</b>			
6.00	Skilled Nursing Care	1,262,406	6.00
7.00	Physical Therapy	287,134	7.00
8.00	Occupational Therapy	141,870	8.00
9.00	Speech Pathology	64,506	9.00
10.00	Medical Social Services	89,644	10.00
11.00	Home Health Aide	63,201	11.00
12.00	Supplies (see instructions)	35,222	12.00
13.00	Drugs	163	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)	1,944,146	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	1,082,254	25.00
26.00	Unit Cost Multiplier	0.556673	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 140135 HHA CCN: 147206	Period: From 10/01/2011 To 09/30/2012	Worksheet H-2 Part I Date/Time Prepared: 2/25/2013 5:53 pm
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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
	0			4.00	4A	
1.00 Administrative and General	0	68,317	32,404	517,406	618,127	1.00
2.00 Skilled Nursing Care	1,965,154	0	0	0	1,965,154	2.00
3.00 Physical Therapy	446,974	0	0	0	446,974	3.00
4.00 Occupational Therapy	220,845	0	0	0	220,845	4.00
5.00 Speech Pathology	100,415	0	0	0	100,415	5.00
6.00 Medical Social Services	139,546	0	0	0	139,546	6.00
7.00 Home Health Aide	98,383	0	0	0	98,383	7.00
8.00 Supplies (see instructions)	54,829	0	0	0	54,829	8.00
9.00 Drugs	254	0	0	0	254	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)	3,026,400	68,317	32,404	517,406	3,644,527	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: 140135	Period: From 10/01/2011	Worksheet H-2
		HHA CCN: 147206	To 09/30/2012	Part I
				Date/Time Prepared: 2/25/2013 5:53 pm
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	96,048	102,696	0	67,740	0	1.00
2.00	Skilled Nursing Care	305,356	0	0	0	0	2.00
3.00	Physical Therapy	69,453	0	0	0	0	3.00
4.00	Occupational Therapy	34,316	0	0	0	0	4.00
5.00	Speech Pathology	15,603	0	0	0	0	5.00
6.00	Medical Social Services	21,683	0	0	0	0	6.00
7.00	Home Health Aide	15,287	0	0	0	0	7.00
8.00	Supplies (see instructions)	8,520	0	0	0	0	8.00
9.00	Drugs	39	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)	566,305	102,696	0	67,740	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: 140135  
HHA CCN: 147206

Period:  
From 10/01/2011  
To 09/30/2012

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Part I  
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	81,425	0	5,527	63	18,843	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)	81,425	0	5,527	63	18,843	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: 140135 HHA CCN: 147206	Period: From 10/01/2011 To 09/30/2012	Worksheet H-2 Part I Date/Time Prepared: 2/25/2013 5:53 pm PPS
			Home Health Agency I	

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	24.00
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	19.00	21.00	22.00	23.00			
1.00 Administrative and General	0	0	0	0	0	990,469	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2,270,510	2.00
3.00 Physical Therapy	0	0	0	0	0	516,427	3.00
4.00 Occupational Therapy	0	0	0	0	0	255,161	4.00
5.00 Speech Pathology	0	0	0	0	0	116,018	5.00
6.00 Medical Social Services	0	0	0	0	0	161,229	6.00
7.00 Home Health Aide	0	0	0	0	0	113,670	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	63,349	8.00
9.00 Drugs	0	0	0	0	0	293	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	0	4,487,126	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: 140135

Period:

Worksheet H-2

HHA CCN: 147206

From 10/01/2011

Part I

To 09/30/2012

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Cost Center Description		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	990,469			1.00
2.00	Skilled Nursing Care	0	2,270,510	643,150	2,913,660	2.00
3.00	Physical Therapy	0	516,427	146,284	662,711	3.00
4.00	Occupational Therapy	0	255,161	72,277	327,438	4.00
5.00	Speech Pathology	0	116,018	32,863	148,881	5.00
6.00	Medical Social Services	0	161,229	45,670	206,899	6.00
7.00	Home Health Aide	0	113,670	32,198	145,868	7.00
8.00	Supplies (see instructions)	0	63,349	17,944	81,293	8.00
9.00	Drugs	0	293	83	376	9.00
10.00	DME	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	4,487,126	990,469	4,487,126	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.			0.283262		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140135  
HHA CCN: 147206

Period:  
From 10/01/2011  
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
1.00 Administrative and General	4,094	32,638	2,420,658	5A	618,127	1.00	
2.00 Skilled Nursing Care	0	0	0		1,965,154	2.00	
3.00 Physical Therapy	0	0	0		446,974	3.00	
4.00 Occupational Therapy	0	0	0		220,845	4.00	
5.00 Speech Pathology	0	0	0		100,415	5.00	
6.00 Medical Social Services	0	0	0		139,546	6.00	
7.00 Home Health Aide	0	0	0		98,383	7.00	
8.00 Supplies (see instructions)	0	0	0		54,829	8.00	
9.00 Drugs	0	0	0		254	9.00	
10.00 DME	0	0	0		0	10.00	
11.00 Home Dialysis Aide Services	0	0	0		0	11.00	
12.00 Respiratory Therapy	0	0	0		0	12.00	
13.00 Private Duty Nursing	0	0	0		0	13.00	
14.00 Clinic	0	0	0		0	14.00	
15.00 Health Promotion Activities	0	0	0		0	15.00	
16.00 Day Care Program	0	0	0		0	16.00	
17.00 Home Delivered Meals Program	0	0	0		0	17.00	
18.00 Homemaker Service	0	0	0		0	18.00	
19.00 All Others (specify)	0	0	0		0	19.00	
20.00 Total (sum of lines 1-19)	4,094	32,638	2,420,658		3,644,527	20.00	
21.00 Total cost to be allocated	68,317	32,404	517,406		566,305	21.00	
22.00 Unit cost multiplier	16.687103	0.992830	0.213746		0.155385	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140135  
HHA CCN: 147206

Period:  
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Part II  
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	4,094	0	4,094	0	3,861	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)	4,094	0	4,094	0	3,861	20.00
21.00	Total cost to be allocated	102,696	0	67,740	0	81,425	21.00
22.00	Unit cost multiplier	25.084514	0.000000	16.546165	0.000000	21.089096	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140135  
HHA CCN: 147206

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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	(DIRECT NRSING HRS)	(COSTED REQUIS.)				
	13.00	14.00	15.00	16.00	19.00	
1.00 Administrative and General	0	35,222	163	3,538,571	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)	0	35,222	163	3,538,571	0	20.00
21.00 Total cost to be allocated	0	5,527	63	18,843	0	21.00
22.00 Unit cost multiplier	0.000000	0.156919	0.386503	0.005325	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet H-2 Part II
	HHA CCN: 147206	Home Health Agency I	Date/Time Prepared: 2/25/2013 5:53 pm PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140135 HHA CCN: 147206		Period: From 10/01/2011 To 09/30/2012		Worksheet H-3 Parts I-III Date/Time Prepared: 2/25/2013 5:53 pm	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,913,660		2,913,660	14,661	1.00
2.00	Physical Therapy	3.00	662,711	35,820	698,531	5,802	2.00
3.00	Occupational Therapy	4.00	327,438	3,122	330,560	955	3.00
4.00	Speech Pathology	5.00	148,881	966	149,847	42	4.00
5.00	Medical Social Services	6.00	206,899		206,899	268	5.00
6.00	Home Health Aide	7.00	145,868		145,868	2,263	6.00
7.00	Total (sum of lines 1-6)		4,405,457	39,908	4,445,365	23,991	7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		
					Part B		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		19500	5,341	4,334		8.00
9.00	Physical Therapy		19500	3,104	958		9.00
10.00	Occupational Therapy		19500	471	275		10.00
11.00	Speech Pathology		19500	10	12		11.00
12.00	Medical Social Services		19500	40	30		12.00
13.00	Home Health Aide		19500	614	1,443		13.00
14.00	Total (sum of lines 8-13)			9,580	7,052		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	81,293	10,866	92,159	93,735	15.00
16.00	Cost of Drugs	9.00	376	0	376	0	16.00
Cost Center Description		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy		66.00	0.318807	112,355	35,820	1.00
2.00	Occupational Therapy		67.00	0.096730	32,280	3,122	2.00
3.00	Speech Pathology		68.00	0.279102	3,460	966	3.00
4.00	Cost of Medical Supplies		71.00	0.372808	29,147	10,866	4.00
5.00	Cost of Drugs		73.00	0.438187	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140135  
HHA CCN: 147206

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet H-3  
Parts I-III  
Date/Time Prepared:  
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PPS

Title XVIII

Home Health  
Agency I

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		
<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	198.74	5,341	4,334		1.00
2.00	Physical Therapy	120.39	3,104	958		2.00
3.00	Occupational Therapy	346.14	471	275		3.00
4.00	Speech Pathology	3,567.79	10	12		4.00
5.00	Medical Social Services	772.01	40	30		5.00
6.00	Home Health Aide	64.46	614	1,443		6.00
7.00	Total (sum of lines 1-6)		9,580	7,052		7.00
<b>Cost Center Description</b>						
		5.00	6.00	7.00	8.00	9.00
<b>Limitation Cost Computation</b>						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00
<b>Program Covered Charges</b>						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
		5.00	6.00	7.00	8.00	
<b>Supplies and Drugs Cost Computations</b>						
15.00	Cost of Medical Supplies	0.983187				15.00
16.00	Cost of Drugs	0.000000		0	0	16.00
<b>Cost Center Description</b>						
			Transfer to Part I as Indicated			
			4.00			
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
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: 140135 HHA CCN: 147206		Period: From 10/01/2011 To 09/30/2012		Worksheet H-3 Parts I-III Date/Time Prepared: 2/25/2013 5:53 pm	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)			
	Part A	Part B					
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
	9.00	10.00	11.00	12.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	1,061,470	861,339		1,922,809		1.00
2.00	Physical Therapy	373,691	115,334		489,025		2.00
3.00	Occupational Therapy	163,032	95,189		258,221		3.00
4.00	Speech Pathology	35,678	42,813		78,491		4.00
5.00	Medical Social Services	30,880	23,160		54,040		5.00
6.00	Home Health Aide	39,578	93,016		132,594		6.00
7.00	Total (sum of lines 1-6)	1,704,329	1,230,851		2,935,180		7.00
Cost Center Description							
		10.00	11.00	12.00			
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00
Cost of Services							
Cost Center Description	Part A	Part B					
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance				
	9.00	10.00	11.00				
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies						15.00
16.00	Cost of Drugs		0	0			16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140135 HHA CCN: 147206	Period: From 10/01/2011 To 09/30/2012	Worksheet H-4 Part I-II Date/Time Prepared: 2/25/2013 5:53 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<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	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
<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		1,390,621	787,513
12.00	Total PPS Reimbursement - Full Episodes with Outliers		28,977	31,681
13.00	Total PPS Reimbursement - LUPA Episodes		22,061	21,520
14.00	Total PPS Reimbursement - PEP Episodes		6,825	11,022
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		9,409	17,345
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,457,893	869,081
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,457,893	869,081
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		1,457,893	869,081
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,457,893	869,081
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		1,457,893	869,081
32.00	Interim payments (see instructions)		1,457,893	869,082
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	-1
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: 140135  
HHA CCN: 147206

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet H-5  
Date/Time Prepared:  
2/25/2013 5:53 pm  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,457,893		869,082	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		1,457,893		869,082	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		1	6.02
7.00	Total Medicare program liability (see instructions)		1,457,893		869,081	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet 1-5 Date/Time Prepared: 2/25/2013 5:53 pm
				1.00
1.00	Total expenses related to care of program beneficiaries (see instructions)		0	1.00
2.00	Total payment (from Worksheet 1-4, column 6, line 11)		0	2.00
3.00	Deductibles billed to Medicare (Part B) patients		0	3.00
4.00	Coinsurance billed to Medicare (Part B) patients		0	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries		0	5.00
6.00				6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)		0	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)		0	9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)		0	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)		0	11.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140135

Period: From 10/01/2011

Worksheet K

Hospice CCN: 141517

To 09/30/2012

Date/Time Prepared: 2/25/2013 5:53 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.			0		23	1.00
2.00	Capital Related Costs-Movable Equip.			0		900	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	11,131	3.00
4.00	Transportation - Staff	0	0	33,758	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	173,955	34,096	0	169,334	77,993	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	30,761	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	301,695	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	0	0	0	0	42,776	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	5,307	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)	506,411	34,096	33,758	169,334	138,130	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140135

Period:

Worksheet K

Hospice CCN: 141517

From 10/01/2011  
To 09/30/2012

Date/Time Prepared:  
2/25/2013 5:53 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	23	-23	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	900	-900	0	0	0	2.00
3.00	Plant Operation and Maintenance	11,131	0	11,131	0	11,131	3.00
4.00	Transportation - Staff	33,758	0	33,758	0	33,758	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	455,378	0	455,378	-1,114	454,264	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	30,761	0	30,761	0	30,761	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	301,695	0	301,695	0	301,695	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	42,776	0	42,776	0	42,776	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	5,307	0	5,307	0	5,307	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)	881,729	-923	880,806	-1,114	879,692	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140135  
Hospice CCN: 141517

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet K-1  
Date/Time Prepared:  
2/25/2013 5:53 pm

		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	65,741	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	301,695	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	65,741	301,695	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140135

Period: From 10/01/2011

Worksheet K-1

Hospice CCN: 141517

To 09/30/2012

Date/Time Prepared: 2/25/2013 5:53 pm

		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	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	0	5.00
6.00	Administrative and General		13,135	95,079	6.00
<b>INPATIENT CARE SERVICE</b>					
7.00	Inpatient - General Care		0	30,761	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	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	0	15.00
16.00	Spiritual Counseling		0	0	16.00
17.00	Dietary Counseling		0	0	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	0	21.00
<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	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>					
35.00	Bereavement Program Costs		0	0	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	13,135	125,840	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140135

Period: From 10/01/2011

Worksheet K-2

Hospice CCN: 141517

To 09/30/2012

Date/Time Prepared: 2/25/2013 5:53 pm

		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 EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140135

Period: From 10/01/2011

Worksheet K-2

Hospice CCN: 141517

To 09/30/2012

Date/Time Prepared: 2/25/2013 5:53 pm

		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	34,096	34,096	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	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<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	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	34,096	34,096	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet K-3
		Hospice CCN: 141517		Date/Time Prepared: 2/25/2013 5:53 pm

		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: 140135 Hospice CCN: 141517	Period: From 10/01/2011 To 09/30/2012	Worksheet K-3 Date/Time Prepared: 2/25/2013 5:53 pm
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		Total Therapists	Aides	All-Other	Hospice I 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	169,334	169,334	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	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<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	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	169,334	169,334	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 140135	Period: From 10/01/2011	Worksheet K-4
		Hospice CCN: 141517	To 09/30/2012	Part I
		Hospice I		Date/Time Prepared: 2/25/2013 5:53 pm

	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
		BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		1.00	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	11,131	0	11,131		3.00
4.00	Transportation - Staff	33,758	0	0	33,758	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	454,264	0	11,131	33,758	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	30,761	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	301,695	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	42,776	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	5,307	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)	879,692	0	11,131	33,758	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140135

Period: From 10/01/2011

Worksheet K-4

Hospice CCN: 141517

To 09/30/2012

Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

		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.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	499,153	499,153		6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	30,761	40,349	71,110	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	301,695	395,734	697,429	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	0	42,776	56,109	98,885	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	5,307	6,961	12,268	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	879,692		879,692	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135

Period: From 10/01/2011

Worksheet K-4

Hospice CCN: 141517

To 09/30/2012

Part II  
Date/Time Prepared:  
2/25/2013 5:53 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
<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	0				2.00
3.00	Plant Operation and Maintenance	0	0	11,537			3.00
4.00	Transportation - Staff	0	0	0	27,945		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	11,537	27,945	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	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<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	11,131	33,758	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.964809	1.208016	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140135  
 Hospice CCN: 141517

Period:  
 From 10/01/2011  
 To 09/30/2012

Worksheet K-4  
 Part II  
 Date/Time Prepared:  
 2/25/2013 5:53 pm

		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	-499,153	380,539	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	30,761	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	301,695	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	0	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	42,776	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	5,307	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	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		499,153	39.00
40.00	Unit Cost Multiplier		1.311700	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period: From 10/01/2011

Worksheet K-5

Hospice CCN: 141517

To 09/30/2012

Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
1.00 Administrative and General	0	0	894	108,243	109,137	1.00
2.00 Inpatient - General Care	71,110	0	0	0	71,110	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	697,429	0	0	0	697,429	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	98,885	0	0	0	98,885	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	12,268	0	0	0	12,268	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)	879,692	0	894	108,243	988,829	34.00
35.00 Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period:

Worksheet K-5

Hospice CCN: 141517

From 10/01/2011  
To 09/30/2012

Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
1.00	Administrative and General	16,958	0	1,226	0	0	1.00
2.00	Inpatient - General Care	11,049	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	108,371	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	15,365	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	1,906	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)	153,649	0	1,226	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period: From 10/01/2011

Worksheet K-5

Hospice CCN: 141517

To 09/30/2012

Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description	Hospice I					
	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	19,128	0	833	16,626	6,915	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)	19,128	0	833	16,626	6,915	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period:

Worksheet K-5

Hospice CCN: 141517

From 10/01/2011  
To 09/30/2012

Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

Hospice I

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal (col s. 4A-23)	
	NONPHYSICIAN ANESTHETISTS	SERVICES-SALAR		SERVICES-OTHER PRGM COSTS			
		Y	FRI NGES				
	19.00	21.00	22.00	23.00	24.00		
1.00 Administrative and General	0	0	0	0	0	170,823	1.00
2.00 Inpatient - General Care	0	0	0	0	0	82,159	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	805,800	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	114,250	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	14,174	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	1,187,206	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140135

Period: From 10/01/2011

Worksheet K-5

Hospice CCN: 141517

To 09/30/2012

Part I  
Date/Time Prepared:  
2/25/2013 5:53 pm

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	82,159	13,808	95,967		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	805,800	135,431	941,231		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	114,250	19,202	133,452		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	14,174	2,382	16,556		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	1,187,206		1,187,206		34.00
35.00	Unit Cost Multiplier (see instructions)			0.168070			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140135  
Hospice CCN: 141517

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet K-5  
Part II  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
1.00	Administrative and General	0	1,223	526,262	0	109,137	1.00
2.00	Inpatient - General Care	0	0	0	0	71,110	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	697,429	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	98,885	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	12,268	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	1,223	526,262		988,829	34.00
35.00	Total cost to be allocated	0	894	108,243		153,649	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.730989	0.205683		0.155385	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140135  
Hospice CCN: 141517

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet K-5  
Part II  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description		Hospice I					
		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE)	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	0	1,393	0	0	973	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	1,393	0	0	973	34.00
35.00	Total cost to be allocated	0	1,226	0	0	19,128	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.880115	0.000000	0.000000	19.658787	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140135  
Hospice CCN: 141517

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet K-5  
Part II  
Date/Time Prepared:  
2/25/2013 5:53 pm

Cost Center Description		Hospice I					
		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		(DIRECT NRSING HRS)	(COSTED REQUIS.)		(GROSS CHARGES)		
		13.00	14.00	15.00	16.00	19.00	
1.00	Administrative and General	0	37,581	40,397	1,492,917	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	37,581	40,397	1,492,917	0	34.00
35.00	Total cost to be allocated	0	833	16,626	6,915	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.022165	0.411565	0.004632	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 140135  
Hospice CCN: 141517

Period:  
From 10/01/2011  
To 09/30/2012

Worksheet K-5  
Part II  
Date/Time Prepared:  
2/25/2013 5:53 pm

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140135	Period: From 10/01/2011	Worksheet K-5		
		Hospice CCN: 141517	To 09/30/2012	Part III Date/Time Prepared: 2/25/2013 5:53 pm		
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.319287	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.096730	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.279102	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.438187	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.098505	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.372808	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.268615	0	0	9.00
10.00	RENAL DIALYSIS	76.00				10.00
11.00	Totals (sum of lines 1-10)					0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140135

Period:

Worksheet K-6

Hospice CCN: 141517

From 10/01/2011  
To 09/30/2012

Date/Time Prepared:  
2/25/2013 5:53 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,187,206	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				6,677	2.00
3.00	Average cost per diem (line 1 divided by line 2)				177.81	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	5,758				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,023,830				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		919			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		163,407			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140135	Period: From 10/01/2011 To 09/30/2012	Worksheet L Parts I-III Date/Time Prepared: 2/25/2013 5:53 pm
		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		3,121,893	1.00
2.00	Capital DRG outlier payments		56,368	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		110.41	3.00
4.00	Number of interns & residents (see instructions)		13.01	4.00
5.00	Indirect medical education percentage (see instructions)		3.38	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		105,520	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.38	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		18.25	8.00
9.00	Sum of lines 7 and 8		23.63	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.90	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		152,973	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,436,754	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