This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150061	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/29/2012 4:11 pm

PART I - COST REPORT STATUS

Provider use only
1. [ ] Electronically filed cost report — Date: 5/29/2012 Time: 4:11 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [ ] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
5. [0] Cost Report Status
(1) As Submitted
(2) Settled without Audit
(3) Settled with Audit
(4) Reopened
(5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 04
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DAVIESS COMMUNITY HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
ECR: Date: 5/29/2012 Time: 4:11 pm
S1A41:rsjOCce.UqkNZ6s2qmaVz8n0
skknR0kA6NBjZJOx4veuzur4jF7nhD
4N4X1:8Rgl0xr5SU
PI: Date: 5/29/2012 Time: 4:11 pm
tyvD.GVbZx:g6tbTxq5u1wHJGesO:1
2JFRI0mKMoHYoVMm1BJekaiuby9QbA
EAVPJZy.da05vIgh

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

_____
Title

_____
Date

		Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	12,139	244,835	0	0	1.00
2.00	Subprovider - IPF	0	66,021	0		0	2.00
3.00	Subprovider - IRF	0	1,769	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00	NURSING FACILITY	0				0	8.00
9.00	HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00	DCHMC I	0		11,214		0	10.00
10.01	NDMC II	0		13,729		0	10.01
10.02	PETERSBURG III	0		980		0	10.02
10.04	PEDIATRICS V	0		158		0	10.04
10.05	MARTIN VI	0		21,601		0	10.05
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	79,929	292,517	0	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150061

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

Worksheet S-2 Part I Date/Time Prepared: 5/25/2012 11:50 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street:1314 GRAND AVENUE	PO Box:760			1.00
2.00	City: WASHINGTON	State: IN	Zip Code: 47501	County: DAVIESS	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	DAVIESS COMMUNITY HOSPITAL	150061	99915	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	DCH - PSYCH	15S061	99915	4	01/01/2003	N	P	N	4.00
5.00	Subprovider - IRF	DCH - REHAB	15T061	99915	5	01/01/2000	N	P	N	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	DAVIESS COMMUNITY HOSPITAL	15U061	99915		11/10/1999	N	P	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	WHITE RIVER COMMUNITY HEALTH SVCS	157189	99915		11/18/1987	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	HELPING HEART HOSPICE	151553	99915		07/11/1996				14.00
15.00	Hospital-Based Health Clinic - RHC	DAVIESS COMMUNITY HOSPITAL MC	158500	99915		12/17/2003	N	O	N	15.00
15.01	Hospital-Based Health Clinic - RHC 1	NORTH DAVIESS MEDICAL CENTER	153999	99915		12/17/2003	N	O	N	15.01
15.02	Hospital-Based Health Clinic - RHC 2	PETERSBURG MEDICAL CLINIC	158501	99915		03/30/2004	N	O	N	15.02
15.04	Hospital-Based Health Clinic - RHC 4	GRAND AVENUE PEDIATRICS	158503	99915		01/27/2005	N	O	N	15.04
15.05	Hospital-Based Health Clinic - RHC 5	MARTIN MEDICAL CLINIC	158506	99915		10/31/2006	N	O	N	15.05
15.06	Hospital-Based Health Clinic - RHC 6						N	N	N	15.06
16.00	Hospital-Based Health Clinic - FQHC						N	N	N	16.00
17.00	Hospital-Based (CMHC) 1									17.00
17.10	Hospital-Based (CORF) 1						N	N	N	17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2011	12/31/2011	20.00
21.00	Type of Control (see instructions)	8		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.	2	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of State Medicaid paid days	Out-of State Medicaid eligible days	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	1,366	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	11	0	0	0	0	0	25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part I Date/Time Prepared: 5/25/2012 11:50 am

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.	2		26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).	2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

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

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

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

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part I Date/Time Prepared: 5/25/2012 11:50 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part I Date/Time Prepared: 5/25/2012 11:50 am

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

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N	86.00

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part I Date/Time Prepared: 5/25/2012 11:50 am

		1.00	2.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N		140.00

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

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A	Part B	
		1.00	2.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)			
155.00	Hospital	N	N	155.00
156.00	Subprovider - IPF	N	N	156.00
157.00	Subprovider - IRF	N	N	157.00
158.00	SUBPROVIDER	N	N	158.00
159.00	SNF	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	160.00
161.00	CMHC		N	161.00
161.10	CORF		N	161.10

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part II Date/Time Prepared: 5/25/2012 11:50 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

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

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

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

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	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.		14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

		Description	Part A Y/N	Part A Date		
		0	1.00	2.00		
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/24/2012		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: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part II Date/Time Prepared: 5/25/2012 11:50 am

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-2 Part II Date/Time Prepared: 5/25/2012 11:50 am

		Part B		
		Y/N	Date	
		3.00	4.00	
	PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/24/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part I Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours		
		1.00	2.00	3.00	4.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	37	13,505	0.00		1.00
2.00	HMO						2.00
3.00	HMO IPF						3.00
4.00	HMO IRF						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		37	13,505	0.00		7.00
8.00	INTENSIVE CARE UNIT	31.00	5	1,825	0.00		8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00					13.00
14.00	Total (see instructions)		42	15,330	0.00		14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	40.00	20	7,300			16.00
17.00	SUBPROVIDER - IRF	41.00	12	4,380			17.00
18.00	SUBPROVIDER	42.00	0	0			18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	99.10					25.10
26.00	DCHMC	88.00					26.00
26.01	NDMC	88.01					26.01
26.02	PETERSBURG	88.02					26.02
26.04	PEDIATRICS	88.04					26.04
26.05	MARTIN	88.05					26.05
26.06	RURAL HEALTH CLINIC VII	88.06					26.06
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00	Total (sum of lines 14-26)		74				27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF	40.00					28.01
28.02	SUBPROVIDER - IRF	41.00					28.02
28.03	SUBPROVIDER	42.00					28.03
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part I Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	I/P Days / O/P Visits / Trips					
		Title V	Title XVIII	Title XIX	Total All Patients		
		5.00	6.00	7.00	8.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	2,100	844	4,152		1.00
2.00	HMO		172	0			2.00
3.00	HMO IPF		0	0			3.00
4.00	HMO IRF		69	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	2,100	844	4,152		7.00
8.00	INTENSIVE CARE UNIT	0	506	66	690		8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	0		456	853		13.00
14.00	Total (see instructions)	0	2,606	1,366	5,695		14.00
15.00	CAH visits	0	0	0	0		15.00
16.00	SUBPROVIDER - IPF	0	3,553	313	4,393		16.00
17.00	SUBPROVIDER - IRF	0	2,779	11	3,074		17.00
18.00	SUBPROVIDER	0	0	0	0		18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0	3,761	960	6,073		22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE		7,307	0	7,704		24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0		25.10
26.00	DCHMC	0	3,082	973	8,647		26.00
26.01	NDMC	0	2,623	1,241	12,364		26.01
26.02	PETERSBURG	0	578	2,181	8,692		26.02
26.04	PEDIATRICS	0	29	2,370	3,445		26.04
26.05	MARTIN	0	1,562	977	7,248		26.05
26.06	RURAL HEALTH CLINIC VII	0	0	0	0		26.06
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00	Total (sum of lines 14-26)						27.00
28.00	Observation Bed Days	0		275	1,321		28.00
28.01	SUBPROVIDER - IPF				0		28.01
28.02	SUBPROVIDER - IRF				0		28.02
28.03	SUBPROVIDER				0		28.03
29.00	Ambulance Trips		0				29.00
30.00	Employee discount days (see instruction)				110		30.00
31.00	Employee discount days - IRF				0		31.00
32.00	Labor & delivery days (see instructions)			0	0		32.00
33.00	LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part I Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Full Time Equivalents			Discharges		
		Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
		9.00	10.00	11.00	12.00	13.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	833	1.00
2.00	HMO					0	2.00
3.00	HMO IPF						3.00
4.00	HMO IRF						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	258.59	0.00	0	833	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	33.32	0.00	0	279	16.00
17.00	SUBPROVIDER - IRF	0.00	22.64	0.00	0	245	17.00
18.00	SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00	8.47	0.00			22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00	3.93	0.00			24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00	0.00	0.00			25.10
26.00	DCHMC	0.00	10.88	0.00			26.00
26.01	NDMC	0.00	10.82	0.00			26.01
26.02	PETERSBURG	0.00	8.00	0.00			26.02
26.04	PEDIATRICS	0.00	3.00	0.00			26.04
26.05	MARTIN	0.00	8.07	0.00			26.05
26.06	RURAL HEALTH CLINIC VII	0.00	0.00	0.00			26.06
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00	Total (sum of lines 14-26)	0.00	367.72	0.00			27.00
28.00	Observation Bed Days						28.00
28.01	SUBPROVIDER - IPF						28.01
28.02	SUBPROVIDER - IRF						28.02
28.03	SUBPROVIDER						28.03
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part I Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Discharges			
		Title XIX	Total All Patients		
		14.00	15.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	357	1,972		1.00
2.00	HMO				2.00
3.00	HMO IPF				3.00
4.00	HMO IRF				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF				5.00
6.00	Hospital Adults & Peds. Swing Bed NF				6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00	INTENSIVE CARE UNIT				8.00
9.00	CORONARY CARE UNIT				9.00
10.00	BURN INTENSIVE CARE UNIT				10.00
11.00	SURGICAL INTENSIVE CARE UNIT				11.00
12.00	OTHER SPECIAL CARE (SPECIFY)				12.00
13.00	NURSERY				13.00
14.00	Total (see instructions)	357	1,972		14.00
15.00	CAH visits				15.00
16.00	SUBPROVIDER - IPF	30	367		16.00
17.00	SUBPROVIDER - IRF	0	276		17.00
18.00	SUBPROVIDER	0	0		18.00
19.00	SKILLED NURSING FACILITY				19.00
20.00	NURSING FACILITY				20.00
21.00	OTHER LONG TERM CARE				21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00	HOSPICE				24.00
25.00	CMHC - CMHC				25.00
25.10	CMHC - CORF				25.10
26.00	DCHMC				26.00
26.01	NDMC				26.01
26.02	PETERSBURG				26.02
26.04	PEDIATRICS				26.04
26.05	MARTIN				26.05
26.06	RURAL HEALTH CLINIC VII				26.06
26.25	FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00	Total (sum of lines 14-26)				27.00
28.00	Observation Bed Days				28.00
28.01	SUBPROVIDER - IPF				28.01
28.02	SUBPROVIDER - IRF				28.02
28.03	SUBPROVIDER				28.03
29.00	Ambulance Trips				29.00
30.00	Employee discount days (see instruction)				30.00
31.00	Employee discount days - IRF				31.00
32.00	Labor & delivery days (see instructions)				32.00
33.00	LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part II Date/Time Prepared: 5/25/2012 11:50 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
	PART II - WAGE DATA						
	SALARIES						
1.00	Total salaries (see instructions)	200.00	19,454,323	0	19,454,323	964,880.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		709,653	0	709,653	2,015.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		4,035,508	-131,876	3,903,632	205,798.00	10.00
	OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		25,165	0	25,165	509.00	11.00
12.00	Management and administrative services		520,006	0	520,006	5,027.00	12.00
13.00	Contract labor: physician-Part A		0	0	0	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
	WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		3,879,563	0	3,879,563		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0		18.00
19.00	Excluded areas		1,029,118	0	1,029,118		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		0	0	0		22.00
23.00	Physician Part B		187,087	0	187,087		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
	OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	105,816	0	105,816	5,656.00	26.00
27.00	Administrative & General	5.00	1,614,632	-32,412	1,582,220	94,522.00	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	28.00
29.00	Maintenance & Repairs	6.00	423,224	0	423,224	25,745.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	31.00
32.00	Housekeeping	9.00	346,885	0	346,885	38,261.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	458,048	-260,766	197,282	17,557.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	205,397	205,397	18,280.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	674,405	0	674,405	26,001.00	38.00
39.00	Central Services and Supply	14.00	269,107	0	269,107	17,974.00	39.00
40.00	Pharmacy	15.00	557,683	0	557,683	19,076.00	40.00
41.00	Medical Records & Medical Records Library	16.00	469,828	0	469,828	32,602.00	41.00
42.00	Social Service	17.00	44,052	0	44,052	2,123.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part II Date/Time Prepared: 5/25/2012 11:50 am

		Average Hourly Wage (col. 4 ÷ col. 5)		
		6.00		
	PART II - WAGE DATA			
	SALARIES			
1.00	Total salaries (see instructions)	20.16		1.00
2.00	Non-physician anesthetist Part A	0.00		2.00
3.00	Non-physician anesthetist Part B	0.00		3.00
4.00	Physician-Part A	0.00		4.00
4.01	Physicians - Part A - direct teaching	0.00		4.01
5.00	Physician-Part B	352.19		5.00
6.00	Non-physician-Part B	0.00		6.00
7.00	Interns & residents (in an approved program)	0.00		7.00
7.01	Contracted interns and residents (in approved programs)	0.00		7.01
8.00	Home office personnel	0.00		8.00
9.00	SNF	0.00		9.00
10.00	Excluded area salaries (see instructions)	18.97		10.00
	OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	49.44		11.00
12.00	Management and administrative services	103.44		12.00
13.00	Contract labor: physician-Part A	0.00		13.00
14.00	Home office salaries & wage-related costs	0.00		14.00
15.00	Home office: physician Part A	0.00		15.00
16.00	Teaching physician salaries (see instructions)	0.00		16.00
	WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24			17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
	OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	18.71		26.00
27.00	Administrative & General	16.74		27.00
28.00	Administrative & General under contract (see inst.)	0.00		28.00
29.00	Maintenance & Repairs	16.44		29.00
30.00	Operation of Plant	0.00		30.00
31.00	Laundry & Linen Service	0.00		31.00
32.00	Housekeeping	9.07		32.00
33.00	Housekeeping under contract (see instructions)	0.00		33.00
34.00	Dietary	11.24		34.00
35.00	Dietary under contract (see instructions)	0.00		35.00
36.00	Cafeteria	11.24		36.00
37.00	Maintenance of Personnel	0.00		37.00
38.00	Nursing Administration	25.94		38.00
39.00	Central Services and Supply	14.97		39.00
40.00	Pharmacy	29.23		40.00
41.00	Medical Records & Medical Records Library	14.41		41.00
42.00	Social Service	20.75		42.00
43.00	Other General Service	0.00		43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150061

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2012 11:50 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)		18,744,670	0	18,744,670	962,865.00	1.00
2.00	Excluded area salaries (see instructions)		4,035,508	-131,876	3,903,632	205,798.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)		14,709,162	131,876	14,841,038	757,067.00	3.00
4.00	Subtotal other wages & related costs (see inst.)		545,171	0	545,171	5,536.00	4.00
5.00	Subtotal wage-related costs (see inst.)		3,879,563	0	3,879,563	0.00	5.00
6.00	Total (sum of lines 3 thru 5)		19,133,896	131,876	19,265,772	762,603.00	6.00
7.00	Total overhead cost (see instructions)		4,963,680	-87,781	4,875,899	297,797.00	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150061

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

Worksheet S-3
Part III
Date/Time Prepared:
5/25/2012 11:50 am

		Average Hourly Wage (col. 4 ÷ col. 5)		
		6.00		
	PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	19.47		1.00
2.00	Excluded area salaries (see instructions)	18.97		2.00
3.00	Subtotal salaries (line 1 minus line 2)	19.60		3.00
4.00	Subtotal other wages & related costs (see inst.)	98.48		4.00
5.00	Subtotal wage-related costs (see inst.)	26.14		5.00
6.00	Total (sum of lines 3 thru 5)	25.26		6.00
7.00	Total overhead cost (see instructions)	16.37		7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part IV Date/Time Prepared: 5/25/2012 11:50 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	423,774	3.00
4.00	Prior Year Pension Service Cost	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	48,752	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	2,933,480	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	30,035	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)	59,282	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	133,154	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	0	17.00
18.00	Medicare Taxes - Employers Portion Only	1,352,582	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	78,905	20.00
	OTHER		
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	35,804	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	5,095,768	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-3 Part V Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
14.01	Hospital-Based Health Clinic RHC 1	0	0	14.01
14.02	Hospital-Based Health Clinic RHC 2	0	0	14.02
14.04	Hospital-Based Health Clinic RHC 4	0	0	14.04
14.05	Hospital-Based Health Clinic RHC 5	0	0	14.05
14.06	Hospital-Based Health Clinic RHC 6	0	0	14.06
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 150061
Component CCN: 157189

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

Worksheet S-4
Date/Time Prepared: 5/25/2012 11:50 am

		Home Health Agency I	
		1.00	
0.00	County	DAVIESS	0.00

		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
	HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	1,596	824	358	2,778	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	171.00	29.00	87.00	287.00	2.00

			Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week	Staff	Contract	Total	
		0	1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES					
3.00	Administrator and Assistant Administrator(s)	40.00	2.40	0.00	2.40	3.00
4.00	Director(s) and Assistant Director(s)		0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel		0.00	0.00	0.00	5.00
6.00	Direct Nursing Service		4.73	0.00	4.73	6.00
7.00	Nursing Supervisor		0.00	0.00	0.00	7.00
8.00	Physical Therapy Service		0.89	0.00	0.89	8.00
9.00	Physical Therapy Supervisor		0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service		0.15	0.00	0.15	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		0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor		0.00	0.00	0.00	15.00
16.00	Home Health Aide		1.34	0.00	1.34	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).		99915			20.00

		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	1,365	94	57	28	1,544	21.00
22.00	Skilled Nursing Visit Charges	158,886	10,942	6,963	3,259	180,050	22.00
23.00	Physical Therapy Visits	1,012	0	26	17	1,055	23.00
24.00	Physical Therapy Visit Charges	127,562	0	3,328	2,137	133,027	24.00
25.00	Occupational Therapy Visits	201	0	3	0	204	25.00
26.00	Occupational Therapy Visit Charges	25,754	0	338	0	26,092	26.00
27.00	Speech Pathology Visits	40	0	0	0	40	27.00
28.00	Speech Pathology Visit Charges	5,532	0	0	0	5,532	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	911	0	5	2	918	31.00
32.00	Home Health Aide Visit Charges	48,028	0	231	105	48,364	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,529	94	91	47	3,761	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)	365,762	10,942	10,860	5,501	393,065	35.00
36.00	Total Number of Episodes (standard/non outlier)	212		33	4	249	36.00
37.00	Total Number of Outlier Episodes		2		0	2	37.00
38.00	Total Non-Routine Medical Supply Charges	1,897	467	124	0	2,488	38.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER
STATISTICAL DATA

Provider CCN: 150061
Component CCN: 158500

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

Worksheet S-8

Date/Time Prepared: 5/25/2012 11:50 am

		Rural Health Clinic (RHC) I	Cost	
		1.00		
	Clinic Address and Identification			
1.00	Street	1402 GRAND AVENUE		1.00

		City	State	Zip Code	
		1.00	2.00	3.00	
2.00	City, State, Zip Code, County	WASHINGTON	IN	47501	2.00

			1.00	
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		0	3.00

		Grant Award	Date	
		1.00	2.00	
	Source of Federal Funds			
4.00	Community Health Center (Section 330(d), PHS Act)	0		4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)	0		5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)	0		6.00
7.00	Appalachian Regional Commission	0		7.00
8.00	Look-Alikes	0		8.00
9.00	OTHER (SPECIFY)	0		9.00
		1.00	2.00	
10.00	Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes and "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N	0	10.00

		Sunday		Monday			
		from	to	from	to		
		1.00	2.00	3.00	4.00		
	Facility hours of operations (1)						
11.00	Clinic			08:00	17:00		11.00

		1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 27, section 508(D)? If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N	0	13.00

		Provider name	CCN number	
		1.00	2.00	
14.00	Provider name, CCN number			14.00

		Y/N	V	XVIII	XIX	
		1.00	2.00	3.00	4.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes and "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. (see instructions)	N	0	0	0	15.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150061 Component CCN: 158500	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 11:50 am
		Rural Health Clinic (RHC) I	Cost

		County					
		4.00					
2.00	City, State, Zip Code, County	DAVIESS					2.00
		Tuesday		Wednesday			
		from	to	from	to		
		5.00	6.00	7.00	8.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	17:00	08:00	17:00		11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150061 Component CCN: 158500	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 11:50 am
		Rural Health Clinic (RHC) I	Cost

		Thursday		Friday			
		from	to	from	to		
		9.00	10.00	11.00	12.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	17:00	08:00	17:00		11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150061 Component CCN: 158500	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 11:50 am
		Rural Health Clinic (RHC) I	Cost

		Saturday			
		from	to		
		13.00	14.00		
	Facility hours of operations (1)				
11.00	Clinic				11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA

Provider CCN: 150061
Component CCN: 153999

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

Worksheet S-8

Date/Time Prepared: 5/25/2012 11:50 am

		Rural Health Clinic (RHC) II	Cost
		1.00	
	Clinic Address and Identification		
1.00	Street	202 NORTH ODON STREET	1.00

		City	State	Zip Code	
		1.00	2.00	3.00	
2.00	City, State, Zip Code, County	ODON	IN	47556	2.00

			1.00	
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		0	3.00

		Grant Award	Date	
		1.00	2.00	
	Source of Federal Funds			
4.00	Community Health Center (Section 330(d), PHS Act)	0		4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)	0		5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)	0		6.00
7.00	Appalachian Regional Commission	0		7.00
8.00	Look-Alikes	0		8.00
9.00	OTHER (SPECIFY)	0		9.00

		1.00	2.00	
10.00	Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes and "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N	0	10.00

		Sunday		Monday		
		from	to	from	to	
		1.00	2.00	3.00	4.00	
	Facility hours of operations (1)					
11.00	Clinic			08:00	17:00	11.00

		1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 27, section 508(D)? If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N	0	13.00

		Provider name	CCN number	
		1.00	2.00	
14.00	Provider name, CCN number			14.00

		Y/N	V	XVIII	XIX	
		1.00	2.00	3.00	4.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes and "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. (see instructions)		0	0	0	15.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150061 Component CCN: 153999	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 11:50 am
		Rural Health Clinic (RHC) II	Cost

		County					
		4.00					
2.00	City, State, Zip Code, County	DAVIESS					2.00
		Tuesday		Wednesday			
		from	to	from	to		
		5.00	6.00	7.00	8.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	17:00	08:00	17:00		11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150061 Component CCN: 153999	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 11:50 am
		Rural Health Clinic (RHC) II	Cost

		Thursday		Friday			
		from	to	from	to		
		9.00	10.00	11.00	12.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	17:00	08:00	17:00		11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150061 Component CCN: 153999	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 11:50 am
		Rural Health Clinic (RHC) II	Cost

		Saturday			
		from	to		
		13.00	14.00		
	Facility hours of operations (1)				
11.00	Clinic				11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER
STATISTICAL DATA

Provider CCN: 150061
Component CCN: 158501

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

Worksheet S-8

Date/Time Prepared: 5/25/2012 11:50 am

		Rural Health Clinic (RHC) III	Cost
		1.00	
	Clinic Address and Identification		
1.00	Street	1314 GRAND AVENUE	1.00

		City	State	Zip Code	
		1.00	2.00	3.00	
2.00	City, State, Zip Code, County	PETERSBURG	IN	47501	2.00

			1.00	
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		0	3.00

		Grant Award	Date	
		1.00	2.00	
	Source of Federal Funds			
4.00	Community Health Center (Section 330(d), PHS Act)	0		4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)	0		5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)	0		6.00
7.00	Appalachian Regional Commission	0		7.00
8.00	Look-Alikes	0		8.00
9.00	OTHER (SPECIFY)	0		9.00

		1.00	2.00	
10.00	Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes and "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N	0	10.00

		Sunday		Monday		
		from	to	from	to	
		1.00	2.00	3.00	4.00	
	Facility hours of operations (1)					
11.00	Clinic			08:00	17:00	11.00

		1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 27, section 508(D)? If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N	0	13.00

		Provider name	CCN number	
		1.00	2.00	
14.00	Provider name, CCN number			14.00

		Y/N	V	XVIII	XIX	
		1.00	2.00	3.00	4.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes and "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. (see instructions)		0	0	0	15.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150061 Component CCN: 158501	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 11:50 am
		Rural Health Clinic (RHC) III	Cost

		County					
		4.00					
2.00	City, State, Zip Code, County	DAVIESS					2.00
		Tuesday		Wednesday			
		from	to	from	to		
		5.00	6.00	7.00	8.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	17:00	08:00	17:00		11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150061 Component CCN: 158501	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 11:50 am
		Rural Health Clinic (RHC) III	Cost

		Thursday		Friday			
		from	to	from	to		
		9.00	10.00	11.00	12.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	17:00	08:00	17:00		11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150061 Component CCN: 158501	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 11:50 am
		Rural Health Clinic (RHC) III	Cost

		Saturday			
		from	to		
		13.00	14.00		
	Facility hours of operations (1)				
11.00	Clinic				11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER
STATISTICAL DATA

Provider CCN: 150061
Component CCN: 158503

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

Worksheet S-8

Date/Time Prepared: 5/25/2012 11:50 am

		Rural Health Clinic (RHC) V	Cost	
		1.00		
	Clinic Address and Identification			
1.00	Street	1314 GRAND AVENUE		1.00

		City	State	Zip Code	
		1.00	2.00	3.00	
2.00	City, State, Zip Code, County	WASHINGTON	IN	47501	2.00

			1.00	
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		0	3.00

		Grant Award	Date	
		1.00	2.00	
	Source of Federal Funds			
4.00	Community Health Center (Section 330(d), PHS Act)	0		4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)	0		5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)	0		6.00
7.00	Appalachian Regional Commission	0		7.00
8.00	Look-Alikes	0		8.00
9.00	OTHER (SPECIFY)	0		9.00

		1.00	2.00	
10.00	Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes and "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N	0	10.00

		Sunday		Monday		
		from	to	from	to	
		1.00	2.00	3.00	4.00	
	Facility hours of operations (1)					
11.00	Clinic			08:00	17:00	11.00

		1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 27, section 508(D)? If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N	0	13.00

		Provider name	CCN number	
		1.00	2.00	
14.00	Provider name, CCN number			14.00

		Y/N	V	XVIII	XIX	
		1.00	2.00	3.00	4.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes and "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. (see instructions)		0	0	0	15.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150061 Component CCN: 158503	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 11:50 am
		Rural Health Clinic (RHC) V	Cost

		County					
		4.00					
2.00	City, State, Zip Code, County	DAVIESS					2.00
		Tuesday		Wednesday			
		from	to	from	to		
		5.00	6.00	7.00	8.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	17:00	08:00	17:00		11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150061 Component CCN: 158503	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 11:50 am
		Rural Health Clinic (RHC) V	Cost

		Thursday		Friday			
		from	to	from	to		
		9.00	10.00	11.00	12.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	17:00	08:00	17:00		11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150061 Component CCN: 158503	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 11:50 am
		Rural Health Clinic (RHC) V	Cost

		Saturday			
		from	to		
		13.00	14.00		
	Facility hours of operations (1)				
11.00	Clinic				11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER
STATISTICAL DATA

Provider CCN: 150061
Component CCN: 158506

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

Worksheet S-8

Date/Time Prepared: 5/25/2012 11:50 am

		Rural Health Clinic (RHC) VI	Cost
		1.00	
	Clinic Address and Identification		
1.00	Street	1314 GRAND AVENUE	1.00

		City	State	Zip Code	
		1.00	2.00	3.00	
2.00	City, State, Zip Code, County	MARTIN	IN	47501	2.00

			1.00	
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban		0	3.00

		Grant Award	Date	
		1.00	2.00	
	Source of Federal Funds			
4.00	Community Health Center (Section 330(d), PHS Act)	0		4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)	0		5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)	0		6.00
7.00	Appalachian Regional Commission	0		7.00
8.00	Look-Alikes	0		8.00
9.00	OTHER (SPECIFY)	0		9.00
		1.00	2.00	
10.00	Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes and "N" for no in column 1. If yes, indicate number of other operations in column 2.(Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)	N	0	10.00

		Sunday		Monday		
		from	to	from	to	
		1.00	2.00	3.00	4.00	
	Facility hours of operations (1)					
11.00	Clinic			08:00	17:00	11.00

		1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?	N		12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 27, section 508(D)? If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.	N	0	13.00

		Provider name	CCN number	
		1.00	2.00	
14.00	Provider name, CCN number			14.00

		Y/N	V	XVIII	XIX	
		1.00	2.00	3.00	4.00	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes and "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. (see instructions)		0	0	0	15.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150061 Component CCN: 158506	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 11:50 am
		Rural Health Clinic (RHC) VI	Cost

		County					
		4.00					
2.00	City, State, Zip Code, County	MARTIN					2.00
		Tuesday		Wednesday			
		from	to	from	to		
		5.00	6.00	7.00	8.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	17:00	08:00	17:00		11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150061 Component CCN: 158506	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 11:50 am
		Rural Health Clinic (RHC) VI	Cost

		Thursday		Friday			
		from	to	from	to		
		9.00	10.00	11.00	12.00		
	Facility hours of operations (1)						
11.00	Clinic	08:00	17:00	08:00	17:00		11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 150061 Component CCN: 158506	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 11:50 am
		Rural Health Clinic (RHC) VI	Cost

		Saturday			
		from	to		
		13.00	14.00		
	Facility hours of operations (1)				
11.00	Clinic				11.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150061
Component CCN: 151553

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/25/2012 11:50 am

Hospice I

		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ENROLLMENT DAYS						
1.00	Continuous Home Care	0	0	0	0	0	1.00
2.00	Routine Home Care	2,252	0	0	0	130	2.00
3.00	Inpatient Respite Care	0	0	0	0	0	3.00
4.00	General Inpatient Care	28	0	0	0	2	4.00
5.00	Total Hospice Days	2,280	0	0	0	132	5.00
	Part II - CENSUS DATA						
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	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)	0.00	0.00	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	53	0	0	0	0	9.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 150061 Component CCN: 151553	Period: From 01/01/2011 To 12/31/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 5/25/2012 11:50 am
		Hospice I	

		Unduplicated Days Total (sum of cols. 1, 2 & 5) 6.00	
	PART I - ENROLLMENT DAYS		
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	2,382	2.00
3.00	Inpatient Respite Care	0	3.00
4.00	General Inpatient Care	30	4.00
5.00	Total Hospice Days	2,412	5.00
	Part II - CENSUS DATA		
6.00	Number of Patients Receiving Hospice Care	0	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)	0.00	8.00
9.00	Unduplicated Census Count	53	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet S-10 | Date/Time Prepared: 5/25/2012 11:50 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.464770	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	833,852	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	846,996	5.00
6.00	Medicaid charges	11,031,454	6.00
7.00	Medicaid cost (line 1 times line 6)	5,127,089	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)	3,446,241	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	3,446,241	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	1,547,137	0	1,547,137	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	719,063	0	719,063	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)	719,063	0	719,063	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	2,647,770	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	358,831	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	2,288,939	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	1,063,830	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	1,782,893	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	5,229,134	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A | Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT		1,485,536	1,485,536	754,929	2,240,465	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2,048,203	2,048,203	53,655	2,101,858	2.00
3.00	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	EMPLOYEE BENEFITS	105,816	5,095,768	5,201,584	0	5,201,584	4.00
5.00	ADMINISTRATIVE & GENERAL	1,614,632	3,488,171	5,102,803	-386,650	4,716,153	5.00
6.00	MAINTENANCE & REPAIRS	423,224	336,661	759,885	0	759,885	6.00
7.00	OPERATION OF PLANT	0	707,726	707,726	0	707,726	7.00
8.00	LAUNDRY & LINEN SERVICE	0	157,967	157,967	0	157,967	8.00
9.00	HOUSEKEEPING	346,885	76,225	423,110	0	423,110	9.00
10.00	DIETARY	458,048	484,140	942,188	-536,387	405,801	10.00
11.00	CAFETERIA	0	0	0	422,495	422,495	11.00
13.00	NURSING ADMINISTRATION	674,405	31,143	705,548	0	705,548	13.00
14.00	CENTRAL SERVICES & SUPPLY	269,107	-19,792	249,315	295,029	544,344	14.00
15.00	PHARMACY	557,683	49,126	606,809	0	606,809	15.00
16.00	MEDICAL RECORDS & LIBRARY	469,828	118,061	587,889	0	587,889	16.00
17.00	SOCIAL SERVICE	44,052	447	44,499	0	44,499	17.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	2,045,205	232,271	2,277,476	-486,039	1,791,437	30.00
31.00	INTENSIVE CARE UNIT	562,553	27,288	589,841	-1,228	588,613	31.00
40.00	SUBPROVIDER - IPF	1,462,070	566,793	2,028,863	-1,347	2,027,516	40.00
41.00	SUBPROVIDER - IRF	960,914	743,767	1,704,681	-720	1,703,961	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	240,286	240,286	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	827,858	1,887,857	2,715,715	0	2,715,715	50.00
51.00	RECOVERY ROOM	0	3,009	3,009	0	3,009	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	243,657	243,657	52.00
54.00	RADIOLOGY-DIAGNOSTIC	733,793	634,135	1,367,928	81,169	1,449,097	54.00
56.00	RADIOISOTOPE	304,243	159,234	463,477	0	463,477	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	894,222	1,008,914	1,903,136	104,085	2,007,221	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	220,402	220,402	0	220,402	63.00
64.00	INTRAVENOUS THERAPY	0	29,916	29,916	0	29,916	64.00
65.00	RESPIRATORY THERAPY	451,174	109,060	560,234	0	560,234	65.00
66.00	PHYSICAL THERAPY	1,235,503	205,839	1,441,342	59,800	1,501,142	66.00
67.00	OCCUPATIONAL THERAPY	82,892	3,003	85,895	12,023	97,918	67.00
68.00	SPEECH PATHOLOGY	47,763	25,959	73,722	1,318	75,040	68.00
69.00	ELECTROCARDIOLOGY	105,691	59,983	165,674	-60	165,614	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,512,064	1,512,064	-320,066	1,191,998	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	74,394	74,394	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,026,339	1,026,339	-43,546	982,793	73.00
76.00	CARDIAC REHAB	40,962	3,935	44,897	0	44,897	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	361,173	247,927	609,100	0	609,100	88.00
88.01	NDMC	582,581	135,921	718,502	0	718,502	88.01
88.02	PETERSBURG	393,102	109,298	502,400	0	502,400	88.02
88.04	PEDIATRICS	126,678	43,593	170,271	0	170,271	88.04
88.05	MARTIN	457,900	106,174	564,074	0	564,074	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	77,587	9,191	86,778	0	86,778	90.00
91.00	EMERGENCY	990,268	850,072	1,840,340	0	1,840,340	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	133,987	374,606	508,593	0	508,593	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	415,362	83,789	499,151	-73,501	425,650	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE		1,394,174	1,394,174	-726,339	667,835	113.00
116.00	HOSPICE	165,544	161,205	326,749	0	326,749	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	18,422,705	26,035,100	44,457,805	-233,043	44,224,762	118.00
	NONREIMBURSABLE COST CENTERS						
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	1,031,618	283,030	1,314,648	233,043	1,547,691	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.01

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A | Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
200.00	TOTAL (SUM OF LINES 118-199)	19,454,323	26,318,130	45,772,453	0	45,772,453	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A | Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	2,240,465	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	2,101,858	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-255,061	4,946,523	4.00
5.00	ADMINISTRATIVE & GENERAL	-333,784	4,382,369	5.00
6.00	MAINTENANCE & REPAIRS	0	759,885	6.00
7.00	OPERATION OF PLANT	0	707,726	7.00
8.00	LAUNDRY & LINEN SERVICE	0	157,967	8.00
9.00	HOUSEKEEPING	0	423,110	9.00
10.00	DIETARY	0	405,801	10.00
11.00	CAFETERIA	-215,388	207,107	11.00
13.00	NURSING ADMINISTRATION	0	705,548	13.00
14.00	CENTRAL SERVICES & SUPPLY	-90,139	454,205	14.00
15.00	PHARMACY	-14,789	592,020	15.00
16.00	MEDICAL RECORDS & LIBRARY	-19,309	568,580	16.00
17.00	SOCIAL SERVICE	0	44,499	17.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	0	1,791,437	30.00
31.00	INTENSIVE CARE UNIT	0	588,613	31.00
40.00	SUBPROVIDER - IPF	-458,311	1,569,205	40.00
41.00	SUBPROVIDER - IRF	0	1,703,961	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	240,286	43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	-1,504,170	1,211,545	50.00
51.00	RECOVERY ROOM	0	3,009	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	243,657	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,449,097	54.00
56.00	RADIOISOTOPE	-12,503	450,974	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	2,007,221	60.00
60.01	BLOOD LABORATORY	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	220,402	63.00
64.00	INTRAVENOUS THERAPY	0	29,916	64.00
65.00	RESPIRATORY THERAPY	-60,925	499,309	65.00
66.00	PHYSICAL THERAPY	-709,653	791,489	66.00
67.00	OCCUPATIONAL THERAPY	0	97,918	67.00
68.00	SPEECH PATHOLOGY	0	75,040	68.00
69.00	ELECTROCARDIOLOGY	-49,747	115,867	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,191,998	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	74,394	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	982,793	73.00
76.00	CARDIAC REHAB	0	44,897	76.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	DCHMC	0	609,100	88.00
88.01	NDMC	0	718,502	88.01
88.02	PETERSBURG	0	502,400	88.02
88.04	PEDIATRICS	0	170,271	88.04
88.05	MARTIN	0	564,074	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	86,778	90.00
91.00	EMERGENCY	-11,081	1,829,259	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	-179,214	329,379	93.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	-337	425,313	101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	-667,835	0	113.00
116.00	HOSPICE	23	326,772	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-4,582,223	39,642,539	118.00
	NONREIMBURSABLE COST CENTERS			
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	1,547,691	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.01
200.00	TOTAL (SUM OF LINES 118-199)	-4,582,223	41,190,230	200.00

RECLASSIFICATIONS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-6 | Date/Time Prepared: 5/25/2012 11:50 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - DIETARY				
1.00	CAFETERIA	11.00	205,397	217,098	1.00
2.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	55,369	58,523	2.00
3.00		0.00	0	0	3.00
	TOTALS		260,766	275,621	
	B - INTEREST EXPENSE RECLASS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	685,843	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	40,496	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	726,339	
	C - BILLING COSTS RECLASS				
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	32,412	26,209	1.00
2.00		0.00	0	0	2.00
	TOTALS		32,412	26,209	
	D - LAB/XRAY RECLASS				
1.00	LABORATORY	60.00	87,223	16,862	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	68,019	13,150	2.00
3.00		0.00	0	0	3.00
	TOTALS		155,242	30,012	
	E - SHARED THERAPY RECLASS				
1.00	PHYSICAL THERAPY	66.00	52,635	7,525	1.00
2.00	OCCUPATIONAL THERAPY	67.00	10,685	1,338	2.00
3.00	SPEECH PATHOLOGY	68.00	1,095	223	3.00
4.00		0.00	0	0	4.00
	TOTALS		64,415	9,086	
	F - OBSTETRICS RECLASS				
1.00	NURSERY	43.00	204,627	35,659	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	207,498	36,159	2.00
3.00		0.00	0	0	3.00
	TOTALS		412,125	71,818	
	G - INSURANCE RECLASS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	69,086	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	13,159	2.00
3.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	245,784	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	328,029	
	I - IMPLANTABLE DEVICES				
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	74,394	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	74,394	
	J - INVENTORY ADJUSTMENT RECLASS				
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	295,029	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	TOTALS		0	295,029	
500.00	Grand Total: Increases		924,960	1,836,537	500.00

RECLASSIFICATIONS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-6 | Date/Time Prepared: 5/25/2012 11:50 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - DIETARY						
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	DIETARY	10.00	260,766	275,621	0		3.00
	TOTALS		260,766	275,621			
	B - INTEREST EXPENSE RECLASS						
1.00		0.00	0	0	11		1.00
2.00		0.00	0	0	11		2.00
3.00	INTEREST EXPENSE	113.00	0	726,339	0		3.00
	TOTALS		0	726,339			
	C - BILLING COSTS RECLASS						
1.00		0.00	0	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	32,412	26,209	0		2.00
	TOTALS		32,412	26,209			
	D - LAB/XRAY RECLASS						
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	155,242	30,012	0		3.00
	TOTALS		155,242	30,012			
	E - SHARED THERAPY RECLASS						
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	HOME HEALTH AGENCY	101.00	64,415	9,086	0		4.00
	TOTALS		64,415	9,086			
	F - OBSTETRICS RECLASS						
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	412,125	71,818	0		3.00
	TOTALS		412,125	71,818			
	G - INSURANCE RECLASS						
1.00		0.00	0	0	12		1.00
2.00		0.00	0	0	12		2.00
3.00		0.00	0	0	12		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	328,029	0		4.00
	TOTALS		0	328,029			
	I - IMPLANTABLE DEVICES						
1.00		0.00	0	0	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	74,394	0		2.00
	TOTALS		0	74,394			
	J - INVENTORY ADJUSTMENT RECLASS						
1.00		0.00	0	0	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	2,096	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	1,228	0		3.00
4.00	SUBPROVIDER - IPF	40.00	0	1,347	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	720	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	360	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	0	60	0		7.00
8.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	245,672	0		8.00
9.00	DRUGS CHARGED TO PATIENTS	73.00	0	43,546	0		9.00
	TOTALS		0	295,029			
500.00	Grand Total: Decreases		924,960	1,836,537			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 5/25/2012 11:50 am

			Acquisitions				
		Beginning Balances	Purchases	Donation	Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,280,955	0	0	0	0	1.00
2.00	Land Improvements	275,126	0	0	0	18,346	2.00
3.00	Buildings and Fixtures	24,954,463	21,275	0	21,275	1,043,684	3.00
4.00	Building Improvements	12,612	0	0	0	2,148	4.00
5.00	Fixed Equipment	1,012,992	116,772	0	116,772	172,665	5.00
6.00	Movable Equipment	7,697,175	853,954	0	853,954	1,398,503	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	35,233,323	992,001	0	992,001	2,635,346	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	35,233,323	992,001	0	992,001	2,635,346	10.00

		SUMMARY OF CAPITAL					
	Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,485,536	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,048,203	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,533,739	0	0	0	0	3.00

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
	Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	26,437,352	0	26,437,352	0.787061	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	7,152,626	0	7,152,626	0.212939	0	2.00
3.00	Total (sum of lines 1-2)	33,589,978	0	33,589,978	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 5/25/2012 11:50 am

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	1,280,955	0	1.00
2.00	Land Improvements	256,780	0	2.00
3.00	Buildings and Fixtures	23,932,054	0	3.00
4.00	Building Improvements	10,464	0	4.00
5.00	Fixed Equipment	957,099	0	5.00
6.00	Movable Equipment	7,152,626	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	33,589,978	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	33,589,978	0	10.00

		SUMMARY OF CAPITAL		
	Cost Center Description	Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	1,485,536	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	2,048,203	2.00
3.00	Total (sum of lines 1-2)	0	3,533,739	3.00

		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
	Cost Center Description	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,485,536	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,048,203	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,533,739	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-7 Parts I-III Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	685,843	69,086	0	0	2,240,465	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	40,496	13,159	0	0	2,101,858	2.00
3.00	Total (sum of lines 1-2)	726,339	82,245	0	0	4,342,323	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	
		1.00	2.00	3.00	4.00	
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	-90,139	CENTRAL SERVICES & SUPPLY	14.00	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	7.00
8.00	Television and radio service (chapter 21)	A	-9,090	ADMINISTRATIVE & GENERAL	5.00	8.00
9.00	Parking lot (chapter 21)		0		0.00	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,970,561			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		0		0.00	13.00
14.00	Cafeteria-employees and guests	B	-215,388	CAFETERIA	11.00	14.00
15.00	Rental of quarters to employee and others		0		0.00	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00	Sale of drugs to other than patients	B	-14,789	PHARMACY	15.00	17.00
18.00	Sale of medical records and abstracts	B	-19,309	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00	Vending machines	A	-34	ADMINISTRATIVE & GENERAL	5.00	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		0	*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant		0		0.00	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	A	0		0.00	32.00
33.00	ADVERTISING EXPENSES	A	-119,781	ADMINISTRATIVE & GENERAL	5.00	33.00
34.00	PHYSICIAN RECRUITMENT EXPENSES	A	-174,311	ADMINISTRATIVE & GENERAL	5.00	34.00
35.00	PUBLIC RELATIONS	A	-12,827	ADMINISTRATIVE & GENERAL	5.00	35.00
36.00	PUBLIC RELATIONS	A	13	OTHER OUTPATIENT SERVICE COST CENTER	93.00	36.00
37.00	PUBLIC RELATIONS	A	-337	HOME HEALTH AGENCY	101.00	37.00
38.00	PUBLIC RELATIONS	A	23	HOSPICE	116.00	38.00
39.00	NON-ALLOWABLE COSTS	A	-2,473	ADMINISTRATIVE & GENERAL	5.00	39.00
40.00	DONATIONS	A	-700	ADMINISTRATIVE & GENERAL	5.00	40.00
41.00	PHYSICIAN BENEFITS	A	-255,061	EMPLOYEE BENEFITS	4.00	41.00
42.00	EMT CLASS INCOME	B	-10,025	EMERGENCY	91.00	42.00
43.00	CPR CLASS INCOME	B	-1,056	EMERGENCY	91.00	43.00
44.00	WELLNESS INCOME	B	-3,975	RESPIRATORY THERAPY	65.00	44.00
45.00	MISC INCOME	B	-13,977	ADMINISTRATIVE & GENERAL	5.00	45.00
46.00	INTEREST EXPENSE OFFSET	A	-667,835	INTEREST EXPENSE	113.00	46.00
47.00	PAYROLL RESTITUTION	B	-591	ADMINISTRATIVE & GENERAL	5.00	47.00
48.00			0		0.00	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,582,223			50.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8 | Date/Time Prepared: 5/25/2012 11:50 am

	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	ADVERTISING EXPENSES	0		33.00
34.00	PHYSICIAN RECRUITMENT EXPENSES	0		34.00
35.00	PUBLIC RELATIONS	0		35.00
36.00	PUBLIC RELATIONS	0		36.00
37.00	PUBLIC RELATIONS	0		37.00
38.00	PUBLIC RELATIONS	0		38.00
39.00	NON-ALLOWABLE COSTS	0		39.00
40.00	DONATIONS	0		40.00
41.00	PHYSICIAN BENEFITS	0		41.00
42.00	EMT CLASS INCOME	0		42.00
43.00	CPR CLASS INCOME	0		43.00
44.00	WELLNESS INCOME	0		44.00
45.00	MISC INCOME	0		45.00
46.00	INTEREST EXPENSE OFFSET	0		46.00
47.00	PAYROLL RESTITUTION	0		47.00
48.00		0		48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)			50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-2 | Date/Time Prepared: 5/25/2012 11:50 am

		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		40.00	SUBPROVIDER - IPF	238,156	238,156	1.00
2.00		40.00	SUBPROVIDER - IPF	220,155	220,155	2.00
3.00		50.00	OPERATING ROOM	1,504,170	1,504,170	3.00
4.00		56.00	RADIOISOTOPE	12,503	12,503	4.00
5.00		65.00	RESPIRATORY THERAPY	56,950	56,950	5.00
6.00		66.00	PHYSICAL THERAPY	709,653	709,653	6.00
7.00		69.00	ELECTROCARDIOLOGY	49,747	49,747	7.00
8.00		93.00	OTHER OUTPATIENT SERVICE COST CENTER	179,227	179,227	8.00
9.00		0.00		0	0	9.00
10.00		0.00		0	0	10.00
200.00				2,970,561	2,970,561	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-2 | Date/Time Prepared: 5/25/2012 11:50 am

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-2 | Date/Time Prepared: 5/25/2012 11:50 am

		Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
		12.00	13.00	14.00	15.00	16.00	
1.00		0	0	0	0	0	1.00
2.00		0	0	0	0	0	2.00
3.00		0	0	0	0	0	3.00
4.00		0	0	0	0	0	4.00
5.00		0	0	0	0	0	5.00
6.00		0	0	0	0	0	6.00
7.00		0	0	0	0	0	7.00
8.00		0	0	0	0	0	8.00
9.00		0	0	0	0	0	9.00
10.00		0	0	0	0	0	10.00
200.00		0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet A-8-2 | Date/Time Prepared: 5/25/2012 11:50 am

		RCE Disallowance	Adjustment		
		17.00	18.00		
1.00		0	238,156		1.00
2.00		0	220,155		2.00
3.00		0	1,504,170		3.00
4.00		0	12,503		4.00
5.00		0	56,950		5.00
6.00		0	709,653		6.00
7.00		0	49,747		7.00
8.00		0	179,227		8.00
9.00		0	0		9.00
10.00		0	0		10.00
200.00		0	2,970,561		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS	Subtotal	
		0	1.00	2.00	4.00	4A	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,240,465	2,240,465				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,101,858		2,101,858			2.00
4.00	EMPLOYEE BENEFITS	4,946,523	4,754	1,997	4,953,274		4.00
5.00	ADMINISTRATIVE & GENERAL	4,382,369	131,857	813,906	405,053	5,733,185	5.00
6.00	MAINTENANCE & REPAIRS	759,885	56,974	55,584	108,347	980,790	6.00
7.00	OPERATION OF PLANT	707,726	366,374	1,195	0	1,075,295	7.00
8.00	LAUNDRY & LINEN SERVICE	157,967	3,947	0	0	161,914	8.00
9.00	HOUSEKEEPING	423,110	16,334	1,727	88,804	529,975	9.00
10.00	DIETARY	405,801	48,515	17,874	50,505	522,695	10.00
11.00	CAFETERIA	207,107	17,773	0	52,582	277,462	11.00
13.00	NURSING ADMINISTRATION	705,548	49,565	11,134	172,650	938,897	13.00
14.00	CENTRAL SERVICES & SUPPLY	454,205	45,686	0	68,892	568,783	14.00
15.00	PHARMACY	592,020	15,167	0	142,769	749,956	15.00
16.00	MEDICAL RECORDS & LIBRARY	568,580	25,862	25,849	120,277	740,568	16.00
17.00	SOCIAL SERVICE	44,499	0	250	11,277	56,026	17.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,791,437	251,230	95,738	418,073	2,556,478	30.00
31.00	INTENSIVE CARE UNIT	588,613	27,845	23,420	144,015	783,893	31.00
40.00	SUBPROVIDER - IPF	1,569,205	103,127	26,890	374,294	2,073,516	40.00
41.00	SUBPROVIDER - IRF	1,703,961	89,797	0	245,997	2,039,755	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	240,286	6,164	558	52,385	299,393	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	1,211,545	149,610	280,653	211,934	1,853,742	50.00
51.00	RECOVERY ROOM	3,009	16,363	13	0	19,385	51.00
52.00	DELIVERY ROOM & LABOR ROOM	243,657	27,417	5,042	53,120	329,236	52.00
54.00	RADIOLOGY-DIAGNOSTIC	1,449,097	53,795	218,946	205,266	1,927,104	54.00
56.00	RADIOISOTOPE	450,974	39,512	47,222	77,887	615,595	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	2,007,221	34,350	83,081	251,253	2,375,905	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	220,402	1,935	950	0	223,287	63.00
64.00	INTRAVENOUS THERAPY	29,916	0	0	0	29,916	64.00
65.00	RESPIRATORY THERAPY	499,309	25,444	70,500	115,502	710,755	65.00
66.00	PHYSICAL THERAPY	791,489	34,777	32,629	329,767	1,188,662	66.00
67.00	OCCUPATIONAL THERAPY	97,918	7,409	0	23,956	129,283	67.00
68.00	SPEECH PATHOLOGY	75,040	5,250	172	12,508	92,970	68.00
69.00	ELECTROCARDIOLOGY	115,867	6,436	3,898	27,057	153,258	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,191,998	0	91,770	0	1,283,768	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	74,394	0	0	0	74,394	72.00
73.00	DRUGS CHARGED TO PATIENTS	982,793	0	38,363	0	1,021,156	73.00
76.00	CARDIAC REHAB	44,897	3,617	631	10,486	59,631	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	609,100	47,300	11,738	92,461	760,599	88.00
88.01	NDMC	718,502	33,873	5,986	149,142	907,503	88.01
88.02	PETERSBURG	502,400	52,064	189	100,635	655,288	88.02
88.04	PEDIATRICS	170,271	18,881	3,005	32,430	224,587	88.04
88.05	MARTIN	564,074	24,802	4,917	117,224	711,017	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	86,778	36,547	2,654	19,863	145,842	90.00
91.00	EMERGENCY	1,829,259	75,680	53,846	253,512	2,212,297	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	329,379	24,977	6,212	34,301	394,869	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	425,313	13,271	9,409	89,843	537,836	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	326,772	5,688	123	42,380	374,963	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	39,642,539	1,999,969	2,048,071	4,706,447	39,101,429	118.00
	NONREIMBURSABLE COST CENTERS						
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS	Subtotal	
		0	1.00	2.00	4.00	4A	
194.00	OTHER NONREIMBURSABLE COST CENTERS	1,547,691	0	0	246,827	1,794,518	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	0	240,496	53,787	0	294,283	194.01
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)	41,190,230	2,240,465	2,101,858	4,953,274	41,190,230	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	5,733,185					5.00
6.00	MAINTENANCE & REPAIRS	158,588	1,139,378				6.00
7.00	OPERATION OF PLANT	173,869	203,938	1,453,102			7.00
8.00	LAUNDRY & LINEN SERVICE	26,181	2,197	3,413	193,705		8.00
9.00	HOUSEKEEPING	85,694	9,092	14,124	0	638,885	9.00
10.00	DIETARY	84,517	27,006	41,950	0	18,670	10.00
11.00	CAFETERIA	44,864	9,893	15,368	0	6,839	11.00
13.00	NURSING ADMINISTRATION	151,814	27,590	42,858	0	19,074	13.00
14.00	CENTRAL SERVICES & SUPPLY	91,969	25,431	39,504	0	17,581	14.00
15.00	PHARMACY	121,263	8,443	13,115	0	5,837	15.00
16.00	MEDICAL RECORDS & LIBRARY	119,745	14,396	22,362	0	9,952	16.00
17.00	SOCIAL SERVICE	9,059	0	0	0	0	17.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	413,360	139,845	217,235	70,065	96,676	30.00
31.00	INTENSIVE CARE UNIT	126,751	15,500	24,077	13,766	10,715	31.00
40.00	SUBPROVIDER - IPF	335,275	57,405	89,172	62,797	39,685	40.00
41.00	SUBPROVIDER - IRF	329,816	49,985	77,646	34,149	34,556	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	48,410	3,431	5,330	11,148	2,372	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	299,739	83,279	129,365	1,780	57,573	50.00
51.00	RECOVERY ROOM	3,134	9,108	14,149	0	6,297	51.00
52.00	DELIVERY ROOM & LABOR ROOM	53,235	15,262	23,707	0	10,551	52.00
54.00	RADIOLOGY-DIAGNOSTIC	311,601	29,944	46,515	0	20,701	54.00
56.00	RADIOISOTOPE	99,538	21,994	34,166	0	15,205	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	384,170	19,120	29,701	0	13,218	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	36,104	1,077	1,673	0	745	63.00
64.00	INTRAVENOUS THERAPY	4,837	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	114,925	14,163	22,001	0	9,791	65.00
66.00	PHYSICAL THERAPY	192,200	19,359	30,071	0	13,383	66.00
67.00	OCCUPATIONAL THERAPY	20,904	4,124	6,406	0	2,851	67.00
68.00	SPEECH PATHOLOGY	15,033	2,922	4,540	0	2,020	68.00
69.00	ELECTROCARDIOLOGY	24,781	3,583	5,565	0	2,477	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	207,578	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	12,029	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	165,115	0	0	0	0	73.00
76.00	CARDIAC REHAB	9,642	2,013	3,127	0	1,392	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	122,984	26,329	40,899	0	18,202	88.00
88.01	NDMC	146,738	18,855	29,290	0	13,035	88.01
88.02	PETERSBURG	105,956	28,981	45,019	0	20,035	88.02
88.04	PEDIATRICS	36,314	10,510	16,326	0	7,266	88.04
88.05	MARTIN	114,967	13,806	21,446	0	9,544	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	23,582	20,344	31,601	0	14,064	90.00
91.00	EMERGENCY	357,715	42,127	65,439	0	29,123	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	63,848	13,903	21,597	0	9,612	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	86,965	7,387	11,475	0	5,107	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	60,629	3,166	4,918	0	2,189	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,395,438	1,005,508	1,245,150	193,705	546,338	118.00
	NONREIMBURSABLE COST CENTERS						
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	290,163	0	0	0	0	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	47,584	133,870	207,952	0	92,547	194.01
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)	5,733,185	1,139,378	1,453,102	193,705	638,885	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	694,838					10.00
11.00	CAFETERIA	0	354,426				11.00
13.00	NURSING ADMINISTRATION	0	12,048	1,192,281			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	8,329	0	751,597		14.00
15.00	PHARMACY	0	8,840	0	1,360	908,814	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	15,107	0	36	0	16.00
17.00	SOCIAL SERVICE	0	984	0	78	0	17.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	230,106	35,215	201,800	17,654	0	30.00
31.00	INTENSIVE CARE UNIT	52,566	12,434	71,247	4,555	0	31.00
40.00	SUBPROVIDER - IPF	248,674	32,118	184,040	7,251	0	40.00
41.00	SUBPROVIDER - IRF	163,492	21,821	125,040	6,123	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	3,813	21,848	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	16,563	94,910	23,382	0	50.00
51.00	RECOVERY ROOM	0	0	0	493	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,866	22,153	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	17,841	102,231	15,503	0	54.00
56.00	RADIOISOTOPE	0	5,511	31,577	1,535	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	25,133	144,017	146,276	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	56,500	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	9,359	0	6,374	0	65.00
66.00	PHYSICAL THERAPY	0	13,019	0	7,767	0	66.00
67.00	OCCUPATIONAL THERAPY	0	1,576	0	317	0	67.00
68.00	SPEECH PATHOLOGY	0	853	0	1	0	68.00
69.00	ELECTROCARDIOLOGY	0	2,334	0	684	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	427,990	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	908,814	73.00
76.00	CARDIAC REHAB	0	734	4,203	173	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0	10,483	0	2,042	0	88.00
88.01	NDMC	0	10,427	0	4,121	0	88.01
88.02	PETERSBURG	0	7,707	0	0	0	88.02
88.04	PEDIATRICS	0	2,893	0	1,726	0	88.04
88.05	MARTIN	0	7,778	0	3,377	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	2,005	0	644	0	90.00
91.00	EMERGENCY	0	21,060	120,680	9,745	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	3,150	0	10	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	8,169	46,807	704	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	3,792	21,728	1,130	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	694,838	324,962	1,192,281	747,551	908,814	118.00
	NONREIMBURSABLE COST CENTERS						
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	0	29,464	0	4,046	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
202.00	TOTAL (sum lines 118-201)	694,838	354,426	1,192,281	751,597	908,814	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY	922,166					16.00
17.00	SOCIAL SERVICE	0	66,147				17.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	42,370	33,073	4,053,877	0	4,053,877	30.00
31.00	INTENSIVE CARE UNIT	17,022	0	1,132,526	0	1,132,526	31.00
40.00	SUBPROVIDER - IPF	49,035	0	3,178,968	0	3,178,968	40.00
41.00	SUBPROVIDER - IRF	30,718	0	2,913,101	0	2,913,101	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	5,912	0	401,657	0	401,657	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	76,414	0	2,636,747	0	2,636,747	50.00
51.00	RECOVERY ROOM	7,083	0	59,649	0	59,649	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,995	0	464,005	0	464,005	52.00
54.00	RADIOLOGY-DIAGNOSTIC	122,491	0	2,593,931	0	2,593,931	54.00
56.00	RADIOISOTOPE	41,316	0	866,437	0	866,437	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	157,116	0	3,294,656	0	3,294,656	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	9,818	0	329,204	0	329,204	63.00
64.00	INTRAVENOUS THERAPY	5,472	0	40,225	0	40,225	64.00
65.00	RESPIRATORY THERAPY	28,612	0	915,980	0	915,980	65.00
66.00	PHYSICAL THERAPY	45,302	0	1,509,763	0	1,509,763	66.00
67.00	OCCUPATIONAL THERAPY	9,361	0	174,822	0	174,822	67.00
68.00	SPEECH PATHOLOGY	2,604	0	120,943	0	120,943	68.00
69.00	ELECTROCARDIOLOGY	9,923	0	202,605	0	202,605	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,176	0	1,956,512	0	1,956,512	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	926	0	87,349	0	87,349	72.00
73.00	DRUGS CHARGED TO PATIENTS	57,314	0	2,152,399	0	2,152,399	73.00
76.00	CARDIAC REHAB	916	0	81,831	0	81,831	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	8,834	0	990,372	0	990,372	88.00
88.01	NDMC	9,966	0	1,139,935	0	1,139,935	88.01
88.02	PETERSBURG	17,173	0	880,159	0	880,159	88.02
88.04	PEDIATRICS	3,480	0	303,102	0	303,102	88.04
88.05	MARTIN	9,121	0	891,056	0	891,056	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	989	0	239,071	0	239,071	90.00
91.00	EMERGENCY	69,450	0	2,927,636	0	2,927,636	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	9,312	0	516,301	0	516,301	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	5,082	16,537	726,069	0	726,069	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	4,119	16,537	493,171	0	493,171	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	900,422	66,147	38,274,059	0	38,274,059	118.00
	NONREIMBURSABLE COST CENTERS						
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	2,084,681	0	2,084,681	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	21,744	0	831,490	0	831,490	194.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part I Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	922,166	66,147	41,190,230	0	41,190,230	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
		0	1.00	2.00	2A	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	4,754	1,997	6,751	6,751	4.00
5.00	ADMINISTRATIVE & GENERAL	0	131,857	813,906	945,763	552	5.00
6.00	MAINTENANCE & REPAIRS	0	56,974	55,584	112,558	148	6.00
7.00	OPERATION OF PLANT	0	366,374	1,195	367,569	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	3,947	0	3,947	0	8.00
9.00	HOUSEKEEPING	0	16,334	1,727	18,061	121	9.00
10.00	DIETARY	0	48,515	17,874	66,389	69	10.00
11.00	CAFETERIA	0	17,773	0	17,773	72	11.00
13.00	NURSING ADMINISTRATION	0	49,565	11,134	60,699	235	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	45,686	0	45,686	94	14.00
15.00	PHARMACY	0	15,167	0	15,167	195	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	25,862	25,849	51,711	164	16.00
17.00	SOCIAL SERVICE	0	0	250	250	15	17.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	251,230	95,738	346,968	570	30.00
31.00	INTENSIVE CARE UNIT	0	27,845	23,420	51,265	196	31.00
40.00	SUBPROVIDER - IPF	0	103,127	26,890	130,017	510	40.00
41.00	SUBPROVIDER - IRF	0	89,797	0	89,797	335	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	6,164	558	6,722	71	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	149,610	280,653	430,263	289	50.00
51.00	RECOVERY ROOM	0	16,363	13	16,376	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	27,417	5,042	32,459	72	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	53,795	218,946	272,741	280	54.00
56.00	RADIOISOTOPE	0	39,512	47,222	86,734	106	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	34,350	83,081	117,431	343	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	1,935	950	2,885	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	25,444	70,500	95,944	157	65.00
66.00	PHYSICAL THERAPY	0	34,777	32,629	67,406	450	66.00
67.00	OCCUPATIONAL THERAPY	0	7,409	0	7,409	33	67.00
68.00	SPEECH PATHOLOGY	0	5,250	172	5,422	17	68.00
69.00	ELECTROCARDIOLOGY	0	6,436	3,898	10,334	37	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	91,770	91,770	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	38,363	38,363	0	73.00
76.00	CARDIAC REHAB	0	3,617	631	4,248	14	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0	47,300	11,738	59,038	126	88.00
88.01	NDMC	0	33,873	5,986	39,859	203	88.01
88.02	PETERSBURG	0	52,064	189	52,253	137	88.02
88.04	PEDIATRICS	0	18,881	3,005	21,886	44	88.04
88.05	MARTIN	0	24,802	4,917	29,719	160	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	36,547	2,654	39,201	27	90.00
91.00	EMERGENCY	0	75,680	53,846	129,526	346	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	24,977	6,212	31,189	47	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	13,271	9,409	22,680	122	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	5,688	123	5,811	58	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,999,969	2,048,071	4,048,040	6,415	118.00
	NONREIMBURSABLE COST CENTERS						
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	336	194.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
194.01	OTHER NONREIMBURSABLE COST CENTERS	0	240,496	53,787	294,283	0	194.01
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	2,240,465	2,101,858	4,342,323	6,751	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	946,315					5.00
6.00	MAINTENANCE & REPAIRS	26,176	138,882				6.00
7.00	OPERATION OF PLANT	28,699	24,859	421,127			7.00
8.00	LAUNDRY & LINEN SERVICE	4,321	268	989	9,525		8.00
9.00	HOUSEKEEPING	14,145	1,108	4,093	0	37,528	9.00
10.00	DIETARY	13,950	3,292	12,158	0	1,097	10.00
11.00	CAFETERIA	7,405	1,206	4,454	0	402	11.00
13.00	NURSING ADMINISTRATION	25,058	3,363	12,421	0	1,120	13.00
14.00	CENTRAL SERVICES & SUPPLY	15,180	3,100	11,449	0	1,033	14.00
15.00	PHARMACY	20,016	1,029	3,801	0	343	15.00
16.00	MEDICAL RECORDS & LIBRARY	19,765	1,755	6,481	0	585	16.00
17.00	SOCIAL SERVICE	1,495	0	0	0	0	17.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	68,236	17,046	62,955	3,445	5,677	30.00
31.00	INTENSIVE CARE UNIT	20,921	1,889	6,978	677	629	31.00
40.00	SUBPROVIDER - IPF	55,340	6,997	25,843	3,088	2,331	40.00
41.00	SUBPROVIDER - IRF	54,439	6,093	22,503	1,679	2,030	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	7,990	418	1,545	548	139	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	49,475	10,151	37,492	88	3,382	50.00
51.00	RECOVERY ROOM	517	1,110	4,100	0	370	51.00
52.00	DELIVERY ROOM & LABOR ROOM	8,787	1,860	6,871	0	620	52.00
54.00	RADIOLOGY-DIAGNOSTIC	51,432	3,650	13,481	0	1,216	54.00
56.00	RADIOISOTOPE	16,430	2,681	9,902	0	893	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	63,411	2,331	8,608	0	776	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	5,959	131	485	0	44	63.00
64.00	INTRAVENOUS THERAPY	798	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	18,969	1,726	6,376	0	575	65.00
66.00	PHYSICAL THERAPY	31,724	2,360	8,715	0	786	66.00
67.00	OCCUPATIONAL THERAPY	3,450	503	1,857	0	167	67.00
68.00	SPEECH PATHOLOGY	2,481	356	1,316	0	119	68.00
69.00	ELECTROCARDIOLOGY	4,090	437	1,613	0	145	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	34,262	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,986	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	27,254	0	0	0	0	73.00
76.00	CARDIAC REHAB	1,591	245	906	0	82	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	20,300	3,209	11,853	0	1,069	88.00
88.01	NDMC	24,220	2,298	8,488	0	766	88.01
88.02	PETERSBURG	17,489	3,533	13,047	0	1,177	88.02
88.04	PEDIATRICS	5,994	1,281	4,732	0	427	88.04
88.05	MARTIN	18,976	1,683	6,215	0	561	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	3,892	2,480	9,158	0	826	90.00
91.00	EMERGENCY	59,044	5,135	18,965	0	1,711	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	10,539	1,695	6,259	0	565	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	14,354	900	3,326	0	300	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	10,007	386	1,425	0	129	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	890,567	122,564	360,860	9,525	32,092	118.00
	NONREIMBURSABLE COST CENTERS						
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	47,894	0	0	0	0	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	7,854	16,318	60,267	0	5,436	194.01
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)	946,315	138,882	421,127	9,525	37,528	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	96,955					10.00
11.00	CAFETERIA	0	31,312				11.00
13.00	NURSING ADMINISTRATION	0	1,064	103,960			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	736	0	77,278		14.00
15.00	PHARMACY	0	781	0	140	41,472	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	1,335	0	4	0	16.00
17.00	SOCIAL SERVICE	0	87	0	8	0	17.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	32,108	3,112	17,595	1,815	0	30.00
31.00	INTENSIVE CARE UNIT	7,335	1,098	6,212	468	0	31.00
40.00	SUBPROVIDER - IPF	34,699	2,837	16,047	746	0	40.00
41.00	SUBPROVIDER - IRF	22,813	1,928	10,903	630	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	337	1,905	0	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	1,463	8,276	2,404	0	50.00
51.00	RECOVERY ROOM	0	0	0	51	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	342	1,932	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,576	8,914	1,594	0	54.00
56.00	RADIOISOTOPE	0	487	2,753	158	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	2,220	12,557	15,040	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	5,809	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	827	0	655	0	65.00
66.00	PHYSICAL THERAPY	0	1,150	0	799	0	66.00
67.00	OCCUPATIONAL THERAPY	0	139	0	33	0	67.00
68.00	SPEECH PATHOLOGY	0	75	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	206	0	70	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	44,005	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	41,472	73.00
76.00	CARDIAC REHAB	0	65	367	18	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0	926	0	210	0	88.00
88.01	NDMC	0	921	0	424	0	88.01
88.02	PETERSBURG	0	681	0	0	0	88.02
88.04	PEDIATRICS	0	256	0	177	0	88.04
88.05	MARTIN	0	687	0	347	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	177	0	66	0	90.00
91.00	EMERGENCY	0	1,861	10,523	1,002	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	278	0	1	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	722	4,081	72	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	335	1,895	116	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	96,955	28,709	103,960	76,862	41,472	118.00
	NONREIMBURSABLE COST CENTERS						
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	0	2,603	0	416	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
202.00	TOTAL (sum lines 118-201)	96,955	31,312	103,960	77,278	41,472	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY	81,800					16.00
17.00	SOCIAL SERVICE	0	1,855				17.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,758	927	564,212	0	564,212	30.00
31.00	INTENSIVE CARE UNIT	1,510	0	99,178	0	99,178	31.00
40.00	SUBPROVIDER - IPF	4,350	0	282,805	0	282,805	40.00
41.00	SUBPROVIDER - IRF	2,725	0	215,875	0	215,875	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	524	0	20,199	0	20,199	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	6,778	0	550,061	0	550,061	50.00
51.00	RECOVERY ROOM	628	0	23,152	0	23,152	51.00
52.00	DELIVERY ROOM & LABOR ROOM	532	0	53,475	0	53,475	52.00
54.00	RADIOLOGY-DIAGNOSTIC	10,865	0	365,749	0	365,749	54.00
56.00	RADIOISOTOPE	3,665	0	123,809	0	123,809	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	13,938	0	236,655	0	236,655	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	871	0	16,184	0	16,184	63.00
64.00	INTRAVENOUS THERAPY	485	0	1,283	0	1,283	64.00
65.00	RESPIRATORY THERAPY	2,538	0	127,767	0	127,767	65.00
66.00	PHYSICAL THERAPY	4,018	0	117,408	0	117,408	66.00
67.00	OCCUPATIONAL THERAPY	830	0	14,421	0	14,421	67.00
68.00	SPEECH PATHOLOGY	231	0	10,017	0	10,017	68.00
69.00	ELECTROCARDIOLOGY	880	0	17,812	0	17,812	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,298	0	173,335	0	173,335	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	82	0	2,068	0	2,068	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,084	0	112,173	0	112,173	73.00
76.00	CARDIAC REHAB	81	0	7,617	0	7,617	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	784	0	97,515	0	97,515	88.00
88.01	NDMC	884	0	78,063	0	78,063	88.01
88.02	PETERSBURG	1,523	0	89,840	0	89,840	88.02
88.04	PEDIATRICS	309	0	35,106	0	35,106	88.04
88.05	MARTIN	809	0	59,157	0	59,157	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	88	0	55,915	0	55,915	90.00
91.00	EMERGENCY	6,161	0	234,274	0	234,274	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	826	0	51,399	0	51,399	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	451	464	47,472	0	47,472	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	365	464	20,991	0	20,991	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	79,871	1,855	3,904,987	0	3,904,987	118.00
	NONREIMBURSABLE COST CENTERS						
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	48,230	0	48,230	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	1,929	0	389,106	0	389,106	194.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B Part II Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	17.00	24.00	25.00	26.00	
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	81,800	1,855	4,342,323	0	4,342,323	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	CAPITAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	4.00	5A	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	230,441					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP		1,975,497				2.00
4.00	EMPLOYEE BENEFITS	489	1,877	19,348,507			4.00
5.00	ADMINISTRATIVE & GENERAL	13,562	764,977	1,582,220	-5,733,185	35,457,045	5.00
6.00	MAINTENANCE & REPAIRS	5,860	52,242	423,224	0	980,790	6.00
7.00	OPERATION OF PLANT	37,683	1,123	0	0	1,075,295	7.00
8.00	LAUNDRY & LINEN SERVICE	406	0	0	0	161,914	8.00
9.00	HOUSEKEEPING	1,680	1,623	346,885	0	529,975	9.00
10.00	DIETARY	4,990	16,799	197,282	0	522,695	10.00
11.00	CAFETERIA	1,828	0	205,397	0	277,462	11.00
13.00	NURSING ADMINISTRATION	5,098	10,465	674,405	0	938,897	13.00
14.00	CENTRAL SERVICES & SUPPLY	4,699	0	269,107	0	568,783	14.00
15.00	PHARMACY	1,560	0	557,683	0	749,956	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,660	24,295	469,828	0	740,568	16.00
17.00	SOCIAL SERVICE	0	235	44,052	0	56,026	17.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	25,840	89,982	1,633,080	0	2,556,478	30.00
31.00	INTENSIVE CARE UNIT	2,864	22,012	562,553	0	783,893	31.00
40.00	SUBPROVIDER - IPF	10,607	25,273	1,462,070	0	2,073,516	40.00
41.00	SUBPROVIDER - IRF	9,236	0	960,914	0	2,039,755	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	634	524	204,627	0	299,393	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	15,388	263,781	827,858	0	1,853,742	50.00
51.00	RECOVERY ROOM	1,683	12	0	0	19,385	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,820	4,739	207,498	0	329,236	52.00
54.00	RADIOLOGY-DIAGNOSTIC	5,533	205,783	801,812	0	1,927,104	54.00
56.00	RADIOISOTOPE	4,064	44,383	304,243	0	615,595	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	3,533	78,086	981,445	0	2,375,905	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	199	893	0	0	223,287	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	29,916	64.00
65.00	RESPIRATORY THERAPY	2,617	66,262	451,174	0	710,755	65.00
66.00	PHYSICAL THERAPY	3,577	30,667	1,288,138	0	1,188,662	66.00
67.00	OCCUPATIONAL THERAPY	762	0	93,577	0	129,283	67.00
68.00	SPEECH PATHOLOGY	540	162	48,858	0	92,970	68.00
69.00	ELECTROCARDIOLOGY	662	3,664	105,691	0	153,258	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	86,253	0	0	1,283,768	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	74,394	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	36,057	0	0	1,021,156	73.00
76.00	CARDIAC REHAB	372	593	40,962	0	59,631	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	4,865	11,032	361,173	0	760,599	88.00
88.01	NDMC	3,484	5,626	582,581	0	907,503	88.01
88.02	PETERSBURG	5,355	178	393,102	0	655,288	88.02
88.04	PEDIATRICS	1,942	2,824	126,678	0	224,587	88.04
88.05	MARTIN	2,551	4,621	457,900	0	711,017	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	3,759	2,494	77,587	0	145,842	90.00
91.00	EMERGENCY	7,784	50,609	990,268	0	2,212,297	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	2,569	5,839	133,987	0	394,869	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	1,365	8,843	350,947	0	537,836	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	585	116	165,544	0	374,963	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	205,705	1,924,944	18,384,350	-5,733,185	33,368,244	118.00
	NONREIMBURSABLE COST CENTERS						
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	964,157	0	1,794,518	194.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	CAPITAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	4.00	5A	5.00	
194.01	OTHER NONREIMBURSABLE COST CENTERS	24,736	50,553	0	0	294,283	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,240,465	2,101,858	4,953,274		5,733,185	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.722510	1.063964	0.256003		0.161694	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			6,751		946,315	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000349		0.026689	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS	210,530					6.00
7.00	OPERATION OF PLANT	37,683	172,847				7.00
8.00	LAUNDRY & LINEN SERVICE	406	406	308,655			8.00
9.00	HOUSEKEEPING	1,680	1,680	0	170,761		9.00
10.00	DIETARY	4,990	4,990	0	4,990	38,135	10.00
11.00	CAFETERIA	1,828	1,828	0	1,828	0	11.00
13.00	NURSING ADMINISTRATION	5,098	5,098	0	5,098	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	4,699	4,699	0	4,699	0	14.00
15.00	PHARMACY	1,560	1,560	0	1,560	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,660	2,660	0	2,660	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	25,840	25,840	111,643	25,840	12,629	30.00
31.00	INTENSIVE CARE UNIT	2,864	2,864	21,935	2,864	2,885	31.00
40.00	SUBPROVIDER - IPF	10,607	10,607	100,062	10,607	13,648	40.00
41.00	SUBPROVIDER - IRF	9,236	9,236	54,414	9,236	8,973	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	634	634	17,764	634	0	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	15,388	15,388	2,837	15,388	0	50.00
51.00	RECOVERY ROOM	1,683	1,683	0	1,683	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,820	2,820	0	2,820	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	5,533	5,533	0	5,533	0	54.00
56.00	RADIOISOTOPE	4,064	4,064	0	4,064	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	3,533	3,533	0	3,533	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	199	199	0	199	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	2,617	2,617	0	2,617	0	65.00
66.00	PHYSICAL THERAPY	3,577	3,577	0	3,577	0	66.00
67.00	OCCUPATIONAL THERAPY	762	762	0	762	0	67.00
68.00	SPEECH PATHOLOGY	540	540	0	540	0	68.00
69.00	ELECTROCARDIOLOGY	662	662	0	662	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	CARDIAC REHAB	372	372	0	372	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	4,865	4,865	0	4,865	0	88.00
88.01	NDMC	3,484	3,484	0	3,484	0	88.01
88.02	PETERSBURG	5,355	5,355	0	5,355	0	88.02
88.04	PEDIATRICS	1,942	1,942	0	1,942	0	88.04
88.05	MARTIN	2,551	2,551	0	2,551	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	3,759	3,759	0	3,759	0	90.00
91.00	EMERGENCY	7,784	7,784	0	7,784	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	2,569	2,569	0	2,569	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	1,365	1,365	0	1,365	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	585	585	0	585	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	185,794	148,111	308,655	146,025	38,135	118.00
	NONREIMBURSABLE COST CENTERS						
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	24,736	24,736	0	24,736	0	194.01
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,139,378	1,453,102	193,705	638,885	694,838	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.411951	8.406869	0.627578	3.741399	18.220480	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	138,882	421,127	9,525	37,528	96,955	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.659678	2.436415	0.030860	0.219769	2.542415	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	CAFETERIA (HOURS PAID)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
	GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA	764,862					11.00
13.00	NURSING ADMINISTRATION	26,001	449,022				13.00
14.00	CENTRAL SERVICES & SUPPLY	17,974	0	2,655,349			14.00
15.00	PHARMACY	19,076	0	4,804	100		15.00
16.00	MEDICAL RECORDS & LIBRARY	32,602	0	128	0	87,388,395	16.00
17.00	SOCIAL SERVICE	2,123	0	274	0	0	17.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	75,999	75,999	62,371	0	4,015,309	30.00
31.00	INTENSIVE CARE UNIT	26,832	26,832	16,091	0	1,613,141	31.00
40.00	SUBPROVIDER - IPF	69,311	69,311	25,618	0	4,647,009	40.00
41.00	SUBPROVIDER - IRF	47,091	47,091	21,632	0	2,911,152	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	8,228	8,228	0	0	560,292	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	35,744	35,744	82,607	0	7,241,682	50.00
51.00	RECOVERY ROOM	0	0	1,740	0	671,247	51.00
52.00	DELIVERY ROOM & LABOR ROOM	8,343	8,343	0	0	568,153	52.00
54.00	RADIOLOGY-DIAGNOSTIC	38,501	38,501	54,771	0	11,608,294	54.00
56.00	RADIOISOTOPE	11,892	11,892	5,424	0	3,915,420	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	54,238	54,238	516,785	0	14,885,637	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	199,613	0	930,394	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	518,576	64.00
65.00	RESPIRATORY THERAPY	20,198	0	22,519	0	2,711,528	65.00
66.00	PHYSICAL THERAPY	28,095	0	27,439	0	4,293,228	66.00
67.00	OCCUPATIONAL THERAPY	3,400	0	1,121	0	887,177	67.00
68.00	SPEECH PATHOLOGY	1,841	0	4	0	246,797	68.00
69.00	ELECTROCARDIOLOGY	5,037	0	2,415	0	940,361	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,512,064	0	3,523,092	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	87,711	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	100	5,431,547	73.00
76.00	CARDIAC REHAB	1,583	1,583	612	0	86,776	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	22,622	0	7,215	0	837,165	88.00
88.01	NDMC	22,501	0	14,560	0	944,467	88.01
88.02	PETERSBURG	16,633	0	0	0	1,627,454	88.02
88.04	PEDIATRICS	6,243	0	6,097	0	329,835	88.04
88.05	MARTIN	16,786	0	11,929	0	864,388	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	4,326	0	2,275	0	93,747	90.00
91.00	EMERGENCY	45,449	45,449	34,430	0	6,581,738	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	6,797	0	37	0	882,471	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	17,628	17,628	2,487	0	481,616	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	8,183	8,183	3,991	0	390,320	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	701,277	449,022	2,641,053	100	85,327,724	118.00
	NONREIMBURSABLE COST CENTERS						
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	63,585	0	14,296	0	2,060,671	194.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	CAFETERIA (HOURS PAID)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
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)	354,426	1,192,281	751,597	908,814	922,166	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.463386	2.655284	0.283050	9,088.140000	0.010552	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	31,312	103,960	77,278	41,472	81,800	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.040938	0.231525	0.029103	414.720000	0.000936	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	SOCIAL SERVICE (TIME SPENT)		
		17.00		
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
6.00	MAINTENANCE & REPAIRS			6.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
17.00	SOCIAL SERVICE	2,124		17.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	1,062		30.00
31.00	INTENSIVE CARE UNIT	0		31.00
40.00	SUBPROVIDER - IPF	0		40.00
41.00	SUBPROVIDER - IRF	0		41.00
42.00	SUBPROVIDER	0		42.00
43.00	NURSERY	0		43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0		50.00
51.00	RECOVERY ROOM	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0		54.00
56.00	RADIOISOTOPE	0		56.00
57.00	CT SCAN	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		58.00
59.00	CARDIAC CATHETERIZATION	0		59.00
60.00	LABORATORY	0		60.00
60.01	BLOOD LABORATORY	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0		63.00
64.00	INTRAVENOUS THERAPY	0		64.00
65.00	RESPIRATORY THERAPY	0		65.00
66.00	PHYSICAL THERAPY	0		66.00
67.00	OCCUPATIONAL THERAPY	0		67.00
68.00	SPEECH PATHOLOGY	0		68.00
69.00	ELECTROCARDIOLOGY	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0		73.00
76.00	CARDIAC REHAB	0		76.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	DCHMC	0		88.00
88.01	NDMC	0		88.01
88.02	PETERSBURG	0		88.02
88.04	PEDIATRICS	0		88.04
88.05	MARTIN	0		88.05
88.06	RURAL HEALTH CLINIC VII	0		88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	CLINIC	0		90.00
91.00	EMERGENCY	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0		93.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	CORF	0		99.10
101.00	HOME HEALTH AGENCY	531		101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION	0		109.00
110.00	INTESTINAL ACQUISITION	0		110.00
111.00	ISLET ACQUISITION	0		111.00
113.00	INTEREST EXPENSE			113.00
116.00	HOSPICE	531		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,124		118.00
	NONREIMBURSABLE COST CENTERS			
192.00	PHYSICIANS' PRIVATE OFFICES	0		192.00
194.00	OTHER NONREIMBURSABLE COST CENTERS	0		194.00
194.01	OTHER NONREIMBURSABLE COST CENTERS	0		194.01
200.00	Cross Foot Adjustments			200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet B-1 | Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	SOCIAL SERVICE (TIME SPENT)		
		17.00		
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	66,147		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	31.142655		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,855		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.873352		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,053,877		4,053,877	0	4,053,877	30.00
31.00	INTENSIVE CARE UNIT	1,132,526		1,132,526	0	1,132,526	31.00
40.00	SUBPROVIDER - IPF	3,178,968		3,178,968	0	3,178,968	40.00
41.00	SUBPROVIDER - IRF	2,913,101		2,913,101	0	2,913,101	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	401,657		401,657	0	401,657	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,636,747		2,636,747	0	2,636,747	50.00
51.00	RECOVERY ROOM	59,649		59,649	0	59,649	51.00
52.00	DELIVERY ROOM & LABOR ROOM	464,005		464,005	0	464,005	52.00
54.00	RADIOLOGY-DIAGNOSTIC	2,593,931		2,593,931	0	2,593,931	54.00
56.00	RADIOISOTOPE	866,437		866,437	0	866,437	56.00
57.00	CT SCAN	0		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	LABORATORY	3,294,656		3,294,656	0	3,294,656	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	329,204		329,204	0	329,204	63.00
64.00	INTRAVENOUS THERAPY	40,225		40,225	0	40,225	64.00
65.00	RESPIRATORY THERAPY	915,980	0	915,980	0	915,980	65.00
66.00	PHYSICAL THERAPY	1,509,763	0	1,509,763	0	1,509,763	66.00
67.00	OCCUPATIONAL THERAPY	174,822	0	174,822	0	174,822	67.00
68.00	SPEECH PATHOLOGY	120,943	0	120,943	0	120,943	68.00
69.00	ELECTROCARDIOLOGY	202,605		202,605	0	202,605	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,956,512		1,956,512	0	1,956,512	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	87,349		87,349	0	87,349	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,152,399		2,152,399	0	2,152,399	73.00
76.00	CARDIAC REHAB	81,831		81,831	0	81,831	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	990,372		990,372	0	990,372	88.00
88.01	NDMC	1,139,935		1,139,935	0	1,139,935	88.01
88.02	PETERSBURG	880,159		880,159	0	880,159	88.02
88.04	PEDIATRICS	303,102		303,102	0	303,102	88.04
88.05	MARTIN	891,056		891,056	0	891,056	88.05
88.06	RURAL HEALTH CLINIC VII	0		0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	239,071		239,071	0	239,071	90.00
91.00	EMERGENCY	2,927,636		2,927,636	0	2,927,636	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	978,465		978,465		978,465	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	516,301		516,301	0	516,301	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0		0		0	99.10
101.00	HOME HEALTH AGENCY	726,069		726,069		726,069	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0		0		0	109.00
110.00	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	ISLET ACQUISITION	0		0		0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	493,171		493,171		493,171	116.00
200.00	Subtotal (see instructions)	39,252,524	0	39,252,524	0	39,252,524	200.00
201.00	Less Observation Beds	978,465		978,465		978,465	201.00
202.00	Total (see instructions)	38,274,059	0	38,274,059	0	38,274,059	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,331,497		3,331,497			30.00
31.00	INTENSIVE CARE UNIT	1,613,141		1,613,141			31.00
40.00	SUBPROVIDER - IPF	4,647,009		4,647,009			40.00
41.00	SUBPROVIDER - IRF	2,911,152		2,911,152			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	560,292		560,292			43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,125,855	5,115,827	7,241,682	0.364107	0.000000	50.00
51.00	RECOVERY ROOM	171,491	499,756	671,247	0.088863	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	502,188	65,965	568,153	0.816690	0.000000	52.00
54.00	RADIOLOGY-DIAGNOSTIC	1,818,750	10,289,513	12,108,263	0.214228	0.000000	54.00
56.00	RADIOISOTOPE	453,644	3,461,776	3,915,420	0.221288	0.000000	56.00
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	2,893,820	11,991,817	14,885,637	0.221331	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	518,379	412,015	930,394	0.353833	0.000000	63.00
64.00	INTRAVENOUS THERAPY	279,825	238,751	518,576	0.077568	0.000000	64.00
65.00	RESPIRATORY THERAPY	1,488,672	1,222,856	2,711,528	0.337810	0.000000	65.00
66.00	PHYSICAL THERAPY	1,215,520	3,077,708	4,293,228	0.351662	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	681,688	205,489	887,177	0.197054	0.000000	67.00
68.00	SPEECH PATHOLOGY	117,309	129,488	246,797	0.490051	0.000000	68.00
69.00	ELECTROCARDIOLOGY	358,169	582,192	940,361	0.215454	0.000000	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,649,804	1,873,288	3,523,092	0.555339	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	15,373	72,338	87,711	0.995873	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	3,798,155	1,633,392	5,431,547	0.396277	0.000000	73.00
76.00	CARDIAC REHAB	0	86,776	86,776	0.943014	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0	837,165	837,165			88.00
88.01	NDMC	0	944,467	944,467			88.01
88.02	PETERSBURG	0	1,127,485	1,127,485			88.02
88.04	PEDIATRICS	0	329,835	329,835			88.04
88.05	MARTIN	0	864,388	864,388			88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0			88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	CLINIC	700	93,047	93,747	2.550172	0.000000	90.00
91.00	EMERGENCY	1,129,865	5,451,873	6,581,738	0.444812	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	114,000	569,812	683,812	1.430898	0.000000	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	73,000	809,471	882,471	0.585063	0.000000	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0			99.10
101.00	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	32,469,298	51,986,490	84,455,788			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	32,469,298	51,986,490	84,455,788			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	PPS Inpatient Ratio 11.00		
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.364107		50.00
51.00	RECOVERY ROOM	0.088863		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.816690		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.214228		54.00
56.00	RADIOISOTOPE	0.221288		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.221331		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.353833		63.00
64.00	INTRAVENOUS THERAPY	0.077568		64.00
65.00	RESPIRATORY THERAPY	0.337810		65.00
66.00	PHYSICAL THERAPY	0.351662		66.00
67.00	OCCUPATIONAL THERAPY	0.197054		67.00
68.00	SPEECH PATHOLOGY	0.490051		68.00
69.00	ELECTROCARDIOLOGY	0.215454		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.555339		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.995873		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.396277		73.00
76.00	CARDIAC REHAB	0.943014		76.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	DCHMC			88.00
88.01	NDMC			88.01
88.02	PETERSBURG			88.02
88.04	PEDIATRICS			88.04
88.05	MARTIN			88.05
88.06	RURAL HEALTH CLINIC VII			88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	2.550172		90.00
91.00	EMERGENCY	0.444812		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.430898		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.585063		93.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/25/2012 11:50 am

Title XIX | Hospital | PPS

	Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,053,877		4,053,877	0	4,053,877	30.00
31.00	INTENSIVE CARE UNIT	1,132,526		1,132,526	0	1,132,526	31.00
40.00	SUBPROVIDER - IPF	3,178,968		3,178,968	0	3,178,968	40.00
41.00	SUBPROVIDER - IRF	2,913,101		2,913,101	0	2,913,101	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	401,657		401,657	0	401,657	43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,636,747		2,636,747	0	2,636,747	50.00
51.00	RECOVERY ROOM	59,649		59,649	0	59,649	51.00
52.00	DELIVERY ROOM & LABOR ROOM	464,005		464,005	0	464,005	52.00
54.00	RADIOLOGY-DIAGNOSTIC	2,593,931		2,593,931	0	2,593,931	54.00
56.00	RADIOISOTOPE	866,437		866,437	0	866,437	56.00
57.00	CT SCAN	0		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	LABORATORY	3,294,656		3,294,656	0	3,294,656	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	329,204		329,204	0	329,204	63.00
64.00	INTRAVENOUS THERAPY	40,225		40,225	0	40,225	64.00
65.00	RESPIRATORY THERAPY	915,980	0	915,980	0	915,980	65.00
66.00	PHYSICAL THERAPY	1,509,763	0	1,509,763	0	1,509,763	66.00
67.00	OCCUPATIONAL THERAPY	174,822	0	174,822	0	174,822	67.00
68.00	SPEECH PATHOLOGY	120,943	0	120,943	0	120,943	68.00
69.00	ELECTROCARDIOLOGY	202,605		202,605	0	202,605	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,956,512		1,956,512	0	1,956,512	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	87,349		87,349	0	87,349	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,152,399		2,152,399	0	2,152,399	73.00
76.00	CARDIAC REHAB	81,831		81,831	0	81,831	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	990,372		990,372	0	990,372	88.00
88.01	NDMC	1,139,935		1,139,935	0	1,139,935	88.01
88.02	PETERSBURG	880,159		880,159	0	880,159	88.02
88.04	PEDIATRICS	303,102		303,102	0	303,102	88.04
88.05	MARTIN	891,056		891,056	0	891,056	88.05
88.06	RURAL HEALTH CLINIC VII	0		0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	239,071		239,071	0	239,071	90.00
91.00	EMERGENCY	2,927,636		2,927,636	0	2,927,636	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	978,465		978,465		978,465	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	516,301		516,301	0	516,301	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0		0		0	99.10
101.00	HOME HEALTH AGENCY	726,069		726,069		726,069	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0		0		0	109.00
110.00	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	ISLET ACQUISITION	0		0		0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	493,171		493,171		493,171	116.00
200.00	Subtotal (see instructions)	39,252,524	0	39,252,524	0	39,252,524	200.00
201.00	Less Observation Beds	978,465		978,465		978,465	201.00
202.00	Total (see instructions)	38,274,059	0	38,274,059	0	38,274,059	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/25/2012 11:50 am

Title XIX | Hospital | PPS

	Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
		6.00	7.00	8.00	9.00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	3,331,497		3,331,497			30.00
31.00	INTENSIVE CARE UNIT	1,613,141		1,613,141			31.00
40.00	SUBPROVIDER - IPF	4,647,009		4,647,009			40.00
41.00	SUBPROVIDER - IRF	2,911,152		2,911,152			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	560,292		560,292			43.00
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,125,855	5,115,827	7,241,682	0.364107	0.000000	50.00
51.00	RECOVERY ROOM	171,491	499,756	671,247	0.088863	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	502,188	65,965	568,153	0.816690	0.000000	52.00
54.00	RADIOLOGY-DIAGNOSTIC	1,818,750	10,289,513	12,108,263	0.214228	0.000000	54.00
56.00	RADIOISOTOPE	453,644	3,461,776	3,915,420	0.221288	0.000000	56.00
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	2,893,820	11,991,817	14,885,637	0.221331	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	518,379	412,015	930,394	0.353833	0.000000	63.00
64.00	INTRAVENOUS THERAPY	279,825	238,751	518,576	0.077568	0.000000	64.00
65.00	RESPIRATORY THERAPY	1,488,672	1,222,856	2,711,528	0.337810	0.000000	65.00
66.00	PHYSICAL THERAPY	1,215,520	3,077,708	4,293,228	0.351662	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	681,688	205,489	887,177	0.197054	0.000000	67.00
68.00	SPEECH PATHOLOGY	117,309	129,488	246,797	0.490051	0.000000	68.00
69.00	ELECTROCARDIOLOGY	358,169	582,192	940,361	0.215454	0.000000	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,649,804	1,873,288	3,523,092	0.555339	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	15,373	72,338	87,711	0.995873	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	3,798,155	1,633,392	5,431,547	0.396277	0.000000	73.00
76.00	CARDIAC REHAB	0	86,776	86,776	0.943014	0.000000	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0	837,165	837,165	1.183007	0.000000	88.00
88.01	NDMC	0	944,467	944,467	1.206961	0.000000	88.01
88.02	PETERSBURG	0	1,127,485	1,127,485	0.780639	0.000000	88.02
88.04	PEDIATRICS	0	329,835	329,835	0.918950	0.000000	88.04
88.05	MARTIN	0	864,388	864,388	1.030852	0.000000	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0.000000	0.000000	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	CLINIC	700	93,047	93,747	2.550172	0.000000	90.00
91.00	EMERGENCY	1,129,865	5,451,873	6,581,738	0.444812	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	114,000	569,812	683,812	1.430898	0.000000	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	73,000	809,471	882,471	0.585063	0.000000	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0			99.10
101.00	HOME HEALTH AGENCY	0	0	0			101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	32,469,298	51,986,490	84,455,788			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	32,469,298	51,986,490	84,455,788			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part I Date/Time Prepared: 5/25/2012 11:50 am

Title XIX | Hospital | PPS

	Cost Center Description	PPS Inpatient Ratio 11.00		
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.364107		50.00
51.00	RECOVERY ROOM	0.088863		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.816690		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.214228		54.00
56.00	RADIOISOTOPE	0.221288		56.00
57.00	CT SCAN	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.221331		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.353833		63.00
64.00	INTRAVENOUS THERAPY	0.077568		64.00
65.00	RESPIRATORY THERAPY	0.337810		65.00
66.00	PHYSICAL THERAPY	0.351662		66.00
67.00	OCCUPATIONAL THERAPY	0.197054		67.00
68.00	SPEECH PATHOLOGY	0.490051		68.00
69.00	ELECTROCARDIOLOGY	0.215454		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.555339		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.995873		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.396277		73.00
76.00	CARDIAC REHAB	0.943014		76.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	DCHMC	1.183007		88.00
88.01	NDMC	1.206961		88.01
88.02	PETERSBURG	0.780639		88.02
88.04	PEDIATRICS	0.918950		88.04
88.05	MARTIN	1.030852		88.05
88.06	RURAL HEALTH CLINIC VII	0.000000		88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	2.550172		90.00
91.00	EMERGENCY	0.444812		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.430898		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.585063		93.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part II Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
		Title XIX			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	2,636,747	550,061	2,086,686	0	0	50.00
51.00	RECOVERY ROOM	59,649	23,152	36,497	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	464,005	53,475	410,530	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	2,593,931	365,749	2,228,182	0	0	54.00
56.00	RADIOISOTOPE	866,437	123,809	742,628	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	3,294,656	236,655	3,058,001	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	329,204	16,184	313,020	0	0	63.00
64.00	INTRAVENOUS THERAPY	40,225	1,283	38,942	0	0	64.00
65.00	RESPIRATORY THERAPY	915,980	127,767	788,213	0	0	65.00
66.00	PHYSICAL THERAPY	1,509,763	117,408	1,392,355	0	0	66.00
67.00	OCCUPATIONAL THERAPY	174,822	14,421	160,401	0	0	67.00
68.00	SPEECH PATHOLOGY	120,943	10,017	110,926	0	0	68.00
69.00	ELECTROCARDIOLOGY	202,605	17,812	184,793	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,956,512	173,335	1,783,177	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	87,349	2,068	85,281	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,152,399	112,173	2,040,226	0	0	73.00
76.00	CARDIAC REHAB	81,831	7,617	74,214	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	990,372	97,515	892,857	0	0	88.00
88.01	NDMC	1,139,935	78,063	1,061,872	0	0	88.01
88.02	PETERSBURG	880,159	89,840	790,319	0	0	88.02
88.04	PEDIATRICS	303,102	35,106	267,996	0	0	88.04
88.05	MARTIN	891,056	59,157	831,899	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	239,071	55,915	183,156	0	0	90.00
91.00	EMERGENCY	2,927,636	234,274	2,693,362	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	978,465	136,181	842,284	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	516,301	51,399	464,902	0	0	93.00
	OTHER REIMBURSABLE COST CENTERS						
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	726,069	47,472	678,597	0	0	101.00
	SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	493,171	20,991	472,180	0	0	116.00
200.00	Subtotal (sum of lines 50 thru 199)	27,572,395	2,858,899	24,713,496	0	0	200.00
201.00	Less Observation Beds	978,465	136,181	842,284	0	0	201.00
202.00	Total (line 200 minus line 201)	26,593,930	2,722,718	23,871,212	0	0	202.00

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

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet C Part II Date/Time Prepared: 5/25/2012 11:50 am

Title XIX | Hospital | PPS

	Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
		6.00	7.00	8.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	2,636,747	7,241,682	0.364107		50.00
51.00	RECOVERY ROOM	59,649	671,247	0.088863		51.00
52.00	DELIVERY ROOM & LABOR ROOM	464,005	568,153	0.816690		52.00
54.00	RADIOLOGY-DIAGNOSTIC	2,593,931	12,108,263	0.214228		54.00
56.00	RADIOISOTOPE	866,437	3,915,420	0.221288		56.00
57.00	CT SCAN	0	0	0.000000		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000		59.00
60.00	LABORATORY	3,294,656	14,885,637	0.221331		60.00
60.01	BLOOD LABORATORY	0	0	0.000000		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	329,204	930,394	0.353833		63.00
64.00	INTRAVENOUS THERAPY	40,225	518,576	0.077568		64.00
65.00	RESPIRATORY THERAPY	915,980	2,711,528	0.337810		65.00
66.00	PHYSICAL THERAPY	1,509,763	4,293,228	0.351662		66.00
67.00	OCCUPATIONAL THERAPY	174,822	887,177	0.197054		67.00
68.00	SPEECH PATHOLOGY	120,943	246,797	0.490051		68.00
69.00	ELECTROCARDIOLOGY	202,605	940,361	0.215454		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,956,512	3,523,092	0.555339		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	87,349	87,711	0.995873		72.00
73.00	DRUGS CHARGED TO PATIENTS	2,152,399	5,431,547	0.396277		73.00
76.00	CARDIAC REHAB	81,831	86,776	0.943014		76.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	DCHMC	990,372	837,165	1.183007		88.00
88.01	NDMC	1,139,935	944,467	1.206961		88.01
88.02	PETERSBURG	880,159	1,127,485	0.780639		88.02
88.04	PEDIATRICS	303,102	329,835	0.918950		88.04
88.05	MARTIN	891,056	864,388	1.030852		88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0.000000		88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	CLINIC	239,071	93,747	2.550172		90.00
91.00	EMERGENCY	2,927,636	6,581,738	0.444812		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	978,465	683,812	1.430898		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	516,301	882,471	0.585063		93.00
	OTHER REIMBURSABLE COST CENTERS					
99.10	CORF	0	0	0.000000		99.10
101.00	HOME HEALTH AGENCY	726,069	0	0.000000		101.00
	SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	ISLET ACQUISITION	0	0	0.000000		111.00
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	493,171	0	0.000000		116.00
200.00	Subtotal (sum of lines 50 thru 199)	27,572,395	0			200.00
201.00	Less Observation Beds	978,465	0			201.00
202.00	Total (line 200 minus line 201)	26,593,930	71,392,697			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part I Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	564,212	0	564,212	5,473	103.09	30.00
31.00	INTENSIVE CARE UNIT	99,178		99,178	690	143.74	31.00
40.00	SUBPROVIDER - IPF	282,805	0	282,805	4,393	64.38	40.00
41.00	SUBPROVIDER - IRF	215,875	0	215,875	3,074	70.23	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	20,199		20,199	853	23.68	43.00
200.00	Total (lines 30-199)	1,182,269		1,182,269	14,483		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part I Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	2,100	216,489		30.00
31.00	INTENSIVE CARE UNIT	506	72,732		31.00
40.00	SUBPROVIDER - IPF	3,553	228,742		40.00
41.00	SUBPROVIDER - IRF	2,779	195,169		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	8,938	713,132		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part II Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	550,061	7,241,682	0.075958	640,379	48,642	50.00
51.00	RECOVERY ROOM	23,152	671,247	0.034491	64,730	2,233	51.00
52.00	DELIVERY ROOM & LABOR ROOM	53,475	568,153	0.094121	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	365,749	12,108,263	0.030207	993,235	30,003	54.00
56.00	RADIOISOTOPE	123,809	3,915,420	0.031621	88,497	2,798	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	236,655	14,885,637	0.015898	1,526,929	24,275	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	16,184	930,394	0.017395	180,775	3,145	63.00
64.00	INTRAVENOUS THERAPY	1,283	518,576	0.002474	418	1	64.00
65.00	RESPIRATORY THERAPY	127,767	2,711,528	0.047120	415,107	19,560	65.00
66.00	PHYSICAL THERAPY	117,408	4,293,228	0.027347	97,014	2,653	66.00
67.00	OCCUPATIONAL THERAPY	14,421	887,177	0.016255	78,575	1,277	67.00
68.00	SPEECH PATHOLOGY	10,017	246,797	0.040588	24,800	1,007	68.00
69.00	ELECTROCARDIOLOGY	17,812	940,361	0.018942	289,508	5,484	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	173,335	3,523,092	0.049200	1,074,763	52,878	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,068	87,711	0.023577	14,673	346	72.00
73.00	DRUGS CHARGED TO PATIENTS	112,173	5,431,547	0.020652	1,309,647	27,047	73.00
76.00	CARDIAC REHAB	7,617	86,776	0.087778	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	97,515	837,165	0.116482	0	0	88.00
88.01	NDMC	78,063	944,467	0.082653	0	0	88.01
88.02	PETERSBURG	89,840	1,127,485	0.079682	0	0	88.02
88.04	PEDIATRICS	35,106	329,835	0.106435	0	0	88.04
88.05	MARTIN	59,157	864,388	0.068438	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0.000000	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	55,915	93,747	0.596446	597	356	90.00
91.00	EMERGENCY	234,274	6,581,738	0.035595	661,869	23,559	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	136,181	683,812	0.199150	66,983	13,340	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	51,399	882,471	0.058244	0	0	93.00
200.00	Total (lines 50-199)	2,790,436	71,392,697		7,528,499	258,604	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part III Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0		0	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0		0	43.00
200.00	Total (lines 30-199)	0	0	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part III Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	5,473	0.00	2,100	0	0	30.00
31.00	INTENSIVE CARE UNIT	690	0.00	506	0	0	31.00
40.00	SUBPROVIDER - IPF	4,393	0.00	3,553	0	0	40.00
41.00	SUBPROVIDER - IRF	3,074	0.00	2,779	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	NURSERY	853	0.00	0	0	0	43.00
200.00	Total (lines 30-199)	14,483		8,938	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part III Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
		12.00	13.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0	0	0	0	0	88.00
88.01	NDMC	0	0	0	0	0	88.01
88.02	PETERSBURG	0	0	0	0	0	88.02
88.04	PEDIATRICS	0	0	0	0	0	88.04
88.05	MARTIN	0	0	0	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	7,241,682	0.000000	0.000000	640,379	50.00
51.00	RECOVERY ROOM	0	671,247	0.000000	0.000000	64,730	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	568,153	0.000000	0.000000	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	12,108,263	0.000000	0.000000	993,235	54.00
56.00	RADIOISOTOPE	0	3,915,420	0.000000	0.000000	88,497	56.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	14,885,637	0.000000	0.000000	1,526,929	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	930,394	0.000000	0.000000	180,775	63.00
64.00	INTRAVENOUS THERAPY	0	518,576	0.000000	0.000000	418	64.00
65.00	RESPIRATORY THERAPY	0	2,711,528	0.000000	0.000000	415,107	65.00
66.00	PHYSICAL THERAPY	0	4,293,228	0.000000	0.000000	97,014	66.00
67.00	OCCUPATIONAL THERAPY	0	887,177	0.000000	0.000000	78,575	67.00
68.00	SPEECH PATHOLOGY	0	246,797	0.000000	0.000000	24,800	68.00
69.00	ELECTROCARDIOLOGY	0	940,361	0.000000	0.000000	289,508	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,523,092	0.000000	0.000000	1,074,763	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	87,711	0.000000	0.000000	14,673	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,431,547	0.000000	0.000000	1,309,647	73.00
76.00	CARDIAC REHAB	0	86,776	0.000000	0.000000	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0	837,165	0.000000	0.000000	0	88.00
88.01	NDMC	0	944,467	0.000000	0.000000	0	88.01
88.02	PETERSBURG	0	1,127,485	0.000000	0.000000	0	88.02
88.04	PEDIATRICS	0	329,835	0.000000	0.000000	0	88.04
88.05	MARTIN	0	864,388	0.000000	0.000000	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0.000000	0.000000	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	93,747	0.000000	0.000000	597	90.00
91.00	EMERGENCY	0	6,581,738	0.000000	0.000000	661,869	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	683,812	0.000000	0.000000	66,983	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	882,471	0.000000	0.000000	0	93.00
200.00	Total (lines 50-199)	0	71,392,697			7,528,499	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		Title XVIII			Hospital	PPS	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	1,284,948	0	0	0	50.00
51.00	RECOVERY ROOM	0	78,035	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	2,986,109	0	0	0	54.00
56.00	RADIOISOTOPE	0	733,580	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	182,379	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	137,776	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	592	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	201,951	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	27,660	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	12,274	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	775,576	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	693,207	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	73,038	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,034,625	0	0	0	73.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0	0	0	0	0	88.00
88.01	NDMC	0	0	0	0	0	88.01
88.02	PETERSBURG	0	0	0	0	0	88.02
88.04	PEDIATRICS	0	0	0	0	0	88.04
88.05	MARTIN	0	0	0	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	43,436	0	0	0	90.00
91.00	EMERGENCY	0	1,265,512	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	292,722	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	328,621	0	0	0	93.00
200.00	Total (lines 50-199)	0	10,152,041	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0	0		50.00
51.00	RECOVERY ROOM	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00	RADIOISOTOPE	0	0		56.00
57.00	CT SCAN	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0		59.00
60.00	LABORATORY	0	0		60.00
60.01	BLOOD LABORATORY	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0		65.00
66.00	PHYSICAL THERAPY	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00	CARDIAC REHAB	0	0		76.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	DCHMC	0	0		88.00
88.01	NDMC	0	0		88.01
88.02	PETERSBURG	0	0		88.02
88.04	PEDIATRICS	0	0		88.04
88.05	MARTIN	0	0		88.05
88.06	RURAL HEALTH CLINIC VII	0	0		88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	CLINIC	0	0		90.00
91.00	EMERGENCY	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0		93.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
		1.00	2.00	3.00	4.00		
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.364107	1,284,948	0	0		50.00
51.00	RECOVERY ROOM	0.088863	78,035	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.816690	0	0	0		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.214228	2,986,109	0	0		54.00
56.00	RADIOISOTOPE	0.221288	733,580	0	0		56.00
57.00	CT SCAN	0.000000	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00	LABORATORY	0.221331	182,379	-77	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.353833	137,776	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.077568	592	0	0		64.00
65.00	RESPIRATORY THERAPY	0.337810	201,951	-96	0		65.00
66.00	PHYSICAL THERAPY	0.351662	27,660	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.197054	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0.490051	12,274	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.215454	775,576	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.555339	693,207	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.995873	73,038	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.396277	1,034,625	-7,586	0		73.00
76.00	CARDIAC REHAB	0.943014	0	0	0		76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0.000000					88.00
88.01	NDMC	0.000000					88.01
88.02	PETERSBURG	0.000000					88.02
88.04	PEDIATRICS	0.000000					88.04
88.05	MARTIN	0.000000					88.05
88.06	RURAL HEALTH CLINIC VII	0.000000					88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	2.550172	43,436	0	0		90.00
91.00	EMERGENCY	0.444812	1,265,512	-757	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.430898	292,722	0	0		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.585063	328,621	0	0		93.00
200.00	Subtotal (see instructions)		10,152,041	-8,516	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)		10,152,041	-8,516	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Costs: PPS Services (see instructions)	Costs: Cost Services Subject To Ded. & Coins. (see instructions)	Costs: Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	467,859	0	0		50.00
51.00	RECOVERY ROOM	6,934	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	RADIOLOGY-DIAGNOSTIC	639,708	0	0		54.00
56.00	RADIOISOTOPE	162,332	0	0		56.00
57.00	CT SCAN	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	LABORATORY	40,366	-17	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	48,750	0	0		63.00
64.00	INTRAVENOUS THERAPY	46	0	0		64.00
65.00	RESPIRATORY THERAPY	68,221	-32	0		65.00
66.00	PHYSICAL THERAPY	9,727	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	6,015	0	0		68.00
69.00	ELECTROCARDIOLOGY	167,101	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	384,965	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	72,737	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	409,998	-3,006	0		73.00
76.00	CARDIAC REHAB	0	0	0		76.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	DCHMC	0	0	0		88.00
88.01	NDMC	0	0	0		88.01
88.02	PETERSBURG	0	0	0		88.02
88.04	PEDIATRICS	0	0	0		88.04
88.05	MARTIN	0	0	0		88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0		88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	110,769	0	0		90.00
91.00	EMERGENCY	562,915	-337	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	418,855	0	0		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	192,264	0	0		93.00
200.00	Subtotal (see instructions)	3,769,562	-3,392	0		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	3,769,562	-3,392	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150061
Component CCN: 15S061

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

Worksheet D Part II
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	550,061	7,241,682	0.075958	2,778	211	50.00
51.00	RECOVERY ROOM	23,152	671,247	0.034491	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	53,475	568,153	0.094121	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	365,749	12,108,263	0.030207	86,640	2,617	54.00
56.00	RADIOISOTOPE	123,809	3,915,420	0.031621	3,137	99	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	236,655	14,885,637	0.015898	335,120	5,328	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	16,184	930,394	0.017395	0	0	63.00
64.00	INTRAVENOUS THERAPY	1,283	518,576	0.002474	0	0	64.00
65.00	RESPIRATORY THERAPY	127,767	2,711,528	0.047120	19,359	912	65.00
66.00	PHYSICAL THERAPY	117,408	4,293,228	0.027347	33,718	922	66.00
67.00	OCCUPATIONAL THERAPY	14,421	887,177	0.016255	5,037	82	67.00
68.00	SPEECH PATHOLOGY	10,017	246,797	0.040588	5,014	204	68.00
69.00	ELECTROCARDIOLOGY	17,812	940,361	0.018942	33,770	640	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	173,335	3,523,092	0.049200	55,480	2,730	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,068	87,711	0.023577	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	112,173	5,431,547	0.020652	993,245	20,512	73.00
76.00	CARDIAC REHAB	7,617	86,776	0.087778	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	97,515	837,165	0.116482	0	0	88.00
88.01	NDMC	78,063	944,467	0.082653	0	0	88.01
88.02	PETERSBURG	89,840	1,127,485	0.079682	0	0	88.02
88.04	PEDIATRICS	35,106	329,835	0.106435	0	0	88.04
88.05	MARTIN	59,157	864,388	0.068438	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0.000000	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	55,915	93,747	0.596446	0	0	90.00
91.00	EMERGENCY	234,274	6,581,738	0.035595	97,351	3,465	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	136,181	683,812	0.199150	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	51,399	882,471	0.058244	10,757	627	93.00
200.00	Total (lines 50-199)	2,790,436	71,392,697		1,681,406	38,349	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061
Component CCN: 15S061

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2012 11:50 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0	0	0	0	0	88.00
88.01	NDMC	0	0	0	0	0	88.01
88.02	PETERSBURG	0	0	0	0	0	88.02
88.04	PEDIATRICS	0	0	0	0	0	88.04
88.05	MARTIN	0	0	0	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061
Component CCN: 15S061

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

Worksheet D Part IV
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	7,241,682	0.000000	0.000000	2,778	50.00
51.00	RECOVERY ROOM	0	671,247	0.000000	0.000000	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	568,153	0.000000	0.000000	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	12,108,263	0.000000	0.000000	86,640	54.00
56.00	RADIOISOTOPE	0	3,915,420	0.000000	0.000000	3,137	56.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	14,885,637	0.000000	0.000000	335,120	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	930,394	0.000000	0.000000	0	63.00
64.00	INTRAVENOUS THERAPY	0	518,576	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	2,711,528	0.000000	0.000000	19,359	65.00
66.00	PHYSICAL THERAPY	0	4,293,228	0.000000	0.000000	33,718	66.00
67.00	OCCUPATIONAL THERAPY	0	887,177	0.000000	0.000000	5,037	67.00
68.00	SPEECH PATHOLOGY	0	246,797	0.000000	0.000000	5,014	68.00
69.00	ELECTROCARDIOLOGY	0	940,361	0.000000	0.000000	33,770	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,523,092	0.000000	0.000000	55,480	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	87,711	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,431,547	0.000000	0.000000	993,245	73.00
76.00	CARDIAC REHAB	0	86,776	0.000000	0.000000	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0	837,165	0.000000	0.000000	0	88.00
88.01	NDMC	0	944,467	0.000000	0.000000	0	88.01
88.02	PETERSBURG	0	1,127,485	0.000000	0.000000	0	88.02
88.04	PEDIATRICS	0	329,835	0.000000	0.000000	0	88.04
88.05	MARTIN	0	864,388	0.000000	0.000000	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0.000000	0.000000	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	93,747	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	6,581,738	0.000000	0.000000	97,351	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	683,812	0.000000	0.000000	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	882,471	0.000000	0.000000	10,757	93.00
200.00	Total (lines 50-199)	0	71,392,697			1,681,406	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061
Component CCN: 15S061

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

Worksheet D Part IV
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0	0	0	0	0	88.00
88.01	NDMC	0	0	0	0	0	88.01
88.02	PETERSBURG	0	0	0	0	0	88.02
88.04	PEDIATRICS	0	0	0	0	0	88.04
88.05	MARTIN	0	0	0	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061
Component CCN: 15S061

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

Worksheet D Part IV
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
60.01	BLOOD LABORATORY	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	CARDIAC REHAB	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	DCHMC	0	0	88.00
88.01	NDMC	0	0	88.01
88.02	PETERSBURG	0	0	88.02
88.04	PEDIATRICS	0	0	88.04
88.05	MARTIN	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150061
Component CCN: 15T061

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

Worksheet D Part II
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	550,061	7,241,682	0.075958	19,385	1,472	50.00
51.00	RECOVERY ROOM	23,152	671,247	0.034491	1,874	65	51.00
52.00	DELIVERY ROOM & LABOR ROOM	53,475	568,153	0.094121	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	365,749	12,108,263	0.030207	141,844	4,285	54.00
56.00	RADIOISOTOPE	123,809	3,915,420	0.031621	7,540	238	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	236,655	14,885,637	0.015898	249,013	3,959	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	16,184	930,394	0.017395	23,138	402	63.00
64.00	INTRAVENOUS THERAPY	1,283	518,576	0.002474	0	0	64.00
65.00	RESPIRATORY THERAPY	127,767	2,711,528	0.047120	165,940	7,819	65.00
66.00	PHYSICAL THERAPY	117,408	4,293,228	0.027347	939,501	25,693	66.00
67.00	OCCUPATIONAL THERAPY	14,421	887,177	0.016255	512,753	8,335	67.00
68.00	SPEECH PATHOLOGY	10,017	246,797	0.040588	75,286	3,056	68.00
69.00	ELECTROCARDIOLOGY	17,812	940,361	0.018942	19,055	361	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	173,335	3,523,092	0.049200	246,137	12,110	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,068	87,711	0.023577	610	14	72.00
73.00	DRUGS CHARGED TO PATIENTS	112,173	5,431,547	0.020652	659,862	13,627	73.00
76.00	CARDIAC REHAB	7,617	86,776	0.087778	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	97,515	837,165	0.116482	0	0	88.00
88.01	NDMC	78,063	944,467	0.082653	0	0	88.01
88.02	PETERSBURG	89,840	1,127,485	0.079682	0	0	88.02
88.04	PEDIATRICS	35,106	329,835	0.106435	0	0	88.04
88.05	MARTIN	59,157	864,388	0.068438	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0.000000	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	55,915	93,747	0.596446	85	51	90.00
91.00	EMERGENCY	234,274	6,581,738	0.035595	23,424	834	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	136,181	683,812	0.199150	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	51,399	882,471	0.058244	35,785	2,084	93.00
200.00	Total (lines 50-199)	2,790,436	71,392,697		3,121,232	84,405	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061
Component CCN: 15T061

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

Worksheet D
Part IV
Date/Time Prepared:
5/25/2012 11:50 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0	0	0	0	0	88.00
88.01	NDMC	0	0	0	0	0	88.01
88.02	PETERSBURG	0	0	0	0	0	88.02
88.04	PEDIATRICS	0	0	0	0	0	88.04
88.05	MARTIN	0	0	0	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061
Component CCN: 15T061

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

Worksheet D Part IV
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	7,241,682	0.000000	0.000000	19,385	50.00
51.00	RECOVERY ROOM	0	671,247	0.000000	0.000000	1,874	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	568,153	0.000000	0.000000	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	12,108,263	0.000000	0.000000	141,844	54.00
56.00	RADIOISOTOPE	0	3,915,420	0.000000	0.000000	7,540	56.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	14,885,637	0.000000	0.000000	249,013	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	930,394	0.000000	0.000000	23,138	63.00
64.00	INTRAVENOUS THERAPY	0	518,576	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	2,711,528	0.000000	0.000000	165,940	65.00
66.00	PHYSICAL THERAPY	0	4,293,228	0.000000	0.000000	939,501	66.00
67.00	OCCUPATIONAL THERAPY	0	887,177	0.000000	0.000000	512,753	67.00
68.00	SPEECH PATHOLOGY	0	246,797	0.000000	0.000000	75,286	68.00
69.00	ELECTROCARDIOLOGY	0	940,361	0.000000	0.000000	19,055	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,523,092	0.000000	0.000000	246,137	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	87,711	0.000000	0.000000	610	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,431,547	0.000000	0.000000	659,862	73.00
76.00	CARDIAC REHAB	0	86,776	0.000000	0.000000	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0	837,165	0.000000	0.000000	0	88.00
88.01	NDMC	0	944,467	0.000000	0.000000	0	88.01
88.02	PETERSBURG	0	1,127,485	0.000000	0.000000	0	88.02
88.04	PEDIATRICS	0	329,835	0.000000	0.000000	0	88.04
88.05	MARTIN	0	864,388	0.000000	0.000000	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0.000000	0.000000	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	93,747	0.000000	0.000000	85	90.00
91.00	EMERGENCY	0	6,581,738	0.000000	0.000000	23,424	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	683,812	0.000000	0.000000	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	882,471	0.000000	0.000000	35,785	93.00
200.00	Total (lines 50-199)	0	71,392,697			3,121,232	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061
Component CCN: 15T061

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

Worksheet D Part IV
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0	0	0	0	0	88.00
88.01	NDMC	0	0	0	0	0	88.01
88.02	PETERSBURG	0	0	0	0	0	88.02
88.04	PEDIATRICS	0	0	0	0	0	88.04
88.05	MARTIN	0	0	0	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061
Component CCN: 15T061

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

Worksheet D Part IV
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
60.01	BLOOD LABORATORY	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	CARDIAC REHAB	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	DCHMC	0	0	88.00
88.01	NDMC	0	0	88.01
88.02	PETERSBURG	0	0	88.02
88.04	PEDIATRICS	0	0	88.04
88.05	MARTIN	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part I Date/Time Prepared: 5/25/2012 11:50 am

Title XIX | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	564,212	0	564,212	5,473	103.09	30.00
31.00	INTENSIVE CARE UNIT	99,178		99,178	690	143.74	31.00
40.00	SUBPROVIDER - IPF	282,805	0	282,805	4,393	64.38	40.00
41.00	SUBPROVIDER - IRF	215,875	0	215,875	3,074	70.23	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	20,199		20,199	853	23.68	43.00
200.00	Total (lines 30-199)	1,182,269		1,182,269	14,483		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part I Date/Time Prepared: 5/25/2012 11:50 am

Title XIX | Hospital | PPS

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
		6.00	7.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	844	87,008		30.00
31.00	INTENSIVE CARE UNIT	66	9,487		31.00
40.00	SUBPROVIDER - IPF	313	20,151		40.00
41.00	SUBPROVIDER - IRF	11	773		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	456	10,798		43.00
200.00	Total (lines 30-199)	1,690	128,217		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part II Date/Time Prepared: 5/25/2012 11:50 am

Title XIX | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	550,061	7,241,682	0.075958	338,701	25,727	50.00
51.00	RECOVERY ROOM	23,152	671,247	0.034491	22,983	793	51.00
52.00	DELIVERY ROOM & LABOR ROOM	53,475	568,153	0.094121	178,881	16,836	52.00
54.00	RADIOLOGY-DIAGNOSTIC	365,749	12,108,263	0.030207	132,619	4,006	54.00
56.00	RADIOISOTOPE	123,809	3,915,420	0.031621	32,240	1,019	56.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	236,655	14,885,637	0.015898	278,160	4,422	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	16,184	930,394	0.017395	70,417	1,225	63.00
64.00	INTRAVENOUS THERAPY	1,283	518,576	0.002474	45,828	113	64.00
65.00	RESPIRATORY THERAPY	127,767	2,711,528	0.047120	82,645	3,894	65.00
66.00	PHYSICAL THERAPY	117,408	4,293,228	0.027347	10,352	283	66.00
67.00	OCCUPATIONAL THERAPY	14,421	887,177	0.016255	1,912	31	67.00
68.00	SPEECH PATHOLOGY	10,017	246,797	0.040588	146	6	68.00
69.00	ELECTROCARDIOLOGY	17,812	940,361	0.018942	11,834	224	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	173,335	3,523,092	0.049200	271,408	13,353	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,068	87,711	0.023577	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	112,173	5,431,547	0.020652	211,350	4,365	73.00
76.00	CARDIAC REHAB	7,617	86,776	0.087778	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	97,515	837,165	0.116482	0	0	88.00
88.01	NDMC	78,063	944,467	0.082653	0	0	88.01
88.02	PETERSBURG	89,840	1,127,485	0.079682	0	0	88.02
88.04	PEDIATRICS	35,106	329,835	0.106435	0	0	88.04
88.05	MARTIN	59,157	864,388	0.068438	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0.000000	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	55,915	93,747	0.596446	0	0	90.00
91.00	EMERGENCY	234,274	6,581,738	0.035595	90,132	3,208	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	136,181	683,812	0.199150	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	51,399	882,471	0.058244	25,592	1,491	93.00
200.00	Total (lines 50-199)	2,790,436	71,392,697		1,805,200	80,996	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part III Date/Time Prepared: 5/25/2012 11:50 am

Title XIX | Hospital | PPS

	Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0		0	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0		0	43.00
200.00	Total (lines 30-199)	0	0	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part III Date/Time Prepared: 5/25/2012 11:50 am

Title XIX | Hospital | PPS

	Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
		6.00	7.00	8.00	9.00	11.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	5,473	0.00	844	0	0	30.00
31.00	INTENSIVE CARE UNIT	690	0.00	66	0	0	31.00
40.00	SUBPROVIDER - IPF	4,393	0.00	313	0	0	40.00
41.00	SUBPROVIDER - IRF	3,074	0.00	11	0	0	41.00
42.00	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	NURSERY	853	0.00	456	0	0	43.00
200.00	Total (lines 30-199)	14,483		1,690	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part III Date/Time Prepared: 5/25/2012 11:50 am

Title XIX | Hospital | PPS

	Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
		12.00	13.00		
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	0		30.00
31.00	INTENSIVE CARE UNIT	0	0		31.00
40.00	SUBPROVIDER - IPF	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0		41.00
42.00	SUBPROVIDER	0	0		42.00
43.00	NURSERY	0	0		43.00
200.00	Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 5/25/2012 11:50 am

Title XIX | Hospital | PPS

	Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	CARDIAC REHAB	0	0	0	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0	0	0	0	0	88.00
88.01	NDMC	0	0	0	0	0	88.01
88.02	PETERSBURG	0	0	0	0	0	88.02
88.04	PEDIATRICS	0	0	0	0	0	88.04
88.05	MARTIN	0	0	0	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 5/25/2012 11:50 am

Title XIX | Hospital | PPS

	Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	7,241,682	0.000000	0.000000	338,701	50.00
51.00	RECOVERY ROOM	0	671,247	0.000000	0.000000	22,983	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	568,153	0.000000	0.000000	178,881	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	12,108,263	0.000000	0.000000	132,619	54.00
56.00	RADIOISOTOPE	0	3,915,420	0.000000	0.000000	32,240	56.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	14,885,637	0.000000	0.000000	278,160	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	930,394	0.000000	0.000000	70,417	63.00
64.00	INTRAVENOUS THERAPY	0	518,576	0.000000	0.000000	45,828	64.00
65.00	RESPIRATORY THERAPY	0	2,711,528	0.000000	0.000000	82,645	65.00
66.00	PHYSICAL THERAPY	0	4,293,228	0.000000	0.000000	10,352	66.00
67.00	OCCUPATIONAL THERAPY	0	887,177	0.000000	0.000000	1,912	67.00
68.00	SPEECH PATHOLOGY	0	246,797	0.000000	0.000000	146	68.00
69.00	ELECTROCARDIOLOGY	0	940,361	0.000000	0.000000	11,834	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,523,092	0.000000	0.000000	271,408	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	87,711	0.000000	0.000000	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,431,547	0.000000	0.000000	211,350	73.00
76.00	CARDIAC REHAB	0	86,776	0.000000	0.000000	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0	837,165	0.000000	0.000000	0	88.00
88.01	NDMC	0	944,467	0.000000	0.000000	0	88.01
88.02	PETERSBURG	0	1,127,485	0.000000	0.000000	0	88.02
88.04	PEDIATRICS	0	329,835	0.000000	0.000000	0	88.04
88.05	MARTIN	0	864,388	0.000000	0.000000	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0.000000	0.000000	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	CLINIC	0	93,747	0.000000	0.000000	0	90.00
91.00	EMERGENCY	0	6,581,738	0.000000	0.000000	90,132	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	683,812	0.000000	0.000000	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	882,471	0.000000	0.000000	25,592	93.00
200.00	Total (lines 50-199)	0	71,392,697			1,805,200	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 5/25/2012 11:50 am

Title XIX | Hospital | PPS

	Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	794,768	0	0	0	50.00
51.00	RECOVERY ROOM	0	133,643	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	44,221	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	1,801,157	0	0	0	54.00
56.00	RADIOISOTOPE	0	223,497	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	1,657,763	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	25,397	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	46,206	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	186,783	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	202,835	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	15,648	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	49,573	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	90,213	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	334,280	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	226,256	0	0	0	73.00
76.00	CARDIAC REHAB	0	3,990	0	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	0	0	0	0	0	88.00
88.01	NDMC	0	0	0	0	0	88.01
88.02	PETERSBURG	0	0	0	0	0	88.02
88.04	PEDIATRICS	0	0	0	0	0	88.04
88.05	MARTIN	0	0	0	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	13,528	0	0	0	90.00
91.00	EMERGENCY	0	1,282,562	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	1,084	0	0	0	93.00
200.00	Total (lines 50-199)	0	7,133,404	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part IV Date/Time Prepared: 5/25/2012 11:50 am

Title XIX | Hospital | PPS

	Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
60.01	BLOOD LABORATORY	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	CARDIAC REHAB	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	DCHMC	0	0	88.00
88.01	NDMC	0	0	88.01
88.02	PETERSBURG	0	0	88.02
88.04	PEDIATRICS	0	0	88.04
88.05	MARTIN	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	0	0	90.00
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 5/25/2012 11:50 am

Title XIX | Hospital | PPS

	Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see instructions)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
		1.00	2.00	3.00	4.00		
	ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.364107	794,768	0	0		50.00
51.00	RECOVERY ROOM	0.088863	133,643	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.816690	44,221	0	0		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.214228	1,801,157	0	0		54.00
56.00	RADIOISOTOPE	0.221288	223,497	0	0		56.00
57.00	CT SCAN	0.000000	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00	LABORATORY	0.221331	1,657,763	0	0		60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.353833	25,397	0	0		63.00
64.00	INTRAVENOUS THERAPY	0.077568	46,206	0	0		64.00
65.00	RESPIRATORY THERAPY	0.337810	186,783	0	0		65.00
66.00	PHYSICAL THERAPY	0.351662	202,835	0	0		66.00
67.00	OCCUPATIONAL THERAPY	0.197054	15,648	0	0		67.00
68.00	SPEECH PATHOLOGY	0.490051	49,573	0	0		68.00
69.00	ELECTROCARDIOLOGY	0.215454	90,213	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.555339	334,280	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.995873	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.396277	226,256	0	0		73.00
76.00	CARDIAC REHAB	0.943014	3,990	0	0		76.00
	OUTPATIENT SERVICE COST CENTERS						
88.00	DCHMC	1.183007					88.00
88.01	NDMC	1.206961					88.01
88.02	PETERSBURG	0.780639					88.02
88.04	PEDIATRICS	0.918950					88.04
88.05	MARTIN	1.030852					88.05
88.06	RURAL HEALTH CLINIC VII	0.000000					88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	CLINIC	2.550172	13,528	0	0		90.00
91.00	EMERGENCY	0.444812	1,282,562	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.430898	0	0	0		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.585063	1,084	0	0		93.00
200.00	Subtotal (see instructions)		7,133,404	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)		7,133,404	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D Part V Date/Time Prepared: 5/25/2012 11:50 am

Title XIX | Hospital | PPS

	Cost Center Description	Costs: PPS Services (see instructions)	Costs: Cost Services Subject To Ded. & Coins. (see instructions)	Costs: Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
	ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	289,381	0	0		50.00
51.00	RECOVERY ROOM	11,876	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	36,115	0	0		52.00
54.00	RADIOLOGY-DIAGNOSTIC	385,858	0	0		54.00
56.00	RADIOISOTOPE	49,457	0	0		56.00
57.00	CT SCAN	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	LABORATORY	366,914	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	8,986	0	0		63.00
64.00	INTRAVENOUS THERAPY	3,584	0	0		64.00
65.00	RESPIRATORY THERAPY	63,097	0	0		65.00
66.00	PHYSICAL THERAPY	71,329	0	0		66.00
67.00	OCCUPATIONAL THERAPY	3,084	0	0		67.00
68.00	SPEECH PATHOLOGY	24,293	0	0		68.00
69.00	ELECTROCARDIOLOGY	19,437	0	0		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	185,639	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	89,660	0	0		73.00
76.00	CARDIAC REHAB	3,763	0	0		76.00
	OUTPATIENT SERVICE COST CENTERS					
88.00	DCHMC	0	0	0		88.00
88.01	NDMC	0	0	0		88.01
88.02	PETERSBURG	0	0	0		88.02
88.04	PEDIATRICS	0	0	0		88.04
88.05	MARTIN	0	0	0		88.05
88.06	RURAL HEALTH CLINIC VII	0	0	0		88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	34,499	0	0		90.00
91.00	EMERGENCY	570,499	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	634	0	0		93.00
200.00	Subtotal (see instructions)	2,218,105	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)	2,218,105	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-1 | Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,473	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,473	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,473	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,100	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	4,053,877	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)	4,053,877	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	4,575,601	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	4,575,601	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.885977	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)	836.03	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)	4,053,877	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	740.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,555,470	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,555,470	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-1 | Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XVIII			Hospital	PPS	
		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	1,132,526	690	1,641.34	506	830,518	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	2,659,817	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,045,805	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)	289,221	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	258,604	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	547,825	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,497,980	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,321	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	740.70	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	978,465	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-1 | Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	564,212	4,053,877	0.139178	978,465	136,181	90.00
91.00	Nursing School cost	0	4,053,877	0.000000	978,465	0	91.00
92.00	Allied health cost	0	4,053,877	0.000000	978,465	0	92.00
93.00	All other Medical Education	0	4,053,877	0.000000	978,465	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150061 Component CCN: 15S061	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,393	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,393	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,393	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	3,553	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,178,968	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,178,968	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	4,647,009	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	4,647,009	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.684089	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,057.82	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,178,968	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	723.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,571,093	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)	2,571,093	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150061 Component CCN: 15S061	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Subprovider - IPF	PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	597,568	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,168,661	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)	228,742	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	38,349	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	267,091	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,901,570	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150061 Component CCN: 15S061	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	282,805	3,178,968	0.088961	0	0	90.00
91.00	Nursing School cost	0	3,178,968	0.000000	0	0	91.00
92.00	Allied health cost	0	3,178,968	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,178,968	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150061 Component CCN: 15T061	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	3,074	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	3,074	2.00
3.00	Private room days (excluding swing-bed and observation bed days)	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,074	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,779	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,913,101	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	2,913,101	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	2,911,152	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	2,911,152	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.000669	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)	947.02	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,913,101	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	947.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,633,547	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)	2,633,547	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150061
Component CCN: 15T061

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

Worksheet D-1
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Subprovider - IRF | PPS

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

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,061,420	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,694,967	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	195,169	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	84,405	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	279,574	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,415,393	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150061 Component CCN: 15T061	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	215,875	2,913,101	0.074105	0	0	90.00
91.00	Nursing School cost	0	2,913,101	0.000000	0	0	91.00
92.00	Allied health cost	0	2,913,101	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,913,101	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-1 | Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Title XIX	Hospital	PPS	
				1.00	
	PART I - ALL PROVIDER COMPONENTS				
	INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,473	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,473	2.00
3.00	Private room days (excluding swing-bed and observation bed days)			0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			5,473	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)			844	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)			853	15.00
16.00	Nursery days (title V or XIX only)			456	16.00
	SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)			4,053,877	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)			4,053,877	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			4,944,638	28.00
29.00	Private room charges (excluding swing-bed charges)			0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)			4,944,638	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.819853	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)			903.46	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)			4,053,877	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY				
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			740.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			625,151	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)			625,151	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-1 | Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		Title XIX			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	401,657	853	470.88	456	214,721	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	1,132,526	690	1,641.34	66	108,328	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	721,134	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,669,334	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)	107,293	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	80,996	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	188,289	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,481,045	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,321	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	740.70	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	978,465	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150061

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

Worksheet D-1

Date/Time Prepared: 5/25/2012 11:50 am

Title XIX Hospital PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	564,212	4,053,877	0.139178	978,465	136,181	90.00
91.00	Nursing School cost	0	4,053,877	0.000000	978,465	0	91.00
92.00	Allied health cost	0	4,053,877	0.000000	978,465	0	92.00
93.00	All other Medical Education	0	4,053,877	0.000000	978,465	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-3 | Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		1,609,466		30.00
31.00	INTENSIVE CARE UNIT		578,578		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.364107	640,379	233,166	50.00
51.00	RECOVERY ROOM	0.088863	64,730	5,752	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.816690	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.214228	993,235	212,779	54.00
56.00	RADIOISOTOPE	0.221288	88,497	19,583	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.221331	1,526,929	337,957	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.353833	180,775	63,964	63.00
64.00	INTRAVENOUS THERAPY	0.077568	418	32	64.00
65.00	RESPIRATORY THERAPY	0.337810	415,107	140,227	65.00
66.00	PHYSICAL THERAPY	0.351662	97,014	34,116	66.00
67.00	OCCUPATIONAL THERAPY	0.197054	78,575	15,484	67.00
68.00	SPEECH PATHOLOGY	0.490051	24,800	12,153	68.00
69.00	ELECTROCARDIOLOGY	0.215454	289,508	62,376	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.555339	1,074,763	596,858	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.995873	14,673	14,612	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.396277	1,309,647	518,983	73.00
76.00	CARDIAC REHAB	0.943014	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	DCHMC	0.000000		0	88.00
88.01	NDMC	0.000000		0	88.01
88.02	PETERSBURG	0.000000		0	88.02
88.04	PEDIATRICS	0.000000		0	88.04
88.05	MARTIN	0.000000		0	88.05
88.06	RURAL HEALTH CLINIC VII	0.000000		0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	2.550172	597	1,522	90.00
91.00	EMERGENCY	0.444812	661,869	294,407	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.430898	66,983	95,846	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.585063	0	0	93.00
200.00	Total (sum of lines 50-94 and 96-98)		7,528,499	2,659,817	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		7,528,499		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150061 Component CCN: 15S061	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/25/2012 11:50 am
Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		3,752,430		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.364107	2,778	1,011	50.00
51.00	RECOVERY ROOM	0.088863	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.816690	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.214228	86,640	18,561	54.00
56.00	RADIOISOTOPE	0.221288	3,137	694	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.221331	335,120	74,172	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.353833	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.077568	0	0	64.00
65.00	RESPIRATORY THERAPY	0.337810	19,359	6,540	65.00
66.00	PHYSICAL THERAPY	0.351662	33,718	11,857	66.00
67.00	OCCUPATIONAL THERAPY	0.197054	5,037	993	67.00
68.00	SPEECH PATHOLOGY	0.490051	5,014	2,457	68.00
69.00	ELECTROCARDIOLOGY	0.215454	33,770	7,276	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.555339	55,480	30,810	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.995873	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.396277	993,245	393,600	73.00
76.00	CARDIAC REHAB	0.943014	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	DCHMC	0.000000		0	88.00
88.01	NDMC	0.000000		0	88.01
88.02	PETERSBURG	0.000000		0	88.02
88.04	PEDIATRICS	0.000000		0	88.04
88.05	MARTIN	0.000000		0	88.05
88.06	RURAL HEALTH CLINIC VII	0.000000		0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	2.550172	0	0	90.00
91.00	EMERGENCY	0.444812	97,351	43,303	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.430898	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.585063	10,757	6,294	93.00
200.00	Total (sum of lines 50-94 and 96-98)		1,681,406	597,568	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		1,681,406		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150061 Component CCN: 15T061	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/25/2012 11:50 am
Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		2,625,681		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.364107	19,385	7,058	50.00
51.00	RECOVERY ROOM	0.088863	1,874	167	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.816690	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.214228	141,844	30,387	54.00
56.00	RADIOISOTOPE	0.221288	7,540	1,669	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.221331	249,013	55,114	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.353833	23,138	8,187	63.00
64.00	INTRAVENOUS THERAPY	0.077568	0	0	64.00
65.00	RESPIRATORY THERAPY	0.337810	165,940	56,056	65.00
66.00	PHYSICAL THERAPY	0.351662	939,501	330,387	66.00
67.00	OCCUPATIONAL THERAPY	0.197054	512,753	101,040	67.00
68.00	SPEECH PATHOLOGY	0.490051	75,286	36,894	68.00
69.00	ELECTROCARDIOLOGY	0.215454	19,055	4,105	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.555339	246,137	136,689	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.995873	610	607	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.396277	659,862	261,488	73.00
76.00	CARDIAC REHAB	0.943014	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	DCHMC	0.000000		0	88.00
88.01	NDMC	0.000000		0	88.01
88.02	PETERSBURG	0.000000		0	88.02
88.04	PEDIATRICS	0.000000		0	88.04
88.05	MARTIN	0.000000		0	88.05
88.06	RURAL HEALTH CLINIC VII	0.000000		0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	2.550172	85	217	90.00
91.00	EMERGENCY	0.444812	23,424	10,419	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.430898	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.585063	35,785	20,936	93.00
200.00	Total (sum of lines 50-94 and 96-98)		3,121,232	1,061,420	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		3,121,232		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet D-3 | Date/Time Prepared: 5/25/2012 11:50 am

Title XIX | Hospital | PPS

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		939,181		30.00
31.00	INTENSIVE CARE UNIT		93,855		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		257,984		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.364107	338,701	123,323	50.00
51.00	RECOVERY ROOM	0.088863	22,983	2,042	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.816690	178,881	146,090	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.214228	132,619	28,411	54.00
56.00	RADIOISOTOPE	0.221288	32,240	7,134	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.221331	278,160	61,565	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.353833	70,417	24,916	63.00
64.00	INTRAVENOUS THERAPY	0.077568	45,828	3,555	64.00
65.00	RESPIRATORY THERAPY	0.337810	82,645	27,918	65.00
66.00	PHYSICAL THERAPY	0.351662	10,352	3,640	66.00
67.00	OCCUPATIONAL THERAPY	0.197054	1,912	377	67.00
68.00	SPEECH PATHOLOGY	0.490051	146	72	68.00
69.00	ELECTROCARDIOLOGY	0.215454	11,834	2,550	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.555339	271,408	150,723	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.995873	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.396277	211,350	83,753	73.00
76.00	CARDIAC REHAB	0.943014	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	DCHMC	1.183007	0	0	88.00
88.01	NDMC	1.206961	0	0	88.01
88.02	PETERSBURG	0.780639	0	0	88.02
88.04	PEDIATRICS	0.918950	0	0	88.04
88.05	MARTIN	1.030852	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0.000000	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	2.550172	0	0	90.00
91.00	EMERGENCY	0.444812	90,132	40,092	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.430898	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.585063	25,592	14,973	93.00
200.00	Total (sum of lines 50-94 and 96-98)		1,805,200	721,134	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		1,805,200		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150061
Component CCN: 15S061

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

Worksheet D-3
Date/Time Prepared: 5/25/2012 11:50 am

Title XIX

Subprovider - IPF

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		284,602		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.364107	752	274	50.00
51.00	RECOVERY ROOM	0.088863	29	3	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.816690	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.214228	5,795	1,241	54.00
56.00	RADIOISOTOPE	0.221288	495	110	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.221331	28,228	6,248	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.353833	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.077568	100	8	64.00
65.00	RESPIRATORY THERAPY	0.337810	5,531	1,868	65.00
66.00	PHYSICAL THERAPY	0.351662	2,981	1,048	66.00
67.00	OCCUPATIONAL THERAPY	0.197054	480	95	67.00
68.00	SPEECH PATHOLOGY	0.490051	555	272	68.00
69.00	ELECTROCARDIOLOGY	0.215454	3,487	751	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.555339	1,416	786	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.995873	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.396277	96,593	38,278	73.00
76.00	CARDIAC REHAB	0.943014	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	DCHMC	1.183007	0	0	88.00
88.01	NDMC	1.206961	0	0	88.01
88.02	PETERSBURG	0.780639	0	0	88.02
88.04	PEDIATRICS	0.918950	0	0	88.04
88.05	MARTIN	1.030852	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0.000000	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	2.550172	0	0	90.00
91.00	EMERGENCY	0.444812	8,695	3,868	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.430898	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.585063	0	0	93.00
200.00	Total (sum of lines 50-94 and 96-98)		155,137	54,850	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		155,137		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150061
Component CCN: 15T061

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

Worksheet D-3
Date/Time Prepared:
5/25/2012 11:50 am

Title XIX

Subprovider - IRF

	Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		10,417		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
	ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.364107	81	29	50.00
51.00	RECOVERY ROOM	0.088863	6	1	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.816690	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.214228	522	112	54.00
56.00	RADIOISOTOPE	0.221288	31	7	56.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.221331	1,200	266	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.353833	208	74	63.00
64.00	INTRAVENOUS THERAPY	0.077568	15	1	64.00
65.00	RESPIRATORY THERAPY	0.337810	1,647	556	65.00
66.00	PHYSICAL THERAPY	0.351662	5,609	1,972	66.00
67.00	OCCUPATIONAL THERAPY	0.197054	3,116	614	67.00
68.00	SPEECH PATHOLOGY	0.490051	451	221	68.00
69.00	ELECTROCARDIOLOGY	0.215454	22	5	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.555339	365	203	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.995873	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.396277	3,874	1,535	73.00
76.00	CARDIAC REHAB	0.943014	0	0	76.00
	OUTPATIENT SERVICE COST CENTERS				
88.00	DCHMC	1.183007	0	0	88.00
88.01	NDMC	1.206961	0	0	88.01
88.02	PETERSBURG	0.780639	0	0	88.02
88.04	PEDIATRICS	0.918950	0	0	88.04
88.05	MARTIN	1.030852	0	0	88.05
88.06	RURAL HEALTH CLINIC VII	0.000000	0	0	88.06
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	2.550172	0	0	90.00
91.00	EMERGENCY	0.444812	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.430898	0	0	92.00
93.00	OTHER OUTPATIENT SERVICE COST CENTER	0.585063	15	9	93.00
200.00	Total (sum of lines 50-94 and 96-98)		17,162	5,605	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		17,162		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150061	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS		
1.00	DRG Amounts Other than Outlier Payments	4,084,449	1.00
2.00	Outlier payments for discharges. (see instructions)	0	2.00
3.00	Managed Care Simulated Payments	0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	38.38	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjusment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment. (see instructions)	0.000000	27.00
28.00	IME Adjustment (see instructions)	0	28.00
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	6.22	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	23.53	31.00
32.00	Sum of lines 30 and 31	29.75	32.00
33.00	Allowable disproportionate share percentage (see instructions)	12.00	33.00
34.00	Disproportionate share adjustment (see instructions)	490,134	34.00
	Additional payment for high percentage of ESRD beneficiary discharges		
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)	0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)	0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)	0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)	0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)	0	46.00
47.00	Subtotal (see instructions)	4,574,583	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	4,574,583	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	326,834	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0	56.00
57.00	Routine service other pass through costs	0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150061	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Hospital	PPS

		1.00	
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	0	58.00
59.00	Total (sum of amounts on lines 49 through 58)	4,901,417	59.00
60.00	Primary payer payments	0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	4,901,417	61.00
62.00	Deductibles billed to program beneficiaries	609,924	62.00
63.00	Coinsurance billed to program beneficiaries	12,169	63.00
64.00	Allowable bad debts (see instructions)	183,955	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	128,769	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	142,288	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	4,408,093	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0	68.00
69.00	Outlier payments reconciliation	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.95	Recovery of Accelerated Depreciation	0	70.95
70.96	Low Volume Payment-1	496,361	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)	4,904,454	71.00
72.00	Interim payments	4,892,315	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)	12,139	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	75.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Operating outlier amount from Worksheet E, Part A line 2	0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0	93.00
94.00	The rate used to calculate the Time Value of Money	0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)	0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet E Part B Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	-3,392	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	3,769,562	2.00
3.00	PPS payments	2,976,426	3.00
4.00	Outlier payment (see instructions)	4,188	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.824	5.00
6.00	Line 2 times line 5	3,106,119	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	95.96	7.00
8.00	Transitional corridor payment (see instructions)	106,679	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	-3,392	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	-8,516	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	-8,516	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	-8,516	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)	5,124	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	-8,516	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)	3,087,293	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	735,072	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)	2,343,705	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	2,343,705	30.00
31.00	Primary payer payments	74	31.00
32.00	Subtotal (line 30 minus line 31)	2,343,631	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	213,610	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	149,527	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	173,133	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	2,493,158	37.00
38.00	MSP-LCC reconciliation amount from PS&R	301	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)	2,492,857	40.00
41.00	Interim payments	2,248,022	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)	244,835	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150061	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Hospital	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150061 Component CCN: 15S061	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Subprovider - IPF	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150061 Component CCN: 15S061	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Subprovider - IPF	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150061 Component CCN: 15T061	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Subprovider - IRF	PPS

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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150061 Component CCN: 15T061	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Subprovider - IRF	PPS

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet E-1 Part I Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		4,888,021		2,245,167	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	08/31/2011	4,294	08/31/2011	2,855	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		4,294		2,855	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)		4,892,315		2,248,022	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		12,139		244,835	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,904,454		2,492,857	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150061 Component CCN: 15S061	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part I Date/Time Prepared: 5/25/2012 11:50 am
Title XVIII	Subprovider - IPF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,863,788		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		2,863,788		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		66,021		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,929,809		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150061 Component CCN: 15T061	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part I Date/Time Prepared: 5/25/2012 11:50 am
Title XVIII	Subprovider - IRF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,585,501		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	08/31/2011	1,108		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		1,108		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,586,609		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		1,769		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,588,378		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150061
Component CCN: 15U061

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

Worksheet E-1
Part I
Date/Time Prepared:
5/25/2012 11:50 am

Title XVIII | Swing Beds - SNF | 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		0		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		0		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS	Provider CCN: 150061 Component CCN: 15U061	Period: From 01/01/2011 To 12/31/2011	Worksheet E-2 Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Swing Beds - SNF	PPS

		Part A	Part B	
		1.00	2.00	
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient routine services - swing bed-SNF (see instructions)	0	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)			3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	0	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	0	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	0	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	0	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	0	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	0	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
17.00	Reimbursable bad debts (see instructions)	0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)	0	0	19.00
20.00	Interim payments	0	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)	0	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150061 Component CCN: 15S061	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	3,063,388	1.00
2.00	Net IPF PPS Outlier Payments	1,421	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	12.035616	9.00
10.00	Medical Education Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	3,064,809	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition	0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	15.00
16.00	Subtotal (see instructions)	3,064,809	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	3,064,809	18.00
19.00	Deductibles	166,212	19.00
20.00	Subtotal (line 18 minus line 19)	2,898,597	20.00
21.00	Coinsurance	34,809	21.00
22.00	Subtotal (line 20 minus line 21)	2,863,788	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	94,315	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	66,021	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	84,537	25.00
26.00	Subtotal (sum of lines 22 and 24)	2,929,809	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	2,929,809	31.00
32.00	Interim payments	2,863,788	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)	66,021	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150061 Component CCN: 15T061	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	3,582,166	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0351	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	63,261	3.00
4.00	Outlier Payments	27,989	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	8.421918	10.00
11.00	Medical Education Adjustment Factor {((1 + (line 9/line 10)) raised to the power of .6876 -1}.	0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).	0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)	3,673,416	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)	0	14.00
15.00	Organ acquisition	0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	16.00
17.00	Subtotal (see instructions)	3,673,416	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	3,673,416	19.00
20.00	Deductibles	79,176	20.00
21.00	Subtotal (line 19 minus line 20)	3,594,240	21.00
22.00	Coinsurance	20,376	22.00
23.00	Subtotal (line 21 minus line 22)	3,573,864	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	20,734	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	14,514	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	19,315	26.00
27.00	Subtotal (sum of lines 23 and 25)	3,588,378	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	3,588,378	32.00
33.00	Interim payments	3,586,609	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)	1,769	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

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

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet G | Date/Time Prepared: 5/25/2012 11:50 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURENT ASSETS					
1.00	Cash on hand in banks	3,618,505	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	11,245,130	0	0	0	4.00
5.00	Other receivable	1,346,804	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-5,072,188	0	0	0	6.00
7.00	Inventory	1,274,200	0	0	0	7.00
8.00	Prepaid expenses	1,172,398	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	13,584,849	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	1,280,955	0	0	0	12.00
13.00	Land improvements	687,865	0	0	0	13.00
14.00	Accumulated depreciation	-431,085	0	0	0	14.00
15.00	Buildings	60,061,081	0	0	0	15.00
16.00	Accumulated depreciation	-36,129,027	0	0	0	16.00
17.00	Leasehold improvements	39,119	0	0	0	17.00
18.00	Accumulated depreciation	-28,655	0	0	0	18.00
19.00	Fixed equipment	3,616,923	0	0	0	19.00
20.00	Accumulated depreciation	-2,659,824	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	24,374,281	0	0	0	23.00
24.00	Accumulated depreciation	-17,221,655	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)	33,589,978	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	3,402,172	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	4,130,686	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,532,858	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	54,707,685	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	1,651,572	0	0	0	37.00
38.00	Salaries, wages, and fees payable	764,595	0	0	0	38.00
39.00	Payroll taxes payable	88,568	0	0	0	39.00
40.00	Notes and loans payable (short term)	79,809	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,829,469	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	4,414,013	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	20,135,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	20,135,000	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	24,549,013	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	30,158,672				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)	30,158,672	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	54,707,685	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet G-1 | Date/Time Prepared: 5/25/2012 11:50 am

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
1.00	Fund balances at beginning of period		32,977,802		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-2,819,130				2.00
3.00	Total (sum of line 1 and line 2)		30,158,672		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0			4.00
5.00		0		0			5.00
6.00		0		0			6.00
7.00		0		0			7.00
8.00		0		0			8.00
9.00		0		0			9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		30,158,672		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)		30,158,672		0		19.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet G-1 | Date/Time Prepared: 5/25/2012 11:50 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet G-2 Parts | Date/Time Prepared: 5/25/2012 11:50 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	4,575,601		4,575,601	1.00
2.00	SUBPROVIDER - IPF	4,647,009		4,647,009	2.00
3.00	SUBPROVIDER - IRF	2,911,152		2,911,152	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	12,133,762		12,133,762	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	1,613,141		1,613,141	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	1,613,141		1,613,141	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	13,746,903		13,746,903	17.00
18.00	Ancillary services	19,924,549	44,081,388	64,005,937	18.00
19.00	Outpatient services	0	879,771	879,771	19.00
20.00	DCHMC	0	837,165	837,165	20.00
20.01	NDMC	0	944,467	944,467	20.01
20.02	PETERSBURG	0	1,127,485	1,127,485	20.02
20.04	PEDIATRICS	0	329,835	329,835	20.04
20.05	MARTIN	0	864,388	864,388	20.05
20.06	RURAL HEALTH CLINIC VII	0	0	0	20.06
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		481,616	481,616	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	390,320	390,320	26.00
27.00	OTHER (SPECIFY)	0	5,103,648	5,103,648	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	33,671,452	55,040,083	88,711,535	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		45,772,453		29.00
30.00		0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		45,772,453		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet G-3 | Date/Time Prepared: 5/25/2012 11:50 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	88,711,535	1.00
2.00	Less contractual allowances and discounts on patients' accounts	46,720,983	2.00
3.00	Net patient revenues (line 1 minus line 2)	41,990,552	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	45,772,453	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,781,901	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	99,987	6.00
7.00	Income from investments	34,800	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	3,387	10.00
11.00	Rebates and refunds of expenses	86,752	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	215,978	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	14,789	17.00
18.00	Revenue from sale of medical records and abstracts	19,309	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	203,175	22.00
23.00	Governmental appropriations	47,377	23.00
24.00	OTHER (SPECIFY)	240,327	24.00
25.00	Total other income (sum of lines 6-24)	965,881	25.00
26.00	Total (line 5 plus line 25)	-2,816,020	26.00
27.00	OTHER EXPENSES (SPECIFY)	3,110	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	3,110	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-2,819,130	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150061
HHA CCN: 157189

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

Worksheet H
Date/Time Prepared:
5/25/2012 11:50 am

Home Health Agency I — PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	63,284	0	0	0	50,768	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	259,136	0	15,246	0	0	6.00
7.00	Physical Therapy	52,635	0	7,525	0	0	7.00
8.00	Occupational Therapy	10,685	0	1,338	0	0	8.00
9.00	Speech Pathology	1,095	0	223	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	28,527	0	8,689	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	415,362	0	33,021	0	50,768	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: 150061
HHA CCN: 157189

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

Worksheet H
Date/Time Prepared:
5/25/2012 11:50 am

Home Health Agency I | PPS

		Total (sum of cols. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	114,052	0	114,052	-337	113,715	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	274,382	0	274,382	0	274,382	6.00
7.00	Physical Therapy	60,160	-60,160	0	0	0	7.00
8.00	Occupational Therapy	12,023	-12,023	0	0	0	8.00
9.00	Speech Pathology	1,318	-1,318	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	37,216	0	37,216	0	37,216	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	499,151	-73,501	425,650	-337	425,313	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: 150061
HHA CCN: 157189

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

Worksheet H-1
Part I
Date/Time Prepared:
5/25/2012 11:50 am

Home Health Agency I | PPS

		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0				1.00
2.00	Capital Related - Movable Equipment	0		0			2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	113,715	0	0	0	0	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	274,382	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	37,216	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	425,313	0	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 150061
HHA CCN: 157189

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

Worksheet H-1
Part I
Date/Time Prepared:
5/25/2012 11:50 am

Home Health Agency I

PPS

		Subtotal (cols. 0-4)	Administrative & General	Total (cols. 4A + 5)		
		4A.00	5.00	6.00		
	GENERAL SERVICE COST CENTERS					
1.00	Capital Related - Bldg. & Fixtures	0				1.00
2.00	Capital Related - Movable Equipment	0				2.00
3.00	Plant Operation & Maintenance	0				3.00
4.00	Transportation					4.00
5.00	Administrative and General	113,715	113,715			5.00
	HHA REIMBURSABLE SERVICES					
6.00	Skilled Nursing Care	274,382	100,133	374,515		6.00
7.00	Physical Therapy	0	0	0		7.00
8.00	Occupational Therapy	0	0	0		8.00
9.00	Speech Pathology	0	0	0		9.00
10.00	Medical Social Services	0	0	0		10.00
11.00	Home Health Aide	37,216	13,582	50,798		11.00
12.00	Supplies (see instructions)	0	0	0		12.00
13.00	Drugs	0	0	0		13.00
14.00	DME	0	0	0		14.00
	HHA NONREIMBURSABLE SERVICES					
15.00	Home Dialysis Aide Services	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0		17.00
18.00	Clinic	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0		19.00
20.00	Day Care Program	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0		21.00
22.00	Homemaker Service	0	0	0		22.00
23.00	All Others (specify)	0	0	0		23.00
24.00	Total (sum of lines 1-23)	311,598		425,313		24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150061
HHA CCN: 157189

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

Worksheet H-1
Part II
Date/Time Prepared:
5/25/2012 11:50 am

Home Health Agency I | PPS

		Capital Related Costs					
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		1.00	2.00	3.00	4.00	5A.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-113,715	5.00
	HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-113,715	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150061
HHA CCN: 157189

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

Worksheet H-1
Part II
Date/Time Prepared:
5/25/2012 11:50 am

Home Health Agency I

PPS

		Administrative & General (ACCUM. COST)		
		5.00		
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation (see instructions)			4.00
5.00	Administrative and General	311,598		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	274,382		6.00
7.00	Physical Therapy	0		7.00
8.00	Occupational Therapy	0		8.00
9.00	Speech Pathology	0		9.00
10.00	Medical Social Services	0		10.00
11.00	Home Health Aide	37,216		11.00
12.00	Supplies (see instructions)	0		12.00
13.00	Drugs	0		13.00
14.00	DME	0		14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0		15.00
16.00	Respiratory Therapy	0		16.00
17.00	Private Duty Nursing	0		17.00
18.00	Clinic	0		18.00
19.00	Health Promotion Activities	0		19.00
20.00	Day Care Program	0		20.00
21.00	Home Delivered Meals Program	0		21.00
22.00	Homemaker Service	0		22.00
23.00	All Others (specify)	0		23.00
24.00	Total (sum of lines 1-23)	311,598		24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	113,715		25.00
26.00	Unit Cost Multiplier	0.364941		26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150061
HHA CCN: 157189

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

Worksheet H-2
Part I
Date/Time Prepared:
5/25/2012 11:50 am

Home Health Agency I

PPS

			CAPITAL RELATED COSTS				
		HHA Trial Balance (1)	NEW BLDG & FIXT	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	Subtotal	
		0	1.00	2.00	4.00	4A	
1.00	Administrative and General	0	13,271	9,409	16,201	38,881	1.00
2.00	Skilled Nursing Care	374,515	0	0	66,339	440,854	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	50,798	0	0	7,303	58,101	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)	425,313	13,271	9,409	89,843	537,836	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: 150061
HHA CCN: 157189

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

Worksheet H-2
Part I
Date/Time Prepared:
5/25/2012 11:50 am

Home Health Agency I | PPS

		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
1.00	Administrative and General	6,287	7,387	11,475	0	5,107	1.00
2.00	Skilled Nursing Care	71,283	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	9,395	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)	86,965	7,387	11,475	0	5,107	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: 150061
HHA CCN: 157189

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

Worksheet H-2
Part I
Date/Time Prepared:
5/25/2012 11:50 am

Home Health Agency I | PPS

		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	2,057	11,787	704	0	1.00
2.00	Skilled Nursing Care	0	4,058	23,251	0	0	2.00
3.00	Physical Therapy	0	764	4,379	0	0	3.00
4.00	Occupational Therapy	0	129	738	0	0	4.00
5.00	Speech Pathology	0	15	88	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	1,146	6,564	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	8,169	46,807	704	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: 150061
HHA CCN: 157189

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

Worksheet H-2
Part I
Date/Time Prepared:
5/25/2012 11:50 am

					Home Health Agency I	PPS	
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		16.00	17.00	24.00	25.00	26.00	
1.00	Administrative and General	5,082	16,537	105,304	0	105,304	1.00
2.00	Skilled Nursing Care	0	0	539,446	0	539,446	2.00
3.00	Physical Therapy	0	0	5,143	0	5,143	3.00
4.00	Occupational Therapy	0	0	867	0	867	4.00
5.00	Speech Pathology	0	0	103	0	103	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	75,206	0	75,206	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)	5,082	16,537	726,069	0	726,069	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: 150061
HHA CCN: 157189

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

Worksheet H-2
Part I
Date/Time Prepared:
5/25/2012 11:50 am

Home Health Agency I

PPS

		Allocated HHA A&G (see Part II)	Total HHA Costs		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Skilled Nursing Care	91,510	630,956		2.00
3.00	Physical Therapy	872	6,015		3.00
4.00	Occupational Therapy	147	1,014		4.00
5.00	Speech Pathology	17	120		5.00
6.00	Medical Social Services	0	0		6.00
7.00	Home Health Aide	12,758	87,964		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	105,304	726,069		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.	0.169636			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: 150061
HHA CCN: 157189

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

Worksheet H-2
Part II
Date/Time Prepared:
5/25/2012 11:50 am

Home Health Agency I | PPS

		CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	4.00	5A	5.00	
1.00	Administrative and General	1,365	8,843	63,284	0	38,881	1.00
2.00	Skilled Nursing Care	0	0	259,136	0	440,854	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	28,527	0	58,101	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,365	8,843	350,947		537,836	20.00
21.00	Total cost to be allocated	13,271	9,409	89,843		86,965	21.00
22.00	Unit cost multiplier	9.722344	1.064005	0.256002		0.161694	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150061
HHA CCN: 157189

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

Worksheet H-2
Part II
Date/Time Prepared:
5/25/2012 11:50 am

Home Health Agency I | PPS

		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	1,365	1,365	0	1,365	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	1,365	1,365	0	1,365	0	20.00
21.00	Total cost to be allocated	7,387	11,475	0	5,107	0	21.00
22.00	Unit cost multiplier	5.411722	8.406593	0.000000	3.741392	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150061
HHA CCN: 157189

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

Worksheet H-2
Part II
Date/Time Prepared:
5/25/2012 11:50 am

Home Health Agency I

PPS

		CAFETERIA (HOURS PAID)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	4,439	4,439	2,487	0	481,616	1.00
2.00	Skilled Nursing Care	8,757	8,757	0	0	0	2.00
3.00	Physical Therapy	1,649	1,649	0	0	0	3.00
4.00	Occupational Therapy	278	278	0	0	0	4.00
5.00	Speech Pathology	33	33	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	2,472	2,472	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)	17,628	17,628	2,487	0	481,616	20.00
21.00	Total cost to be allocated	8,169	46,807	704	0	5,082	21.00
22.00	Unit cost multiplier	0.463410	2.655264	0.283072	0.000000	0.010552	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150061 HHA CCN: 157189	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/25/2012 11:50 am
		Home Health Agency I	PPS

		SOCIAL SERVICE (TIME SPENT)	
		17.00	
1.00	Administrative and General	531	1.00
2.00	Skilled Nursing Care	0	2.00
3.00	Physical Therapy	0	3.00
4.00	Occupational Therapy	0	4.00
5.00	Speech Pathology	0	5.00
6.00	Medical Social Services	0	6.00
7.00	Home Health Aide	0	7.00
8.00	Supplies (see instructions)	0	8.00
9.00	Drugs	0	9.00
10.00	DME	0	10.00
11.00	Home Dialysis Aide Services	0	11.00
12.00	Respiratory Therapy	0	12.00
13.00	Private Duty Nursing	0	13.00
14.00	Clinic	0	14.00
15.00	Health Promotion Activities	0	15.00
16.00	Day Care Program	0	16.00
17.00	Home Delivered Meals Program	0	17.00
18.00	Homemaker Service	0	18.00
19.00	All Others (specify)	0	19.00
20.00	Total (sum of lines 1-19)	531	20.00
21.00	Total cost to be allocated	16,537	21.00
22.00	Unit cost multiplier	31.143126	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150061
HHA CCN: 157189

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

Worksheet H-3
Parts I-II
Date/Time Prepared:
5/25/2012 11:50 am

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	630,956		630,956	2,804	1.00
2.00	Physical Therapy	3.00	6,015	45,025	51,040	1,384	2.00
3.00	Occupational Therapy	4.00	1,014	6,143	7,157	246	3.00
4.00	Speech Pathology	5.00	120	814	934	41	4.00
5.00	Medical Social Services	6.00	0		0	0	5.00
6.00	Home Health Aide	7.00	87,964		87,964	1,598	6.00
7.00	Total (sum of lines 1-6)		726,069	51,982	778,051	6,073	7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B: Not Subject to Deductibles & Coinsurance	Program Visits Part B: Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
	Limitation Cost Computation						
8.00	Skilled Nursing Care		99915	891	653		8.00
9.00	Physical Therapy		99915	717	338		9.00
10.00	Occupational Therapy		99915	123	81		10.00
11.00	Speech Pathology		99915	36	4		11.00
12.00	Medical Social Services		99915	0	0		12.00
13.00	Home Health Aide		99915	368	550		13.00
14.00	Total (sum of lines 8-13)			2,135	1,626		14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
	Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	8.00	0	2,966	2,966	0	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	16.00

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	
		0	1.00	2.00	3.00	
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS					
1.00	Physical Therapy	66.00	0.351662	128,034	45,025	1.00
2.00	Occupational Therapy	67.00	0.197054	31,175	6,143	2.00
3.00	Speech Pathology	68.00	0.490051	1,662	814	3.00
4.00	Cost of Medical Supplies	71.00	0.555339	5,340	2,966	4.00
5.00	Cost of Drugs	73.00	0.396277	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150061
HHA CCN: 157189

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

Worksheet H-3
Parts I-II
Date/Time Prepared:
5/25/2012 11:50 am

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Program Visits: Part A	Program Visits: Part B Not Subject to Deductibles & Coinsurance	Program Visits: Part B Subject to Deductibles & Coinsurance		
		5.00	6.00	7.00	8.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
	Cost Per Visit Computation						
1.00	Skilled Nursing Care	225.02	891	653			1.00
2.00	Physical Therapy	36.88	717	338			2.00
3.00	Occupational Therapy	29.09	123	81			3.00
4.00	Speech Pathology	22.78	36	4			4.00
5.00	Medical Social Services	0.00	0	0			5.00
6.00	Home Health Aide	55.05	368	550			6.00
7.00	Total (sum of lines 1-6)		2,135	1,626			7.00
	Cost Center Description						
		5.00	6.00	7.00	8.00	9.00	
	Limitation Cost Computation						
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

	Cost Center Description	Ratio (col. 3 ÷ col. 4)	Program Covered Charges: Part A	Program Covered Charges: Part B Not Subject to Deductibles & Coinsurance	Program Covered Charges: Part B Subject to Deductibles & Coinsurance		
		5.00	6.00	7.00	8.00		
	Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0.000000	1,425	2,773	0		15.00
16.00	Cost of Drugs	0.000000	0	0	0		16.00

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

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150061
HHA CCN: 157189

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

Worksheet H-3
Parts I-II
Date/Time Prepared:
5/25/2012 11:50 am

Title XVIII | Home Health Agency I | PPS

	Cost Center Description	Cost of Services: Part A	Cost of Services: Part B: Not Subject to Deductibles & Coinsurance	Cost of Services: Part B: Subject to Deductibles & Coinsurance	Total Program Cost (sum of cols. 9-10)		
		9.00	10.00	11.00	12.00		
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
	Cost Per Visit Computation						
1.00	Skilled Nursing Care	200,493	146,938		347,431		1.00
2.00	Physical Therapy	26,443	12,465		38,908		2.00
3.00	Occupational Therapy	3,578	2,356		5,934		3.00
4.00	Speech Pathology	820	91		911		4.00
5.00	Medical Social Services	0	0		0		5.00
6.00	Home Health Aide	20,258	30,278		50,536		6.00
7.00	Total (sum of lines 1-6)	251,592	192,128		443,720		7.00
	Cost Center Description	10.00	11.00	12.00			
	Limitation Cost Computation						
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

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

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 150061 HHA CCN: 157189	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Home Health Agency I	PPS

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

		Part A Services	Part B Services	
		1.00	2.00	
	PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT			
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	293,332	192,264	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	0	4,264	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	6,347	4,308	13.00
14.00	Total PPS Reimbursement - PEP Episodes	2,372	214	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	0	2,022	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	302,051	203,072	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	302,051	203,072	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	302,051	203,072	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)	302,051	203,072	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	302,051	203,072	31.00
32.00	Interim payments (see instructions)	302,051	203,072	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 150061
HHA CCN: 157189

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

Worksheet H-5
Date/Time Prepared: 5/25/2012 11:50 am

Home Health Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		302,051		203,072	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		302,051		203,072	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		302,051		203,072	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K
Date/Time Prepared: 5/25/2012 11:50 am

Hospice I

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	20,464	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	101,916	0	0	0	23,368	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	37,034	0	0	117,373	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	26,594	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	165,544	0	20,464	117,373	23,368	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K
Date/Time Prepared:
5/25/2012 11:50 am

Hospice I

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	20,464	0	20,464	0	20,464	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	125,284	0	125,284	23	125,307	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	154,407	0	154,407	0	154,407	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	26,594	0	26,594	0	26,594	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	326,749	0	326,749	23	326,772	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-1

Date/Time Prepared: 5/25/2012 11:50 am

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	85,368	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	37,034	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	85,368	0	0	0	37,034	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-1

Date/Time Prepared: 5/25/2012 11:50 am

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	16,548	101,916		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	37,034		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	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		26,594	0	26,594		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	26,594	16,548	165,544		39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-3

Date/Time Prepared: 5/25/2012 11:50 am

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	117,373	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	117,373	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-3

Date/Time Prepared: 5/25/2012 11:50 am

		Hospice I					
		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	0	0		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	117,373		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	0		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	0		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	0	0		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	117,373		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-4
Part I
Date/Time Prepared:
5/25/2012 11:50 am

Hospice I

		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	20,464	0	0	0	20,464	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	125,307	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	154,407	0	0	0	20,464	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	26,594	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	326,772	0	0	0	20,464	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-4
Part I
Date/Time Prepared:
5/25/2012 11:50 am

Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)		
		5.00	5A	6.00	7.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.		0				1.00
2.00	Capital Related Costs-Movable Equip.		0				2.00
3.00	Plant Operation and Maintenance		0				3.00
4.00	Transportation - Staff		0				4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	125,307				6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	174,871	108,766	283,637		7.00
8.00	Inpatient - Respite Care	0	0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0		9.00
10.00	Nursing Care	0	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	26,594	16,541	43,135		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
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0		22.00
23.00	Analgesics	0	0	0	0		23.00
24.00	Sedatives / Hypnotics	0	0	0	0		24.00
25.00	Other - Specify	0	0	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0		26.00
27.00	Patient Transportation	0	0	0	0		27.00
28.00	Imaging Services	0	0	0	0		28.00
29.00	Labs and Diagnostics	0	0	0	0		29.00
30.00	Medical Supplies	0	0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0		31.00
32.00	Radiation Therapy	0	0	0	0		32.00
33.00	Chemotherapy	0	0	0	0		33.00
34.00	Other	0	0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0		35.00
36.00	Volunteer Program Costs	0	0	0	0		36.00
37.00	Fundraising	0	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	201,465	125,307	326,772		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-4
Part II
Date/Time Prepared:
5/25/2012 11:50 am

Hospice I

		CAPITAL RELATED COST					
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT ($ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	20,464		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	20,464	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	20,464	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	1.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-4
Part II
Date/Time Prepared:
5/25/2012 11:50 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)		
		6A	6.00		
	GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0			1.00
2.00	Capital Related Costs-Movable Equip.	0			2.00
3.00	Plant Operation and Maintenance	0			3.00
4.00	Transportation - Staff	0			4.00
5.00	Volunteer Service Coordination				5.00
6.00	Administrative and General	-125,307	201,465		6.00
	INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	174,871		7.00
8.00	Inpatient - Respite Care	0	0		8.00
	VISITING SERVICES				
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		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	26,594		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0		20.00
21.00	Other	0	0		21.00
	OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0		22.00
23.00	Analgesics	0	0		23.00
24.00	Sedatives / Hypnotics	0	0		24.00
25.00	Other - Specify	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0		26.00
27.00	Patient Transportation	0	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
	HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0		35.00
36.00	Volunteer Program Costs	0	0		36.00
37.00	Fundraising	0	0		37.00
38.00	Other Program Costs	0	0		38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		125,307		39.00
40.00	Unit Cost Multiplier		0.621979		40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-5
Part I
Date/Time Prepared:
5/25/2012 11:50 am

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS	Subtotal	
		0	1.00	2.00	4.00	4A	
1.00	Administrative and General		0	0	42,380	42,380	1.00
2.00	Inpatient - General Care	283,637	5,688	123	0	289,448	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	43,135	0	0	0	43,135	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)	326,772	5,688	123	42,380	374,963	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-5
Part I
Date/Time Prepared:
5/25/2012 11:50 am

Hospice I

	Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
1.00	Administrative and General	6,853	0	0	0	0	1.00
2.00	Inpatient - General Care	46,801	3,166	4,918	0	2,189	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	6,975	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)	60,629	3,166	4,918	0	2,189	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-5
Part I
Date/Time Prepared:
5/25/2012 11:50 am

Hospice I

	Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	3,792	21,728	1,130	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	3,792	21,728	1,130	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-5
Part I
Date/Time Prepared:
5/25/2012 11:50 am

Hospice I

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	
		16.00	17.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	49,233			1.00
2.00	Inpatient - General Care	4,119	16,537	393,828	0	393,828	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	50,110	0	50,110	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	4,119	16,537	493,171	0	493,171	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-5
Part I
Date/Time Prepared:
5/25/2012 11:50 am

Hospice I

	Cost Center Description	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Inpatient - General Care	43,676	437,504		2.00
3.00	Inpatient - Respite Care	0	0		3.00
4.00	Physician Services	0	0		4.00
5.00	Nursing Care	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	0	0		7.00
8.00	Occupational Therapy	0	0		8.00
9.00	Speech/ Language Pathology	0	0		9.00
10.00	Medical Social Services	0	0		10.00
11.00	Spiritual Counseling	0	0		11.00
12.00	Dietary Counseling	0	0		12.00
13.00	Counseling - Other	0	0		13.00
14.00	Home Health Aide and Homemaker	5,557	55,667		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00	Other	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0		17.00
18.00	Analgesics	0	0		18.00
19.00	Sedatives / Hypnotics	0	0		19.00
20.00	Other - Specify	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0		21.00
22.00	Patient Transportation	0	0		22.00
23.00	Imaging Services	0	0		23.00
24.00	Labs and Diagnostics	0	0		24.00
25.00	Medical Supplies	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0		26.00
27.00	Radiation Therapy	0	0		27.00
28.00	Chemotherapy	0	0		28.00
29.00	Other	0	0		29.00
30.00	Bereavement Program Costs	0	0		30.00
31.00	Volunteer Program Costs	0	0		31.00
32.00	Fundraising	0	0		32.00
33.00	Other Program Costs	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)		493,171		34.00
35.00	Unit Cost Multiplier (see instructions)	0.110901			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-5
Part II
Date/Time Prepared:
5/25/2012 11:50 am

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS NEW BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	4.00	5A	5.00	
1.00	Administrative and General	0	0	165,544	0	42,380	1.00
2.00	Inpatient - General Care	585	116	0	0	289,448	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	43,135	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)	585	116	165,544		374,963	34.00
35.00	Total cost to be allocated	5,688	123	42,380		60,629	35.00
36.00	Unit Cost Multiplier (see instructions)	9.723077	1.060345	0.256004		0.161693	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-5
Part II
Date/Time Prepared:
5/25/2012 11:50 am

Hospice I

	Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	585	585	0	585	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)	585	585	0	585	0	34.00
35.00	Total cost to be allocated	3,166	4,918	0	2,189	0	35.00
36.00	Unit Cost Multiplier (see instructions)	5.411966	8.406838	0.000000	3.741880	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-5
Part II
Date/Time Prepared:
5/25/2012 11:50 am

Hospice I

	Cost Center Description	CAFETERIA (HOURS PAID)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	8,183	8,183	3,991	0	390,320	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)	8,183	8,183	3,991	0	390,320	34.00
35.00	Total cost to be allocated	3,792	21,728	1,130	0	4,119	35.00
36.00	Unit Cost Multiplier (see instructions)	0.463400	2.655261	0.283137	0.000000	0.010553	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-5
Part II
Date/Time Prepared:
5/25/2012 11:50 am

Hospice I

	Cost Center Description	SOCIAL SERVICE (TIME SPENT)		
		17.00		
1.00	Administrative and General	0		1.00
2.00	Inpatient - General Care	531		2.00
3.00	Inpatient - Respite Care	0		3.00
4.00	Physician Services	0		4.00
5.00	Nursing Care	0		5.00
6.00	Nursing Care-Continuous Home Care	0		6.00
7.00	Physical Therapy	0		7.00
8.00	Occupational Therapy	0		8.00
9.00	Speech/ Language Pathology	0		9.00
10.00	Medical Social Services	0		10.00
11.00	Spiritual Counseling	0		11.00
12.00	Dietary Counseling	0		12.00
13.00	Counseling - Other	0		13.00
14.00	Home Health Aide and Homemaker	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		15.00
16.00	Other	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0		17.00
18.00	Analgesics	0		18.00
19.00	Sedatives / Hypnotics	0		19.00
20.00	Other - Specify	0		20.00
21.00	Durable Medical Equipment/Oxygen	0		21.00
22.00	Patient Transportation	0		22.00
23.00	Imaging Services	0		23.00
24.00	Labs and Diagnostics	0		24.00
25.00	Medical Supplies	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0		26.00
27.00	Radiation Therapy	0		27.00
28.00	Chemotherapy	0		28.00
29.00	Other	0		29.00
30.00	Bereavement Program Costs	0		30.00
31.00	Volunteer Program Costs	0		31.00
32.00	Fundraising	0		32.00
33.00	Other Program Costs	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	531		34.00
35.00	Total cost to be allocated	16,537		35.00
36.00	Unit Cost Multiplier (see instructions)	31.143126		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-5
Part III
Date/Time Prepared:
5/25/2012 11:50 am

Hospice I

	Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.351662	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.197054	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.490051	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.396277	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.221331	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.555339	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.585063	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00				9.00
10.00	CARDIAC REHAB	76.00	0.943014	0	0	10.00
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150061
Hospice CCN: 151553

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

Worksheet K-6

Date/Time Prepared:
5/25/2012 11:50 am

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				493,171	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				2,412	2.00
3.00	Average cost per diem (line 1 divided by line 2)				204.47	3.00
4.00	Updduplicated Medicare Days (Worksheet S-9, column 1, line 5)	2,280				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	466,192				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Updduplicated 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)			132		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			26,990		13.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 150061 | Period: From 01/01/2011 To 12/31/2011 | Worksheet L Parts I-III Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Hospital | PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	326,834	1.00
2.00	Capital DRG outlier payments	0	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	13.57	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	326,834	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 150061
Component CCN: 158500

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

Worksheet M-1
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Rural Health Clinic (RHC) I | Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	7,359	0	7,359	0	7,359	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	118,651	0	118,651	0	118,651	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	153,220	0	153,220	0	153,220	9.00
10.00	Subtotal (sum of lines 1-9)	279,230	0	279,230	0	279,230	10.00
11.00	Physician Services Under Agreement	0	160,000	160,000	0	160,000	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	160,000	160,000	0	160,000	14.00
15.00	Medical Supplies	0	21,767	21,767	0	21,767	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	21,767	21,767	0	21,767	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	279,230	181,767	460,997	0	460,997	22.00
	COSTS OTHER THAN RHC/FQHC SERVICS						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	0	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	66,160	66,160	0	66,160	29.00
30.00	Administrative Costs	81,943	0	81,943	0	81,943	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	81,943	66,160	148,103	0	148,103	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	361,173	247,927	609,100	0	609,100	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 150061
Component CCN: 158500

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

Worksheet M-1
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Rural Health Clinic (RHC) I | Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	7,359		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	118,651		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	153,220		9.00
10.00	Subtotal (sum of lines 1-9)	0	279,230		10.00
11.00	Physician Services Under Agreement	0	160,000		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11-13)	0	160,000		14.00
15.00	Medical Supplies	0	21,767		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15-20)	0	21,767		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	460,997		22.00
	COSTS OTHER THAN RHC/FQHC SERVICS				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs	0	0		27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	66,160		29.00
30.00	Administrative Costs	0	81,943		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	148,103		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	609,100		32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 150061
Component CCN: 153999

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

Worksheet M-1
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Rural Health Clinic (RHC) II | Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	303,294	0	303,294	0	303,294	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	72,725	0	72,725	0	72,725	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	143,352	0	143,352	0	143,352	9.00
10.00	Subtotal (sum of lines 1-9)	519,371	0	519,371	0	519,371	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	44,598	44,598	0	44,598	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	44,598	44,598	0	44,598	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	519,371	44,598	563,969	0	563,969	22.00
	COSTS OTHER THAN RHC/FQHC SERVICS						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	0	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	91,323	91,323	0	91,323	29.00
30.00	Administrative Costs	63,210	0	63,210	0	63,210	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	63,210	91,323	154,533	0	154,533	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	582,581	135,921	718,502	0	718,502	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 150061 Component CCN: 153999	Period: From 01/01/2011 To 12/31/2011	Worksheet M-1 Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Rural Health Clinic (RHC) II	Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	303,294		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	72,725		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	143,352		9.00
10.00	Subtotal (sum of lines 1-9)	0	519,371		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11-13)	0	0		14.00
15.00	Medical Supplies	0	44,598		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15-20)	0	44,598		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	563,969		22.00
	COSTS OTHER THAN RHC/FQHC SERVICS				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs	0	0		27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	91,323		29.00
30.00	Administrative Costs	0	63,210		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	154,533		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	718,502		32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 150061
Component CCN: 158501

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

Worksheet M-1
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Rural Health Clinic (RHC) III | Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	25,591	0	25,591	0	25,591	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	143,908	0	143,908	0	143,908	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	174,179	0	174,179	0	174,179	9.00
10.00	Subtotal (sum of lines 1-9)	343,678	0	343,678	0	343,678	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	10,204	10,204	0	10,204	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	10,204	10,204	0	10,204	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	343,678	10,204	353,882	0	353,882	22.00
	COSTS OTHER THAN RHC/FQHC SERVICS						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	0	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	99,094	99,094	0	99,094	29.00
30.00	Administrative Costs	49,424	0	49,424	0	49,424	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	49,424	99,094	148,518	0	148,518	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	393,102	109,298	502,400	0	502,400	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 150061
Component CCN: 158501

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

Worksheet M-1
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Rural Health Clinic (RHC) III | Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	25,591		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	143,908		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	174,179		9.00
10.00	Subtotal (sum of lines 1-9)	0	343,678		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11-13)	0	0		14.00
15.00	Medical Supplies	0	10,204		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15-20)	0	10,204		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	353,882		22.00
	COSTS OTHER THAN RHC/FQHC SERVICS				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs	0	0		27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	99,094		29.00
30.00	Administrative Costs	0	49,424		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	148,518		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	502,400		32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 150061
Component CCN: 158503

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

Worksheet M-1
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Rural Health Clinic (RHC) V | Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	0	0	0	0	0	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	84,747	0	84,747	0	84,747	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	29,151	0	29,151	0	29,151	9.00
10.00	Subtotal (sum of lines 1-9)	113,898	0	113,898	0	113,898	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	14,584	14,584	0	14,584	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	14,584	14,584	0	14,584	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	113,898	14,584	128,482	0	128,482	22.00
	COSTS OTHER THAN RHC/FQHC SERVICS						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	0	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	29,009	29,009	0	29,009	29.00
30.00	Administrative Costs	12,780	0	12,780	0	12,780	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	12,780	29,009	41,789	0	41,789	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	126,678	43,593	170,271	0	170,271	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 150061
Component CCN: 158503

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

Worksheet M-1
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Rural Health Clinic (RHC) V | Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	0		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	84,747		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	29,151		9.00
10.00	Subtotal (sum of lines 1-9)	0	113,898		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11-13)	0	0		14.00
15.00	Medical Supplies	0	14,584		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15-20)	0	14,584		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	128,482		22.00
	COSTS OTHER THAN RHC/FQHC SERVICS				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs	0	0		27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	29,009		29.00
30.00	Administrative Costs	0	12,780		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	41,789		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	170,271		32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 150061
Component CCN: 158506

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

Worksheet M-1
Date/Time Prepared: 5/25/2012 11:51 am

Title XVIII | Rural Health Clinic (RHC) VI | Cost

		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	FACILITY HEALTH CARE STAFF COSTS						
1.00	Physician	191,644	0	191,644	0	191,644	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	105,667	0	105,667	0	105,667	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	122,975	0	122,975	0	122,975	9.00
10.00	Subtotal (sum of lines 1-9)	420,286	0	420,286	0	420,286	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	42,917	42,917	0	42,917	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	0	0	0	0	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	42,917	42,917	0	42,917	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	420,286	42,917	463,203	0	463,203	22.00
	COSTS OTHER THAN RHC/FQHC SERVICS						
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	0	28.00
	FACILITY OVERHEAD						
29.00	Facility Costs	0	63,257	63,257	0	63,257	29.00
30.00	Administrative Costs	37,614	0	37,614	0	37,614	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	37,614	63,257	100,871	0	100,871	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	457,900	106,174	564,074	0	564,074	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 150061 Component CCN: 158506	Period: From 01/01/2011 To 12/31/2011	Worksheet M-1 Date/Time Prepared: 5/25/2012 11:51 am
	Title XVIII	Rural Health Clinic (RHC) VI	Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)		
		6.00	7.00		
	FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	191,644		1.00
2.00	Physician Assistant	0	0		2.00
3.00	Nurse Practitioner	0	105,667		3.00
4.00	Visiting Nurse	0	0		4.00
5.00	Other Nurse	0	0		5.00
6.00	Clinical Psychologist	0	0		6.00
7.00	Clinical Social Worker	0	0		7.00
8.00	Laboratory Technician	0	0		8.00
9.00	Other Facility Health Care Staff Costs	0	122,975		9.00
10.00	Subtotal (sum of lines 1-9)	0	420,286		10.00
11.00	Physician Services Under Agreement	0	0		11.00
12.00	Physician Supervision Under Agreement	0	0		12.00
13.00	Other Costs Under Agreement	0	0		13.00
14.00	Subtotal (sum of lines 11-13)	0	0		14.00
15.00	Medical Supplies	0	42,917		15.00
16.00	Transportation (Health Care Staff)	0	0		16.00
17.00	Depreciation-Medical Equipment	0	0		17.00
18.00	Professional Liability Insurance	0	0		18.00
19.00	Other Health Care Costs	0	0		19.00
20.00	Allowable GME Costs	0	0		20.00
21.00	Subtotal (sum of lines 15-20)	0	42,917		21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	463,203		22.00
	COSTS OTHER THAN RHC/FQHC SERVICS				
23.00	Pharmacy	0	0		23.00
24.00	Dental	0	0		24.00
25.00	Optometry	0	0		25.00
26.00	All other nonreimbursable costs	0	0		26.00
27.00	Nonallowable GME costs	0	0		27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0		28.00
	FACILITY OVERHEAD				
29.00	Facility Costs	0	63,257		29.00
30.00	Administrative Costs	0	37,614		30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	100,871		31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	564,074		32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 150061
Component CCN: 158500

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

Worksheet M-2
Date/Time Prepared: 5/25/2012 11:51 am

Title XVIII | Rural Health Clinic (RHC) I | Cost

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	0.77	3,141	4,200	3,234		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	1.54	5,506	2,100	3,234		3.00
4.00	Subtotal (sum of lines 1-3)	2.31	8,647		6,468	8,647	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	2.31	8,647			8,647	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	

	DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES		
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)	460,997	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)	0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)	460,997	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)	1.000000	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)	148,103	14.00
15.00	Parent provider overhead allocated to facility (see instructions)	381,272	15.00
16.00	Total overhead (sum of lines 14 and 15)	529,375	16.00
17.00	Allowable GME overhead (see instructions)	0	17.00
18.00	Subtract line 17 from line 16	529,375	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)	529,375	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)	990,372	20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 150061
Component CCN: 153999

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

Worksheet M-2
Date/Time Prepared: 5/25/2012 11:51 am

Title XVIII | Rural Health Clinic (RHC) II | Cost

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	1.91	10,228	4,200	8,022		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.92	2,136	2,100	1,932		3.00
4.00	Subtotal (sum of lines 1-3)	2.83	12,364		9,954	12,364	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	2.83	12,364			12,364	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	

	DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES		
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)	563,969	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)	0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)	563,969	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)	1.000000	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)	154,533	14.00
15.00	Parent provider overhead allocated to facility (see instructions)	421,433	15.00
16.00	Total overhead (sum of lines 14 and 15)	575,966	16.00
17.00	Allowable GME overhead (see instructions)	0	17.00
18.00	Subtract line 17 from line 16	575,966	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)	575,966	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)	1,139,935	20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 150061
Component CCN: 158501

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

Worksheet M-2
Date/Time Prepared: 5/25/2012 11:51 am

Title XVIII | Rural Health Clinic (RHC) III | Cost

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	0.14	969	4,200	588		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	1.24	7,723	2,100	2,604		3.00
4.00	Subtotal (sum of lines 1-3)	1.38	8,692		3,192	8,692	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	1.38	8,692			8,692	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	

	DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES		
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)	353,882	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)	0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)	353,882	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)	1.000000	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)	148,518	14.00
15.00	Parent provider overhead allocated to facility (see instructions)	377,759	15.00
16.00	Total overhead (sum of lines 14 and 15)	526,277	16.00
17.00	Allowable GME overhead (see instructions)	0	17.00
18.00	Subtract line 17 from line 16	526,277	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)	526,277	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)	880,159	20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 150061
Component CCN: 158503

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

Worksheet M-2
Date/Time Prepared: 5/25/2012 11:51 am

Title XVIII | Rural Health Clinic (RHC) V | Cost

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	0.00	0	4,200	0		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	0.71	3,445	2,100	1,491		3.00
4.00	Subtotal (sum of lines 1-3)	0.71	3,445		1,491	3,445	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	0.71	3,445			3,445	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	

	DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES		
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)	128,482	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)	0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)	128,482	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)	1.000000	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)	41,789	14.00
15.00	Parent provider overhead allocated to facility (see instructions)	132,831	15.00
16.00	Total overhead (sum of lines 14 and 15)	174,620	16.00
17.00	Allowable GME overhead (see instructions)	0	17.00
18.00	Subtract line 17 from line 16	174,620	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)	174,620	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)	303,102	20.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES

Provider CCN: 150061
Component CCN: 158506

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

Worksheet M-2
Date/Time Prepared: 5/25/2012 11:51 am

Title XVIII | Rural Health Clinic (RHC) VI | Cost

		Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
		1.00	2.00	3.00	4.00	5.00	
	VISITS AND PRODUCTIVITY						
	Positions						
1.00	Physician	0.67	1,951	4,200	2,814		1.00
2.00	Physician Assistant	0.00	0	2,100	0		2.00
3.00	Nurse Practitioner	1.40	5,297	2,100	2,940		3.00
4.00	Subtotal (sum of lines 1-3)	2.07	7,248		5,754	7,248	4.00
5.00	Visiting Nurse	0.00	0			0	5.00
6.00	Clinical Psychologist	0.00	0			0	6.00
7.00	Clinical Social Worker	0.00	0			0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0			0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0			0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	2.07	7,248			7,248	8.00
9.00	Physician Services Under Agreements		0			0	9.00
						1.00	

	DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES		
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)	463,203	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)	0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)	463,203	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)	1.000000	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)	100,871	14.00
15.00	Parent provider overhead allocated to facility (see instructions)	326,982	15.00
16.00	Total overhead (sum of lines 14 and 15)	427,853	16.00
17.00	Allowable GME overhead (see instructions)	0	17.00
18.00	Subtract line 17 from line 16	427,853	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)	427,853	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)	891,056	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

Provider CCN: 150061
Component CCN: 158500

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

Worksheet M-3
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Rural Health Clinic (RHC) I | Cost

		1.00	
	DETERMINATION OF RATE FOR RHC/FQHC SERVICES		
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)	990,372	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)	8,504	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)	981,868	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)	8,647	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)	0	5.00
6.00	Total adjusted visits (line 4 plus line 5)	8,647	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)	113.55	7.00

		Calculation of Limit (1)		
		Prior to January 1	On on After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27,Sec. 505 or your contractor)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	113.55	113.55	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	3,082	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	349,961	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)	0	0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	349,961	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		247,288	16.04
16.05	Total program cost (see instructions)		247,288	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		40,851	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		247,288	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		5,715	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		253,003	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		253,003	26.00
27.00	Interim payments		241,789	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		11,214	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES

Provider CCN: 150061
Component CCN: 153999

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

Worksheet M-3
Date/Time Prepared: 5/25/2012 11:50 am

Title XVIII | Rural Health Clinic (RHC) II | Cost

			1.00	
	DETERMINATION OF RATE FOR RHC/FQHC SERVICES			
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		1,139,935	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		18,899	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		1,121,036	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		12,364	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		12,364	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		90.67	7.00
		Calculation of Limit (1)		
		Prior to January 1	On on After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27,Sec. 505 or your contractor)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	90.67	90.67	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	2,623	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	237,827	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)	0	0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	237,827	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		159,566	16.04
16.05	Total program cost (see instructions)		159,566	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		38,369	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		159,566	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		7,536	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		167,102	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		167,102	26.00
27.00	Interim payments		153,373	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		13,729	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES	Provider CCN: 150061 Component CCN: 158501	Period: From 01/01/2011 To 12/31/2011	Worksheet M-3 Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Rural Health Clinic (RHC) III	Cost

			1.00	
	DETERMINATION OF RATE FOR RHC/FQHC SERVICES			
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		880,159	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		880,159	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		8,692	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		8,692	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		101.26	7.00
		Calculation of Limit (1)		
		Prior to January 1	On on After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27,Sec. 505 or your contractor)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	101.26	101.26	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	578	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	58,528	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)	0	0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	58,528	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		37,877	16.04
16.05	Total program cost (see instructions)		37,877	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		11,182	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		37,877	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		37,877	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		37,877	26.00
27.00	Interim payments		36,897	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		980	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES	Provider CCN: 150061 Component CCN: 158503	Period: From 01/01/2011 To 12/31/2011	Worksheet M-3 Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Rural Health Clinic (RHC) V	Cost

			1.00	
	DETERMINATION OF RATE FOR RHC/FQHC SERVICES			
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		303,102	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		5,617	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		297,485	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		3,445	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		3,445	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		86.35	7.00
		Calculation of Limit (1)		
		Prior to January 1	On on After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27,Sec. 505 or your contractor)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	86.35	86.35	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	29	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	2,504	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)	0	0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	2,504	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		1,604	16.04
16.05	Total program cost (see instructions)		1,604	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		499	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		1,604	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		1,604	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		1,604	26.00
27.00	Interim payments		1,446	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		158	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		0	30.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES	Provider CCN: 150061 Component CCN: 158506	Period: From 01/01/2011 To 12/31/2011	Worksheet M-3 Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Rural Health Clinic (RHC) VI	Cost

			1.00	
	DETERMINATION OF RATE FOR RHC/FQHC SERVICES			
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		891,056	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		16,033	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		875,023	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		7,248	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		7,248	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		120.73	7.00
		Calculation of Limit (1)		
		Prior to January 1	On on After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27,Sec. 505 or your contractor)	0.00	0.00	8.00
9.00	Rate for Program covered visits (see instructions)	120.73	120.73	9.00
	CALCULATION OF SETTLEMENT			
10.00	Program covered visits excluding mental health services (from contractor records)	0	1,562	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	188,580	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)	0	0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	188,580	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		130,598	16.04
16.05	Total program cost (see instructions)		130,598	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		25,332	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		130,598	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		9,256	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		139,854	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		139,854	26.00
27.00	Interim payments		118,253	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		21,601	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		0	30.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST	Provider CCN: 150061 Component CCN: 158500	Period: From 01/01/2011 To 12/31/2011	Worksheet M-4 Date/Time Prepared: 5/25/2012 11:51 am
	Title XVIII	Rural Health Clinic (RHC) I	Cost

		Pneumococcal	Influenza	
		1.00	2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	279,230	279,230	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000111	0.001138	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	31	318	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	707	2,902	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	738	3,220	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	460,997	460,997	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	529,375	529,375	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.001601	0.006985	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	848	3,698	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	1,586	6,918	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	15	153	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	105.73	45.22	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	10	103	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	1,057	4,658	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)		8,504	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)		5,715	16.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST	Provider CCN: 150061 Component CCN: 153999	Period: From 01/01/2011 To 12/31/2011	Worksheet M-4 Date/Time Prepared: 5/25/2012 11:51 am
	Title XVIII	Rural Health Clinic (RHC) II	Cost

		Pneumococcal	Influenza	
		1.00	2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	519,371	519,371	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000111	0.001689	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	58	877	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	1,225	7,190	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	1,283	8,067	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	563,969	563,969	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	575,966	575,966	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.002275	0.014304	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	1,310	8,239	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	2,593	16,306	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	26	379	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	99.73	43.02	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	10	152	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	997	6,539	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)		18,899	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)		7,536	16.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST	Provider CCN: 150061 Component CCN: 158503	Period: From 01/01/2011 To 12/31/2011	Worksheet M-4 Date/Time Prepared: 5/25/2012 11:51 am
	Title XVIII	Rural Health Clinic (RHC) V	Cost

		Pneumococcal	Influenza	
		1.00	2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	113,898	113,898	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000111	0.001138	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	13	130	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	94	2,144	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	107	2,274	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	128,482	128,482	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	174,620	174,620	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.000833	0.017699	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	145	3,091	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	252	5,365	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	2	113	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	126.00	47.48	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	0	0	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	0	0	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)		5,617	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)		0	16.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST	Provider CCN: 150061 Component CCN: 158506	Period: From 01/01/2011 To 12/31/2011	Worksheet M-4 Date/Time Prepared: 5/25/2012 11:51 am
	Title XVIII	Rural Health Clinic (RHC) VI	Cost

		Pneumococcal	Influenza	
		1.00	2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	420,286	420,286	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000253	0.002591	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	106	1,089	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	1,696	5,444	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	1,802	6,533	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	463,203	463,203	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	427,853	427,853	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.003890	0.014104	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	1,664	6,034	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	3,466	12,567	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	36	287	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	96.28	43.79	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	17	174	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	1,637	7,619	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)		16,033	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)		9,256	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150061 Component CCN: 158500	Period: From 01/01/2011 To 12/31/2011	Worksheet M-5 Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		235,833	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	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		09/19/2011	5,956	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		5,956	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		241,789	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	5.01
5.02			0	5.02
5.03			0	5.03
	Provider to Program			
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		11,214	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		253,003	7.00

			Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150061 Component CCN: 153999	Period: From 01/01/2011 To 12/31/2011	Worksheet M-5 Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Rural Health Clinic (RHC) II	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		153,558	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	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	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50		09/19/2011	185	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-185	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		153,373	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	5.01
5.02			0	5.02
5.03			0	5.03
	Provider to Program			
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		13,729	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		167,102	7.00

			Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150061 Component CCN: 158501	Period: From 01/01/2011 To 12/31/2011	Worksheet M-5 Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Rural Health Clinic (RHC) III	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		34,506	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	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		09/19/2011	2,391	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		2,391	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		36,897	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	5.01
5.02			0	5.02
5.03			0	5.03
	Provider to Program			
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		980	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		37,877	7.00

			Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150061 Component CCN: 158503	Period: From 01/01/2011 To 12/31/2011	Worksheet M-5 Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Rural Health Clinic (RHC) V	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		1,487	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	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	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50		09/19/2011	41	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		-41	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		1,446	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	5.01
5.02			0	5.02
5.03			0	5.03
	Provider to Program			
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		158	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		1,604	7.00

			Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150061 Component CCN: 158506	Period: From 01/01/2011 To 12/31/2011	Worksheet M-5 Date/Time Prepared: 5/25/2012 11:50 am
	Title XVIII	Rural Health Clinic (RHC) VI	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		116,710	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	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		08/31/2011	70,503	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
	Provider to Program			
3.50		09/19/2011	68,960	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		1,543	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		118,253	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	5.01
5.02			0	5.02
5.03			0	5.03
	Provider to Program			
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		21,601	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		139,854	7.00

			Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00