

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY Provider CCN: 150082 Period: From 10/01/2010 To 09/30/2011 Worksheet S Parts I-III Date/Time Prepared: 2/29/2012 7:08 am

PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. 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. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 2/29/2012 Time: 7:08 am

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 DEACONESS HOSPITAL for the cost reporting period beginning 10/01/2010 and ending 09/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,188,496	295,289	3,913,127	0	1.00
2.00 Subprovider - IPF	0	415	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 Skilled Nursing Facility	0	0	0	0	0	7.00
8.00 Nursing Facility	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	-1	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	1,188,911	295,288	3,913,127	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: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet S-2 Part I Date/Time Prepared: 2/29/2012 6:59 am				
1.00		2.00		3.00		4.00				
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 600 MARY STREET	PO Box:						1.00		
2.00	City: EVANSVILLE	State: IN	Zip Code: 47747-	County: VANDERBURGH				2.00		
Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	DEACONESS HOSPITAL	150082	21780	1	06/02/1966	N	P	P	3.00
4.00	Subprovider - IPF	DEACONESS PSYCHIATRIC UNIT	155082	21780	4	10/01/2009	N	P	P	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						N	N	N	7.00
8.00	Swing Beds - NF						N		N	8.00
9.00	Hospital-Based SNF						N	N	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	DEACONESS - HHA	157132	21780		11/09/1984	N	P	P	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	DEACONESS - HOSPICE	151512	21780		02/06/1991				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) 1									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2010	09/30/2011		20.00	
21.00	Type of Control (see instructions)					2			21.00	
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					3	N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	6,115	1,545	2,980	1,846	5,019	0		24.00	
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		25.00	
						1.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.					1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.					1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	
						Beginning:	Ending:			
						1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.								36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.					0			37.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet S-2 Part I Date/Time Prepared: 2/29/2012 6:59 am		
		Beginning:	Ending:			
		1.00	2.00			
		V	XVIII	XIX		
		1.00	2.00	3.00		
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	
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
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)	Y			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00	
		Program Name	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	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)	FAMILY PRACTICE	1350	2.30	16.16	0.124594

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet S-2 Part I Date/Time Prepared: 2/29/2012 6:59 am	
		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)	FAMILY PRACTICE	1350	2.25	16.83	0.117925 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
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.			N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
						1.00	
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.					Y	86.00
				V	XIX		
				1.00	2.00		
Title V or XIX Inpatient Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet S-2 Part I Date/Time Prepared: 2/29/2012 6:59 am	
		V	XIX		
		1.00	2.00		
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				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.		1		118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		250,000	7,500,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.	N		N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y			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:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	145.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet S-2 Part I Date/Time Prepared: 2/29/2012 6:59 am	
		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 1.00	Part B 2.00				
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N				155.00
156.00	Subprovider - IPF	N	N				156.00
157.00	Subprovider - IRF	N	N				157.00
158.00	Subprovider - Other	N	N				158.00
159.00	SNF	N	N				159.00
160.00	HHA	N	N				160.00
161.00	CMHC		N				161.00
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						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.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet S-2 Part II Date/Time Prepared: 2/29/2012 6:59 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
			1.00	2.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
			Y/N	Type
			1.00	2.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
			Y/N	Legal Oper.
			1.00	2.00
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	N	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	Y		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet S-2 Part II Date/Time Prepared: 2/29/2012 6:59 am
---	--	----------------------	---	--

		Part A		
		Description	Y/N	Date
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00
				21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			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: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-2
Part II
Date/Time Prepared:
2/29/2012 6:59 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
	Line Number		Avai lable		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	440	159,224	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)		440	159,224	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	53	18,961	0.00	8.00
9.00 CORONARY CARE UNIT	32.00	26	9,490	0.00	9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY					13.00
14.00 Total (see instructions)		519	187,675	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	18	6,570		16.00
17.00 SUBPROVIDER - IRF					17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					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	4	1,460		24.00
25.00 CMHC - CMHC					25.00
26.00 RURAL HEALTH CLINIC					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00 Total (sum of lines 14-26)		541			27.00
28.00 Observation Bed Days					28.00
28.01 SUBPROVIDER - IPF	40.00				28.01
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: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
2/29/2012 6:59 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	50,332	10,713	100,609		1.00
2.00 HMO		12,185	5,019			2.00
3.00 HMO IPF		0	60			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	50,332	10,713	100,609		7.00
8.00 INTENSIVE CARE UNIT	0	5,533	1,110	11,098		8.00
9.00 CORONARY CARE UNIT	0	3,951	663	6,958		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	59,816	12,486	118,665		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	1,125	516	3,272		16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	13,639	2,626	29,198		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		947	28	1,019		24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		1,429	9,986		28.00
28.01 SUBPROVIDER - IPF	0	0	0	0		28.01
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				911		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: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
2/29/2012 6:59 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	10,520	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)	16.75	3,503.88	0.00	0	10,520	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	23.02	0.00	0	113	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	41.15	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	29.37	0.00			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	16.75	3,597.42	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
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: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
2/29/2012 6:59 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)	2,106	22,565		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)	2,106	22,565		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	74	707		16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
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: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part II
Date/Time Prepared:
2/29/2012 6:59 am

		Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col .2 ± col . 3)	
		1.00	2.00	2.50	3.00	4.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	179,974,816	0	1,633,900	181,608,716	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0	3.00
4.00	Physician-Part A		90,816	0	121,279	212,095	4.00
4.01	Physicians - Part A - direct teaching		0	0	765,616	765,616	4.01
5.00	Physician-Part B		17,792,543	0	0	17,792,543	5.00
6.00	Non-physician-Part B		0	0	0	0	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	939,405	939,405	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0	7.01
8.00	Home office personnel		0	0	0	0	8.00
9.00	SNF	44.00	0	0	0	0	9.00
10.00	Excluded area salaries (see instructions)		20,733,336	0	1,477,456	22,210,792	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,469,023	0	0	1,469,023	11.00
12.00	Management and administrative services		0	0	0	0	12.00
13.00	Contract labor: physician-Part A		1,353,244	0	0	1,353,244	13.00
14.00	Home office salaries & wage-related costs		8,853,611	0	0	8,853,611	14.00
15.00	Home office: physician Part A		0	0	0	0	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		45,822,693	0	0	45,822,693	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	0	18.00
19.00	Excluded areas		13,048,293	0	0	13,048,293	19.00
20.00	Non-physician anesthetist Part A		0	0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	0	21.00
22.00	Physician Part A		27,287	0	0	27,287	22.00
23.00	Physician Part B		2,242,231	0	0	2,242,231	23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0	0	24.00
25.00	Interns & residents (in an approved program)		218,761	0	0	218,761	25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	2,041,428	0	-15,104	2,026,324	26.00
27.00	Administrative & General	5.00	28,004,719	0	-3,064,359	24,940,360	27.00
28.00	Administrative & General under contract (see inst.)		1,043,980	0	0	1,043,980	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0	29.00
30.00	Operation of Plant	7.00	2,779,848	0	57,093	2,836,941	30.00
31.00	Laundry & Linen Service	8.00	266,928	0	325,586	592,514	31.00
32.00	Housekeeping	9.00	3,165,196	0	135,897	3,301,093	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0	33.00
34.00	Dietary	10.00	2,770,474	0	-1,297,156	1,473,318	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0	35.00
36.00	Cafeteria	11.00	0	0	742,444	742,444	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0	37.00
38.00	Nursing Administration	13.00	1,991,060	0	38,396	2,029,456	38.00
39.00	Central Services and Supply	14.00	1,453,500	0	45,296	1,498,796	39.00
40.00	Pharmacy	15.00	6,173,789	0	81,339	6,255,128	40.00
41.00	Medical Records & Medical Records Library	16.00	1,751,334	0	1,383,937	3,135,271	41.00
42.00	Social Service	17.00	2,292,238	0	46,025	2,338,263	42.00
43.00	Other General Service	18.00	0	0	0	0	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part II
Date/Time Prepared:
2/29/2012 6:59 am

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART II - WAGE DATA				
SALARIES				
1.00	Total salaries (see instructions)	7,195,394.00	25.24	1.00
2.00	Non-physician anesthetist Part A	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	0.00	3.00
4.00	Physician-Part A	1,950.00	108.77	4.00
4.01	Physicians - Part A - direct teaching	8,301.00	92.23	4.01
5.00	Physician-Part B	122,747.00	144.95	5.00
6.00	Non-physician-Part B	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	35,523.00	26.44	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	0.00	7.01
8.00	Home office personnel	0.00	0.00	8.00
9.00	SNF	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)	680,193.00	32.65	10.00
OTHER WAGES & RELATED COSTS				
11.00	Contract labor (see instructions)	14,757.00	99.55	11.00
12.00	Management and administrative services	0.00	0.00	12.00
13.00	Contract labor: physician-Part A	5,136.00	263.48	13.00
14.00	Home office salaries & wage-related costs	285,424.00	31.02	14.00
15.00	Home office: physician Part A	0.00	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	0.00	16.00
WAGE-RELATED COSTS				
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25			18.00
19.00	Excluded areas			19.00
20.00	Non-physician anesthetist Part A			20.00
21.00	Non-physician anesthetist Part B			21.00
22.00	Physician Part A			22.00
23.00	Physician Part B			23.00
24.00	Wage-related costs (RHC/FQHC)			24.00
25.00	Interns & residents (in an approved program)			25.00
OVERHEAD COSTS - DIRECT SALARIES				
26.00	Employee Benefits	141,796.00	14.29	26.00
27.00	Administrative & General	1,027,182.00	24.28	27.00
28.00	Administrative & General under contract (see inst.)	5,631.00	185.40	28.00
29.00	Maintenance & Repairs	0.00	0.00	29.00
30.00	Operation of Plant	124,396.00	22.81	30.00
31.00	Laundry & Linen Service	55,990.00	10.58	31.00
32.00	Housekeeping	297,674.00	11.09	32.00
33.00	Housekeeping under contract (see instructions)	0.00	0.00	33.00
34.00	Dietary	124,822.00	11.80	34.00
35.00	Dietary under contract (see instructions)	0.00	0.00	35.00
36.00	Cafeteria	56,369.00	13.17	36.00
37.00	Maintenance of Personnel	0.00	0.00	37.00
38.00	Nursing Administration	84,294.00	24.08	38.00
39.00	Central Services and Supply	99,356.00	15.09	39.00
40.00	Pharmacy	178,145.00	35.11	40.00
41.00	Medical Records & Medical Records Library	184,384.00	17.00	41.00
42.00	Social Service	100,834.00	23.19	42.00
43.00	Other General Service	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
2/29/2012 6:59 am

	Worksheet A Line Number	Amount Reported	Salary Adjustments for Vacation, Holiday, Sick, Other Paid Time Off, Severance, and Bonus, Paid to Employees and Not Reflected in Column 2	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	
	1.00	2.00	2.50	3.00	4.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	163,135,437	0	-192,400	162,943,037	1.00
2.00	Excluded area salaries (see instructions)	20,733,336	0	1,477,456	22,210,792	2.00
3.00	Subtotal salaries (line 1 minus line 2)	142,402,101	0	-1,669,856	140,732,245	3.00
4.00	Subtotal other wages & related costs (see inst.)	11,675,878	0	0	11,675,878	4.00
5.00	Subtotal wage-related costs (see inst.)	45,849,980	0	0	45,849,980	5.00
6.00	Total (sum of lines 3 thru 5)	199,927,959	0	-1,669,856	198,258,103	6.00
7.00	Total overhead cost (see instructions)	53,734,494	0	-1,520,606	52,213,888	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet S-3 Part III Date/Time Prepared: 2/29/2012 6:59 am
---------------------------------	--	----------------------	---	---

		Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY				
1.00	Net salaries (see instructions)	7,034,454.00	23.16	1.00
2.00	Excluded area salaries (see instructions)	680,193.00	32.65	2.00
3.00	Subtotal salaries (line 1 minus line 2)	6,354,261.00	22.15	3.00
4.00	Subtotal other wages & related costs (see inst.)	305,317.00	38.24	4.00
5.00	Subtotal wage-related costs (see inst.)	0.00	32.58	5.00
6.00	Total (sum of lines 3 thru 5)	6,659,578.00	29.77	6.00
7.00	Total overhead cost (see instructions)	2,480,873.00	21.05	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet S-3 Part IV Date/Time Prepared: 2/29/2012 6:59 am
-----------------------------	----------------------	---	--

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	2,068,848	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	8,004,000	3.00
4.00	Prior Year Pension Service Cost	2,882,866	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	45,475	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	237,718	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)	29,077,669	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	1,046,718	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	167,033	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	2,290	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	2,020,601	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,533,338	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	12,842,891	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	418,960	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	454,860	21.00
22.00	Day Care Cost and Allowances	178,380	22.00
23.00	Tuition Reimbursement	497,235	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	61,478,882	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: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part V
Date/Time Prepared:
2/29/2012 6:59 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	1,469,023	0	1.00
2.00	Hospital	1,469,023	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00		0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150082 Component CCN: 157132		Period: From 10/01/2010 To 09/30/2011		Worksheet S-4 Date/Time Prepared: 2/29/2012 6:59 am		
				Home Health Agency I		PPS		
				1.00				
0.00	County	VANDERBURGH				0.00		
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	3,786	62	121	3,969	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	667.00	99.00	497.00	1,263.00	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			0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				0.35	0.00	0.35	4.00
5.00	Other Administrative Personnel				17.92	0.00	17.92	5.00
6.00	Direct Nursing Service				20.02	0.00	20.02	6.00
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00
8.00	Physical Therapy Service				0.00	5.35	5.35	8.00
9.00	Physical Therapy Supervisor				0.00	0.84	0.84	9.00
10.00	Occupational Therapy Service				0.00	2.59	2.59	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.00	0.43	0.43	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.95	0.00	0.95	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				1.91	0.00	1.91	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.				2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).				21780			20.00
20.01					99915			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers	3.00	4.00	5.00		
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	6,055	503	274	54	6,886	21.00	
22.00	Skilled Nursing Visit Charges	960,270	79,287	43,536	8,586	1,091,679	22.00	
23.00	Physical Therapy Visits	3,258	14	130	67	3,469	23.00	
24.00	Physical Therapy Visit Charges	558,392	2,408	22,349	11,524	594,673	24.00	
25.00	Occupational Therapy Visits	1,472	4	9	19	1,504	25.00	
26.00	Occupational Therapy Visit Charges	252,117	688	1,537	3,268	257,610	26.00	
27.00	Speech Pathology Visits	207	0	1	19	227	27.00	
28.00	Speech Pathology Visit Charges	35,400	0	172	3,268	38,840	28.00	
29.00	Medical Social Service Visits	104	3	3	2	112	29.00	
30.00	Medical Social Service Visit Charges	23,934	663	693	462	25,752	30.00	
31.00	Home Health Aide Visits	1,399	27	8	7	1,441	31.00	
32.00	Home Health Aide Visit Charges	126,655	2,457	728	637	130,477	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	12,495	551	425	168	13,639	33.00	
34.00	Other Charges	0	0	0	0	0	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,956,768	85,503	69,015	27,745	2,139,031	35.00	
36.00	Total Number of Episodes (standard/non outlier)	756		158	17	931	36.00	
37.00	Total Number of Outlier Episodes		11		0	11	37.00	
38.00	Total Non-Routine Medical Supply Charges	78,986	6,757	9,565	1,226	96,534	38.00	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-7
Date/Time Prepared:
2/29/2012 6:59 am

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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-7

Date/Time Prepared:
2/29/2012 6:59 am

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

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150082 Component CCN: 151512		Period: From 10/01/2010 To 09/30/2011		Worksheet S-9 Parts I & II Date/Time Prepared: 2/29/2012 6:59 am	
		Unduplicated Days				Hospice I	
		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	12,500	202	0	0	1,076	2.00
3.00	Inpatient Respite Care	157	6	0	0	20	3.00
4.00	General Inpatient Care	947	28	0	0	184	4.00
5.00	Total Hospice Days	13,604	236	0	0	1,280	5.00
Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	407	11	0	0	67	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)	33.43	21.45	0.00	0.00	19.10	8.00
9.00	Unduplicated Census Count	365	11	0	0	67	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150082 Component CCN: 151512	Period: From 10/01/2010 To 09/30/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 2/29/2012 6:59 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	13,778	2.00
3.00	Inpatient Respite Care	183	3.00
4.00	General Inpatient Care	1,159	4.00
5.00	Total Hospice Days	15,120	5.00
Part II - CENSUS DATA			
6.00	Number of Patients Receiving Hospice Care	485	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)	31.18	8.00
9.00	Unduplicated Census Count	443	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet S-10 Date/Time Prepared: 2/29/2012 6:59 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)		0.274137	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		21,242,071	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		128,550,981	6.00	
7.00	Medicaid cost (line 1 times line 6)		35,240,580	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)		13,998,509	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)		13,998,509	19.00	
			1.00		
			2.00		
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	31,219,614	3,464,635	34,684,249	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	8,558,451	949,785	9,508,236	21.00
22.00	Partial payment by patients approved for charity care	269,337	0	269,337	22.00
23.00	Cost of charity care (line 21 minus line 22)	8,289,114	949,785	9,238,899	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		23,723,915	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,783,514	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		21,940,401	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		6,014,676	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		15,253,575	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		29,252,084	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		25,239,460	25,239,460	-839,092	24,400,368	1.00
1.01 NEW CAP REL COSTS- BLDG & FIXT		0	0	77,266	77,266	1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP		5,934,045	5,934,045	16,688,677	22,622,722	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	2,041,428	52,964,715	55,006,143	1,455,015	56,461,158	4.00
5.00 ADMINISTRATIVE & GENERAL	28,004,719	29,744,679	57,749,398	-13,354,613	44,394,785	5.00
7.00 OPERATION OF PLANT	2,779,848	8,320,809	11,100,657	-14,120	11,086,537	7.00
8.00 LAUNDRY & LINEN SERVICE	266,928	92,383	359,311	603,250	962,561	8.00
9.00 HOUSEKEEPING	3,165,196	740,717	3,905,913	50,560	3,956,473	9.00
10.00 DIETARY	2,770,474	2,491,491	5,261,965	-2,617,557	2,644,408	10.00
11.00 CAFETERIA	0	0	0	1,387,063	1,387,063	11.00
13.00 NURSING ADMINISTRATION	1,991,060	546,743	2,537,803	-160,195	2,377,608	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,453,500	3,767,951	5,221,451	-3,531,500	1,689,951	14.00
15.00 PHARMACY	6,173,789	25,575,306	31,749,095	-25,144,224	6,604,871	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,751,334	61,186	1,812,520	47,628	1,860,148	16.00
17.00 SOCIAL SERVICE	2,292,238	768,007	3,060,245	45,415	3,105,660	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	939,405	939,405	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	931,936	931,936	22.00
23.00 PARAMED ED PRGM - PHARMACY	196,511	10,549	207,060	2,841	209,901	23.00
23.01 PARAMED ED PRGM- CHAPLAIN RESIDENCY	0	0	0	204,052	204,052	23.01
23.03 PARAMED ED PRGM- NURSING	0	0	0	375,326	375,326	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	30,383,684	2,576,854	32,960,538	-168,584	32,791,954	30.00
31.00 INTENSIVE CARE UNIT	6,291,787	703,295	6,995,082	-30,924	6,964,158	31.00
32.00 CORONARY CARE UNIT	3,942,189	319,853	4,262,042	-27,512	4,234,530	32.00
40.00 SUBPROVIDER - I PF	1,063,123	134,295	1,197,418	18,863	1,216,281	40.00
44.00 SKILLED NURSING FACILITY	0	71,217	71,217	-7,387	63,830	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	17,134,328	62,566,088	79,700,416	-31,164,622	48,535,794	50.00
54.00 RADIOLOGY-DIAGNOSTIC	7,913,744	10,783,390	18,697,134	-3,732,034	14,965,100	54.00
55.00 RADIOLOGY - THERAPEUTIC	295,923	3,690,640	3,986,563	-44,762	3,941,801	55.00
59.00 CARDIAC CATHETERIZATION	1,239,709	5,811,963	7,051,672	-5,007,198	2,044,474	59.00
60.00 LABORATORY	10,111,182	15,206,253	25,317,435	-274,350	25,043,085	60.00
64.00 INTRAVENOUS THERAPY	686,651	488,630	1,175,281	-318,824	856,457	64.00
65.00 RESPIRATORY THERAPY	3,298,350	754,681	4,053,031	-418,990	3,634,041	65.00
66.00 PHYSICAL THERAPY	0	7,825,760	7,825,760	-82,810	7,742,950	66.00
69.00 ELECTROCARDIOLOGY	380,416	355,892	736,308	-62,592	673,716	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,532,985	17,532,985	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	23,251,756	23,251,756	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	25,000,122	25,000,122	73.00
74.00 RENAL DIALYSIS	182,591	1,854,105	2,036,696	-34,867	2,001,829	74.00
76.00 BEHAVIORAL HEALTH SERVICES	736,363	8,662	745,025	17,976	763,001	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	1,708,383	905,557	2,613,940	-2,566	2,611,374	90.00
90.01 FAMILY PRACTICE CLINIC	2,548,896	304,530	2,853,426	-1,836,979	1,016,447	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	247,754	129,918	377,672	5,086	382,758	90.02
90.03 INFUSION CENTER	88,119	447,390	535,509	-7,662	527,847	90.03
90.04 PRIMARY CARE SENIORS	1,532,353	360,917	1,893,270	6,891	1,900,161	90.04
90.05 PAIN MANAGEMENT	1,529,880	861,645	2,391,525	-488,037	1,903,488	90.05
90.06 WOUND CARE CENTER	205,950	205,219	411,169	-112,033	299,136	90.06
91.00 EMERGENCY	14,786,717	4,993,511	19,780,228	-69,880	19,710,348	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	1,305,997	2,505,685	3,811,682	-247,271	3,564,411	96.00
101.00 HOME HEALTH AGENCY	2,157,197	1,517,908	3,675,105	-138,945	3,536,160	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 HOSPICE	1,431,980	807,089	2,239,069	102,060	2,341,129	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	164,090,291	282,448,988	446,539,279	-1,195,957	445,343,322	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,239,264	1,239,264	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	11,152,053	5,760,633	16,912,686	-221,024	16,691,662	192.00
192.01 DEACONESS URGENT CARE	1,902,972	805,002	2,707,974	-982	2,706,992	192.01
192.02 HEARTCARE OFFICES	297,127	904,061	1,201,188	7,907	1,209,095	192.02
194.00 OTHER NONREIMBURSABLE COST CENTERS	996,909	573,521	1,570,430	100,087	1,670,517	194.00
194.01 OCCUPATIONAL HEALTH	1,159,342	1,197,226	2,356,568	4,280	2,360,848	194.01
194.02 OTHER FACILITIES	91,081	3,271,070	3,362,151	1,093	3,363,244	194.02
194.03 THE HEART HOSPITAL	0	267,681	267,681	113,365	381,046	194.03
194.04 PUBLIC RELATIONS	285,041	1,297,613	1,582,654	-48,033	1,534,621	194.04
200.00 TOTAL (SUM OF LINES 118-199)	179,974,816	296,525,795	476,500,611	0	476,500,611	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A
Date/Time Prepared:
2/29/2012 6:59 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	-5,524,402	18,875,966	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	77,266	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-60,839	22,561,883	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-11,635,990	44,825,168	4.00
5.00	ADMINISTRATIVE & GENERAL	-3,331,417	41,063,368	5.00
7.00	OPERATION OF PLANT	0	11,086,537	7.00
8.00	LAUNDRY & LINEN SERVICE	103,038	1,065,599	8.00
9.00	HOUSEKEEPING	0	3,956,473	9.00
10.00	DIETARY	254,910	2,899,318	10.00
11.00	CAFETERIA	-792,754	594,309	11.00
13.00	NURSING ADMINISTRATION	100,000	2,477,608	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	1,689,951	14.00
15.00	PHARMACY	-414	6,604,457	15.00
16.00	MEDICAL RECORDS & LIBRARY	501,034	2,361,182	16.00
17.00	SOCIAL SERVICE	-787,364	2,318,296	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	939,405	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	931,936	22.00
23.00	PARAMED PRGM - PHARMACY	0	209,901	23.00
23.01	PARAMED PRGM- CHAPLAIN RESIDENCY	0	204,052	23.01
23.03	PARAMED PRGM- NURSING	0	375,326	23.03
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-954,009	31,837,945	30.00
31.00	INTENSIVE CARE UNIT	0	6,964,158	31.00
32.00	CORONARY CARE UNIT	0	4,234,530	32.00
40.00	SUBPROVIDER - IPF	-1,650	1,214,631	40.00
44.00	SKILLED NURSING FACILITY	0	63,830	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-27,400,550	21,135,244	50.00
54.00	RADIOLOGY-DIAGNOSTIC	-181,920	14,783,180	54.00
55.00	RADIOLOGY - THERAPEUTIC	-2,336,894	1,604,907	55.00
59.00	CARDIAC CATHETERIZATION	372,508	2,416,982	59.00
60.00	LABORATORY	-510,156	24,532,929	60.00
64.00	INTRAVENOUS THERAPY	0	856,457	64.00
65.00	RESPIRATORY THERAPY	-3,797	3,630,244	65.00
66.00	PHYSICAL THERAPY	-2,309,771	5,433,179	66.00
69.00	ELECTROCARDIOLOGY	111,820	785,536	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	238,690	17,771,675	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	697,614	23,949,370	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	25,000,122	73.00
74.00	RENAL DIALYSIS	59,647	2,061,476	74.00
76.00	BEHAVIORAL HEALTH SERVICES	0	763,001	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	-493,871	2,117,503	90.00
90.01	FAMILY PRACTICE CLINIC	380,997	1,397,444	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	0	382,758	90.02
90.03	INFUSION CENTER	0	527,847	90.03
90.04	PRIMARY CARE SENIORS	-1,039,092	861,069	90.04
90.05	PAIN MANAGEMENT	-154,206	1,749,282	90.05
90.06	WOUND CARE CENTER	-6,199	292,937	90.06
91.00	EMERGENCY	-9,887,972	9,822,376	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	DURABLE MEDICAL EQUIP-RENTED	0	3,564,411	96.00
101.00	HOME HEALTH AGENCY	-138,358	3,397,802	101.00
SPECIAL PURPOSE COST CENTERS				
116.00	HOSPICE	189,223	2,530,352	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-64,542,144	380,801,178	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,239,264	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	16,691,662	192.00
192.01	DEACONESS URGENT CARE	0	2,706,992	192.01
192.02	HEARTCARE OFFICES	0	1,209,095	192.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	1,670,517	194.00
194.01	OCCUPATIONAL HEALTH	0	2,360,848	194.01
194.02	OTHER FACILITIES	0	3,363,244	194.02
194.03	THE HEART HOSPITAL	0	381,046	194.03
194.04	PUBLIC RELATIONS	0	1,534,621	194.04
200.00	TOTAL (SUM OF LINES 118-199)	-64,542,144	411,958,467	200.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-6
Date/Time Prepared:
2/29/2012 6:59 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	150,009	1.00
	TOTALS		0	150,009	
B - EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	15,751,971	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
	TOTALS		0	15,751,971	
C - HSB BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS- BLDG & FIXT	1.01	0	67,998	1.00
	TOTALS		0	67,998	
D - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	419,035	1.00
	TOTALS		0	419,035	
E - CAFETERIA/GARDEN CAFE					
1.00	CAFETERIA	11.00	716,800	0	1.00
2.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	637,298	0	2.00
3.00	CAFETERIA	11.00	0	644,619	3.00
4.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	573,123	4.00
	TOTALS		1,354,098	1,217,742	
F - QUALITY SHARE/INCENTIVE COMP					
1.00	EMPLOYEE BENEFITS	4.00	64,911	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	468,398	0	2.00
3.00	OPERATION OF PLANT	7.00	57,093	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	25,586	0	4.00
5.00	HOUSEKEEPING	9.00	135,897	0	5.00
6.00	DIETARY	10.00	56,942	0	6.00
7.00	CAFETERIA	11.00	25,644	0	7.00
8.00	NURSING ADMINISTRATION	13.00	38,409	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	45,296	0	9.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-6
Date/Time Prepared:
2/29/2012 6:59 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00	PHARMACY	15.00	81,339	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	83,937	0		11.00
12.00	SOCIAL SERVICE	17.00	46,025	0		12.00
13.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	16,074	0		13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	3,756	0		14.00
15.00	PARAMED PRGM - PHARMACY	23.00	2,841	0		15.00
16.00	PARAMED PRGM- CHAPLAIN RESIDENCY	23.01	5,932	0		16.00
17.00	PARAMED PRGM- NURSING	23.03	8,834	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	624,829	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	110,778	0		19.00
20.00	CORONARY CARE UNIT	32.00	68,331	0		20.00
21.00	SUBPROVIDER - IPF	40.00	21,664	0		21.00
22.00	OPERATING ROOM	50.00	190,408	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	149,910	0		23.00
24.00	RADIOLOGY - THERAPEUTIC	55.00	6,290	0		24.00
25.00	CARDIAC CATHETERIZATION	59.00	19,267	0		25.00
26.00	LABORATORY	60.00	249,963	0		26.00
27.00	INTRAVENOUS THERAPY	64.00	10,505	0		27.00
28.00	RESPIRATORY THERAPY	65.00	63,711	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	7,562	0		29.00
30.00	RENAL DIALYSIS	74.00	2,837	0		30.00
31.00	BEHAVIORAL HEALTH SERVICES	76.00	17,976	0		31.00
32.00	CLINIC	90.00	34,381	0		32.00
33.00	FAMILY PRACTICE CLINIC	90.01	22,959	0		33.00
34.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	6,258	0		34.00
35.00	INFUSION CENTER	90.03	1,359	0		35.00
36.00	PRIMARY CARE SENIORS	90.04	18,417	0		36.00
37.00	PAIN MANAGEMENT	90.05	30,415	0		37.00
38.00	WOUND CARE CENTER	90.06	4,651	0		38.00
39.00	EMERGENCY	91.00	149,523	0		39.00
40.00	DURABLE MEDICAL EQUIP-RENTED	96.00	34,746	0		40.00
41.00	HOME HEALTH AGENCY	101.00	38,727	0		41.00
42.00	HOSPICE	116.00	27,641	0		42.00
43.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	28,843	0		43.00
44.00	PHYSICIANS' PRIVATE OFFICES	192.00	83,543	0		44.00
45.00	HEARTCARE OFFICES	192.02	7,907	0		45.00
46.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	20,445	0		46.00
47.00	OCCUPATIONAL HEALTH	194.01	31,832	0		47.00
48.00	OTHER FACILITIES	194.02	1,875	0		48.00
49.00	THE HEART HOSPITAL	194.03	113,365	0		49.00
50.00	PUBLIC RELATIONS	194.04	4,512	0		50.00
TOTALS			3,372,344	0		
G - LEASES						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	382,498		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	371,822		2.00
3.00		0.00	0	0		3.00
TOTALS			0	754,320		
H - DRUGS AND IVS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	25,000,122		1.00
TOTALS			0	25,000,122		
I - MEDICAL SUPPLIES CHARGED						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,327,873		1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	13,077		2.00
TOTALS			0	3,340,950		
J - INTERNS AND RESIDENTS SALARIES						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	923,331	0		1.00
TOTALS			923,331	0		
K - CHILD CARE CENTER						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	80,015	0		1.00
2.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	15,919		2.00
TOTALS			80,015	15,919		

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-6

Date/Time Prepared:
2/29/2012 6:59 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
L - TEACHING PHYSICIANS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	761,860	0	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	166,320	2.00
TOTALS			761,860	166,320	
M - PASTORAL EDUCATION					
1.00	PARAMED ED PRGM- CHAPLAIN RESIDENCY	23.01	189,341	0	1.00
2.00	PARAMED ED PRGM- CHAPLAIN RESIDENCY	23.01	0	8,779	2.00
TOTALS			189,341	8,779	
N - INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	552,311	1.00
2.00	NEW CAP REL COSTS- BLDG & FIXT	1.01	0	9,268	2.00
TOTALS			0	561,579	
O - HOME SERVICES					
1.00	HOSPICE	116.00	42,871	0	1.00
2.00	HOSPICE	116.00	0	42,081	2.00
3.00	DURABLE MEDICAL EQUIP-RENTED	96.00	72,982	0	3.00
4.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	71,638	4.00
TOTALS			115,853	113,719	
P - PUBLIC RELATIONS					
1.00	ADMINISTRATIVE & GENERAL	5.00	10,028	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	42,517	2.00
TOTALS			10,028	42,517	
Q - PARAMED ED PGRM NURSING					
1.00	PARAMED ED PRGM- NURSING	23.03	366,492	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
TOTALS			366,492	0	
R - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	300,000	0	1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	472,075	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
TOTALS			300,000	472,075	
S - SALARIES					
1.00	MEDICAL RECORDS & LIBRARY	16.00	1,300,000	0	1.00
2.00	HOSPICE	116.00	15,000	0	2.00
TOTALS			1,315,000	0	

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
U - MEDICAL SUPPLIES CHARGED					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	14,205,112	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	23,238,679	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
	TOTALS		0	37,443,791	
V - BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	1,554,726	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	18,900	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		18,900	1,554,726	
W - PROPERTY TAXES					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	145,849	1.00
	TOTALS		0	145,849	
Y - HOME VISITS DME					
1.00	HOME HEALTH AGENCY	101.00	0	84,720	1.00
	TOTALS		0	84,720	
Z - PHYSICIAN PART A COSTS					
1.00	ADULTS & PEDIATRICS	30.00	117,114	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	9,464	0	2.00
3.00	CLINIC	90.00	0	3,630	3.00
4.00	SUBPROVIDER - IPF	40.00	5,300	0	4.00
	TOTALS		131,878	3,630	
500.00	Grand Total: Increases		8,939,140	87,315,771	500.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-6
Date/Time Prepared:
2/29/2012 6:59 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - BUILDING DEPRECIATION							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	150,009	9		1.00
	TOTALS		0	150,009			
B - EQUIPMENT DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,436,877	9		1.00
2.00	EMPLOYEE BENEFITS	4.00	0	40,434	9		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	8,044,473	9		3.00
4.00	OPERATION OF PLANT	7.00	0	71,213	9		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	194,411	9		5.00
6.00	HOUSEKEEPING	9.00	0	85,337	9		6.00
7.00	DIETARY	10.00	0	98,850	9		7.00
8.00	NURSING ADMINISTRATION	13.00	0	198,591	9		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	187,635	9		9.00
10.00	PHARMACY	15.00	0	225,441	9		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	32,679	9		11.00
12.00	SOCIAL SERVICE	17.00	0	610	9		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	374,992	9		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	67,661	9		14.00
15.00	SUBPROVIDER - IPF	40.00	0	1,125	9		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	7,387	9		16.00
17.00	OPERATING ROOM	50.00	0	2,100,386	9		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,109,219	9		18.00
19.00	RADIOLOGY - THERAPEUTIC	55.00	0	50,845	9		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	108,234	9		20.00
21.00	LABORATORY	60.00	0	521,015	9		21.00
22.00	INTRAVENOUS THERAPY	64.00	0	3,882	9		22.00
23.00	RESPIRATORY THERAPY	65.00	0	226,835	9		23.00
24.00	PHYSICAL THERAPY	66.00	0	63,296	9		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	8,340	9		25.00
26.00	RENAL DIALYSIS	74.00	0	37,704	9		26.00
27.00	CLINIC	90.00	0	35,362	9		27.00
28.00	FAMILY PRACTICE CLINIC	90.01	0	4,778	9		28.00
29.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	1,172	9		29.00
30.00	INFUSION CENTER	90.03	0	4,821	9		30.00
31.00	PRIMARY CARE SENIORS	90.04	0	11,168	9		31.00
32.00	PAIN MANAGEMENT	90.05	0	32,648	9		32.00
33.00	WOUND CARE CENTER	90.06	0	3,260	9		33.00
34.00	EMERGENCY	91.00	0	145,206	9		34.00
35.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	114,584	9		35.00
36.00	HOME HEALTH AGENCY	101.00	0	32,767	9		36.00
37.00	HOSPICE	116.00	0	2,349	9		37.00
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	27,216	9		38.00
39.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	16,292	9		39.00
40.00	OCCUPATIONAL HEALTH	194.01	0	22,094	9		40.00
41.00	OTHER FACILITIES	194.02	0	782	9		41.00
	TOTALS		0	15,751,971			
C - HSB BUILDING DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	67,998	9		1.00
	TOTALS		0	67,998			
D - INTEREST EXPENSE							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	419,035	11		1.00
	TOTALS		0	419,035			
E - CAFETERIA/GARDEN CAFE							
1.00	DIETARY	10.00	1,354,098	0	0		1.00
2.00	DIETARY	10.00	0	1,217,742	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		1,354,098	1,217,742			
F - QUALITY SHARE/INCENTIVE COMP							
1.00	ADMINISTRATIVE & GENERAL	5.00	3,372,344	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-6
Date/Time Prepared:
2/29/2012 6:59 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
6.00	7.00	8.00	9.00	10.00			
11.00	0.00	0	0	0	0	11.00	
12.00	0.00	0	0	0	0	12.00	
13.00	0.00	0	0	0	0	13.00	
14.00	0.00	0	0	0	0	14.00	
15.00	0.00	0	0	0	0	15.00	
16.00	0.00	0	0	0	0	16.00	
17.00	0.00	0	0	0	0	17.00	
18.00	0.00	0	0	0	0	18.00	
19.00	0.00	0	0	0	0	19.00	
20.00	0.00	0	0	0	0	20.00	
21.00	0.00	0	0	0	0	21.00	
22.00	0.00	0	0	0	0	22.00	
23.00	0.00	0	0	0	0	23.00	
24.00	0.00	0	0	0	0	24.00	
25.00	0.00	0	0	0	0	25.00	
26.00	0.00	0	0	0	0	26.00	
27.00	0.00	0	0	0	0	27.00	
28.00	0.00	0	0	0	0	28.00	
29.00	0.00	0	0	0	0	29.00	
30.00	0.00	0	0	0	0	30.00	
31.00	0.00	0	0	0	0	31.00	
32.00	0.00	0	0	0	0	32.00	
33.00	0.00	0	0	0	0	33.00	
34.00	0.00	0	0	0	0	34.00	
35.00	0.00	0	0	0	0	35.00	
36.00	0.00	0	0	0	0	36.00	
37.00	0.00	0	0	0	0	37.00	
38.00	0.00	0	0	0	0	38.00	
39.00	0.00	0	0	0	0	39.00	
40.00	0.00	0	0	0	0	40.00	
41.00	0.00	0	0	0	0	41.00	
42.00	0.00	0	0	0	0	42.00	
43.00	0.00	0	0	0	0	43.00	
44.00	0.00	0	0	0	0	44.00	
45.00	0.00	0	0	0	0	45.00	
46.00	0.00	0	0	0	0	46.00	
47.00	0.00	0	0	0	0	47.00	
48.00	0.00	0	0	0	0	48.00	
49.00	0.00	0	0	0	0	49.00	
50.00	0.00	0	0	0	0	50.00	
TOTALS			3,372,344	0			
G - LEASES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	953	10	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	693,952	10	2.00	
3.00	ELECTROCARDIOLOGY	69.00	0	59,415	10	3.00	
TOTALS			0	754,320			
H - DRUGS AND IVS							
1.00	PHARMACY	15.00	0	25,000,122	0	1.00	
TOTALS			0	25,000,122			
I - MEDICAL SUPPLIES CHARGED							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,340,950	0	1.00	
2.00		0.00	0	0	0	2.00	
TOTALS			0	3,340,950			
J - INTERNS AND RESIDENTS SALARIES							
1.00	FAMILY PRACTICE CLINIC	90.01	923,331	0	0	1.00	
TOTALS			923,331	0			
K - CHILD CARE CENTER							
1.00	EMPLOYEE BENEFITS	4.00	80,015	0	0	1.00	
2.00	EMPLOYEE BENEFITS	4.00	0	15,919	0	2.00	
TOTALS			80,015	15,919			
L - TEACHING PHYSICIANS							
1.00	FAMILY PRACTICE CLINIC	90.01	761,860	0	0	1.00	
2.00	FAMILY PRACTICE CLINIC	90.01	0	166,320	0	2.00	
TOTALS			761,860	166,320			
M - PASTORAL EDUCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	189,341	0	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	8,779	0	2.00	
TOTALS			189,341	8,779			
N - INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	561,579	12	1.00	
2.00		0.00	0	0	12	2.00	
TOTALS			0	561,579			

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-6
Date/Time Prepared:
2/29/2012 6:59 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
O - HOME SERVICES						
1.00	HOME HEALTH AGENCY	101.00	115,853	0	0	1.00
2.00	HOME HEALTH AGENCY	101.00	0	113,719	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
TOTALS			115,853	113,719		
P - PUBLIC RELATIONS						
1.00	PUBLIC RELATIONS	194.04	10,028	0	0	1.00
2.00	PUBLIC RELATIONS	194.04	0	42,517	0	2.00
TOTALS			10,028	42,517		
Q - PARAMED ED PGRM NURSING						
1.00	NURSING ADMINISTRATION	13.00	13	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	220,584	0	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	47,059	0	0	3.00
4.00	CORONARY CARE UNIT	32.00	46,386	0	0	4.00
5.00	OPERATING ROOM	50.00	14,875	0	0	5.00
6.00	CARDIAC CATHETERIZATION	59.00	3,796	0	0	6.00
7.00	INTRAVENOUS THERAPY	64.00	3,526	0	0	7.00
8.00	CLINIC	90.00	4,176	0	0	8.00
9.00	EMERGENCY	91.00	21,714	0	0	9.00
10.00	HOSPICE	116.00	4,363	0	0	10.00
TOTALS			366,492	0		
R - LAUNDRY						
1.00	EMPLOYEE BENEFITS	4.00	0	28,254	0	1.00
2.00	DIETARY	10.00	0	3,809	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	48,211	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	309,651	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	36,446	0	5.00
6.00	CORONARY CARE UNIT	32.00	0	49,457	0	6.00
7.00	SUBPROVIDER - IPF	40.00	0	6,976	0	7.00
8.00	OPERATING ROOM	50.00	0	97,308	0	8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	55,044	0	9.00
10.00	RADIOLOGY - THERAPEUTIC	55.00	0	207	0	10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	19,309	0	11.00
12.00	LABORATORY	60.00	0	3,298	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	8,895	0	13.00
14.00	PHYSICAL THERAPY	66.00	0	19,514	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	0	2,399	0	15.00
16.00	CLINIC	90.00	0	1,039	0	16.00
17.00	FAMILY PRACTICE CLINIC	90.01	0	3,649	0	17.00
18.00	INFUSION CENTER	90.03	0	4,200	0	18.00
19.00	PRIMARY CARE SENIORS	90.04	0	358	0	19.00
20.00	PAIN MANAGEMENT	90.05	0	7,480	0	20.00
21.00	WOUND CARE CENTER	90.06	0	2,750	0	21.00
22.00	EMERGENCY	91.00	0	52,483	0	22.00
23.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	260	0	23.00
24.00	HOME HEALTH AGENCY	101.00	0	53	0	24.00
25.00	HOSPICE	116.00	0	3,821	0	25.00
26.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	764	0	26.00
27.00	DEACONESS URGENT CARE	192.01	0	982	0	27.00
28.00	OCCUPATIONAL HEALTH	194.01	0	5,458	0	28.00
TOTALS			0	772,075		
S - SALARIES						
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,300,000	0	1.00
2.00	HOSPICE	116.00	0	15,000	0	2.00
TOTALS			0	1,315,000		
U - MEDICAL SUPPLIES CHARGED						
1.00	OPERATING ROOM	50.00	0	29,142,461	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,021,241	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	4,895,126	0	3.00
4.00	INTRAVENOUS THERAPY	64.00	0	321,921	0	4.00
5.00	RESPIRATORY THERAPY	65.00	0	246,971	0	5.00
6.00	PAIN MANAGEMENT	90.05	0	478,324	0	6.00
7.00	WOUND CARE CENTER	90.06	0	110,674	0	7.00
8.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	227,073	0	8.00
TOTALS			0	37,443,791		
V - BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,552,238	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,488	0	2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	18,900	0	3.00
TOTALS			0	1,573,626		

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-6
Date/Time Prepared:
2/29/2012 6:59 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
W - PROPERTY TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	145,849	13		1.00
	TOTALS		0	145,849			
Y - HOME VISITS DME							
1.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	84,720	0		1.00
	TOTALS		0	84,720			
Z - PHYSICIAN PART A COSTS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	126,578	0	0		1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,630	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	5,300	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		131,878	3,630			
500.00	Grand Total: Decreases		7,305,240	88,949,671			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/29/2012 6:59 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	14,506,730	59,081	0	59,081	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	354,291,565	54,847,709	0	54,847,709	452,444	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	188,130,647	35,736,817	0	35,736,817	26,718,772	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	556,928,942	90,643,607	0	90,643,607	27,171,216	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	556,928,942	90,643,607	0	90,643,607	27,171,216	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	16,173,910	0	9,065,550	0	0	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5,934,045	0	0	0	2.00
3.00	Total (sum of lines 1-2)	16,173,910	5,934,045	9,065,550	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/29/2012 6:59 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	14,565,811	0		1.00		
2.00	Land Improvements	0	0		2.00		
3.00	Buildings and Fixtures	408,686,830	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	197,148,692	0		5.00		
6.00	Movable Equipment	0	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	620,401,333	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	620,401,333	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	25,239,460		1.00		
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0		1.01		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5,934,045		2.00		
3.00	Total (sum of lines 1-2)	0	31,173,505		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	15,536,152	382,498	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0	0	67,998	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	15,691,132	6,305,867	2.00
3.00	Total (sum of lines 1-2)	0	0	0	31,295,282	6,688,365	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,405,005	552,311	0	0	18,875,966	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	9,268	0	0	77,266	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	419,035	0	145,849	0	22,561,883	2.00
3.00	Total (sum of lines 1-2)	2,824,040	561,579	145,849	0	41,515,115	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8
Date/Time Prepared:
2/29/2012 6:59 am

		Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
1.00	Investment income - buildings and fixtures (chapter 2)	B	-6,241,510	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - movable equipment (chapter 2)			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	-53,301	ADMINISTRATIVE & GENERAL	5.00 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00 7.00
8.00	Television and radio service (chapter 21)		0		0.00 8.00
9.00	Parking lot (chapter 21)	B	-27,720	NEW CAP REL COSTS-BLDG & FIXT	1.00 9.00
10.00	Provider-based physician adjustment	A-8-2	-22,144,166		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	-24,722,418		12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Cafeteria-employees and guests	B	-792,754	CAFETERIA	11.00 14.00
15.00	Rental of quarters to employee and others		0		0.00 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00	Sale of drugs to other than patients		0		0.00 17.00
18.00	Sale of medical records and abstracts		0		0.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00	Vending machines		0		0.00 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		RESPIRATORY THERAPY	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00 25.00
26.00	Depreciation - buildings and fixtures			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - movable equipment			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist			*** Cost Center Deleted ***	19.00 28.00
29.00	Physicians' assistant				0.00 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00			0		0.00 33.00
33.01	MISCELLANEOUS (ATM RENT)	B	-475	ADMINISTRATIVE & GENERAL	5.00 33.01
33.02	NSF AND LATE CHARGES	B	-9,730	ADMINISTRATIVE & GENERAL	5.00 33.02
33.03	CALL CENTER	B	-196,929	ADMINISTRATIVE & GENERAL	5.00 33.03
33.04	PRIMARY CARE SENIORS - NON OP	B	-460	PRIMARY CARE SENIORS	90.04 33.04
33.05	PROFESSIONAL BILLING FEES	B	-41,236	ADMINISTRATIVE & GENERAL	5.00 33.05
33.06	WEIGHT LOSS PROGRAM	B	-107,607	OPERATING ROOM	50.00 33.06
33.07	DIABETES EDUCATION MATERIAL	B	-1,791	CLINIC	90.00 33.07
33.08	SELF INSURANCE	A	-10,699,026	EMPLOYEE BENEFITS	4.00 33.08
33.09	PROPERTY TAX - RENTAL PROPERTY	A	-450,980	ADMINISTRATIVE & GENERAL	5.00 33.09
33.10	FAMILY PRACTICE GRANT	A	492,835	FAMILY PRACTICE CLINIC	90.01 33.10
33.11	NURSING ADMIN GRANT	A	100,000	NURSING ADMINISTRATION	13.00 33.11
33.13	CME GRANT	A	16,600	ADMINISTRATIVE & GENERAL	5.00 33.13
33.14	HOSPICE GRANT	A	190,000	HOSPICE	116.00 33.14
33.15	CHILD CARE TUITION	B	-936,964	EMPLOYEE BENEFITS	4.00 33.15
33.16			0		0.00 33.16
33.17	1992 CAPITAL CARRYFORWARD	A	-22	NEW CAP REL COSTS-MVBLE EQUIP	2.00 33.17

Provider CCN: 150082 Period: From 10/01/2010 To 09/30/2011 Worksheet A-8
 Date/Time Prepared: 2/29/2012 6:59 am

				Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
		Basis/Code (2)	Amount	Cost Center	Line #
		1.00	2.00	3.00	4.00
33.18	AMORT PHASE II	A	20,350	NEW CAP REL COSTS-BLDG & FI XT	1.00 33.18
33.19	AMORT PHASE I	A	6,463	NEW CAP REL COSTS-BLDG & FI XT	1.00 33.19
33.20	1984 AMORT A&G	A	2,225	NEW CAP REL COSTS-BLDG & FI XT	1.00 33.20
34.00	AHA GENERATOR	A	8,039	NEW CAP REL COSTS-MVBLE EQUI P	2.00 34.00
35.00	1996 AHA LIFE ADJUSTMENT	A	36,751	NEW CAP REL COSTS-BLDG & FI XT	1.00 35.00
36.00	NON-ALLOWABLE COSTS	A	-407,491	ADMINISTRATIVE & GENERAL	5.00 36.00
42.00	AHA/IHA DUES	A	-20,023	ADMINISTRATIVE & GENERAL	5.00 42.00
43.00	ADVERTISING	A	-18,913	ADMINISTRATIVE & GENERAL	5.00 43.00
44.00	DIETARY EXPENSE RECOVERY	A	254,910	DIETARY	10.00 44.00
45.00	GAIN ON DISPOSAL OF ASSETS - EQP	A	-68,856	NEW CAP REL COSTS-MVBLE EQUI P	2.00 45.00
45.01	LOSS ON DISPOSAL OF ASSETS - BLDG	A	679,039	NEW CAP REL COSTS-BLDG & FI XT	1.00 45.01
45.02	LAUNDRY EXPENSE RECOVERY	B	103,038	LAUNDRY & LINEN SERVICE	8.00 45.02
45.03	MEDICAL RECORDS EXPENSE RECOVERY	A	489,978	MEDICAL RECORDS & LIBRARY	16.00 45.03
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-64,542,144		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8

Date/Time Prepared:
2/29/2012 6:59 am

		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - buildings and fixtures (chapter 2)	11	1.00
2.00	Investment income - movable equipment (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	9	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 - buildings and fixtures	0	26.00
27.00	Depreciation - movable equipment	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00		0	33.00
33.01	MISCELLANEOUS (ATM RENT)	0	33.01
33.02	NSF AND LATE CHARGES	0	33.02
33.03	CALL CENTER	0	33.03
33.04	PRIMARY CARE SENIORS - NON OP	0	33.04
33.05	PROFESSIONAL BILLING FEES	0	33.05
33.06	WEIGHT LOSS PROGRAM	0	33.06
33.07	DIABETES EDUCATION MATERIAL	0	33.07
33.08	SELF INSURANCE	0	33.08
33.09	PROPERTY TAX - RENTAL PROPERTY	0	33.09
33.10	FAMILY PRACTICE GRANT	0	33.10
33.11	NURSING ADMIN GRANT	0	33.11
33.13	CME GRANT	0	33.13
33.14	HOSPICE GRANT	0	33.14
33.15	CHILD CARE TUITION	0	33.15
33.16		0	33.16
33.17	1992 CAPITAL CARRYFORWARD	9	33.17
33.18	AMORT PHASE II	9	33.18
33.19	AMORT PHASE I	9	33.19
33.20	1984 AMORT A&G	9	33.20
34.00	AHA GENERATOR	9	34.00
35.00	1996 AHA LIFE ADJUSTMENT	9	35.00
36.00	NON-ALLOWABLE COSTS	0	36.00
42.00	AHA/IHA DUES	0	42.00
43.00	ADVERTISING	0	43.00
44.00	DIETARY EXPENSE RECOVERY	0	44.00
45.00	GAIN ON DISPOSAL OF ASSETS - EQP	9	45.00
45.01	LOSS ON DISPOSAL OF ASSETS - BLDG	9	45.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8

Date/Time Prepared:
2/29/2012 6:59 am

		Wkst. A-7 Ref.	
		5.00	
45.02	LAUNDRY EXPENSE RECOVERY	0	45.02
45.03	MEDICAL RECORDS EXPENSE RECOVERY	0	45.03
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME

Provider CCN: 150082

Period:

Worksheet A-8-1

OFFICE COSTS

From 10/01/2010
To 09/30/2011

Date/Time Prepared:
2/29/2012 6:59 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	FACILITY RENT	2.00
3.00	50.00	OPERATING ROOM	FACILITY RENT	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	4.00
4.01	60.00	LABORATORY	FACILITY RENT	4.01
4.02	66.00	PHYSICAL THERAPY	FACILITY RENT	4.02
4.03	90.00	CLINIC	FACILITY RENT	4.03
4.04	90.01	FAMILY PRACTICE CLINIC	FACILITY RENT	4.04
4.05	90.04	PRIMARY CARE SENIORS	FACILITY RENT	4.05
4.06	90.05	PAIN MANAGEMENT	FACILITY RENT	4.06
4.07	90.06	WOUND CARE CENTER	FACILITY RENT	4.07
4.08	50.00	OPERATING ROOM	SERVICES UNDER ARRANGEMENTS	4.08
4.09	66.00	PHYSICAL THERAPY	THERAPY CONTRACT SERVICES	4.09
4.10	101.00	HOME HEALTH AGENCY	THERAPY CONTRACT SERVICES	4.10
4.11	116.00	HOSPICE	THERAPY CONTRACT SERVICES	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	4.12
4.13	15.00	PHARMACY	FACILITY RENT	4.13
4.14	50.00	OPERATING ROOM	FACILITY RENT	4.14
4.15	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	4.15
4.16	60.00	LABORATORY	FACILITY RENT	4.16
4.17	90.00	CLINIC	FACILITY RENT	4.17
4.18	90.03	INFUSION CENTER	FACILITY RENT	4.18
4.19	55.00	RADIOLOGY - THERAPEUTIC	CONTRACT SERVICES	4.19
4.20	5.00	ADMINISTRATIVE & GENERAL	CONTRACT SERVICES	4.20
4.21	50.00	OPERATING ROOM	CONTRACT SERVICES	4.21
4.22	59.00	CARDIAC CATHETERIZATION	CONTRACT SERVICES	4.22
4.23	69.00	ELECTROCARDIOLOGY	CONTRACT SERVICES	4.23
4.24	71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	CONTRACT SERVICES	4.24
4.25	72.00	IMPL. DEV. CHARGED TO PATIENT	CONTRACT SERVICES	4.25
4.26	74.00	RENAL DIALYSIS	CONTRACT SERVICES	4.26
4.27	0.00		CONTRACT SERVICES	4.27
4.28	0.00		CONTRACT SERVICES	4.28
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	

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

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

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

6.00	B		100.00	6.00
7.00	B		100.00	7.00
8.00	B		100.00	8.00
9.00	B		100.00	9.00
10.00	B		100.00	10.00
10.01	B		100.00	10.01
10.02	B		100.00	10.02
10.03	B		100.00	10.03
10.04	B		100.00	10.04
10.05	B		100.00	10.05
10.06	B		100.00	10.06
10.07	C		0.00	10.07
10.08	C		0.00	10.08
10.09	C		0.00	10.09
10.10	C		0.00	10.10
10.11	A	DEACONESS HEALT	100.00	10.11
10.12	A	DEACONESS HEALT	100.00	10.12
10.13	A	DEACONESS HEALT	100.00	10.13
10.14	A	DEACONESS HEALT	100.00	10.14
10.15	A	DEACONESS HEALT	100.00	10.15
10.16	A	DEACONESS HEALT	100.00	10.16

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

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-1

Date/Time Prepared:
2/29/2012 6:59 am

		Symbol (1)	Name	Percentage of Ownership	
		1.00	2.00	3.00	
10.17		A	DEACONESS HEALT	100.00	10.17
10.18		C		0.00	10.18
10.19		C		0.00	10.19
10.20		C		0.00	10.20
10.21		C		0.00	10.21
10.22		C		0.00	10.22
10.23		C		0.00	10.23
10.24		C		0.00	10.24
10.25		C		0.00	10.25
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 150082

Period: From 10/01/2010 To 09/30/2011

Worksheet A-8-1

Date/Time Prepared: 2/29/2012 6:59 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	184,147	166,910	17,237	0	1.00
2.00	11,056	0	11,056	0	2.00
3.00	1,757	0	1,757	0	3.00
4.00	349,896	531,816	-181,920	0	4.00
4.01	13,854	22,131	-8,277	0	4.01
4.02	66,497	63,317	3,180	0	4.02
4.03	50,192	65,739	-15,547	0	4.03
4.04	2,462	0	2,462	0	4.04
4.05	35,837	72,671	-36,834	0	4.05
4.06	95,393	179,334	-83,941	0	4.06
4.07	40,379	46,578	-6,199	0	4.07
4.08	8,803,256	28,237,426	-19,434,170	0	4.08
4.09	4,740,657	7,053,608	-2,312,951	0	4.09
4.10	968,402	1,106,760	-138,358	0	4.10
4.11	5,433	6,210	-777	0	4.11
4.12	100,000	100,000	0	0	4.12
4.13	3,240	3,240	0	0	4.13
4.14	201,673	201,673	0	0	4.14
4.15	423,128	423,128	0	0	4.15
4.16	90,647	90,647	0	0	4.16
4.17	24,205	24,205	0	0	4.17
4.18	41,917	41,917	0	0	4.18
4.19	1,131,762	3,468,656	-2,336,894	0	4.19
4.20	0	2,158,269	-2,158,269	0	4.20
4.21	37,723	0	37,723	0	4.21
4.22	629,684	0	629,684	0	4.22
4.23	292,315	0	292,315	0	4.23
4.24	238,690	0	238,690	0	4.24
4.25	697,614	0	697,614	0	4.25
4.26	60,001	0	60,001	0	4.26
4.27	0	0	0	0	4.27
4.28	0	0	0	0	4.28
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	19,341,817	44,064,235	-24,722,418	5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM	6.00
7.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM	7.00
8.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM	8.00
9.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM	9.00
10.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM	10.00
10.01	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM	10.01
10.02	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM	10.02
10.03	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM	10.03
10.04	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM	10.04
10.05	DEACONESS HEALT	0.00	SURGERY	10.05
10.06	DEACONESS HEALT	0.00	THERAPY SERVI CES	10.06
10.07	EVANSVILLE SURG	50.00	THERAPY SERVI CES	10.07
10.08	PROGRESSIVE HEALTH OF IN	51.00	THERAPY SERVI CES	10.08
10.09	PROGRESSIVE HEA	51.00	CLINIC	10.09
10.10	PROGRESSIVE HEA	51.00	CLINIC	10.10
10.11	DEACONESS CLINIC	100.00	CLINIC	10.11

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

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-1

Date/Time Prepared:
2/29/2012 6:59 am

		Related Organization(s) and/or Home Office			
		Name	Percentage of Ownership	Type of Business	
		4.00	5.00	6.00	
10.12		DEACONESS CLINIC	100.00	CLINIC	10.12
10.13		DEACONESS CLINIC	100.00	CLINIC	10.13
10.14		DEACONESS CLINIC	100.00	CLINIC	10.14
10.15		DEACONESS CLINIC	100.00	RADIATION ONCOLOGY	10.15
10.16		DEACONESS CLINIC	100.00	HOSPITAL	10.16
10.17		DEACONESS CLINIC	100.00	HOSPITAL	10.17
10.18		TRI-STATE RADIATION	51.00	HOSPITAL	10.18
10.19		HEART HOSPITAL	51.00	HOSPITAL	10.19
10.20		HEART HOSPITAL	51.00	HOSPITAL	10.20
10.21		HEART HOSPITAL	51.00	HOSPITAL	10.21
10.22		HEART HOSPITAL	51.00	HOSPITAL	10.22
10.23		HEART HOSPITAL	51.00	HOSPITAL	10.23
10.24		HEART HOSPITAL	51.00	HOSPITAL	10.24
10.25		HEART HOSPITAL	51.00	HOSPITAL	10.25
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
2/29/2012 6:59 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	A&G (INFECTION/RISK MGT)	64,766	0	1.00
2.00	15.00	PHARMACY	1,650	0	2.00
3.00	17.00	CASE MANAGEMENT	787,364	787,364	3.00
4.00	30.00	ADULTS & PEDS	1,062,370	846,078	4.00
5.00	40.00	PSYCH	5,350	0	5.00
6.00	50.00	ANESTHESIOLOGISTS	7,935,135	7,870,898	6.00
7.00	59.00	CATH LAB	373,152	0	7.00
8.00	60.00	LAB	618,700	241,328	8.00
9.00	65.00	SLEEP LAB	12,120	0	9.00
10.00	69.00	EKG	180,495	180,495	10.00
11.00	74.00	DIALYSIS	2,332	0	11.00
12.00	90.00	CLINIC	479,829	475,209	12.00
13.00	90.01	FAMILY PRACTICE CLINIC	114,300	114,300	13.00
14.00	90.04	SENIORS	1,001,798	1,001,798	14.00
15.00	90.05	PAIN MGMT	80,153	66,301	15.00
16.00	91.00	ED	10,008,034	9,567,738	16.00
200.00		TOTAL (Lines 1.00 through 199.00)	22,727,548	21,151,509	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
2/29/2012 6:59 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	64,766	171,400	690	56,859	2,843	1.00
2.00	1,650	171,400	15	1,236	62	2.00
3.00	0	0	0	0	0	3.00
4.00	216,292	171,400	1,315	108,361	5,418	4.00
5.00	5,350	142,500	54	3,700	185	5.00
6.00	64,237	200,300	383	36,882	1,844	6.00
7.00	373,152	219,500	1,099	115,976	5,799	7.00
8.00	377,373	219,500	1,107	116,821	5,841	8.00
9.00	12,120	171,400	101	8,323	416	9.00
10.00	0	0	0	0	0	10.00
11.00	2,332	171,400	24	1,978	99	11.00
12.00	4,620	171,400	40	3,296	165	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
15.00	13,851	171,400	120	9,888	494	15.00
16.00	440,295	171,400	1,457	120,062	6,003	16.00
200.00	1,576,038		6,405	583,382	29,169	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
2/29/2012 6:59 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	56,859	1.00
2.00	0	0	0	0	1,236	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	108,361	4.00
5.00	0	0	0	0	3,700	5.00
6.00	0	0	0	0	36,882	6.00
7.00	0	0	0	0	115,976	7.00
8.00	0	0	0	0	116,821	8.00
9.00	0	0	0	0	8,323	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	1,978	11.00
12.00	0	0	0	0	3,296	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	9,888	15.00
16.00	0	0	0	0	120,062	16.00
200.00	0	0	0	0	583,382	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2
Date/Time Prepared:
2/29/2012 6:59 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	7,907	7,907	1.00
2.00	414	414	2.00
3.00	0	787,364	3.00
4.00	107,931	954,009	4.00
5.00	1,650	1,650	5.00
6.00	27,355	7,898,253	6.00
7.00	257,176	257,176	7.00
8.00	260,552	501,879	8.00
9.00	3,797	3,797	9.00
10.00	0	180,495	10.00
11.00	354	354	11.00
12.00	1,324	476,533	12.00
13.00	0	114,300	13.00
14.00	0	1,001,798	14.00
15.00	3,963	70,265	15.00
16.00	320,233	9,887,972	16.00
200.00	992,656	22,144,166	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	18,875,966	18,875,966				1.00
1.01 NEW CAP REL COSTS- BLDG & FIXT	77,266	0	77,266			1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP	22,561,883			22,561,883		2.00
4.00 EMPLOYEE BENEFITS	44,825,168			63,728	45,287,939	4.00
5.00 ADMINISTRATIVE & GENERAL	41,063,368	2,014,122	45,286	12,678,816	6,289,585	5.00
7.00 OPERATION OF PLANT	11,086,537	2,887,188	0	112,238	715,434	7.00
8.00 LAUNDRY & LINEN SERVICE	1,065,599	409,778	0	306,409	149,423	8.00
9.00 HOUSEKEEPING	3,956,473	169,445	0	134,499	832,486	9.00
10.00 DIETARY	2,899,318	464,019	0	155,796	371,549	10.00
11.00 CAFETERIA	594,309	125,935	0	0	187,233	11.00
13.00 NURSING ADMINISTRATION	2,477,608	46,057	0	312,997	511,798	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,689,951	251,699	0	295,730	377,974	14.00
15.00 PHARMACY	6,604,457	174,446	0	355,315	1,577,449	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,361,182	162,970	0	51,505	790,668	16.00
17.00 SOCIAL SERVICE	2,318,296	72,844	0	961	589,675	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	939,405	0	0	0	236,904	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	931,936	0	9,899	0	193,077	22.00
23.00 PARAMED ED PRGM - PHARMACY	209,901	0	0	0	50,274	23.00
23.01 PARAMED ED PRGM- CHAPLAIN RESIDENCY	204,052	5,823	762	0	49,245	23.01
23.03 PARAMED ED PRGM- NURSING	375,326	0	0	0	94,652	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	31,837,945	4,372,942	0	591,021	7,792,405	30.00
31.00 INTENSIVE CARE UNIT	6,964,158	595,590	0	106,640	1,605,150	31.00
32.00 CORONARY CARE UNIT	4,234,530	271,808	0	0	999,695	32.00
40.00 SUBPROVIDER - I/PF	1,214,631	155,548	0	1,773	274,904	40.00
44.00 SKILLED NURSING FACILITY	63,830	0	0	11,643	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	21,135,244	1,475,800	0	3,310,397	4,365,287	50.00
54.00 RADIOLOGY-DIAGNOSTIC	14,783,180	753,203	0	1,748,229	2,033,533	54.00
55.00 RADIOLOGY - THERAPEUTIC	1,604,907	270,193	0	80,136	76,214	55.00
59.00 CARDIAC CATHETERIZATION	2,416,982	237,227	0	170,587	316,538	59.00
60.00 LABORATORY	24,532,929	690,469	0	821,167	2,612,925	60.00
64.00 INTRAVENOUS THERAPY	856,457	13,354	0	6,118	174,923	64.00
65.00 RESPIRATORY THERAPY	3,630,244	212,288	0	357,512	847,861	65.00
66.00 PHYSICAL THERAPY	5,433,179	129,646	0	99,760	0	66.00
69.00 ELECTROCARDIOLOGY	785,536	61,958	0	13,145	97,842	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,771,675	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	23,949,370	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	25,000,122	0	0	0	0	73.00
74.00 RENAL DIALYSIS	2,061,476	9,131	0	59,425	46,762	74.00
76.00 BEHAVIORAL HEALTH SERVICES	763,001	0	0	0	190,233	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	2,117,503	87,906	0	55,734	438,446	90.00
90.01 FAMILY PRACTICE CLINIC	1,397,444	286,421	0	7,531	223,603	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	382,758	91,788	0	1,847	64,058	90.02
90.03 INFUSION CENTER	527,847	60,033	0	7,598	22,565	90.03
90.04 PRIMARY CARE SENIORS	861,069	0	0	17,602	391,081	90.04
90.05 PAIN MANAGEMENT	1,749,282	129,708	0	51,456	393,483	90.05
90.06 WOUND CARE CENTER	292,937	7,376	0	5,138	53,110	90.06
91.00 EMERGENCY	9,822,376	518,989	0	228,858	3,761,220	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	3,564,411	107,301	0	180,595	356,520	96.00
101.00 HOME HEALTH AGENCY	3,397,802	62,145	0	51,644	524,563	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 HOSPICE	2,530,352	81,741	0	3,702	381,588	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	380,801,178	17,854,805	67,076	22,457,252	41,061,935	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,239,264	133,063	0	0	167,991	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	16,691,662	418,815	0	17,660	2,801,528	192.00
192.01 DEACONESS URGENT CARE	2,706,992	0	0	25,235	479,901	192.01
192.02 HEARTCARE OFFICES	1,209,095	211,077	0	0	76,925	192.02
194.00 OTHER NONREIMBURSABLE COST CENTERS	1,670,517	168,918	10,190	25,678	276,740	194.00
194.01 OCCUPATIONAL HEALTH	2,360,848	0	0	34,825	300,396	194.01
194.02 OTHER FACILITIES	3,363,244	69,722	0	1,233	23,442	194.02
194.03 THE HEART HOSPITAL	381,046	0	0	0	28,589	194.03
194.04 PUBLIC RELATIONS	1,534,621	19,566	0	0	70,492	194.04
200.00 Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	411,958,467	18,875,966	77,266	22,561,883	45,287,939	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	62,091,177	62,091,177				5.00
7.00	OPERATION OF PLANT	14,801,397	2,626,819	17,428,216			7.00
8.00	LAUNDRY & LINEN SERVICE	1,931,209	342,734	525,637	2,799,580		8.00
9.00	HOUSEKEEPING	5,092,903	903,843	217,354	0	6,214,100	9.00
10.00	DIETARY	3,890,682	690,483	595,214	15,624	221,676	10.00
11.00	CAFETERIA	907,477	161,051	161,541	0	60,163	11.00
13.00	NURSING ADMINISTRATION	3,348,460	594,255	59,079	0	22,003	13.00
14.00	CENTRAL SERVICES & SUPPLY	2,615,354	464,149	322,864	178,107	120,245	14.00
15.00	PHARMACY	8,711,667	1,546,068	223,768	0	83,338	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,366,325	597,425	209,048	0	77,856	16.00
17.00	SOCIAL SERVICE	2,981,776	529,179	93,439	0	34,800	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	1,176,309	208,761	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,134,912	201,414	0	0	0	22.00
23.00	PARAMED PRGM - PHARMACY	260,175	46,174	0	0	0	23.00
23.01	PARAMED PRGM- CHAPLAIN RESIDENCY	259,882	46,122	7,470	0	2,782	23.01
23.03	PARAMED PRGM- NURSING	469,978	83,407	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	44,594,313	7,914,073	5,609,334	1,205,099	2,089,093	30.00
31.00	INTENSIVE CARE UNIT	9,271,538	1,645,429	763,986	169,095	284,532	31.00
32.00	CORONARY CARE UNIT	5,506,033	977,161	348,659	119,672	129,851	32.00
40.00	SUBPROVIDER - IPF	1,646,856	292,269	199,527	19,368	74,310	40.00
44.00	SKILLED NURSING FACILITY	75,473	13,394	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	30,286,728	5,375,016	1,893,063	367,718	705,036	50.00
54.00	RADIOLOGY-DIAGNOSTIC	19,318,145	3,428,411	966,162	124,369	359,829	54.00
55.00	RADIOLOGY - THERAPEUTIC	2,031,450	360,523	346,587	1,187	129,080	55.00
59.00	CARDIAC CATHETERIZATION	3,141,334	557,496	304,300	51,749	113,331	59.00
60.00	LABORATORY	28,657,490	5,085,873	885,690	12,735	329,859	60.00
64.00	INTRAVENOUS THERAPY	1,050,852	186,496	17,130	0	6,380	64.00
65.00	RESPIRATORY THERAPY	5,047,905	895,857	272,310	21,021	101,417	65.00
66.00	PHYSICAL THERAPY	5,662,585	1,004,945	166,302	69,664	61,936	66.00
69.00	ELECTROCARDIOLOGY	958,481	170,103	79,476	6,200	29,599	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,771,675	3,153,957	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	23,949,370	4,250,319	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	25,000,122	4,436,797	0	0	0	73.00
74.00	RENAL DIALYSIS	2,176,794	386,318	11,712	0	4,362	74.00
76.00	BEHAVIORAL HEALTH SERVICES	953,234	169,171	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	2,699,589	479,099	112,760	3,856	41,995	90.00
90.01	FAMILY PRACTICE CLINIC	1,914,999	339,857	367,402	8,785	136,832	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	540,451	95,914	117,740	0	43,850	90.02
90.03	INFUSION CENTER	618,043	109,685	77,006	8,150	28,679	90.03
90.04	PRIMARY CARE SENIORS	1,269,752	225,344	0	1,027	0	90.04
90.05	PAIN MANAGEMENT	2,323,929	412,430	166,382	29,145	61,966	90.05
90.06	WOUND CARE CENTER	358,561	63,634	9,461	6,576	3,524	90.06
91.00	EMERGENCY	14,331,443	2,543,416	665,726	209,631	247,937	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	4,208,827	746,945	137,639	546	51,261	96.00
101.00	HOME HEALTH AGENCY	4,036,154	716,300	79,715	0	29,688	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	HOSPICE	2,997,383	531,949	104,853	10,319	39,050	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	375,439,192	55,610,065	16,118,336	2,639,643	5,726,260	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,540,318	273,362	170,684	0	63,568	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19,929,665	3,536,938	537,230	46,556	200,081	192.00
192.01	DEACONESS URGENT CARE	3,212,128	570,060	0	2,151	0	192.01
192.02	HEARTCARE OFFICES	1,497,097	265,691	270,756	0	100,838	192.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	2,152,043	381,925	216,677	12,768	80,697	194.00
194.01	OCCUPATIONAL HEALTH	2,696,069	478,474	0	4,679	0	194.01
194.02	OTHER FACILITIES	3,457,641	613,631	89,435	0	33,309	194.02
194.03	THE HEART HOSPITAL	409,635	72,698	0	93,783	0	194.03
194.04	PUBLIC RELATIONS	1,624,679	288,333	25,098	0	9,347	194.04
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	411,958,467	62,091,177	17,428,216	2,799,580	6,214,100	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
2/29/2012 6:59 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
1.01 NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	5,413,679					10.00
11.00 CAFETERIA	0	1,290,232				11.00
13.00 NURSING ADMINISTRATION	0	19,298	4,043,095			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	22,751	0	3,723,470		14.00
15.00 PHARMACY	0	40,867	0	43,381	10,649,089	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	42,191	0	18	4	16.00
17.00 SOCIAL SERVICE	0	23,129	0	47	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	8,088	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,892	0	0	0	22.00
23.00 PARAMED ED PRGM - PHARMACY	0	1,419	0	0	0	23.00
23.01 PARAMED ED PRGM- CHAPLAIN RESIDENCY	0	2,980	0	0	0	23.01
23.03 PARAMED ED PRGM- NURSING	0	4,446	25,374	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	3,943,224	314,021	1,792,102	55,128	5,257	30.00
31.00 INTENSIVE CARE UNIT	393,610	55,671	317,714	29,274	1,249	31.00
32.00 CORONARY CARE UNIT	247,055	34,339	195,973	0	1,637	32.00
40.00 SUBPROVIDER - I/PF	115,661	10,879	62,085	778	32	40.00
44.00 SKILLED NURSING FACILITY	0	0	0	4	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	95,687	546,080	21,170	19,439	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	75,348	0	115,977	6,025	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	3,169	0	345	0	55.00
59.00 CARDIAC CATHETERIZATION	0	9,696	55,337	5,841	123	59.00
60.00 LABORATORY	0	125,627	0	586,056	919	60.00
64.00 INTRAVENOUS THERAPY	0	5,298	30,233	2,672	44	64.00
65.00 RESPIRATORY THERAPY	0	32,022	0	8,684	11	65.00
66.00 PHYSICAL THERAPY	0	0	0	8,945	1,137	66.00
69.00 ELECTROCARDIOLOGY	0	3,784	0	2,581	10	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,143,602	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,516,912	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	10,169,392	73.00
74.00 RENAL DIALYSIS	0	1,419	8,098	15,327	36	74.00
76.00 BEHAVIORAL HEALTH SERVICES	0	9,034	51,558	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	17,264	98,526	10,725	223	90.00
90.01 FAMILY PRACTICE CLINIC	0	11,541	65,864	3,829	9,637	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	0	3,122	17,816	6	0	90.02
90.03 INFUSION CENTER	0	662	3,779	6,324	887	90.03
90.04 PRIMARY CARE SENIORS	0	9,271	52,907	349	5,179	90.04
90.05 PAIN MANAGEMENT	0	15,278	87,189	2,107	41	90.05
90.06 WOUND CARE CENTER	0	2,318	13,227	0	2,699	90.06
91.00 EMERGENCY	10,360	75,159	428,928	24,418	1,148	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	17,453	0	73,214	206,388	96.00
101.00 HOME HEALTH AGENCY	0	19,440	110,944	6,480	275	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 HOSPICE	36,016	13,906	79,361	2,218	91,807	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,745,926	1,128,469	4,043,095	3,686,412	10,523,599	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,474	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	42,002	0	1,988	26,044	192.00
192.01 DEACONESS URGENT CARE	0	14,899	0	8,511	34,309	192.01
192.02 HEARTCARE OFFICES	0	3,973	0	33	0	192.02
194.00 OTHER NONREIMBURSABLE COST CENTERS	452,846	10,264	0	4,493	892	194.00
194.01 OCCUPATIONAL HEALTH	0	15,987	0	3,867	62,684	194.01
194.02 OTHER FACILITIES	0	946	0	1	0	194.02
194.03 THE HEART HOSPITAL	214,907	56,948	0	18,165	1,561	194.03
194.04 PUBLIC RELATIONS	0	2,270	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	5,413,679	1,290,232	4,043,095	3,723,470	10,649,089	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
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	4,292,867					16.00
17.00 SOCIAL SERVICE	0	3,662,370				17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,393,158			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,338,218		22.00
23.00 PARAMED PRGM - PHARMACY	0	0	0	0	307,768	23.00
23.01 PARAMED PRGM- CHAPLAIN RESIDENCY	0	0	0	0	0	23.01
23.03 PARAMED PRGM- NURSING	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	329,739	3,016,070	482,183	463,168	0	30.00
31.00 INTENSIVE CARE UNIT	80,874	232,005	36,475	35,036	0	31.00
32.00 CORONARY CARE UNIT	52,493	149,146	0	0	0	32.00
40.00 SUBPROVIDER - I PF	16,484	0	0	0	0	40.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	496,651	0	123,034	118,182	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	637,410	0	5,950	5,715	0	54.00
55.00 RADIOLOGY - THERAPEUTIC	24,735	0	5,833	5,603	0	55.00
59.00 CARDIAC CATHETERIZATION	106,634	0	22,359	21,478	0	59.00
60.00 LABORATORY	510,012	0	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	8,103	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	61,726	0	1,867	1,793	0	65.00
66.00 PHYSICAL THERAPY	87,682	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	59,880	0	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	254,816	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	134,769	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	468,344	0	0	0	307,768	73.00
74.00 RENAL DIALYSIS	13,291	0	5,288	5,080	0	74.00
76.00 BEHAVIORAL HEALTH SERVICES	5,231	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	15,484	0	11,277	10,832	0	90.00
90.01 FAMILY PRACTICE CLINIC	3,487	0	640,797	615,527	0	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	7,599	0	0	0	0	90.02
90.03 INFUSION CENTER	12,732	0	0	0	0	90.03
90.04 PRIMARY CARE SENIORS	8,819	0	4,433	4,258	0	90.04
90.05 PAIN MANAGEMENT	48,481	0	5,638	5,416	0	90.05
90.06 WOUND CARE CENTER	4,952	0	0	0	0	90.06
91.00 EMERGENCY	328,593	265,149	48,024	46,130	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	37,228	0	0	0	0	96.00
101.00 HOME HEALTH AGENCY	12,487	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 HOSPICE	13,733	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,842,469	3,662,370	1,393,158	1,338,218	307,768	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	68,425	0	0	0	0	192.00
192.01 DEACONESS URGENT CARE	16,805	0	0	0	0	192.01
192.02 HEARTCARE OFFICES	5,448	0	0	0	0	192.02
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 OCCUPATIONAL HEALTH	9,878	0	0	0	0	194.01
194.02 OTHER FACILITIES	0	0	0	0	0	194.02
194.03 THE HEART HOSPITAL	349,842	0	0	0	0	194.03
194.04 PUBLIC RELATIONS	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments			0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	4,292,867	3,662,370	1,393,158	1,338,218	307,768	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description		PARAMED PRGM- CHAPLAIN RESIDENCY	PARAMED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMED PRGM - PHARMACY						23.00
23.01	PARAMED PRGM- CHAPLAIN RESIDENCY	319,236					23.01
23.03	PARAMED PRGM- NURSING	0	583,205				23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	319,236	405,393	72,537,433	-945,351	71,592,082	30.00
31.00	INTENSIVE CARE UNIT	0	66,769	13,383,257	-71,511	13,311,746	31.00
32.00	CORONARY CARE UNIT	0	57,299	7,819,318	0	7,819,318	32.00
40.00	SUBPROVIDER - IPF	0	0	2,438,249	0	2,438,249	40.00
44.00	SKILLED NURSING FACILITY	0	0	88,871	0	88,871	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	15,325	40,063,129	-241,216	39,821,913	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	25,043,341	-11,665	25,031,676	54.00
55.00	RADIOLOGY - THERAPEUTIC	0	0	2,908,512	-11,436	2,897,076	55.00
59.00	CARDIAC CATHETERIZATION	0	2,898	4,392,576	-43,837	4,348,739	59.00
60.00	LABORATORY	0	0	36,194,261	0	36,194,261	60.00
64.00	INTRAVENOUS THERAPY	0	2,868	1,310,076	0	1,310,076	64.00
65.00	RESPIRATORY THERAPY	0	0	6,444,613	-3,660	6,440,953	65.00
66.00	PHYSICAL THERAPY	0	0	7,063,196	0	7,063,196	66.00
69.00	ELECTROCARDIOLOGY	0	0	1,310,114	0	1,310,114	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	22,324,050	0	22,324,050	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	29,851,370	0	29,851,370	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	40,382,423	0	40,382,423	73.00
74.00	RENAL DIALYSIS	0	0	2,627,725	-10,368	2,617,357	74.00
76.00	BEHAVIORAL HEALTH SERVICES	0	0	1,188,228	0	1,188,228	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	0	3,501,630	-22,109	3,479,521	90.00
90.01	FAMILY PRACTICE CLINIC	0	0	4,118,557	-1,256,324	2,862,233	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	0	0	826,498	0	826,498	90.02
90.03	INFUSION CENTER	0	0	865,947	0	865,947	90.03
90.04	PRIMARY CARE SENIORS	0	0	1,581,339	-8,691	1,572,648	90.04
90.05	PAIN MANAGEMENT	0	2,868	3,160,870	-11,054	3,149,816	90.05
90.06	WOUND CARE CENTER	0	0	464,952	0	464,952	90.06
91.00	EMERGENCY	0	26,917	19,252,979	-94,154	19,158,825	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	5,479,501	0	5,479,501	96.00
101.00	HOME HEALTH AGENCY	0	0	5,011,483	0	5,011,483	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	HOSPICE	0	2,868	3,923,463	0	3,923,463	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	319,236	583,205	365,557,961	-2,731,376	362,826,585	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,062,406	0	2,062,406	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	24,388,929	0	24,388,929	192.00
192.01	DEACONESS URGENT CARE	0	0	3,858,863	0	3,858,863	192.01
192.02	HEARTCARE OFFICES	0	0	2,143,836	0	2,143,836	192.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	3,312,605	0	3,312,605	194.00
194.01	OCCUPATIONAL HEALTH	0	0	3,271,638	0	3,271,638	194.01
194.02	OTHER FACILITIES	0	0	4,194,963	0	4,194,963	194.02
194.03	THE HEART HOSPITAL	0	0	1,217,539	0	1,217,539	194.03
194.04	PUBLIC RELATIONS	0	0	1,949,727	0	1,949,727	194.04
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	319,236	583,205	411,958,467	-2,731,376	409,227,091	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT					1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	387,914	11,129	63,728	462,771
5.00	ADMINISTRATIVE & GENERAL	0	2,014,122	45,286	12,678,816	14,738,224
7.00	OPERATION OF PLANT	0	2,887,188	0	112,238	2,999,426
8.00	LAUNDRY & LINEN SERVICE	0	409,778	0	306,409	716,187
9.00	HOUSEKEEPING	0	169,445	0	134,499	303,944
10.00	DIETARY	0	464,019	0	155,796	619,815
11.00	CAFETERIA	0	125,935	0	0	125,935
13.00	NURSING ADMINISTRATION	0	46,057	0	312,997	359,054
14.00	CENTRAL SERVICES & SUPPLY	0	251,699	0	295,730	547,429
15.00	PHARMACY	0	174,446	0	355,315	529,761
16.00	MEDICAL RECORDS & LIBRARY	0	162,970	0	51,505	214,475
17.00	SOCIAL SERVICE	0	72,844	0	961	73,805
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	9,899	0	9,899
23.00	PARAMED ED PRGM - PHARMACY	0	0	0	0	0
23.01	PARAMED ED PRGM- CHAPLAIN RESIDENCY	0	5,823	762	0	6,585
23.03	PARAMED ED PRGM- NURSING	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	4,372,942	0	591,021	4,963,963
31.00	INTENSIVE CARE UNIT	0	595,590	0	106,640	702,230
32.00	CORONARY CARE UNIT	0	271,808	0	0	271,808
40.00	SUBPROVIDER - IPF	0	155,548	0	1,773	157,321
44.00	SKILLED NURSING FACILITY	0	0	0	11,643	11,643
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	1,475,800	0	3,310,397	4,786,197
54.00	RADIOLOGY-DIAGNOSTIC	0	753,203	0	1,748,229	2,501,432
55.00	RADIOLOGY - THERAPEUTIC	0	270,193	0	80,136	350,329
59.00	CARDIAC CATHETERIZATION	0	237,227	0	170,587	407,814
60.00	LABORATORY	0	690,469	0	821,167	1,511,636
64.00	INTRAVENOUS THERAPY	0	13,354	0	6,118	19,472
65.00	RESPIRATORY THERAPY	0	212,288	0	357,512	569,800
66.00	PHYSICAL THERAPY	0	129,646	0	99,760	229,406
69.00	ELECTROCARDIOLOGY	0	61,958	0	13,145	75,103
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	RENAL DIALYSIS	0	9,131	0	59,425	68,556
76.00	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	87,906	0	55,734	143,640
90.01	FAMILY PRACTICE CLINIC	0	286,421	0	7,531	293,952
90.02	OUTPATIENT PSYCHIATRIC SERVICES	0	91,788	0	1,847	93,635
90.03	INFUSION CENTER	0	60,033	0	7,598	67,631
90.04	PRIMARY CARE SENIORS	0	0	0	17,602	17,602
90.05	PAIN MANAGEMENT	0	129,708	0	51,456	181,164
90.06	WOUND CARE CENTER	0	7,376	0	5,138	12,514
91.00	EMERGENCY	0	518,989	0	228,858	747,847
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED	0	107,301	0	180,595	287,896
101.00	HOME HEALTH AGENCY	0	62,145	0	51,644	113,789
SPECIAL PURPOSE COST CENTERS						
116.00	HOSPICE	0	81,741	0	3,702	85,443
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	17,854,805	67,076	22,457,252	40,379,133
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	133,063	0	0	133,063
192.00	PHYSICIANS' PRIVATE OFFICES	0	418,815	0	17,660	436,475
192.01	DEACONESS URGENT CARE	0	0	0	25,235	25,235
192.02	HEARTCARE OFFICES	0	211,077	0	0	211,077
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	168,918	10,190	25,678	204,786
194.01	OCCUPATIONAL HEALTH	0	0	0	34,825	34,825
194.02	OTHER FACILITIES	0	69,722	0	1,233	70,955
194.03	THE HEART HOSPITAL	0	0	0	0	0
194.04	PUBLIC RELATIONS	0	19,566	0	0	19,566
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
202.00 TOTAL (sum lines 118-201)	0	18,875,966	77,266	22,561,883	41,515,115	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet B Part II Date/Time Prepared: 2/29/2012 6:59 am	
Cost Center Description	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
	4.00	5.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	462,771					4.00
5.00	ADMINISTRATIVE & GENERAL	64,271	14,802,495				5.00
7.00	OPERATION OF PLANT	7,311	626,232	3,632,969			7.00
8.00	LAUNDRY & LINEN SERVICE	1,527	81,708	109,571	908,993		8.00
9.00	HOUSEKEEPING	8,507	215,476	45,308	0	573,235	9.00
10.00	DIETARY	3,797	164,611	124,074	5,073	20,449	10.00
11.00	CAFETERIA	1,913	38,394	33,674	0	5,550	11.00
13.00	NURSING ADMINISTRATION	5,230	141,670	12,315	0	2,030	13.00
14.00	CENTRAL SERVICES & SUPPLY	3,862	110,653	67,302	57,829	11,092	14.00
15.00	PHARMACY	16,119	368,582	46,645	0	7,688	15.00
16.00	MEDICAL RECORDS & LIBRARY	8,080	142,426	43,577	0	7,182	16.00
17.00	SOCIAL SERVICE	6,026	126,156	19,478	0	3,210	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	2,421	49,768	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,973	48,017	0	0	0	22.00
23.00	PARAMED PRGM - PHARMACY	514	11,008	0	0	0	23.00
23.01	PARAMED PRGM- CHAPLAIN RESIDENCY	503	10,995	1,557	0	257	23.01
23.03	PARAMED PRGM- NURSING	967	19,884	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	79,613	1,886,701	1,169,286	391,285	192,715	30.00
31.00	INTENSIVE CARE UNIT	16,403	392,270	159,255	54,903	26,247	31.00
32.00	CORONARY CARE UNIT	10,216	232,955	72,679	38,856	11,978	32.00
40.00	SUBPROVIDER - I PF	2,809	69,677	41,592	6,289	6,855	40.00
44.00	SKILLED NURSING FACILITY	0	3,193	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	44,608	1,281,401	394,615	119,394	65,038	50.00
54.00	RADIOLOGY-DIAGNOSTIC	20,780	817,331	201,400	40,381	33,193	54.00
55.00	RADIOLOGY - THERAPEUTIC	779	85,949	72,247	385	11,907	55.00
59.00	CARDIAC CATHETERIZATION	3,235	132,907	63,432	16,802	10,454	59.00
60.00	LABORATORY	26,701	1,212,470	184,625	4,135	30,429	60.00
64.00	INTRAVENOUS THERAPY	1,787	44,460	3,571	0	589	64.00
65.00	RESPIRATORY THERAPY	8,664	213,572	56,764	6,825	9,355	65.00
66.00	PHYSICAL THERAPY	0	239,578	34,666	22,619	5,713	66.00
69.00	ELECTROCARDIOLOGY	1,000	40,552	16,567	2,013	2,730	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	751,902	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,013,274	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,057,730	0	0	0	73.00
74.00	RENAL DIALYSIS	478	92,098	2,441	0	402	74.00
76.00	BEHAVIORAL HEALTH SERVICES	1,944	40,330	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	4,480	114,217	23,505	1,252	3,874	90.00
90.01	FAMILY PRACTICE CLINIC	2,285	81,022	76,586	2,853	12,622	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	655	22,866	24,543	0	4,045	90.02
90.03	INFUSION CENTER	231	26,149	16,052	2,646	2,646	90.03
90.04	PRIMARY CARE SENIORS	3,996	53,722	0	334	0	90.04
90.05	PAIN MANAGEMENT	4,021	98,323	34,683	9,463	5,716	90.05
90.06	WOUND CARE CENTER	543	15,170	1,972	2,135	325	90.06
91.00	EMERGENCY	38,435	606,349	138,773	68,065	22,872	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	3,643	178,071	28,691	177	4,729	96.00
101.00	HOME HEALTH AGENCY	5,360	170,766	16,617	0	2,739	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	HOSPICE	3,899	126,816	21,857	3,350	3,602	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	419,586	13,257,401	3,359,920	857,064	528,233	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,717	65,169	35,580	0	5,864	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	28,628	843,204	111,987	15,116	18,457	192.00
192.01	DEACONESS URGENT CARE	4,904	135,902	0	699	0	192.01
192.02	HEARTCARE OFFICES	786	63,341	56,440	0	9,302	192.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	2,828	91,051	45,167	4,145	7,444	194.00
194.01	OCCUPATIONAL HEALTH	3,070	114,068	0	1,519	0	194.01
194.02	OTHER FACILITIES	240	146,289	18,643	0	3,073	194.02
194.03	THE HEART HOSPITAL	292	17,331	0	30,450	0	194.03
194.04	PUBLIC RELATIONS	720	68,739	5,232	0	862	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	462,771	14,802,495	3,632,969	908,993	573,235	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet B Part II Date/Time Prepared: 2/29/2012 6:59 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
1.01	NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	937,819					10.00
11.00	CAFETERIA	0	205,466				11.00
13.00	NURSING ADMINISTRATION	0	3,073	523,372			13.00
14.00	CENTRAL SERVICES & SUPPLY	0	3,623	0	801,790		14.00
15.00	PHARMACY	0	6,508	0	9,341	984,644	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	6,719	0	4	0	16.00
17.00	SOCIAL SERVICE	0	3,683	0	10	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,288	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	301	0	0	0	22.00
23.00	PARAMED ED PRGM - PHARMACY	0	226	0	0	0	23.00
23.01	PARAMED ED PRGM- CHAPLAIN RESIDENCY	0	475	0	0	0	23.01
23.03	PARAMED ED PRGM- NURSING	0	708	3,285	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	683,089	50,005	231,986	11,871	486	30.00
31.00	INTENSIVE CARE UNIT	68,186	8,866	41,128	6,304	116	31.00
32.00	CORONARY CARE UNIT	42,798	5,468	25,368	0	151	32.00
40.00	SUBPROVIDER - IPF	20,036	1,732	8,037	167	3	40.00
44.00	SKILLED NURSING FACILITY	0	0	0	1	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	15,238	70,689	4,558	1,797	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0	11,999	0	24,973	557	54.00
55.00	RADIOLOGY - THERAPEUTIC	0	505	0	74	0	55.00
59.00	CARDIAC CATHETERIZATION	0	1,544	7,163	1,258	11	59.00
60.00	LABORATORY	0	20,006	0	126,196	85	60.00
64.00	INTRAVENOUS THERAPY	0	844	3,914	575	4	64.00
65.00	RESPIRATORY THERAPY	0	5,099	0	1,870	1	65.00
66.00	PHYSICAL THERAPY	0	0	0	1,926	105	66.00
69.00	ELECTROCARDIOLOGY	0	603	0	556	1	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	246,253	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	326,651	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	940,291	73.00
74.00	RENAL DIALYSIS	0	226	1,048	3,300	3	74.00
76.00	BEHAVIORAL HEALTH SERVICES	0	1,439	6,674	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	2,749	12,754	2,309	21	90.00
90.01	FAMILY PRACTICE CLINIC	0	1,838	8,526	824	891	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	0	497	2,306	1	0	90.02
90.03	INFUSION CENTER	0	105	489	1,362	82	90.03
90.04	PRIMARY CARE SENIORS	0	1,476	6,849	75	479	90.04
90.05	PAIN MANAGEMENT	0	2,433	11,286	454	4	90.05
90.06	WOUND CARE CENTER	0	369	1,712	0	250	90.06
91.00	EMERGENCY	1,795	11,969	55,524	5,258	106	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	0	2,779	0	15,765	19,083	96.00
101.00	HOME HEALTH AGENCY	0	3,096	14,361	1,395	25	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	HOSPICE	6,239	2,214	10,273	478	8,489	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	822,143	179,703	523,372	793,809	973,041	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,305	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	6,689	0	428	2,408	192.00
192.01	DEACONESS URGENT CARE	0	2,373	0	1,833	3,172	192.01
192.02	HEARTCARE OFFICES	0	633	0	7	0	192.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	78,447	1,635	0	968	83	194.00
194.01	OCCUPATIONAL HEALTH	0	2,546	0	833	5,796	194.01
194.02	OTHER FACILITIES	0	151	0	0	0	194.02
194.03	THE HEART HOSPITAL	37,229	9,069	0	3,912	144	194.03
194.04	PUBLIC RELATIONS	0	362	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	937,819	205,466	523,372	801,790	984,644	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet B Part II Date/Time Prepared: 2/29/2012 6:59 am
-------------------------------------	--	----------------------	---	--

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
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	422,463					16.00
17.00 SOCIAL SERVICE	0	232,368				17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	53,477			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		60,190		22.00
23.00 PARAMED PRGM - PHARMACY	0	0			11,748	23.00
23.01 PARAMED PRGM- CHAPLAIN RESIDENCY	0	0				23.01
23.03 PARAMED PRGM- NURSING	0	0				23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	32,488	191,362				30.00
31.00 INTENSIVE CARE UNIT	7,968	14,720				31.00
32.00 CORONARY CARE UNIT	5,172	9,463				32.00
40.00 SUBPROVIDER - IPF	1,624	0				40.00
44.00 SKILLED NURSING FACILITY	0	0				44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	48,934	0				50.00
54.00 RADIOLOGY-DIAGNOSTIC	62,301	0				54.00
55.00 RADIOLOGY - THERAPEUTIC	2,437	0				55.00
59.00 CARDIAC CATHETERIZATION	10,506	0				59.00
60.00 LABORATORY	50,250	0				60.00
64.00 INTRAVENOUS THERAPY	798	0				64.00
65.00 RESPIRATORY THERAPY	6,082	0				65.00
66.00 PHYSICAL THERAPY	8,639	0				66.00
69.00 ELECTROCARDIOLOGY	5,900	0				69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	25,106	0				71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	13,278	0				72.00
73.00 DRUGS CHARGED TO PATIENTS	46,145	0				73.00
74.00 RENAL DIALYSIS	1,310	0				74.00
76.00 BEHAVIORAL HEALTH SERVICES	515	0				76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	1,526	0				90.00
90.01 FAMILY PRACTICE CLINIC	344	0				90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	749	0				90.02
90.03 INFUSION CENTER	1,254	0				90.03
90.04 PRIMARY CARE SENIORS	869	0				90.04
90.05 PAIN MANAGEMENT	4,777	0				90.05
90.06 WOUND CARE CENTER	488	0				90.06
91.00 EMERGENCY	32,375	16,823				91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	3,668	0				96.00
101.00 HOME HEALTH AGENCY	1,230	0				101.00
SPECIAL PURPOSE COST CENTERS						
116.00 HOSPICE	1,353	0				116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	378,086	232,368	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
192.00 PHYSICIANS' PRIVATE OFFICES	6,742	0				192.00
192.01 DEACONESS URGENT CARE	1,656	0				192.01
192.02 HEARTCARE OFFICES	537	0				192.02
194.00 OTHER NONREIMBURSABLE COST CENTERS	0	0				194.00
194.01 OCCUPATIONAL HEALTH	973	0				194.01
194.02 OTHER FACILITIES	0	0				194.02
194.03 THE HEART HOSPITAL	34,469	0				194.03
194.04 PUBLIC RELATIONS	0	0				194.04
200.00 Cross Foot Adjustments			53,477	60,190	11,748	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	422,463	232,368	53,477	60,190	11,748	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description		PARAMED PRGM- CHAPLAIN RESIDENCY	PARAMED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	PARAMED PRGM - PHARMACY						23.00
23.01	PARAMED PRGM- CHAPLAIN RESIDENCY	20,372					23.01
23.03	PARAMED PRGM- NURSING		24,844				23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS			9,884,850	0	9,884,850	30.00
31.00	INTENSIVE CARE UNIT			1,498,596	0	1,498,596	31.00
32.00	CORONARY CARE UNIT			726,912	0	726,912	32.00
40.00	SUBPROVIDER - IPF			316,142	0	316,142	40.00
44.00	SKILLED NURSING FACILITY			14,837	0	14,837	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM			6,832,469	0	6,832,469	50.00
54.00	RADIOLOGY-DIAGNOSTIC			3,714,347	0	3,714,347	54.00
55.00	RADIOLOGY - THERAPEUTIC			524,612	0	524,612	55.00
59.00	CARDIAC CATHETERIZATION			655,126	0	655,126	59.00
60.00	LABORATORY			3,166,533	0	3,166,533	60.00
64.00	INTRAVENOUS THERAPY			76,014	0	76,014	64.00
65.00	RESPIRATORY THERAPY			878,032	0	878,032	65.00
66.00	PHYSICAL THERAPY			542,652	0	542,652	66.00
69.00	ELECTROCARDIOLOGY			145,025	0	145,025	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS			1,023,261	0	1,023,261	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT			1,353,203	0	1,353,203	72.00
73.00	DRUGS CHARGED TO PATIENTS			2,044,166	0	2,044,166	73.00
74.00	RENAL DIALYSIS			169,862	0	169,862	74.00
76.00	BEHAVIORAL HEALTH SERVICES			50,902	0	50,902	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC			310,327	0	310,327	90.00
90.01	FAMILY PRACTICE CLINIC			481,743	0	481,743	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES			149,297	0	149,297	90.02
90.03	INFUSION CENTER			118,647	0	118,647	90.03
90.04	PRIMARY CARE SENIORS			85,402	0	85,402	90.04
90.05	PAIN MANAGEMENT			352,324	0	352,324	90.05
90.06	WOUND CARE CENTER			35,478	0	35,478	90.06
91.00	EMERGENCY			1,746,191	0	1,746,191	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED			544,502	0	544,502	96.00
101.00	HOME HEALTH AGENCY			329,378	0	329,378	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	HOSPICE			274,013	0	274,013	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	38,044,843	0	38,044,843	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN			243,698	0	243,698	190.00
192.00	PHYSICIANS' PRIVATE OFFICES			1,470,134	0	1,470,134	192.00
192.01	DEACONESS URGENT CARE			175,774	0	175,774	192.01
192.02	HEARTCARE OFFICES			342,123	0	342,123	192.02
194.00	OTHER NONREIMBURSABLE COST CENTERS			436,554	0	436,554	194.00
194.01	OCCUPATIONAL HEALTH			163,630	0	163,630	194.01
194.02	OTHER FACILITIES			239,351	0	239,351	194.02
194.03	THE HEART HOSPITAL			132,896	0	132,896	194.03
194.04	PUBLIC RELATIONS			95,481	0	95,481	194.04
200.00	Cross Foot Adjustments	20,372	24,844	170,631	0	170,631	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	20,372	24,844	41,515,115	0	41,515,115	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	5A
	NEW BLDG & FIXT (SQUARE FEET - A)	NEW BLDG & FIXT (SQUARE FEET - B)	NEW MVBLE EQUIP (DEPRECIATION EXPENSE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	1,215,580					1.00
1.01 NEW CAP REL COSTS- BLDG & FIXT	0	53,207				1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP			14,315,096			2.00
4.00 EMPLOYEE BENEFITS	24,981	7,664	40,434	179,582,392		4.00
5.00 ADMINISTRATIVE & GENERAL	129,706	31,184	8,044,473	24,940,360	-62,091,177	5.00
7.00 OPERATION OF PLANT	185,930	0	71,213	2,836,941	0	7.00
8.00 LAUNDRY & LINEN SERVICE	26,389	0	194,411	592,514	0	8.00
9.00 HOUSEKEEPING	10,912	0	85,337	3,301,093	0	9.00
10.00 DIETARY	29,882	0	98,850	1,473,318	0	10.00
11.00 CAFETERIA	8,110	0	0	742,444	0	11.00
13.00 NURSING ADMINISTRATION	2,966	0	198,591	2,029,456	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	16,209	0	187,635	1,498,796	0	14.00
15.00 PHARMACY	11,234	0	225,441	6,255,128	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	10,495	0	32,679	3,135,271	0	16.00
17.00 SOCIAL SERVICE	4,691	0	610	2,338,263	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	939,405	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	6,817	0	765,616	0	22.00
23.00 PARAMED ED PRGM - PHARMACY	0	0	0	199,352	0	23.00
23.01 PARAMED ED PRGM- CHAPLAIN RESIDENCY	375	525	0	195,273	0	23.01
23.03 PARAMED ED PRGM- NURSING	0	0	0	375,326	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	281,610	0	374,992	30,899,743	0	30.00
31.00 INTENSIVE CARE UNIT	38,355	0	67,661	6,364,970	0	31.00
32.00 CORONARY CARE UNIT	17,504	0	0	3,964,134	0	32.00
40.00 SUBPROVIDER - IPF	10,017	0	1,125	1,090,087	0	40.00
44.00 SKILLED NURSING FACILITY	0	0	7,387	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	95,039	0	2,100,386	17,309,861	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	48,505	0	1,109,219	8,063,654	0	54.00
55.00 RADIOLOGY - THERAPEUTIC	17,400	0	50,845	302,213	0	55.00
59.00 CARDIAC CATHETERIZATION	15,277	0	108,234	1,255,180	0	59.00
60.00 LABORATORY	44,465	0	521,015	10,361,145	0	60.00
64.00 INTRAVENOUS THERAPY	860	0	3,882	693,630	0	64.00
65.00 RESPIRATORY THERAPY	13,671	0	226,835	3,362,061	0	65.00
66.00 PHYSICAL THERAPY	8,349	0	63,296	0	0	66.00
69.00 ELECTROCARDIOLOGY	3,990	0	8,340	387,978	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
74.00 RENAL DIALYSIS	588	0	37,704	185,428	0	74.00
76.00 BEHAVIORAL HEALTH SERVICES	0	0	0	754,339	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	5,661	0	35,362	1,738,588	0	90.00
90.01 FAMILY PRACTICE CLINIC	18,445	0	4,778	886,664	0	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	5,911	0	1,172	254,012	0	90.02
90.03 INFUSION CENTER	3,866	0	4,821	89,478	0	90.03
90.04 PRIMARY CARE SENIORS	0	0	11,168	1,550,770	0	90.04
90.05 PAIN MANAGEMENT	8,353	0	32,648	1,560,295	0	90.05
90.06 WOUND CARE CENTER	475	0	3,260	210,601	0	90.06
91.00 EMERGENCY	33,422	0	145,206	14,914,526	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	6,910	0	114,584	1,413,725	0	96.00
101.00 HOME HEALTH AGENCY	4,002	0	32,767	2,080,071	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 HOSPICE	5,264	0	2,349	1,513,129	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,149,819	46,190	14,248,710	162,824,838	-62,091,177	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,569	0	0	666,141	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	26,971	0	11,205	11,109,018	0	192.00
192.01 DEACONESS URGENT CARE	0	0	16,011	1,902,972	0	192.01
192.02 HEARTCARE OFFICES	13,593	0	0	305,034	0	192.02
194.00 OTHER NONREIMBURSABLE COST CENTERS	10,878	7,017	16,292	1,097,369	0	194.00
194.01 OCCUPATIONAL HEALTH	0	0	22,096	1,191,174	0	194.01
194.02 OTHER FACILITIES	4,490	0	782	92,956	0	194.02
194.03 THE HEART HOSPITAL	0	0	0	113,365	0	194.03
194.04 PUBLIC RELATIONS	1,260	0	0	279,525	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET - A)	NEW BLDG & FIXT (SQUARE FEET - B)	NEW MVBLE EQUIP (DEPRECIATION EXPENSE)			
	1.00	1.01	2.00			
202.00 Cost to be allocated (per Wkst. B, Part I)	18,875,966	77,266	22,561,883	45,287,939	5A	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	15.528362	1.452177	1.576090	0.252185		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				462,771		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.002577		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEE T - A)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEE T - A)	DIETARY (MEALS)	
	5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL	349,867,290					5.00
7.00 OPERATION OF PLANT	14,801,397	874,963				7.00
8.00 LAUNDRY & LINEN SERVICE	1,931,209	26,389	3,725,446			8.00
9.00 HOUSEKEEPING	5,092,903	10,912	0	837,662		9.00
10.00 DIETARY	3,890,682	29,882	20,791	29,882	608,762	10.00
11.00 CAFETERIA	907,477	8,110	0	8,110	0	11.00
13.00 NURSING ADMINISTRATION	3,348,460	2,966	0	2,966	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,615,354	16,209	237,010	16,209	0	14.00
15.00 PHARMACY	8,711,667	11,234	0	11,234	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,366,325	10,495	0	10,495	0	16.00
17.00 SOCIAL SERVICE	2,981,776	4,691	0	4,691	0	17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,176,309	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,134,912	0	0	0	0	22.00
23.00 PARAMED ED PRGM - PHARMACY	260,175	0	0	0	0	23.00
23.01 PARAMED ED PRGM- CHAPLAIN RESIDENCY	259,882	375	0	375	0	23.01
23.03 PARAMED ED PRGM- NURSING	469,978	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	44,594,313	281,610	1,603,645	281,610	443,411	30.00
31.00 INTENSIVE CARE UNIT	9,271,538	38,355	225,017	38,355	44,261	31.00
32.00 CORONARY CARE UNIT	5,506,033	17,504	159,250	17,504	27,781	32.00
40.00 SUBPROVIDER - IPF	1,646,856	10,017	25,773	10,017	13,006	40.00
44.00 SKILLED NURSING FACILITY	75,473	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	30,286,728	95,039	489,328	95,039	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	19,318,145	48,505	165,500	48,505	0	54.00
55.00 RADIOLOGY - THERAPEUTIC	2,031,450	17,400	1,579	17,400	0	55.00
59.00 CARDIAC CATHETERIZATION	3,141,334	15,277	68,863	15,277	0	59.00
60.00 LABORATORY	28,657,490	44,465	16,947	44,465	0	60.00
64.00 INTRAVENOUS THERAPY	1,050,852	860	0	860	0	64.00
65.00 RESPIRATORY THERAPY	5,047,905	13,671	27,973	13,671	0	65.00
66.00 PHYSICAL THERAPY	5,662,585	8,349	92,703	8,349	0	66.00
69.00 ELECTROCARDIOLOGY	958,481	3,990	8,250	3,990	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,771,675	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	23,949,370	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	25,000,122	0	0	0	0	73.00
74.00 RENAL DIALYSIS	2,176,794	588	0	588	0	74.00
76.00 BEHAVIORAL HEALTH SERVICES	953,234	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	2,699,589	5,661	5,131	5,661	0	90.00
90.01 FAMILY PRACTICE CLINIC	1,914,999	18,445	11,691	18,445	0	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	540,451	5,911	0	5,911	0	90.02
90.03 INFUSION CENTER	618,043	3,866	10,845	3,866	0	90.03
90.04 PRIMARY CARE SENIORS	1,269,752	0	1,367	0	0	90.04
90.05 PAIN MANAGEMENT	2,323,929	8,353	38,784	8,353	0	90.05
90.06 WOUND CARE CENTER	358,561	475	8,751	475	0	90.06
91.00 EMERGENCY	14,331,443	33,422	278,960	33,422	1,165	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	4,208,827	6,910	727	6,910	0	96.00
101.00 HOME HEALTH AGENCY	4,036,154	4,002	0	4,002	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 HOSPICE	2,997,383	5,264	13,731	5,264	4,050	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	313,348,015	809,202	3,512,616	771,901	533,674	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,540,318	8,569	0	8,569	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	19,929,665	26,971	61,953	26,971	0	192.00
192.01 DEACONESS URGENT CARE	3,212,128	0	2,863	0	0	192.01
192.02 HEARTCARE OFFICES	1,497,097	13,593	0	13,593	0	192.02
194.00 OTHER NONREIMBURSABLE COST CENTERS	2,152,043	10,878	16,990	10,878	50,922	194.00
194.01 OCCUPATIONAL HEALTH	2,696,069	0	6,226	0	0	194.01
194.02 OTHER FACILITIES	3,457,641	4,490	0	4,490	0	194.02
194.03 THE HEART HOSPITAL	409,635	0	124,798	0	24,166	194.03
194.04 PUBLIC RELATIONS	1,624,679	1,260	0	1,260	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	62,091,177	17,428,216	2,799,580	6,214,100	5,413,679	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.177471	19.918803	0.751475	7.418386	8.892932	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET - A)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - A)	DIETARY (MEALS)	
	5.00	7.00	8.00	9.00	10.00	
204.00 Cost to be allocated (per Wkst. B, Part II)	14,802,495	3,632,969	908,993	573,235	937,819	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.042309	4.152140	0.243996	0.684327	1.540535	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (FTE'S -NRSG)	CENTRAL SERVICES & SUPPLY (COSTED REQ U.S.)	PHARMACY (COSTED REQ U.S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
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	27,278					11.00
13.00	NURSING ADMINISTRATION	408	14,978				13.00
14.00	CENTRAL SERVICES & SUPPLY	481	0	57,074,418			14.00
15.00	PHARMACY	864	0	664,952	26,179,397		15.00
16.00	MEDICAL RECORDS & LIBRARY	892	0	281	11	1,505,063,091	16.00
17.00	SOCIAL SERVICE	489	0	724	0	0	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	171	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	40	0	0	0	0	22.00
23.00	PARAMED PRGM - PHARMACY	30	0	0	0	0	23.00
23.01	PARAMED PRGM- CHAPLAIN RESIDENCY	63	0	0	0	0	23.01
23.03	PARAMED PRGM- NURSING	94	94	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,639	6,639	845,014	12,924	115,616,595	30.00
31.00	INTENSIVE CARE UNIT	1,177	1,177	448,717	3,071	28,356,898	31.00
32.00	CORONARY CARE UNIT	726	726	0	4,025	18,405,593	32.00
40.00	SUBPROVIDER - IPF	230	230	11,918	78	5,779,928	40.00
44.00	SKILLED NURSING FACILITY	0	0	66	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,023	2,023	324,494	47,789	174,141,325	50.00
54.00	RADIOLOGY-DIAGNOSTIC	1,593	0	1,777,719	14,812	223,346,398	54.00
55.00	RADIOLOGY - THERAPEUTIC	67	0	5,282	0	8,673,011	55.00
59.00	CARDIAC CATHETERIZATION	205	205	89,539	303	37,389,220	59.00
60.00	LABORATORY	2,656	0	8,983,210	2,259	178,825,986	60.00
64.00	INTRAVENOUS THERAPY	112	112	40,951	108	2,841,257	64.00
65.00	RESPIRATORY THERAPY	677	0	133,118	26	21,643,140	65.00
66.00	PHYSICAL THERAPY	0	0	137,115	2,794	30,744,061	66.00
69.00	ELECTROCARDIOLOGY	80	0	39,564	24	20,995,662	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	17,529,418	0	89,346,383	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	23,251,756	0	47,254,133	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	25,000,122	164,215,869	73.00
74.00	RENAL DIALYSIS	30	30	234,933	88	4,660,194	74.00
76.00	BEHAVIORAL HEALTH SERVICES	191	191	0	0	1,834,318	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	365	365	164,389	548	5,429,334	90.00
90.01	FAMILY PRACTICE CLINIC	244	244	58,685	23,691	1,222,523	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	66	66	89	0	2,664,573	90.02
90.03	INFUSION CENTER	14	14	96,931	2,181	4,464,229	90.03
90.04	PRIMARY CARE SENIORS	196	196	5,355	12,731	3,092,297	90.04
90.05	PAIN MANAGEMENT	323	323	32,298	101	16,998,826	90.05
90.06	WOUND CARE CENTER	49	49	0	6,635	1,736,445	90.06
91.00	EMERGENCY	1,589	1,589	374,281	2,823	115,214,866	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	369	0	1,122,238	507,378	13,053,169	96.00
101.00	HOME HEALTH AGENCY	411	411	99,331	677	4,378,238	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	HOSPICE	294	294	34,001	225,695	4,815,051	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	23,858	14,978	56,506,369	25,870,894	1,347,139,522	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	306	0	0	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	888	0	30,472	64,026	23,991,917	192.00
192.01	DEACONESS URGENT CARE	315	0	130,454	84,345	5,892,253	192.01
192.02	HEARTCARE OFFICES	84	0	513	0	1,910,340	192.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	217	0	68,877	2,194	0	194.00
194.01	OCCUPATIONAL HEALTH	338	0	59,269	154,101	3,463,672	194.01
194.02	OTHER FACILITIES	20	0	22	0	0	194.02
194.03	THE HEART HOSPITAL	1,204	0	278,442	3,837	122,665,387	194.03
194.04	PUBLIC RELATIONS	48	0	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,290,232	4,043,095	3,723,470	10,649,089	4,292,867	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description	CAFETERIA (FTES)	NURSING ADMINISTRATION (FTE'S -NRSRG)	CENTRAL SERVICES & SUPPLY (COSTED REQ U.S.)	PHARMACY (COSTED REQ U.S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
	11.00	13.00	14.00	15.00	16.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	47.299362	269.935572	0.065239	0.406774	0.002852	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	205,466	523,372	801,790	984,644	422,463	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	7.532297	34.942716	0.014048	0.037611	0.000281	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM - PHARMACY (HOURS - C)	PARAMED PRGM- CHAPLAIN RESIDENCY (HOURS - D)	
	SOCIAL SERVICE (HOURS - A)	SERVICES-SALARY & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)					
		17.00	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT							1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.00	ADMINISTRATIVE & GENERAL							5.00
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	221						17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	35,827					21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		35,827				22.00
23.00	PARAMED PRGM - PHARMACY	0			100			23.00
23.01	PARAMED PRGM- CHAPLAIN RESIDENCY	0			0	100		23.01
23.03	PARAMED PRGM- NURSING	0			0	0		23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	182	12,400	12,400	0	100		30.00
31.00	INTENSIVE CARE UNIT	14	938	938	0	0		31.00
32.00	CORONARY CARE UNIT	9	0	0	0	0		32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0		40.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	3,164	3,164	0	0		50.00
54.00	RADIOLOGY-DIAGNOSTIC	0	153	153	0	0		54.00
55.00	RADIOLOGY - THERAPEUTIC	0	150	150	0	0		55.00
59.00	CARDIAC CATHETERIZATION	0	575	575	0	0		59.00
60.00	LABORATORY	0	0	0	0	0		60.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	48	48	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0		66.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0		69.00
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	100	0		73.00
74.00	RENAL DIALYSIS	0	136	136	0	0		74.00
76.00	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	290	290	0	0		90.00
90.01	FAMILY PRACTICE CLINIC	0	16,479	16,479	0	0		90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0		90.02
90.03	INFUSION CENTER	0	0	0	0	0		90.03
90.04	PRIMARY CARE SENIORS	0	114	114	0	0		90.04
90.05	PAIN MANAGEMENT	0	145	145	0	0		90.05
90.06	WOUND CARE CENTER	0	0	0	0	0		90.06
91.00	EMERGENCY	16	1,235	1,235	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0		96.00
101.00	HOME HEALTH AGENCY	0	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
116.00	HOSPICE	0	0	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	221	35,827	35,827	100	100		118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0		192.00
192.01	DEACONESS URGENT CARE	0	0	0	0	0		192.01
192.02	HEARTCARE OFFICES	0	0	0	0	0		192.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.00
194.01	OCCUPATIONAL HEALTH	0	0	0	0	0		194.01
194.02	OTHER FACILITIES	0	0	0	0	0		194.02
194.03	THE HEART HOSPITAL	0	0	0	0	0		194.03
194.04	PUBLIC RELATIONS	0	0	0	0	0		194.04
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description	SOCIAL SERVICE (HOURS - A)	INTERNS & RESIDENTS		PARAMED ED PRGM - PHARMACY (HOURS - C)	PARAMED ED PRGM- CHAPLAIN RESIDENCY (HOURS - D)	
		SERVICES-SALAR Y & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)			
		17.00	21.00			
202.00 Cost to be allocated (per Wkst. B, Part I)	3,662,370	1,393,158	1,338,218	307,768	319,236	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	16,571.809955	38.885701	37.352220	3,077.680000	3,192.360000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	232,368	53,477	60,190	11,748	20,372	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1,051.438914	1.492645	1.680018	117.480000	203.720000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description		PARAMED PRGM- NURSING (HOURS - F) 23.03	
GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT		1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
5.00	ADMINISTRATIVE & GENERAL		5.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	PARAMED PRGM - PHARMACY		23.00
23.01	PARAMED PRGM- CHAPLAIN RESIDENCY		23.01
23.03	PARAMED PRGM- NURSING	19,522	23.03
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	13,570	30.00
31.00	INTENSIVE CARE UNIT	2,235	31.00
32.00	CORONARY CARE UNIT	1,918	32.00
40.00	SUBPROVIDER - IPF	0	40.00
44.00	SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	513	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	RADIOLOGY - THERAPEUTIC	0	55.00
59.00	CARDIAC CATHETERIZATION	97	59.00
60.00	LABORATORY	0	60.00
64.00	INTRAVENOUS THERAPY	96	64.00
65.00	RESPIRATORY THERAPY	0	65.00
66.00	PHYSICAL THERAPY	0	66.00
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
74.00	RENAL DIALYSIS	0	74.00
76.00	BEHAVIORAL HEALTH SERVICES	0	76.00
OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0	90.00
90.01	FAMILY PRACTICE CLINIC	0	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	0	90.02
90.03	INFUSION CENTER	0	90.03
90.04	PRIMARY CARE SENIORS	0	90.04
90.05	PAIN MANAGEMENT	96	90.05
90.06	WOUND CARE CENTER	0	90.06
91.00	EMERGENCY	901	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
96.00	DURABLE MEDICAL EQUIP-RENTED	0	96.00
101.00	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
116.00	HOSPICE	96	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	19,522	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	DEACONESS URGENT CARE	0	192.01
192.02	HEARTCARE OFFICES	0	192.02
194.00	OTHER NONREIMBURSABLE COST CENTERS	0	194.00
194.01	OCCUPATIONAL HEALTH	0	194.01
194.02	OTHER FACILITIES	0	194.02
194.03	THE HEART HOSPITAL	0	194.03
194.04	PUBLIC RELATIONS	0	194.04
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	583,205	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	29.874244	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	24,844	204.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet B-1 Date/Time Prepared: 2/29/2012 6:59 am
Cost Center Description	PARAMED ED PRGM- NURSING (HOURS - F) 23.03			
205.00 Unit cost multiplier (Wkst. B, Part II)	1.272616			205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet C Part I Date/Time Prepared: 2/29/2012 6:59 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		71,592,082	107,931	71,700,013	30.00
31.00	INTENSIVE CARE UNIT		13,311,746	0	13,311,746	31.00
32.00	CORONARY CARE UNIT		7,819,318	0	7,819,318	32.00
40.00	SUBPROVIDER - 1PF		2,438,249	1,650	2,439,899	40.00
44.00	SKILLED NURSING FACILITY		88,871	0	88,871	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		39,821,913	27,355	39,849,268	50.00
54.00	RADIOLOGY-DIAGNOSTIC		25,031,676	0	25,031,676	54.00
55.00	RADIOLOGY - THERAPEUTIC		2,897,076	0	2,897,076	55.00
59.00	CARDIAC CATHETERIZATION		4,348,739	257,176	4,605,915	59.00
60.00	LABORATORY		36,194,261	260,552	36,454,813	60.00
64.00	INTRAVENOUS THERAPY		1,310,076	0	1,310,076	64.00
65.00	RESPIRATORY THERAPY	0	6,440,953	3,797	6,444,750	65.00
66.00	PHYSICAL THERAPY	0	7,063,196	0	7,063,196	66.00
69.00	ELECTROCARDIOLOGY		1,310,114	0	1,310,114	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		22,324,050	0	22,324,050	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		29,851,370	0	29,851,370	72.00
73.00	DRUGS CHARGED TO PATIENTS		40,382,423	0	40,382,423	73.00
74.00	RENAL DIALYSIS		2,617,357	354	2,617,711	74.00
76.00	BEHAVIORAL HEALTH SERVICES		1,188,228	0	1,188,228	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC		3,479,521	1,324	3,480,845	90.00
90.01	FAMILY PRACTICE CLINIC		2,862,233	0	2,862,233	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES		826,498	0	826,498	90.02
90.03	INFUSION CENTER		865,947	0	865,947	90.03
90.04	PRIMARY CARE SENIORS		1,572,648	0	1,572,648	90.04
90.05	PAIN MANAGEMENT		3,149,816	3,963	3,153,779	90.05
90.06	WOUND CARE CENTER		464,952	0	464,952	90.06
91.00	EMERGENCY		19,158,825	320,233	19,479,058	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		6,474,024	0	6,474,024	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED		5,479,501	0	5,479,501	96.00
101.00	HOME HEALTH AGENCY		5,011,483	0	5,011,483	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	HOSPICE		3,923,463	0	3,923,463	116.00
200.00	Subtotal (see instructions)	0	369,300,609	984,335	370,284,944	200.00
201.00	Less Observation Beds		6,474,024	0	6,474,024	201.00
202.00	Total (see instructions)	0	362,826,585	984,335	363,810,920	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet C Part I Date/Time Prepared: 2/29/2012 6:59 am
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	104,885,020		104,885,020		30.00
31.00	INTENSIVE CARE UNIT	28,356,898		28,356,898		31.00
32.00	CORONARY CARE UNIT	18,405,593		18,405,593		32.00
40.00	SUBPROVIDER - IPF	5,779,928		5,779,928		40.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	72,885,165	101,256,159	174,141,324	0.228676	50.00
54.00	RADIOLOGY-DIAGNOSTIC	63,352,240	159,994,158	223,346,398	0.112076	54.00
55.00	RADIOLOGY - THERAPEUTIC	635,521	8,037,490	8,673,011	0.334033	55.00
59.00	CARDIAC CATHETERIZATION	22,451,074	14,938,146	37,389,220	0.116310	59.00
60.00	LABORATORY	97,914,771	80,911,215	178,825,986	0.202399	60.00
64.00	INTRAVENOUS THERAPY	2,781,407	59,849	2,841,256	0.461090	64.00
65.00	RESPIRATORY THERAPY	15,471,701	6,171,439	21,643,140	0.297598	65.00
66.00	PHYSICAL THERAPY	22,962,588	7,781,473	30,744,061	0.229742	66.00
69.00	ELECTROCARDIOLOGY	13,616,488	7,379,174	20,995,662	0.062399	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	53,962,752	35,383,630	89,346,382	0.249860	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	35,668,613	11,585,520	47,254,133	0.631720	72.00
73.00	DRUGS CHARGED TO PATIENTS	107,246,090	56,969,778	164,215,868	0.245911	73.00
74.00	RENAL DIALYSIS	4,526,682	133,512	4,660,194	0.561641	74.00
76.00	BEHAVIORAL HEALTH SERVICES	1,077,254	757,063	1,834,317	0.647777	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	28,385	5,400,949	5,429,334	0.640874	90.00
90.01	FAMILY PRACTICE CLINIC	4,871	1,217,652	1,222,523	2.341251	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	7,103	2,657,470	2,664,573	0.310180	90.02
90.03	INFUSION CENTER	62,724	6,752,977	6,815,701	0.127052	90.03
90.04	PRIMARY CARE SENIORS	4,231	736,593	740,824	2.122836	90.04
90.05	PAIN MANAGEMENT	103,438	16,895,388	16,998,826	0.185296	90.05
90.06	WOUND CARE CENTER	11,462	1,724,983	1,736,445	0.267761	90.06
91.00	EMERGENCY	46,534,878	68,679,988	115,214,866	0.166288	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,645,663	9,085,912	10,731,575	0.603269	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED	0	13,053,169	13,053,169	0.419783	96.00
101.00	HOME HEALTH AGENCY	0	4,378,238	4,378,238		101.00
SPECIAL PURPOSE COST CENTERS						
116.00	HOSPICE	3,661	4,811,390	4,815,051		116.00
200.00	Subtotal (see instructions)	720,386,201	626,753,315	1,347,139,516		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	720,386,201	626,753,315	1,347,139,516		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet C Part I Date/Time Prepared: 2/29/2012 6:59 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
32.00	CORONARY CARE UNIT			32.00
40.00	SUBPROVIDER - IPF			40.00
44.00	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.228833		50.00
54.00	RADIOLOGY-DIAGNOSTIC	0.112076		54.00
55.00	RADIOLOGY - THERAPEUTIC	0.334033		55.00
59.00	CARDIAC CATHETERIZATION	0.123188		59.00
60.00	LABORATORY	0.203856		60.00
64.00	INTRAVENOUS THERAPY	0.461090		64.00
65.00	RESPIRATORY THERAPY	0.297773		65.00
66.00	PHYSICAL THERAPY	0.229742		66.00
69.00	ELECTROCARDIOLOGY	0.062399		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.249860		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.631720		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.245911		73.00
74.00	RENAL DIALYSIS	0.561717		74.00
76.00	BEHAVIORAL HEALTH SERVICES	0.647777		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.641118		90.00
90.01	FAMILY PRACTICE CLINIC	2.341251		90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	0.310180		90.02
90.03	INFUSION CENTER	0.127052		90.03
90.04	PRIMARY CARE SENIORS	2.122836		90.04
90.05	PAIN MANAGEMENT	0.185529		90.05
90.06	WOUND CARE CENTER	0.267761		90.06
91.00	EMERGENCY	0.169067		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.603269		92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	DURABLE MEDICAL EQUIP-RENTED	0.419783		96.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
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: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
2/29/2012 6:59 am

		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	71,592,082		71,592,082	107,931	71,700,013	30.00
31.00	INTENSIVE CARE UNIT	13,311,746		13,311,746	0	13,311,746	31.00
32.00	CORONARY CARE UNIT	7,819,318		7,819,318	0	7,819,318	32.00
40.00	SUBPROVIDER - 1PF	2,438,249		2,438,249	1,650	2,439,899	40.00
44.00	SKILLED NURSING FACILITY	88,871		88,871	0	88,871	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	39,821,913		39,821,913	27,355	39,849,268	50.00
54.00	RADIOLOGY-DIAGNOSTIC	25,031,676		25,031,676	0	25,031,676	54.00
55.00	RADIOLOGY - THERAPEUTIC	2,897,076		2,897,076	0	2,897,076	55.00
59.00	CARDIAC CATHETERIZATION	4,348,739		4,348,739	257,176	4,605,915	59.00
60.00	LABORATORY	36,194,261		36,194,261	260,552	36,454,813	60.00
64.00	INTRAVENOUS THERAPY	1,310,076		1,310,076	0	1,310,076	64.00
65.00	RESPIRATORY THERAPY	6,440,953	0	6,440,953	3,797	6,444,750	65.00
66.00	PHYSICAL THERAPY	7,063,196	0	7,063,196	0	7,063,196	66.00
69.00	ELECTROCARDIOLOGY	1,310,114		1,310,114	0	1,310,114	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,324,050		22,324,050	0	22,324,050	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	29,851,370		29,851,370	0	29,851,370	72.00
73.00	DRUGS CHARGED TO PATIENTS	40,382,423		40,382,423	0	40,382,423	73.00
74.00	RENAL DIALYSIS	2,617,357		2,617,357	354	2,617,711	74.00
76.00	BEHAVIORAL HEALTH SERVICES	1,188,228		1,188,228	0	1,188,228	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	3,479,521		3,479,521	1,324	3,480,845	90.00
90.01	FAMILY PRACTICE CLINIC	2,862,233		2,862,233	0	2,862,233	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	826,498		826,498	0	826,498	90.02
90.03	INFUSION CENTER	865,947		865,947	0	865,947	90.03
90.04	PRIMARY CARE SENIORS	1,572,648		1,572,648	0	1,572,648	90.04
90.05	PAIN MANAGEMENT	3,149,816		3,149,816	3,963	3,153,779	90.05
90.06	WOUND CARE CENTER	464,952		464,952	0	464,952	90.06
91.00	EMERGENCY	19,158,825		19,158,825	320,233	19,479,058	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	6,474,024		6,474,024	0	6,474,024	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	5,479,501		5,479,501	0	5,479,501	96.00
101.00	HOME HEALTH AGENCY	5,011,483		5,011,483	0	5,011,483	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	HOSPICE	3,923,463		3,923,463	0	3,923,463	116.00
200.00	Subtotal (see instructions)	369,300,609	0	369,300,609	984,335	370,284,944	200.00
201.00	Less Observation Beds	6,474,024		6,474,024	0	6,474,024	201.00
202.00	Total (see instructions)	362,826,585	0	362,826,585	984,335	363,810,920	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet C Part I Date/Time Prepared: 2/29/2012 6:59 am
		Title XIX	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	104,885,020		104,885,020		30.00
31.00	INTENSIVE CARE UNIT	28,356,898		28,356,898		31.00
32.00	CORONARY CARE UNIT	18,405,593		18,405,593		32.00
40.00	SUBPROVIDER - IPF	5,779,928		5,779,928		40.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	72,885,165	101,256,159	174,141,324	0.228676	50.00
54.00	RADIOLOGY-DIAGNOSTIC	63,352,240	159,994,158	223,346,398	0.112076	54.00
55.00	RADIOLOGY - THERAPEUTIC	635,521	8,037,490	8,673,011	0.334033	55.00
59.00	CARDIAC CATHETERIZATION	22,451,074	14,938,146	37,389,220	0.116310	59.00
60.00	LABORATORY	97,914,771	80,911,215	178,825,986	0.202399	60.00
64.00	INTRAVENOUS THERAPY	2,781,407	59,849	2,841,256	0.461090	64.00
65.00	RESPIRATORY THERAPY	15,471,701	6,171,439	21,643,140	0.297598	65.00
66.00	PHYSICAL THERAPY	22,962,588	7,781,473	30,744,061	0.229742	66.00
69.00	ELECTROCARDIOLOGY	13,616,488	7,379,174	20,995,662	0.062399	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	53,962,752	35,383,630	89,346,382	0.249860	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	35,668,613	11,585,520	47,254,133	0.631720	72.00
73.00	DRUGS CHARGED TO PATIENTS	107,246,090	56,969,778	164,215,868	0.245911	73.00
74.00	RENAL DIALYSIS	4,526,682	133,512	4,660,194	0.561641	74.00
76.00	BEHAVIORAL HEALTH SERVICES	1,077,254	757,063	1,834,317	0.647777	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	28,385	5,400,949	5,429,334	0.640874	90.00
90.01	FAMILY PRACTICE CLINIC	4,871	1,217,652	1,222,523	2.341251	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	7,103	2,657,470	2,664,573	0.310180	90.02
90.03	INFUSION CENTER	62,724	6,752,977	6,815,701	0.127052	90.03
90.04	PRIMARY CARE SENIORS	4,231	736,593	740,824	2.122836	90.04
90.05	PAIN MANAGEMENT	103,438	16,895,388	16,998,826	0.185296	90.05
90.06	WOUND CARE CENTER	11,462	1,724,983	1,736,445	0.267761	90.06
91.00	EMERGENCY	46,534,878	68,679,988	115,214,866	0.166288	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,645,663	9,085,912	10,731,575	0.603269	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	DURABLE MEDICAL EQUIP-RENTED	0	13,053,169	13,053,169	0.419783	96.00
101.00	HOME HEALTH AGENCY	0	4,378,238	4,378,238		101.00
SPECIAL PURPOSE COST CENTERS						
116.00	HOSPICE	3,661	4,811,390	4,815,051		116.00
200.00	Subtotal (see instructions)	720,386,201	626,753,315	1,347,139,516		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	720,386,201	626,753,315	1,347,139,516		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet C Part I Date/Time Prepared: 2/29/2012 6:59 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
32.00 CORONARY CARE UNIT			32.00
40.00 SUBPROVIDER - IPF			40.00
44.00 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0.228833		50.00
54.00 RADIOLOGY-DIAGNOSTIC	0.112076		54.00
55.00 RADIOLOGY - THERAPEUTIC	0.334033		55.00
59.00 CARDIAC CATHETERIZATION	0.123188		59.00
60.00 LABORATORY	0.203856		60.00
64.00 INTRAVENOUS THERAPY	0.461090		64.00
65.00 RESPIRATORY THERAPY	0.297773		65.00
66.00 PHYSICAL THERAPY	0.229742		66.00
69.00 ELECTROCARDIOLOGY	0.062399		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.249860		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.631720		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.245911		73.00
74.00 RENAL DIALYSIS	0.561717		74.00
76.00 BEHAVIORAL HEALTH SERVICES	0.647777		76.00
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	0.641118		90.00
90.01 FAMILY PRACTICE CLINIC	2.341251		90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	0.310180		90.02
90.03 INFUSION CENTER	0.127052		90.03
90.04 PRIMARY CARE SENIORS	2.122836		90.04
90.05 PAIN MANAGEMENT	0.185529		90.05
90.06 WOUND CARE CENTER	0.267761		90.06
91.00 EMERGENCY	0.169067		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.603269		92.00
OTHER REIMBURSABLE COST CENTERS			
96.00 DURABLE MEDICAL EQUIP-RENTED	0.419783		96.00
101.00 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS			
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: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part II
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	39,821,913	6,832,469	32,989,444	0	0	50.00	
54.00	RADIOLOGY-DIAGNOSTIC	25,031,676	3,714,347	21,317,329	0	0	54.00	
55.00	RADIOLOGY - THERAPEUTIC	2,897,076	524,612	2,372,464	0	0	55.00	
59.00	CARDIAC CATHETERIZATION	4,348,739	655,126	3,693,613	0	0	59.00	
60.00	LABORATORY	36,194,261	3,166,533	33,027,728	0	0	60.00	
64.00	INTRAVENOUS THERAPY	1,310,076	76,014	1,234,062	0	0	64.00	
65.00	RESPIRATORY THERAPY	6,440,953	878,032	5,562,921	0	0	65.00	
66.00	PHYSICAL THERAPY	7,063,196	542,652	6,520,544	0	0	66.00	
69.00	ELECTROCARDIOLOGY	1,310,114	145,025	1,165,089	0	0	69.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,324,050	1,023,261	21,300,789	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT	29,851,370	1,353,203	28,498,167	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS	40,382,423	2,044,166	38,338,257	0	0	73.00	
74.00	RENAL DIALYSIS	2,617,357	169,862	2,447,495	0	0	74.00	
76.00	BEHAVIORAL HEALTH SERVICES	1,188,228	50,902	1,137,326	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	3,479,521	310,327	3,169,194	0	0	90.00	
90.01	FAMILY PRACTICE CLINIC	2,862,233	481,743	2,380,490	0	0	90.01	
90.02	OUTPATIENT PSYCHIATRIC SERVICES	826,498	149,297	677,201	0	0	90.02	
90.03	INFUSION CENTER	865,947	118,647	747,300	0	0	90.03	
90.04	PRIMARY CARE SENIORS	1,572,648	85,402	1,487,246	0	0	90.04	
90.05	PAIN MANAGEMENT	3,149,816	352,324	2,797,492	0	0	90.05	
90.06	WOUND CARE CENTER	464,952	35,478	429,474	0	0	90.06	
91.00	EMERGENCY	19,158,825	1,746,191	17,412,634	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	6,474,024	892,535	5,581,489	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
96.00	DURABLE MEDICAL EQUIP-RENTED	5,479,501	544,502	4,934,999	0	0	96.00	
101.00	HOME HEALTH AGENCY	5,011,483	329,378	4,682,105	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
116.00	HOSPICE	3,923,463	274,013	3,649,450	0	0	116.00	
200.00	Subtotal (sum of lines 50 thru 199)	274,050,343	26,496,041	247,554,302	0	0	200.00	
201.00	Less Observation Beds	6,474,024	892,535	5,581,489	0	0	201.00	
202.00	Total (line 200 minus line 201)	267,576,319	25,603,506	241,972,813	0	0	202.00	

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet C Part II Date/Time Prepared: 2/29/2012 6:59 am
---	--	----------------------	---------------------------------------	---

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	39,821,913	174,141,324	0.228676	50.00
54.00	RADIOLOGY-DIAGNOSTIC	25,031,676	223,346,398	0.112076	54.00
55.00	RADIOLOGY - THERAPEUTIC	2,897,076	8,673,011	0.334033	55.00
59.00	CARDIAC CATHETERIZATION	4,348,739	37,389,220	0.116310	59.00
60.00	LABORATORY	36,194,261	178,825,986	0.202399	60.00
64.00	INTRAVENOUS THERAPY	1,310,076	2,841,256	0.461090	64.00
65.00	RESPIRATORY THERAPY	6,440,953	21,643,140	0.297598	65.00
66.00	PHYSICAL THERAPY	7,063,196	30,744,061	0.229742	66.00
69.00	ELECTROCARDIOLOGY	1,310,114	20,995,662	0.062399	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,324,050	89,346,382	0.249860	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	29,851,370	47,254,133	0.631720	72.00
73.00	DRUGS CHARGED TO PATIENTS	40,382,423	164,215,868	0.245911	73.00
74.00	RENAL DIALYSIS	2,617,357	4,660,194	0.561641	74.00
76.00	BEHAVIORAL HEALTH SERVICES	1,188,228	1,834,317	0.647777	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	3,479,521	5,429,334	0.640874	90.00
90.01	FAMILY PRACTICE CLINIC	2,862,233	1,222,523	2.341251	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	826,498	2,664,573	0.310180	90.02
90.03	INFUSION CENTER	865,947	6,815,701	0.127052	90.03
90.04	PRIMARY CARE SENIORS	1,572,648	740,824	2.122836	90.04
90.05	PAIN MANAGEMENT	3,149,816	16,998,826	0.185296	90.05
90.06	WOUND CARE CENTER	464,952	1,736,445	0.267761	90.06
91.00	EMERGENCY	19,158,825	115,214,866	0.166288	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	6,474,024	10,731,575	0.603269	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	5,479,501	13,053,169	0.419783	96.00
101.00	HOME HEALTH AGENCY	5,011,483	4,378,238	1.144635	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	HOSPICE	3,923,463	4,815,051	0.814833	116.00
200.00	Subtotal (sum of lines 50 thru 199)	274,050,343	0		200.00
201.00	Less Observation Beds	6,474,024	0		201.00
202.00	Total (line 200 minus line 201)	267,576,319	1,189,712,077		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part I Date/Time Prepared: 2/29/2012 6:59 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,884,850	0	9,884,850	110,595	89.38	30.00
31.00	INTENSIVE CARE UNIT	1,498,596		1,498,596	11,098	135.03	31.00
32.00	CORONARY CARE UNIT	726,912		726,912	6,958	104.47	32.00
40.00	SUBPROVIDER - IPF	316,142	0	316,142	3,272	96.62	40.00
44.00	SKILLED NURSING FACILITY	14,837		14,837	0	0.00	44.00
200.00	Total (Lines 30-199)	12,441,337		12,441,337	131,923		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part I Date/Time Prepared: 2/29/2012 6:59 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	50,332	4,498,674		30.00
31.00 INTENSIVE CARE UNIT	5,533	747,121		31.00
32.00 CORONARY CARE UNIT	3,951	412,761		32.00
40.00 SUBPROVIDER - IPF	1,125	108,698		40.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
200.00 Total (Lines 30-199)	60,941	5,767,254		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part II Date/Time Prepared: 2/29/2012 6:59 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	6,832,469	174,141,324	0.039235	27,928,397	1,095,771	50.00
54.00	RADIOLOGY-DIAGNOSTIC	3,714,347	223,346,398	0.016630	30,372,851	505,101	54.00
55.00	RADIOLOGY - THERAPEUTIC	524,612	8,673,011	0.060488	195,249	11,810	55.00
59.00	CARDIAC CATHETERIZATION	655,126	37,389,220	0.017522	11,460,927	200,818	59.00
60.00	LABORATORY	3,166,533	178,825,986	0.017707	49,880,796	883,239	60.00
64.00	INTRAVENOUS THERAPY	76,014	2,841,256	0.026754	1,427,354	38,187	64.00
65.00	RESPIRATORY THERAPY	878,032	21,643,140	0.040569	7,057,148	286,301	65.00
66.00	PHYSICAL THERAPY	542,652	30,744,061	0.017651	12,520,475	220,999	66.00
69.00	ELECTROCARDIOLOGY	145,025	20,995,662	0.006907	7,738,300	53,448	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,023,261	89,346,382	0.011453	28,993,877	332,067	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,353,203	47,254,133	0.028637	14,490,049	414,952	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,044,166	164,215,868	0.012448	48,891,734	608,604	73.00
74.00	RENAL DIALYSIS	169,862	4,660,194	0.036450	3,253,635	118,595	74.00
76.00	BEHAVIORAL HEALTH SERVICES	50,902	1,834,317	0.027750	175,451	4,869	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	310,327	5,429,334	0.057157	19,653	1,123	90.00
90.01	FAMILY PRACTICE CLINIC	481,743	1,222,523	0.394056	2,194	865	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	149,297	2,664,573	0.056030	4,491	252	90.02
90.03	INFUSION CENTER	118,647	6,815,701	0.017408	44,419	773	90.03
90.04	PRIMARY CARE SENIORS	85,402	740,824	0.115280	2,633	304	90.04
90.05	PAIN MANAGEMENT	352,324	16,998,826	0.020726	78,991	1,637	90.05
90.06	WOUND CARE CENTER	35,478	1,736,445	0.020431	8,777	179	90.06
91.00	EMERGENCY	1,746,191	115,214,866	0.015156	19,079,123	289,163	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	892,535	10,731,575	0.083169	717,764	59,696	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	544,502	13,053,169	0.041714	0	0	96.00
200.00	Total (Lines 50-199)	25,892,650	1,180,518,788		264,344,288	5,128,753	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part III Date/Time Prepared: 2/29/2012 6:59 am	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	724,629	0	0	724,629	30.00
31.00	INTENSIVE CARE UNIT	0	66,769	0	0	66,769	31.00
32.00	CORONARY CARE UNIT	0	57,299	0	0	57,299	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (lines 30-199)	0	848,697	0	0	848,697	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part III Date/Time Prepared: 2/29/2012 6:59 am	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	110,595	6.55	50,332	329,675		30.00
31.00	INTENSIVE CARE UNIT	11,098	6.02	5,533	33,309		31.00
32.00	CORONARY CARE UNIT	6,958	8.23	3,951	32,517		32.00
40.00	SUBPROVIDER - IPF	3,272	0.00	1,125	0		40.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00	Total (Lines 30-199)	131,923		60,941	395,501		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 2/29/2012 6:59 am
--	----------------------	---	--

Cost Center Description	Title XVIII				Hospital	PPS	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	15,325	0	15,325	50.00	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00	55.00
59.00 CARDIAC CATHETERIZATION	0	0	2,898	0	2,898	59.00	59.00
60.00 LABORATORY	0	0	0	0	0	60.00	60.00
64.00 INTRAVENOUS THERAPY	0	0	2,868	0	2,868	64.00	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	307,768	0	307,768	73.00	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00	74.00
76.00 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	76.00	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	0	0	0	0	0	90.00	90.00
90.01 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02	90.02
90.03 INFUSION CENTER	0	0	0	0	0	90.03	90.03
90.04 PRIMARY CARE SENIORS	0	0	0	0	0	90.04	90.04
90.05 PAIN MANAGEMENT	0	0	2,868	0	2,868	90.05	90.05
90.06 WOUND CARE CENTER	0	0	0	0	0	90.06	90.06
91.00 EMERGENCY	0	0	26,917	0	26,917	91.00	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	65,426	0	65,426	92.00	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	96.00
200.00 Total (lines 50-199)	0	0	424,070	0	424,070	200.00	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 2/29/2012 6:59 am
--	----------------------	---------------------------------------	---

Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	15,325	174,141,324	0.000088	0.000088	27,928,397	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	223,346,398	0.000000	0.000000	30,372,851	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	8,673,011	0.000000	0.000000	195,249	55.00
59.00 CARDIAC CATHETERIZATION	2,898	37,389,220	0.000078	0.000078	11,460,927	59.00
60.00 LABORATORY	0	178,825,986	0.000000	0.000000	49,880,796	60.00
64.00 INTRAVENOUS THERAPY	2,868	2,841,256	0.001009	0.001009	1,427,354	64.00
65.00 RESPIRATORY THERAPY	0	21,643,140	0.000000	0.000000	7,057,148	65.00
66.00 PHYSICAL THERAPY	0	30,744,061	0.000000	0.000000	12,520,475	66.00
69.00 ELECTROCARDIOLOGY	0	20,995,662	0.000000	0.000000	7,738,300	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,346,382	0.000000	0.000000	28,993,877	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	47,254,133	0.000000	0.000000	14,490,049	72.00
73.00 DRUGS CHARGED TO PATIENTS	307,768	164,215,868	0.001874	0.001874	48,891,734	73.00
74.00 RENAL DIALYSIS	0	4,660,194	0.000000	0.000000	3,253,635	74.00
76.00 BEHAVIORAL HEALTH SERVICES	0	1,834,317	0.000000	0.000000	175,451	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	5,429,334	0.000000	0.000000	19,653	90.00
90.01 FAMILY PRACTICE CLINIC	0	1,222,523	0.000000	0.000000	2,194	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	0	2,664,573	0.000000	0.000000	4,491	90.02
90.03 INFUSION CENTER	0	6,815,701	0.000000	0.000000	44,419	90.03
90.04 PRIMARY CARE SENIORS	0	740,824	0.000000	0.000000	2,633	90.04
90.05 PAIN MANAGEMENT	2,868	16,998,826	0.000169	0.000169	78,991	90.05
90.06 WOUND CARE CENTER	0	1,736,445	0.000000	0.000000	8,777	90.06
91.00 EMERGENCY	26,917	115,214,866	0.000234	0.000234	19,079,123	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	65,426	10,731,575	0.006097	0.006097	717,764	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	13,053,169	0.000000	0.000000	0	96.00
200.00 Total (lines 50-199)	424,070	1,180,518,788			264,344,288	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
2/29/2012 6:59 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)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	2,458	15,546,124	1,368	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0	36,923,532	0	54.00
55.00	RADIOLOGY - THERAPEUTIC	0	3,262,936	0	55.00
59.00	CARDIAC CATHETERIZATION	894	5,719,902	446	59.00
60.00	LABORATORY	0	2,406,084	0	60.00
64.00	INTRAVENOUS THERAPY	1,440	17,768	18	64.00
65.00	RESPIRATORY THERAPY	0	1,201,227	0	65.00
66.00	PHYSICAL THERAPY	0	18,257	0	66.00
69.00	ELECTROCARDIOLOGY	0	1,942,565	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,309,736	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	2,214,431	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	91,623	23,890,923	44,772	73.00
74.00	RENAL DIALYSIS	0	93,383	0	74.00
76.00	BEHAVIORAL HEALTH SERVICES	0	82,949	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0	1,927,030	0	90.00
90.01	FAMILY PRACTICE CLINIC	0	130,337	0	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	0	287,159	0	90.02
90.03	INFUSION CENTER	0	2,939,235	0	90.03
90.04	PRIMARY CARE SENIORS	0	505,785	0	90.04
90.05	PAIN MANAGEMENT	13	5,969,753	1,009	90.05
90.06	WOUND CARE CENTER	0	842,928	0	90.06
91.00	EMERGENCY	4,465	12,434,101	2,910	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	4,376	2,312,249	14,098	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (Lines 50-199)	105,269	128,978,394	64,621	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 2/29/2012 6:59 am
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			50.00
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0.228676	15,546,124	0	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0.112076	36,923,532	1,081	0	54.00
55.00 RADIOLOGY - THERAPEUTIC	0.334033	3,262,936	0	0	55.00
59.00 CARDIAC CATHETERIZATION	0.116310	5,719,902	0	0	59.00
60.00 LABORATORY	0.202399	2,406,084	0	0	60.00
64.00 INTRAVENOUS THERAPY	0.461090	17,768	0	0	64.00
65.00 RESPIRATORY THERAPY	0.297598	1,201,227	0	0	65.00
66.00 PHYSICAL THERAPY	0.229742	18,257	0	0	66.00
69.00 ELECTROCARDIOLOGY	0.062399	1,942,565	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.249860	8,309,736	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.631720	2,214,431	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.245911	23,890,923	0	217,015	73.00
74.00 RENAL DIALYSIS	0.561641	93,383	0	0	74.00
76.00 BEHAVIORAL HEALTH SERVICES	0.647777	82,949	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0.640874	1,927,030	0	0	90.00
90.01 FAMILY PRACTICE CLINIC	2.341251	130,337	0	0	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	0.310180	287,159	0	0	90.02
90.03 INFUSION CENTER	0.127052	2,939,235	0	0	90.03
90.04 PRIMARY CARE SENIORS	2.122836	505,785	0	0	90.04
90.05 PAIN MANAGEMENT	0.185296	5,969,753	0	0	90.05
90.06 WOUND CARE CENTER	0.267761	842,928	0	0	90.06
91.00 EMERGENCY	0.166288	12,434,101	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.603269	2,312,249	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00 DURABLE MEDICAL EQUIP-RENTED	0.419783	0	0	0	96.00
200.00 Subtotal (see instructions)		128,978,394	1,081	217,015	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		128,978,394	1,081	217,015	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 2/29/2012 6:59 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	3,555,025	0	0		50.00
54.00 RADIOLOGY-DIAGNOSTIC	4,138,242	121	0		54.00
55.00 RADIOLOGY - THERAPEUTIC	1,089,928	0	0		55.00
59.00 CARDIAC CATHETERIZATION	665,282	0	0		59.00
60.00 LABORATORY	486,989	0	0		60.00
64.00 INTRAVENOUS THERAPY	8,193	0	0		64.00
65.00 RESPIRATORY THERAPY	357,483	0	0		65.00
66.00 PHYSICAL THERAPY	4,194	0	0		66.00
69.00 ELECTROCARDIOLOGY	121,214	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,076,271	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,398,900	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	5,875,041	0	53,366		73.00
74.00 RENAL DIALYSIS	52,448	0	0		74.00
76.00 BEHAVIORAL HEALTH SERVICES	53,732	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	1,234,983	0	0		90.00
90.01 FAMILY PRACTICE CLINIC	305,152	0	0		90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	89,071	0	0		90.02
90.03 INFUSION CENTER	373,436	0	0		90.03
90.04 PRIMARY CARE SENIORS	1,073,699	0	0		90.04
90.05 PAIN MANAGEMENT	1,106,171	0	0		90.05
90.06 WOUND CARE CENTER	225,703	0	0		90.06
91.00 EMERGENCY	2,067,642	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,394,908	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00 Subtotal (see instructions)	27,753,707	121	53,366		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	27,753,707	121	53,366		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part II Date/Time Prepared: 2/29/2012 6:59 am	
		Component CCN: 15S082		Title XVIII		Subprovider - IPF	
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	6,832,469	174,141,324	0.039235	53,100	2,083	50.00
54.00	RADIOLOGY-DIAGNOSTIC	3,714,347	223,346,398	0.016630	45,898	763	54.00
55.00	RADIOLOGY - THERAPEUTIC	524,612	8,673,011	0.060488	0	0	55.00
59.00	CARDIAC CATHETERIZATION	655,126	37,389,220	0.017522	0	0	59.00
60.00	LABORATORY	3,166,533	178,825,986	0.017707	175,508	3,108	60.00
64.00	INTRAVENOUS THERAPY	76,014	2,841,256	0.026754	6,180	165	64.00
65.00	RESPIRATORY THERAPY	878,032	21,643,140	0.040569	1,248	51	65.00
66.00	PHYSICAL THERAPY	542,652	30,744,061	0.017651	16,471	291	66.00
69.00	ELECTROCARDIOLOGY	145,025	20,995,662	0.006907	8,817	61	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,023,261	89,346,382	0.011453	9,436	108	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,353,203	47,254,133	0.028637	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,044,166	164,215,868	0.012448	199,401	2,482	73.00
74.00	RENAL DIALYSIS	169,862	4,660,194	0.036450	0	0	74.00
76.00	BEHAVIORAL HEALTH SERVICES	50,902	1,834,317	0.027750	28,338	786	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	310,327	5,429,334	0.057157	0	0	90.00
90.01	FAMILY PRACTICE CLINIC	481,743	1,222,523	0.394056	0	0	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	149,297	2,664,573	0.056030	0	0	90.02
90.03	INFUSION CENTER	118,647	6,815,701	0.017408	0	0	90.03
90.04	PRIMARY CARE SENIORS	85,402	740,824	0.115280	0	0	90.04
90.05	PAIN MANAGEMENT	352,324	16,998,826	0.020726	0	0	90.05
90.06	WOUND CARE CENTER	35,478	1,736,445	0.020431	0	0	90.06
91.00	EMERGENCY	1,746,191	115,214,866	0.015156	118,866	1,802	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	892,535	10,731,575	0.083169	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	544,502	13,053,169	0.041714	0	0	96.00
200.00	Total (lines 50-199)	25,892,650	1,180,518,788		663,263	11,700	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 2/29/2012 6:59 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	15,325	0	15,325	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00 CARDIAC CATHETERIZATION	0	0	2,898	0	2,898	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	2,868	0	2,868	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	307,768	0	307,768	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03 INFUSION CENTER	0	0	0	0	0	90.03
90.04 PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05 PAIN MANAGEMENT	0	0	2,868	0	2,868	90.05
90.06 WOUND CARE CENTER	0	0	0	0	0	90.06
91.00 EMERGENCY	0	0	26,917	0	26,917	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	65,426	0	65,426	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00 Total (Lines 50-199)	0	0	424,070	0	424,070	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 2/29/2012 6:59 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	15,325	174,141,324	0.000088	0.000088	53,100	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	223,346,398	0.000000	0.000000	45,898	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	8,673,011	0.000000	0.000000	0	55.00
59.00 CARDIAC CATHETERIZATION	2,898	37,389,220	0.000078	0.000078	0	59.00
60.00 LABORATORY	0	178,825,986	0.000000	0.000000	175,508	60.00
64.00 INTRAVENOUS THERAPY	2,868	2,841,256	0.001009	0.001009	6,180	64.00
65.00 RESPIRATORY THERAPY	0	21,643,140	0.000000	0.000000	1,248	65.00
66.00 PHYSICAL THERAPY	0	30,744,061	0.000000	0.000000	16,471	66.00
69.00 ELECTROCARDIOLOGY	0	20,995,662	0.000000	0.000000	8,817	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,346,382	0.000000	0.000000	9,436	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	47,254,133	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	307,768	164,215,868	0.001874	0.001874	199,401	73.00
74.00 RENAL DIALYSIS	0	4,660,194	0.000000	0.000000	0	74.00
76.00 BEHAVIORAL HEALTH SERVICES	0	1,834,317	0.000000	0.000000	28,338	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	5,429,334	0.000000	0.000000	0	90.00
90.01 FAMILY PRACTICE CLINIC	0	1,222,523	0.000000	0.000000	0	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	0	2,664,573	0.000000	0.000000	0	90.02
90.03 INFUSION CENTER	0	6,815,701	0.000000	0.000000	0	90.03
90.04 PRIMARY CARE SENIORS	0	740,824	0.000000	0.000000	0	90.04
90.05 PAIN MANAGEMENT	2,868	16,998,826	0.000169	0.000169	0	90.05
90.06 WOUND CARE CENTER	0	1,736,445	0.000000	0.000000	0	90.06
91.00 EMERGENCY	26,917	115,214,866	0.000234	0.000234	118,866	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	65,426	10,731,575	0.006097	0.006097	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	13,053,169	0.000000	0.000000	0	96.00
200.00 Total (lines 50-199)	424,070	1,180,518,788			663,263	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 2/29/2012 6:59 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)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	5	0	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	55.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	6	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	374	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
76.00 BEHAVIORAL HEALTH SERVICES	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
90.01 FAMILY PRACTICE CLINIC	0	0	0	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	90.02
90.03 INFUSION CENTER	0	0	0	90.03
90.04 PRIMARY CARE SENIORS	0	0	0	90.04
90.05 PAIN MANAGEMENT	0	0	0	90.05
90.06 WOUND CARE CENTER	0	0	0	90.06
91.00 EMERGENCY	28	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00 Total (lines 50-199)	413	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 2/29/2012 6:59 am
	Component CCN:	Title XVIII	Skilled Nursing Facility

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	15,325	0	15,325	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00 CARDIAC CATHETERIZATION	0	0	2,898	0	2,898	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	2,868	0	2,868	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	307,768	0	307,768	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03 INFUSION CENTER	0	0	0	0	0	90.03
90.04 PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05 PAIN MANAGEMENT	0	0	2,868	0	2,868	90.05
90.06 WOUND CARE CENTER	0	0	0	0	0	90.06
91.00 EMERGENCY	0	0	26,917	0	26,917	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00 Total (Lines 50-199)	0	0	358,644	0	358,644	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 2/29/2012 6:59 am
	Component CCN:	Title XVIII	Skilled Nursing Facility

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	15,325	174,141,324	0.000088	0.000088	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	223,346,398	0.000000	0.000000	0	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	8,673,011	0.000000	0.000000	0	55.00
59.00 CARDIAC CATHETERIZATION	2,898	37,389,220	0.000078	0.000078	0	59.00
60.00 LABORATORY	0	178,825,986	0.000000	0.000000	0	60.00
64.00 INTRAVENOUS THERAPY	2,868	2,841,256	0.001009	0.001009	0	64.00
65.00 RESPIRATORY THERAPY	0	21,643,140	0.000000	0.000000	0	65.00
66.00 PHYSICAL THERAPY	0	30,744,061	0.000000	0.000000	0	66.00
69.00 ELECTROCARDIOLOGY	0	20,995,662	0.000000	0.000000	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,346,382	0.000000	0.000000	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	47,254,133	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	307,768	164,215,868	0.001874	0.001874	0	73.00
74.00 RENAL DIALYSIS	0	4,660,194	0.000000	0.000000	0	74.00
76.00 BEHAVIORAL HEALTH SERVICES	0	1,834,317	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	5,429,334	0.000000	0.000000	0	90.00
90.01 FAMILY PRACTICE CLINIC	0	1,222,523	0.000000	0.000000	0	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	0	2,664,573	0.000000	0.000000	0	90.02
90.03 INFUSION CENTER	0	6,815,701	0.000000	0.000000	0	90.03
90.04 PRIMARY CARE SENIORS	0	740,824	0.000000	0.000000	0	90.04
90.05 PAIN MANAGEMENT	2,868	16,998,826	0.000169	0.000169	0	90.05
90.06 WOUND CARE CENTER	0	1,736,445	0.000000	0.000000	0	90.06
91.00 EMERGENCY	26,917	115,214,866	0.000234	0.000234	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	10,731,575	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	13,053,169	0.000000	0.000000	0	96.00
200.00 Total (lines 50-199)	358,644	1,180,518,788			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
2/29/2012 6:59 am

Component CCN:

Title XVIII

Skilled Nursing Facility

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	55.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
76.00 BEHAVIORAL HEALTH SERVICES	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
90.01 FAMILY PRACTICE CLINIC	0	0	0	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	90.02
90.03 INFUSION CENTER	0	0	0	90.03
90.04 PRIMARY CARE SENIORS	0	0	0	90.04
90.05 PAIN MANAGEMENT	0	0	0	90.05
90.06 WOUND CARE CENTER	0	0	0	90.06
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00 Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part I Date/Time Prepared: 2/29/2012 6:59 am	
Cost Center Description		Title XIX		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,884,850	0	9,884,850	110,595	89.38	30.00
31.00	INTENSIVE CARE UNIT	1,498,596		1,498,596	11,098	135.03	31.00
32.00	CORONARY CARE UNIT	726,912		726,912	6,958	104.47	32.00
40.00	SUBPROVIDER - IPF	316,142	0	316,142	3,272	96.62	40.00
44.00	SKILLED NURSING FACILITY	14,837		14,837	0	0.00	44.00
200.00	Total (Lines 30-199)	12,441,337		12,441,337	131,923		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part I Date/Time Prepared: 2/29/2012 6:59 am	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XIX	Hospital	PPS	
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,713	957,528				30.00
31.00	INTENSIVE CARE UNIT	1,110	149,883				31.00
32.00	CORONARY CARE UNIT	663	69,264				32.00
40.00	SUBPROVIDER - IPF	516	49,856				40.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
200.00	Total (Lines 30-199)	13,002	1,226,531				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part II Date/Time Prepared: 2/29/2012 6:59 am
--	--	----------------------	---	--

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	6,832,469	174,141,324	0.039235	4,379,297	171,822	50.00
54.00	RADIOLOGY-DIAGNOSTIC	3,714,347	223,346,398	0.016630	4,200,955	69,862	54.00
55.00	RADIOLOGY - THERAPEUTIC	524,612	8,673,011	0.060488	72,505	4,386	55.00
59.00	CARDIAC CATHETERIZATION	655,126	37,389,220	0.017522	1,099,626	19,268	59.00
60.00	LABORATORY	3,166,533	178,825,986	0.017707	7,810,280	138,297	60.00
64.00	INTRAVENOUS THERAPY	76,014	2,841,256	0.026754	317,228	8,487	64.00
65.00	RESPIRATORY THERAPY	878,032	21,643,140	0.040569	1,469,951	59,634	65.00
66.00	PHYSICAL THERAPY	542,652	30,744,061	0.017651	1,442,179	25,456	66.00
69.00	ELECTROCARDIOLOGY	145,025	20,995,662	0.006907	794,660	5,489	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,023,261	89,346,382	0.011453	3,590,809	41,126	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,353,203	47,254,133	0.028637	1,604,124	45,937	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,044,166	164,215,868	0.012448	9,586,390	119,331	73.00
74.00	RENAL DIALYSIS	169,862	4,660,194	0.036450	197,361	7,194	74.00
76.00	BEHAVIORAL HEALTH SERVICES	50,902	1,834,317	0.027750	189,699	5,264	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	310,327	5,429,334	0.057157	2,506	143	90.00
90.01	FAMILY PRACTICE CLINIC	481,743	1,222,523	0.394056	1,057	417	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	149,297	2,664,573	0.056030	0	0	90.02
90.03	INFUSION CENTER	118,647	6,815,701	0.017408	7,945	138	90.03
90.04	PRIMARY CARE SENIORS	85,402	740,824	0.115280	211	24	90.04
90.05	PAIN MANAGEMENT	352,324	16,998,826	0.020726	7,711	160	90.05
90.06	WOUND CARE CENTER	35,478	1,736,445	0.020431	1,993	41	90.06
91.00	EMERGENCY	1,746,191	115,214,866	0.015156	3,391,257	51,398	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	892,535	10,731,575	0.083169	137,663	11,449	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	544,502	13,053,169	0.041714	0	0	96.00
200.00	Total (Lines 50-199)	25,892,650	1,180,518,788		40,305,407	785,323	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part III Date/Time Prepared: 2/29/2012 6:59 am	
Cost Center Description		Title XIX		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	724,629	0	0	724,629	30.00
31.00	INTENSIVE CARE UNIT	0	66,769	0	0	66,769	31.00
32.00	CORONARY CARE UNIT	0	57,299	0	0	57,299	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (lines 30-199)	0	848,697	0	0	848,697	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part III Date/Time Prepared: 2/29/2012 6:59 am	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	110,595	6.55	10,713	70,170		30.00
31.00	INTENSIVE CARE UNIT	11,098	6.02	1,110	6,682		31.00
32.00	CORONARY CARE UNIT	6,958	8.23	663	5,456		32.00
40.00	SUBPROVIDER - IPF	3,272	0.00	516	0		40.00
44.00	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00	Total (Lines 30-199)	131,923		13,002	82,308		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description		Title XIX			Hospital	PPS	Total Cost (sum of col 1 through col . 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	0	15,325	0	15,325	50.00	
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
55.00	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00	
59.00	CARDIAC CATHETERIZATION	0	0	2,898	0	2,898	59.00	
60.00	LABORATORY	0	0	0	0	0	60.00	
64.00	INTRAVENOUS THERAPY	0	0	2,868	0	2,868	64.00	
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00	
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
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	307,768	0	307,768	73.00	
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
90.00	CLINIC	0	0	0	0	0	90.00	
90.01	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01	
90.02	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02	
90.03	INFUSION CENTER	0	0	0	0	0	90.03	
90.04	PRIMARY CARE SENIORS	0	0	0	0	0	90.04	
90.05	PAIN MANAGEMENT	0	0	2,868	0	2,868	90.05	
90.06	WOUND CARE CENTER	0	0	0	0	0	90.06	
91.00	EMERGENCY	0	0	26,917	0	26,917	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	65,426	0	65,426	92.00	
OTHER REIMBURSABLE COST CENTERS								
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
200.00	Total (lines 50-199)	0	0	424,070	0	424,070	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 2/29/2012 6:59 am
--	----------------------	---------------------------------------	---

Cost Center Description	Title XIX			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	15,325	174,141,324	0.000088	0.000088	4,379,297	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	223,346,398	0.000000	0.000000	4,200,955	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	8,673,011	0.000000	0.000000	72,505	55.00
59.00 CARDIAC CATHETERIZATION	2,898	37,389,220	0.000078	0.000078	1,099,626	59.00
60.00 LABORATORY	0	178,825,986	0.000000	0.000000	7,810,280	60.00
64.00 INTRAVENOUS THERAPY	2,868	2,841,256	0.001009	0.001009	317,228	64.00
65.00 RESPIRATORY THERAPY	0	21,643,140	0.000000	0.000000	1,469,951	65.00
66.00 PHYSICAL THERAPY	0	30,744,061	0.000000	0.000000	1,442,179	66.00
69.00 ELECTROCARDIOLOGY	0	20,995,662	0.000000	0.000000	794,660	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,346,382	0.000000	0.000000	3,590,809	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	47,254,133	0.000000	0.000000	1,604,124	72.00
73.00 DRUGS CHARGED TO PATIENTS	307,768	164,215,868	0.001874	0.001874	9,586,390	73.00
74.00 RENAL DIALYSIS	0	4,660,194	0.000000	0.000000	197,361	74.00
76.00 BEHAVIORAL HEALTH SERVICES	0	1,834,317	0.000000	0.000000	189,699	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	5,429,334	0.000000	0.000000	2,506	90.00
90.01 FAMILY PRACTICE CLINIC	0	1,222,523	0.000000	0.000000	1,057	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	0	2,664,573	0.000000	0.000000	0	90.02
90.03 INFUSION CENTER	0	6,815,701	0.000000	0.000000	7,945	90.03
90.04 PRIMARY CARE SENIORS	0	740,824	0.000000	0.000000	211	90.04
90.05 PAIN MANAGEMENT	2,868	16,998,826	0.000169	0.000169	7,711	90.05
90.06 WOUND CARE CENTER	0	1,736,445	0.000000	0.000000	1,993	90.06
91.00 EMERGENCY	26,917	115,214,866	0.000234	0.000234	3,391,257	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	65,426	10,731,575	0.006097	0.006097	137,663	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	13,053,169	0.000000	0.000000	0	96.00
200.00 Total (Lines 50-199)	424,070	1,180,518,788			40,305,407	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
2/29/2012 6:59 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)	
		11.00	12.00	13.00	
Title XIX Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	385	2,621,020	231	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0	6,457,477	0	54.00
55.00	RADIOLOGY - THERAPEUTIC	0	882,348	0	55.00
59.00	CARDIAC CATHETERIZATION	86	783,796	61	59.00
60.00	LABORATORY	0	3,959,826	0	60.00
64.00	INTRAVENOUS THERAPY	320	23,133	23	64.00
65.00	RESPIRATORY THERAPY	0	317,724	0	65.00
66.00	PHYSICAL THERAPY	0	47,464	0	66.00
69.00	ELECTROCARDIOLOGY	0	388,780	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,397,884	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	299,110	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	17,965	4,262,283	7,988	73.00
74.00	RENAL DIALYSIS	0	4,112	0	74.00
76.00	BEHAVIORAL HEALTH SERVICES	0	84,347	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0	208,018	0	90.00
90.01	FAMILY PRACTICE CLINIC	0	164,678	0	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	90.02
90.03	INFUSION CENTER	0	652,009	0	90.03
90.04	PRIMARY CARE SENIORS	0	411	0	90.04
90.05	PAIN MANAGEMENT	1	648,472	110	90.05
90.06	WOUND CARE CENTER	0	88,305	0	90.06
91.00	EMERGENCY	794	4,867,279	1,139	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	839	645,783	3,937	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (Lines 50-199)	20,390	28,804,259	13,489	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 2/29/2012 6:59 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)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)
		1.00	2.00	3.00			
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0.228676	2,621,020	0	0			50.00
54.00 RADIOLOGY-DIAGNOSTIC	0.112076	6,457,477	0	0			54.00
55.00 RADIOLOGY - THERAPEUTIC	0.334033	882,348	0	0			55.00
59.00 CARDIAC CATHETERIZATION	0.116310	783,796	0	0			59.00
60.00 LABORATORY	0.202399	3,959,826	0	0			60.00
64.00 INTRAVENOUS THERAPY	0.461090	23,133	0	0			64.00
65.00 RESPIRATORY THERAPY	0.297598	317,724	0	0			65.00
66.00 PHYSICAL THERAPY	0.229742	47,464	0	0			66.00
69.00 ELECTROCARDIOLOGY	0.062399	388,780	0	0			69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.249860	1,397,884	0	0			71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.631720	299,110	0	0			72.00
73.00 DRUGS CHARGED TO PATIENTS	0.245911	4,262,283	0	0			73.00
74.00 RENAL DIALYSIS	0.561641	4,112	0	0			74.00
76.00 BEHAVIORAL HEALTH SERVICES	0.647777	84,347	0	0			76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	0.640874	208,018	0	0			90.00
90.01 FAMILY PRACTICE CLINIC	2.341251	164,678	0	0			90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	0.310180	0	0	0			90.02
90.03 INFUSION CENTER	0.127052	652,009	0	0			90.03
90.04 PRIMARY CARE SENIORS	2.122836	411	0	0			90.04
90.05 PAIN MANAGEMENT	0.185296	648,472	0	0			90.05
90.06 WOUND CARE CENTER	0.267761	88,305	0	0			90.06
91.00 EMERGENCY	0.166288	4,867,279	0	0			91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.603269	645,783	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
96.00 DURABLE MEDICAL EQUIP-RENTED	0.419783	0	0	0			96.00
200.00 Subtotal (see instructions)		28,804,259	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)		28,804,259	0	0			202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 2/29/2012 6:59 am
	Title XIX	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	599,364	0	0		50.00
54.00 RADIOLOGY-DIAGNOSTIC	723,728	0	0		54.00
55.00 RADIOLOGY - THERAPEUTIC	294,733	0	0		55.00
59.00 CARDIAC CATHETERIZATION	91,163	0	0		59.00
60.00 LABORATORY	801,465	0	0		60.00
64.00 INTRAVENOUS THERAPY	10,666	0	0		64.00
65.00 RESPIRATORY THERAPY	94,554	0	0		65.00
66.00 PHYSICAL THERAPY	10,904	0	0		66.00
69.00 ELECTROCARDIOLOGY	24,259	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	349,275	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	188,954	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,048,142	0	0		73.00
74.00 RENAL DIALYSIS	2,309	0	0		74.00
76.00 BEHAVIORAL HEALTH SERVICES	54,638	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	133,313	0	0		90.00
90.01 FAMILY PRACTICE CLINIC	385,553	0	0		90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0		90.02
90.03 INFUSION CENTER	82,839	0	0		90.03
90.04 PRIMARY CARE SENIORS	872	0	0		90.04
90.05 PAIN MANAGEMENT	120,159	0	0		90.05
90.06 WOUND CARE CENTER	23,645	0	0		90.06
91.00 EMERGENCY	809,370	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	389,581	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00 Subtotal (see instructions)	6,239,486	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)	6,239,486	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part II Date/Time Prepared: 2/29/2012 6:59 am	
		Component CCN: 15S082		Title XIX		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	6,832,469	174,141,324	0.039235	0	0	50.00
54.00	RADIOLOGY-DIAGNOSTIC	3,714,347	223,346,398	0.016630	0	0	54.00
55.00	RADIOLOGY - THERAPEUTIC	524,612	8,673,011	0.060488	0	0	55.00
59.00	CARDIAC CATHETERIZATION	655,126	37,389,220	0.017522	0	0	59.00
60.00	LABORATORY	3,166,533	178,825,986	0.017707	0	0	60.00
64.00	INTRAVENOUS THERAPY	76,014	2,841,256	0.026754	0	0	64.00
65.00	RESPIRATORY THERAPY	878,032	21,643,140	0.040569	0	0	65.00
66.00	PHYSICAL THERAPY	542,652	30,744,061	0.017651	0	0	66.00
69.00	ELECTROCARDIOLOGY	145,025	20,995,662	0.006907	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,023,261	89,346,382	0.011453	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,353,203	47,254,133	0.028637	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,044,166	164,215,868	0.012448	0	0	73.00
74.00	RENAL DIALYSIS	169,862	4,660,194	0.036450	0	0	74.00
76.00	BEHAVIORAL HEALTH SERVICES	50,902	1,834,317	0.027750	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	310,327	5,429,334	0.057157	0	0	90.00
90.01	FAMILY PRACTICE CLINIC	481,743	1,222,523	0.394056	0	0	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	149,297	2,664,573	0.056030	0	0	90.02
90.03	INFUSION CENTER	118,647	6,815,701	0.017408	0	0	90.03
90.04	PRIMARY CARE SENIORS	85,402	740,824	0.115280	0	0	90.04
90.05	PAIN MANAGEMENT	352,324	16,998,826	0.020726	0	0	90.05
90.06	WOUND CARE CENTER	35,478	1,736,445	0.020431	0	0	90.06
91.00	EMERGENCY	1,746,191	115,214,866	0.015156	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	892,535	10,731,575	0.083169	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	DURABLE MEDICAL EQUIP-RENTED	544,502	13,053,169	0.041714	0	0	96.00
200.00	Total (lines 50-199)	25,892,650	1,180,518,788		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 2/29/2012 6:59 am
	Title XIX	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	15,325	0	15,325	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00 CARDIAC CATHETERIZATION	0	0	2,898	0	2,898	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	2,868	0	2,868	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	307,768	0	307,768	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03 INFUSION CENTER	0	0	0	0	0	90.03
90.04 PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05 PAIN MANAGEMENT	0	0	2,868	0	2,868	90.05
90.06 WOUND CARE CENTER	0	0	0	0	0	90.06
91.00 EMERGENCY	0	0	26,917	0	26,917	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	65,426	0	65,426	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00 Total (Lines 50-199)	0	0	424,070	0	424,070	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 2/29/2012 6:59 am
	Title XIX	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	15,325	174,141,324	0.000088	0.000088	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	223,346,398	0.000000	0.000000	0	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	8,673,011	0.000000	0.000000	0	55.00
59.00 CARDIAC CATHETERIZATION	2,898	37,389,220	0.000078	0.000078	0	59.00
60.00 LABORATORY	0	178,825,986	0.000000	0.000000	0	60.00
64.00 INTRAVENOUS THERAPY	2,868	2,841,256	0.001009	0.001009	0	64.00
65.00 RESPIRATORY THERAPY	0	21,643,140	0.000000	0.000000	0	65.00
66.00 PHYSICAL THERAPY	0	30,744,061	0.000000	0.000000	0	66.00
69.00 ELECTROCARDIOLOGY	0	20,995,662	0.000000	0.000000	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,346,382	0.000000	0.000000	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	47,254,133	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	307,768	164,215,868	0.001874	0.001874	0	73.00
74.00 RENAL DIALYSIS	0	4,660,194	0.000000	0.000000	0	74.00
76.00 BEHAVIORAL HEALTH SERVICES	0	1,834,317	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	5,429,334	0.000000	0.000000	0	90.00
90.01 FAMILY PRACTICE CLINIC	0	1,222,523	0.000000	0.000000	0	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	0	2,664,573	0.000000	0.000000	0	90.02
90.03 INFUSION CENTER	0	6,815,701	0.000000	0.000000	0	90.03
90.04 PRIMARY CARE SENIORS	0	740,824	0.000000	0.000000	0	90.04
90.05 PAIN MANAGEMENT	2,868	16,998,826	0.000169	0.000169	0	90.05
90.06 WOUND CARE CENTER	0	1,736,445	0.000000	0.000000	0	90.06
91.00 EMERGENCY	26,917	115,214,866	0.000234	0.000234	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	65,426	10,731,575	0.006097	0.006097	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 DURABLE MEDICAL EQUIP-RENTED	0	13,053,169	0.000000	0.000000	0	96.00
200.00 Total (lines 50-199)	424,070	1,180,518,788			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part IV Date/Time Prepared: 2/29/2012 6:59 am
Title XIX		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 RADIOLOGY - THERAPEUTIC	0	0	0	55.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
76.00 BEHAVIORAL HEALTH SERVICES	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
90.01 FAMILY PRACTICE CLINIC	0	0	0	90.01
90.02 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	90.02
90.03 INFUSION CENTER	0	0	0	90.03
90.04 PRIMARY CARE SENIORS	0	0	0	90.04
90.05 PAIN MANAGEMENT	0	0	0	90.05
90.06 WOUND CARE CENTER	0	0	0	90.06
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/29/2012 6:59 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		110,595	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		110,595	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)		110,595	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)		50,332	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)		71,700,013	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)		71,700,013	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		104,885,020	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		104,885,020	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.683606	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)		948.37	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)		71,700,013	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)		648.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		32,630,739	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)		32,630,739	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1 Date/Time Prepared: 2/29/2012 6:59 am
Title XVIII			Hospital		PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
Intensive Care Type Inpatient Hospital Units					
43.00	13,311,746	11,098	1,199.47	5,533	6,636,668
44.00	7,819,318	6,958	1,123.79	3,951	4,440,094
45.00					
46.00					
47.00					
Cost Center Description					
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				61,627,861
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				105,335,362
PASS THROUGH COST ADJUSTMENTS					
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				6,054,057
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				5,234,022
52.00	Total Program excludable cost (sum of lines 50 and 51)				11,288,079
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				94,047,283
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00	Program discharges				0
55.00	Target amount per discharge				0.00
56.00	Target amount (line 54 x line 55)				0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0
58.00	Bonus payment (see instructions)				0
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0
62.00	Relief payment (see instructions)				0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0
PROGRAM INPATIENT ROUTINE SWING BED COST					
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)				70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				71.00
72.00	Program routine service cost (line 9 x line 71)				72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				76.00
77.00	Program capital-related costs (line 9 x line 76)				77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				80.00
81.00	Inpatient routine service cost per diem limitation				81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				82.00
83.00	Reasonable inpatient routine service costs (see instructions)				83.00
84.00	Program inpatient ancillary services (see instructions)				84.00
85.00	Utilization review - physician compensation (see instructions)				85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00	Total observation bed days (see instructions)				9,986
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				648.31
89.00	Observation bed cost (line 87 x line 88) (see instructions)				6,474,024

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1 Date/Time Prepared: 2/29/2012 6:59 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,884,850	71,700,013	0.137864	6,474,024	892,535	90.00
91.00	Nursing School cost	0	71,700,013	0.000000	6,474,024	0	91.00
92.00	Allied health cost	724,629	71,700,013	0.010106	6,474,024	65,426	92.00
93.00	All other Medical Education	0	71,700,013	0.000000	6,474,024	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Component CCN: 15S082		Date/Time Prepared: 2/29/2012 6:59 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)		3,272	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,272	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)		3,272	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,125	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)		2,439,899	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)		2,439,899	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,439,899	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)		745.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		838,901	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)		838,901	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1		
		Component CCN: 15S082				Date/Time Prepared: 2/29/2012 6:59 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)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00	
44.00	0	0	0.00	0	0		44.00	
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					150,475		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					989,376		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)					108,698		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					12,113		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					120,811		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					868,565		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: 150082 Component CCN: 15S082		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1 Date/Time Prepared: 2/29/2012 6:59 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	316,142	2,439,899	0.129572	0	0	90.00
91.00	Nursing School cost	0	2,439,899	0.000000	0	0	91.00
92.00	Allied health cost	0	2,439,899	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,439,899	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Component CCN:		Date/Time Prepared: 2/29/2012 6:59 am
		Title XVIII	Skilled Nursing Facility	
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)			0 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			0 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)			0 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)			0 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)		88,871	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)		88,871	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		88,871	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
					Component CCN:		Date/Time Prepared: 2/29/2012 6:59 am
					Title XVIII	Skilled Nursing Facility	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description						
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						88,871 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						0.00 71.00
72.00	Program routine service cost (line 9 x line 71)						0 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						0 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)						0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0 80.00
81.00	Inpatient routine service cost per diem limitation						0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)						0 83.00
84.00	Program inpatient ancillary services (see instructions)						0 84.00
85.00	Utilization review - physician compensation (see instructions)						0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						0 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: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Component CCN:		Date/Time Prepared: 2/29/2012 6:59 am
		Title XVIII	Skilled Nursing Facility	

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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Title XIX	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)		110,595	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		110,595	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)		110,595	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)		10,713	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)		71,700,013	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)		71,700,013	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		104,885,020	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		104,885,020	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.683606	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)		948.37	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)		71,700,013	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)		648.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,945,345	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)		6,945,345	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1 Date/Time Prepared: 2/29/2012 6:59 am	
Cost Center Description			Title XIX	Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)					42.00
Intensive Care Type Inpatient Hospital Units						
43.00	13,311,746	11,098	1,199.47	1,110	1,331,412	43.00
44.00	7,819,318	6,958	1,123.79	663	745,073	44.00
45.00						45.00
46.00						46.00
47.00						47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				9,355,306	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				18,377,136	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)				1,258,983	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				805,713	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				2,064,696	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				16,312,440	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)				9,986	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				648.31	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				6,474,024	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1 Date/Time Prepared: 2/29/2012 6:59 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,884,850	71,700,013	0.137864	6,474,024	892,535	90.00
91.00	Nursing School cost	0	71,700,013	0.000000	6,474,024	0	91.00
92.00	Allied health cost	724,629	71,700,013	0.010106	6,474,024	65,426	92.00
93.00	All other Medical Education	0	71,700,013	0.000000	6,474,024	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Component CCN: 15S082		Date/Time Prepared: 2/29/2012 6:59 am
		Title XIX	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)		3,272	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,272	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)		3,272	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)		516	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)		2,439,899	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)		2,439,899	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		5,779,928	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,779,928	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.422133	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)		1,766.48	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)		2,439,899	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)		745.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		384,776	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)		384,776	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1		
		Component CCN: 15S082				Date/Time Prepared: 2/29/2012 6:59 am		
		Title XIX		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)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00	
44.00	0	0	0.00	0	0		44.00	
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					384,776		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)					49,856		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					49,856		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					334,920		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: 150082		Period: From 10/01/2011 To 09/30/2011		Worksheet D-1	
		Component CCN: 15S082				Date/Time Prepared: 2/29/2012 6:59 am	
		Title XIX		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	316,142	2,439,899	0.129572	0	0	90.00
91.00	Nursing School cost	0	2,439,899	0.000000	0	0	91.00
92.00	Allied health cost	0	2,439,899	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,439,899	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3 Date/Time Prepared: 2/29/2012 6:59 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		44,625,195		30.00
31.00	INTENSIVE CARE UNIT		12,835,277		31.00
32.00	CORONARY CARE UNIT		10,014,838		32.00
40.00	SUBPROVIDER - IPF		0		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.228833	27,928,397	6,390,939	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0.112076	30,372,851	3,404,068	54.00
55.00	RADIOLOGY - THERAPEUTIC	0.334033	195,249	65,220	55.00
59.00	CARDIAC CATHETERIZATION	0.123188	11,460,927	1,411,849	59.00
60.00	LABORATORY	0.203856	49,880,796	10,168,500	60.00
64.00	INTRAVENOUS THERAPY	0.461090	1,427,354	658,139	64.00
65.00	RESPIRATORY THERAPY	0.297773	7,057,148	2,101,428	65.00
66.00	PHYSICAL THERAPY	0.229742	12,520,475	2,876,479	66.00
69.00	ELECTROCARDIOLOGY	0.062399	7,738,300	482,862	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.249860	28,993,877	7,244,410	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.631720	14,490,049	9,153,654	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.245911	48,891,734	12,023,015	73.00
74.00	RENAL DIALYSIS	0.561717	3,253,635	1,827,622	74.00
76.00	BEHAVIORAL HEALTH SERVICES	0.647777	175,451	113,653	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.641118	19,653	12,600	90.00
90.01	FAMILY PRACTICE CLINIC	2.341251	2,194	5,137	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	0.310180	4,491	1,393	90.02
90.03	INFUSION CENTER	0.127052	44,419	5,644	90.03
90.04	PRIMARY CARE SENIORS	2.122836	2,633	5,589	90.04
90.05	PAIN MANAGEMENT	0.185529	78,991	14,655	90.05
90.06	WOUND CARE CENTER	0.267761	8,777	2,350	90.06
91.00	EMERGENCY	0.169067	19,079,123	3,225,650	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.603269	717,764	433,005	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0.419783	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		264,344,288	61,627,861	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		264,344,288		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3	
		Component CCN: 15S082		Date/Time Prepared: 2/29/2012 6:59 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
32.00	CORONARY CARE UNIT		0		32.00
40.00	SUBPROVIDER - IPF		1,983,687		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.228833	53,100	12,151	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0.112076	45,898	5,144	54.00
55.00	RADIOLOGY - THERAPEUTIC	0.334033	0	0	55.00
59.00	CARDIAC CATHETERIZATION	0.123188	0	0	59.00
60.00	LABORATORY	0.203856	175,508	35,778	60.00
64.00	INTRAVENOUS THERAPY	0.461090	6,180	2,850	64.00
65.00	RESPIRATORY THERAPY	0.297773	1,248	372	65.00
66.00	PHYSICAL THERAPY	0.229742	16,471	3,784	66.00
69.00	ELECTROCARDIOLOGY	0.062399	8,817	550	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.249860	9,436	2,358	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.631720	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.245911	199,401	49,035	73.00
74.00	RENAL DIALYSIS	0.561717	0	0	74.00
76.00	BEHAVIORAL HEALTH SERVICES	0.647777	28,338	18,357	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.641118	0	0	90.00
90.01	FAMILY PRACTICE CLINIC	2.341251	0	0	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	0.310180	0	0	90.02
90.03	INFUSION CENTER	0.127052	0	0	90.03
90.04	PRIMARY CARE SENIORS	2.122836	0	0	90.04
90.05	PAIN MANAGEMENT	0.185529	0	0	90.05
90.06	WOUND CARE CENTER	0.267761	0	0	90.06
91.00	EMERGENCY	0.169067	118,866	20,096	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.603269	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0.419783	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		663,263	150,475	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)		663,263		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3 Date/Time Prepared: 2/29/2012 6:59 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		11,720,535		30.00
31.00	INTENSIVE CARE UNIT		2,482,764		31.00
32.00	CORONARY CARE UNIT		1,510,968		32.00
40.00	SUBPROVIDER - IPF		908,347		40.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.228833	4,379,297	1,002,128	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0.112076	4,200,955	470,826	54.00
55.00	RADIOLOGY - THERAPEUTIC	0.334033	72,505	24,219	55.00
59.00	CARDIAC CATHETERIZATION	0.123188	1,099,626	135,461	59.00
60.00	LABORATORY	0.203856	7,810,280	1,592,172	60.00
64.00	INTRAVENOUS THERAPY	0.461090	317,228	146,271	64.00
65.00	RESPIRATORY THERAPY	0.297773	1,469,951	437,712	65.00
66.00	PHYSICAL THERAPY	0.229742	1,442,179	331,329	66.00
69.00	ELECTROCARDIOLOGY	0.062399	794,660	49,586	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.249860	3,590,809	897,200	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.631720	1,604,124	1,013,357	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.245911	9,586,390	2,357,399	73.00
74.00	RENAL DIALYSIS	0.561717	197,361	110,861	74.00
76.00	BEHAVIORAL HEALTH SERVICES	0.647777	189,699	122,883	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.641118	2,506	1,607	90.00
90.01	FAMILY PRACTICE CLINIC	2.341251	1,057	2,475	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	0.310180	0	0	90.02
90.03	INFUSION CENTER	0.127052	7,945	1,009	90.03
90.04	PRIMARY CARE SENIORS	2.122836	211	448	90.04
90.05	PAIN MANAGEMENT	0.185529	7,711	1,431	90.05
90.06	WOUND CARE CENTER	0.267761	1,993	534	90.06
91.00	EMERGENCY	0.169067	3,391,257	573,350	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.603269	137,663	83,048	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	DURABLE MEDICAL EQUIP-RENTED	0.419783	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		40,305,407	9,355,306	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		40,305,407		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3
		Component CCN: 15S082	Date/Time Prepared: 2/29/2012 6:59 am	
		Title XIX	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
32.00	CORONARY CARE UNIT		0	32.00
40.00	SUBPROVIDER - IPF		908,347	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.228833	0	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0.112076	0	54.00
55.00	RADIOLOGY - THERAPEUTIC	0.334033	0	55.00
59.00	CARDIAC CATHETERIZATION	0.123188	0	59.00
60.00	LABORATORY	0.203856	0	60.00
64.00	INTRAVENOUS THERAPY	0.461090	0	64.00
65.00	RESPIRATORY THERAPY	0.297773	0	65.00
66.00	PHYSICAL THERAPY	0.229742	0	66.00
69.00	ELECTROCARDIOLOGY	0.062399	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.249860	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.631720	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.245911	0	73.00
74.00	RENAL DIALYSIS	0.561717	0	74.00
76.00	BEHAVIORAL HEALTH SERVICES	0.647777	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.641118	0	90.00
90.01	FAMILY PRACTICE CLINIC	2.341251	0	90.01
90.02	OUTPATIENT PSYCHIATRIC SERVICES	0.310180	0	90.02
90.03	INFUSION CENTER	0.127052	0	90.03
90.04	PRIMARY CARE SENIORS	2.122836	0	90.04
90.05	PAIN MANAGEMENT	0.185529	0	90.05
90.06	WOUND CARE CENTER	0.267761	0	90.06
91.00	EMERGENCY	0.169067	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.603269	0	92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	DURABLE MEDICAL EQUIP-RENTED	0.419783	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part A Date/Time Prepared: 2/29/2012 6:59 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		72,565,450	1.00
2.00	Outlier payments for discharges. (see instructions)		2,433,640	2.00
3.00	Managed Care Simulated Payments		15,413,691	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		486.82	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)		15.30	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)		2.22	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)		17.52	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		16.75	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)		16.75	12.00
13.00	Total allowable FTE count for the prior year.		16.14	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.		16.92	14.00
15.00	Sum of lines 12 through 14 divided by 3.		16.60	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		16.60	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.034099	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.037868	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.034099	21.00
22.00	IME payment adjustment (see instructions)		1,623,831	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)		1,623,831	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.58	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		14.64	31.00
32.00	Sum of lines 30 and 31		20.22	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.90	33.00
34.00	Disproportionate share adjustment (see instructions)		4,281,362	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		80,904,283	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)		80,904,283	49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part A Date/Time Prepared: 2/29/2012 6:59 am
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	6,534,117	1.01	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).	842,098		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	395,501		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	105,269		58.00
59.00	Total (sum of amounts on lines 49 through 58)	88,781,268		59.00
60.00	Primary payer payments	74,282		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	88,706,986		61.00
62.00	Deductibles billed to program beneficiaries	8,115,875		62.00
63.00	Coinsurance billed to program beneficiaries	637,299		63.00
64.00	Allowable bad debts (see instructions)	1,610,938		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	1,127,657		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,527,718		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	81,081,469		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0		68.00
69.00	Outlier payments reconciliation	0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		70.00
70.95	Recovery of Accelerated Depreciation	0		70.95
70.96	Low Volume Payment-1	0		70.96
70.97	Low Volume Payment-2	0		70.97
70.98	Low Volume Payment-3	0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	81,081,469		71.00
72.00	Interim payments	79,892,973		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)	1,188,496		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	882,947		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: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part B Date/Time Prepared: 2/29/2012 6:59 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		53,487	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		27,689,086	2.00
3.00	PPS payments		28,258,590	3.00
4.00	Outlier payment (see instructions)		61,848	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		64,621	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		53,487	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		218,096	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)		218,096	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		218,096	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		164,609	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)		53,487	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)		28,385,059	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)		6,328,404	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)		22,110,142	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		220,297	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)		22,330,439	30.00
31.00	Primary payer payments		11,931	31.00
32.00	Subtotal (line 30 minus line 31)		22,318,508	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)		936,939	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		655,857	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		918,520	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		22,974,365	37.00
38.00	MSP-LCC reconciliation amount from PS&R		164	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)		22,974,201	40.00
41.00	Interim payments		22,678,912	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)		295,289	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: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part B Date/Time Prepared: 2/29/2012 6:59 am
		Component CCN: 15S082	Title VIII	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 charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet E-1
Part I
Date/Time Prepared:
2/29/2012 6:59 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		79,515,563		22,680,230	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		450,232		50,938	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		72,822		52,256	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)		377,410		-1,318	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)		79,892,973		22,678,912	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		1,188,496		295,289	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		81,081,469		22,974,201	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: 150082

Period: From 10/01/2010

Worksheet E-1

Component CCN: 15S082

To 09/30/2011

Part I
Date/Time Prepared:
2/29/2012 6:59 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		765,112		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)		765,112		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		415		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		765,527		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 FOR HIT		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet E-1 Part II Date/Time Prepared: 2/29/2012 6:59 am
		Title XVIII	Hospital	PPS
		1.00		
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		22,565	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		59,816	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2		12,185	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		118,665	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		1,347,139,516	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		34,684,249	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		3,913,127	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment(s)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)		3,913,127	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet E-3 Part II Date/Time Prepared: 2/29/2012 6:59 am
		Component CCN: 15S082	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		727,958	1.00
2.00	Net IPF PPS Outlier Payments		129,732	2.00
3.00	Net IPF PPS ECT Payments		10,210	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)		8.964384	9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		867,900	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)		867,900	16.00
17.00	Primary payer payments		1,818	17.00
18.00	Subtotal (line 16 less line 17).		866,082	18.00
19.00	Deductibles		70,804	19.00
20.00	Subtotal (line 18 minus line 19)		795,278	20.00
21.00	Coinurance		30,164	21.00
22.00	Subtotal (line 20 minus line 21)		765,114	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		765,114	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)		413	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)		765,527	31.00
32.00	Interim payments		765,112	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)		415	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: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet E-3 Part VI Date/Time Prepared: 2/29/2012 6:59 am
		Component CCN:	Title XVIII	Skilled Nursing Facility
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		0	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		0	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		0	7.00
8.00	Allowable bad debts (see instructions)		0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		0	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		0	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		0	15.00
16.00	Interim payments		0	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet E-4 Date/Time Prepared: 2/29/2012 6:59 am	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.40	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			16.60	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			16.83	6.00
7.00	Enter the lesser of line 5 or line 6			16.60	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	16.83	0.00	16.83	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	16.60	0.00	16.60	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	16.60	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	16.16	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.60	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	16.45	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	16.45	0.00		17.00
18.00	Per resident amount	110,288.88	0.00		18.00
19.00	Approved amount for resident costs	1,814,252	0	1,814,252	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.23	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			85,582.69	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,814,252	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	60,941	12,185		26.00
27.00	Total Inpatient Days	121,937	121,937		27.00
28.00	Ratio of inpatient days to total inpatient days	0.499774	0.099929		28.00
29.00	Program direct GME amount	906,716	181,296		29.00
30.00	Reduction for nursing/allied health		25,617		30.00
31.00	Net Program direct GME amount			1,062,395	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet E-4 Date/Time Prepared: 2/29/2012 6:59 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		4,660,194	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		106,324,738	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		76,100	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		106,248,638	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		27,807,194	42.00
43.00	Primary payer payments (see instructions)		11,931	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		27,795,263	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		134,043,901	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.792641	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.207359	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,062,395	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		842,098	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		220,297	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN: 150082		Period: From 10/01/2010 To 09/30/2011		Worksheet G	
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund		
		1.00	2.00	3.00	4.00		
CURRENT ASSETS							
1.00	Cash on hand in banks	47,488,383	0	0	0	1.00	
2.00	Temporary investments	7,247,329	0	0	0	2.00	
3.00	Notes receivable	0	0	0	0	3.00	
4.00	Accounts receivable	106,088,671	0	0	0	4.00	
5.00	Other receivable	0	0	0	0	5.00	
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00	
7.00	Inventory	4,376,580	0	0	0	7.00	
8.00	Prepaid expenses	4,629,843	0	0	0	8.00	
9.00	Other current assets	4,733,164	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)	174,563,970	0	0	0	11.00	
FIXED ASSETS							
12.00	Land	10,268,533	0	0	0	12.00	
13.00	Land improvements	4,297,278	0	0	0	13.00	
14.00	Accumulated depreciation	-3,466,764	0	0	0	14.00	
15.00	Buildings	408,686,831	0	0	0	15.00	
16.00	Accumulated depreciation	-195,660,536	0	0	0	16.00	
17.00	Leasehold improvements	0	0	0	0	17.00	
18.00	Accumulated depreciation	0	0	0	0	18.00	
19.00	Fixed equipment	197,148,692	0	0	0	19.00	
20.00	Accumulated depreciation	-154,364,966	0	0	0	20.00	
21.00	Automobiles and trucks	0	0	0	0	21.00	
22.00	Accumulated depreciation	0	0	0	0	22.00	
23.00	Major movable equipment	0	0	0	0	23.00	
24.00	Accumulated depreciation	0	0	0	0	24.00	
25.00	Minor equipment depreciable	0	0	0	0	25.00	
26.00	Accumulated depreciation	0	0	0	0	26.00	
27.00	HIT designated Assets	0	0	0	0	27.00	
28.00	Accumulated depreciation	0	0	0	0	28.00	
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00	
30.00	Total fixed assets (sum of lines 12-29)	266,909,068	0	0	0	30.00	
OTHER ASSETS							
31.00	Investments	239,036,949	8,353,428	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	67,612,768	0	0	0	34.00	
35.00	Total other assets (sum of lines 31-34)	306,649,717	8,353,428	0	0	35.00	
36.00	Total assets (sum of lines 11, 30, and 35)	748,122,755	8,353,428	0	0	36.00	
CURRENT LIABILITIES							
37.00	Accounts payable	24,240,573	0	0	0	37.00	
38.00	Salaries, wages, and fees payable	22,714,037	0	0	0	38.00	
39.00	Payroll taxes payable	2,921,252	0	0	0	39.00	
40.00	Notes and loans payable (short term)	6,490,000	0	0	0	40.00	
41.00	Deferred income	0	0	0	0	41.00	
42.00	Accelerated payments	0	0	0	0	42.00	
43.00	Due to other funds	0	0	0	0	43.00	
44.00	Other current liabilities	7,715,094	0	0	0	44.00	
45.00	Total current liabilities (sum of lines 37 thru 44)	64,080,956	0	0	0	45.00	
LONG TERM LIABILITIES							
46.00	Mortgage payable	0	0	0	0	46.00	
47.00	Notes payable	295,616,658	0	0	0	47.00	
48.00	Unsecured loans	0	0	0	0	48.00	
49.00	Other long term liabilities	0	0	0	0	49.00	
50.00	Total long term liabilities (sum of lines 46 thru 49)	295,616,658	0	0	0	50.00	
51.00	Total liabilities (sum of lines 45 and 50)	359,697,614	0	0	0	51.00	
CAPITAL ACCOUNTS							
52.00	General fund balance	388,425,141				52.00	
53.00	Specific purpose fund		8,353,428			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)	388,425,141	8,353,428	0	0	59.00	
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	748,122,755	8,353,428	0	0	60.00	

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-1

Date/Time Prepared:
2/29/2012 6:59 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		365,289,534		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		48,559,095			2.00
3.00	Total (sum of line 1 and line 2)		413,848,629		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	NET UNREALIZED GAIN ON INVESTMENTS	-3,792,012		0		5.00
6.00	PENSION RELATED CHANGES	-3,997,956		0		6.00
7.00	ADD RESTRICTED ASSETS	0		8,353,428		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		-7,789,968		8,353,428	10.00
11.00	Subtotal (line 3 plus line 10)		406,058,661		8,353,428	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	TRANSFER FROM DHS	17,633,520		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)		17,633,520		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		388,425,141		8,353,428	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-1

Date/Time Prepared:
2/29/2012 6:59 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 NET UNREALIZED GAIN ON INVESTMENTS	0		0			5.00
6.00 PENSION RELATED CHANGES	0		0			6.00
7.00 ADD RESTRICTED ASSETS	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 TRANSFER FROM DHS	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: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-2 Parts

Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	110,185,091		110,185,091	1.00
2.00	SUBPROVIDER - IPF	5,779,928		5,779,928	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	115,965,019		115,965,019	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	28,623,600		28,623,600	11.00
12.00	CORONARY CARE UNIT	18,544,965		18,544,965	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)	47,168,565		47,168,565	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	163,133,584		163,133,584	17.00
18.00	Ancillary services	533,726,526	501,786,294	1,035,512,820	18.00
19.00	Outpatient services	60,952,703	182,905,518	243,858,221	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		4,378,238	4,378,238	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	3,661	4,811,390	4,815,051	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	757,816,474	693,881,440	1,451,697,914	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		476,500,611		29.00
30.00	BAD DEBT	26,463,110			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)		26,463,110		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)		502,963,721		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150082

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-3

Date/Time Prepared:
2/29/2012 6:59 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,451,697,914	1.00
2.00	Less contractual allowances and discounts on patients' accounts	939,893,202	2.00
3.00	Net patient revenues (line 1 minus line 2)	511,804,712	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	502,963,721	4.00
5.00	Net income from service to patients (line 3 minus line 4)	8,840,991	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	6,238,445	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	33,479,659	24.00
25.00	Total other income (sum of lines 6-24)	39,718,104	25.00
26.00	Total (line 5 plus line 25)	48,559,095	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	48,559,095	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150082

Period: From 10/01/2010

Worksheet H

HHA CCN: 157132

To 09/30/2011

Date/Time Prepared: 2/29/2012 6:59 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	821,471	0	0	0	41,761	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,145,078	0	121,746	0	0	6.00
7.00	Physical Therapy	0	0	46,696	642,665	0	7.00
8.00	Occupational Therapy	0	0	20,706	268,193	0	8.00
9.00	Speech Pathology	0	0	2,924	57,544	0	9.00
10.00	Medical Social Services	44,432	0	1,561	0	0	10.00
11.00	Home Health Aide	69,090	0	13,955	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	97,159	12.00
13.00	Drugs	0	0	0	0	2,821	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)	2,080,071	0	207,588	968,402	141,741	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: 150082

Period:

Worksheet H

HHA CCN: 157132

From 10/01/2010
To 09/30/2011

Date/Time Prepared:
2/29/2012 6:59 am

Home Health
Agency I

PPS

		Total (sum of col. 1 thru 5)	Recl assi fi cati on	Recl assi fi ed Tri al Bal ance (col. 6 + col. 7)	Adj ustments	Net Expenses for Al locati on (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	863,232	0	863,232	0	863,232	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,266,824	0	1,266,824	0	1,266,824	6.00
7.00	Physical Therapy	689,361	0	689,361	0	689,361	7.00
8.00	Occupational Therapy	288,899	0	288,899	0	288,899	8.00
9.00	Speech Pathology	60,468	0	60,468	0	60,468	9.00
10.00	Medical Social Services	45,993	0	45,993	0	45,993	10.00
11.00	Home Health Aide	83,045	0	83,045	0	83,045	11.00
12.00	Supplies (see instructions)	97,159	0	97,159	0	97,159	12.00
13.00	Drugs	2,821	0	2,821	0	2,821	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)	3,397,802	0	3,397,802	0	3,397,802	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: 150082	Period: From 10/01/2010	Worksheet H-1 Part I Date/Time Prepared: 2/29/2012 6:59 am
	HHA CCN: 157132	To 09/30/2011	
		Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	863,232	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,266,824	0	0	0	6.00
7.00	Physical Therapy	689,361	0	0	0	7.00
8.00	Occupational Therapy	288,899	0	0	0	8.00
9.00	Speech Pathology	60,468	0	0	0	9.00
10.00	Medical Social Services	45,993	0	0	0	10.00
11.00	Home Health Aide	83,045	0	0	0	11.00
12.00	Supplies (see instructions)	97,159	0	0	0	12.00
13.00	Drugs	2,821	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,397,802	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150082	Period: From 10/01/2010	Worksheet H-1
		HHA CCN: 157132	To 09/30/2011	Part I
			Home Health Agency I	Date/Time Prepared: 2/29/2012 6:59 am
				PPS

	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00		0		1.00
2.00		0		2.00
3.00		0		3.00
4.00				4.00
5.00	863,232	863,232		5.00
HHA REIMBURSABLE SERVICES				
6.00	1,266,824	431,459	1,698,283	6.00
7.00	689,361	234,785	924,146	7.00
8.00	288,899	98,394	387,293	8.00
9.00	60,468	20,594	81,062	9.00
10.00	45,993	15,664	61,657	10.00
11.00	83,045	28,284	111,329	11.00
12.00	97,159	33,091	130,250	12.00
13.00	2,821	961	3,782	13.00
14.00	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES				
15.00	0	0	0	15.00
16.00	0	0	0	16.00
17.00	0	0	0	17.00
18.00	0	0	0	18.00
19.00	0	0	0	19.00
20.00	0	0	0	20.00
21.00	0	0	0	21.00
22.00	0	0	0	22.00
23.00	0	0	0	23.00
24.00	2,534,570		3,397,802	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet H-1

HHA CCN: 157132

From 10/01/2010
To 09/30/2011

Part II
Date/Time Prepared:
2/29/2012 6:59 am

Home Health
Agency I

PPS

		Capital Related Costs			Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
		1.00	2.00	3.00				
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	4,002					0	1.00
2.00	Capital Related - Movable Equipment		32,767				0	2.00
3.00	Plant Operation & Maintenance	0	0	4,002			0	3.00
4.00	Transportation (see instructions)	0	0	0	100		0	4.00
5.00	Administrative and General	4,002	32,767	4,002	100		-863,232	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	0	0	0	0		0	6.00
7.00	Physical Therapy	0	0	0	0		0	7.00
8.00	Occupational Therapy	0	0	0	0		0	8.00
9.00	Speech Pathology	0	0	0	0		0	9.00
10.00	Medical Social Services	0	0	0	0		0	10.00
11.00	Home Health Aide	0	0	0	0		0	11.00
12.00	Supplies (see instructions)	0	0	0	0		0	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0		0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0		0	15.00
16.00	Respiratory Therapy	0	0	0	0		0	16.00
17.00	Private Duty Nursing	0	0	0	0		0	17.00
18.00	Clinic	0	0	0	0		0	18.00
19.00	Health Promotion Activities	0	0	0	0		0	19.00
20.00	Day Care Program	0	0	0	0		0	20.00
21.00	Home Delivered Meals Program	0	0	0	0		0	21.00
22.00	Homemaker Service	0	0	0	0		0	22.00
23.00	All Others (specify)	0	0	0	0		0	23.00
24.00	Total (sum of lines 1-23)	4,002	32,767	4,002	100		-863,232	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000			26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 150082	Period: From 10/01/2010	Worksheet H-1 Part II Date/Time Prepared: 2/29/2012 6:59 am
	HHA CCN: 157132	To 09/30/2011	
		Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	2,534,570	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,266,824	6.00
7.00	Physical Therapy	689,361	7.00
8.00	Occupational Therapy	288,899	8.00
9.00	Speech Pathology	60,468	9.00
10.00	Medical Social Services	45,993	10.00
11.00	Home Health Aide	83,045	11.00
12.00	Supplies (see instructions)	97,159	12.00
13.00	Drugs	2,821	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)	2,534,570	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	863,232	25.00
26.00	Unit Cost Multiplier	0.340583	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150082

Period:

Worksheet H-2

HHA CCN: 157132

From 10/01/2010
To 09/30/2011

Part I
Date/Time Prepared:
2/29/2012 6:59 am

Home Health
Agency I

PPS

		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS	
HHA Trial Balance (1)		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP			
0		1.00	1.01	2.00	4.00		
1.00	Administrative and General	0	62,145	0	51,644	207,163	1.00
2.00	Skilled Nursing Care	1,698,283	0	0	0	288,772	2.00
3.00	Physical Therapy	924,146	0	0	0	0	3.00
4.00	Occupational Therapy	387,293	0	0	0	0	4.00
5.00	Speech Pathology	81,062	0	0	0	0	5.00
6.00	Medical Social Services	61,657	0	0	0	11,205	6.00
7.00	Home Health Aide	111,329	0	0	0	17,423	7.00
8.00	Supplies (see instructions)	130,250	0	0	0	0	8.00
9.00	Drugs	3,782	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)	3,397,802	62,145	0	51,644	524,563	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: 150082

Period:

Worksheet H-2

HHA CCN: 157132

From 10/01/2010
To 09/30/2011

Part I
Date/Time Prepared:
2/29/2012 6:59 am

Home Health
Agency I

PPS

		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
1.00	Administrative and General	320,952	56,960	79,715	0	29,688	1.00
2.00	Skilled Nursing Care	1,987,055	352,644	0	0	0	2.00
3.00	Physical Therapy	924,146	164,009	0	0	0	3.00
4.00	Occupational Therapy	387,293	68,733	0	0	0	4.00
5.00	Speech Pathology	81,062	14,386	0	0	0	5.00
6.00	Medical Social Services	72,862	12,931	0	0	0	6.00
7.00	Home Health Aide	128,752	22,850	0	0	0	7.00
8.00	Supplies (see instructions)	130,250	23,116	0	0	0	8.00
9.00	Drugs	3,782	671	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)	4,036,154	716,300	79,715	0	29,688	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: 150082

Period:

Worksheet H-2

HHA CCN: 157132

From 10/01/2010
To 09/30/2011

Part I
Date/Time Prepared:
2/29/2012 6:59 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	8,656	49,398	0	0	1.00
2.00 Skilled Nursing Care	0	9,459	53,988	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	426	2,429	0	0	6.00
7.00 Home Health Aide	0	899	5,129	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	6,480	0	8.00
9.00 Drugs	0	0	0	0	275	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	19,440	110,944	6,480	275	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: 150082

Period: From 10/01/2010

Worksheet H-2

HHA CCN: 157132

To 09/30/2011

Part I
Date/Time Prepared:
2/29/2012 6:59 am

Home Health
Agency I

PPS

		INTERNS & RESIDENTS					
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED PRGM - PHARMACY	
		16.00	17.00	21.00	22.00	23.00	
1.00	Administrative and General	12,487	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	12,487	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150082

Period:

Worksheet H-2

HHA CCN: 157132

From 10/01/2010
To 09/30/2011

Part I
Date/Time Prepared:
2/29/2012 6:59 am

Home Health
Agency I

PPS

	PARAMED ED PRGM- CHAPLAIN RESIDENCY	PARAMED ED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
	23.01	23.03	24.00	25.00	26.00	
1.00	Administrative and General	0	0	557,856	0	557,856 1.00
2.00	Skilled Nursing Care	0	0	2,403,146	0	2,403,146 2.00
3.00	Physical Therapy	0	0	1,088,155	0	1,088,155 3.00
4.00	Occupational Therapy	0	0	456,026	0	456,026 4.00
5.00	Speech Pathology	0	0	95,448	0	95,448 5.00
6.00	Medical Social Services	0	0	88,648	0	88,648 6.00
7.00	Home Health Aide	0	0	157,630	0	157,630 7.00
8.00	Supplies (see instructions)	0	0	159,846	0	159,846 8.00
9.00	Drugs	0	0	4,728	0	4,728 9.00
10.00	DME	0	0	0	0	0 10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0 11.00
12.00	Respiratory Therapy	0	0	0	0	0 12.00
13.00	Private Duty Nursing	0	0	0	0	0 13.00
14.00	Clinic	0	0	0	0	0 14.00
15.00	Health Promotion Activities	0	0	0	0	0 15.00
16.00	Day Care Program	0	0	0	0	0 16.00
17.00	Home Delivered Meals Program	0	0	0	0	0 17.00
18.00	Homemaker Service	0	0	0	0	0 18.00
19.00	All Others (specify)	0	0	0	0	0 19.00
20.00	Total (sum of lines 1-19) (2)	0	0	5,011,483	0	5,011,483 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.					

(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: 150082	Period: From 10/01/2010	Worksheet H-2 Part I
		HHA CCN: 157132	To 09/30/2011	Date/Time Prepared: 2/29/2012 6:59 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	301,015	2,704,161	2.00
3.00	Physical Therapy	136,301	1,224,456	3.00
4.00	Occupational Therapy	57,121	513,147	4.00
5.00	Speech Pathology	11,956	107,404	5.00
6.00	Medical Social Services	11,104	99,752	6.00
7.00	Home Health Aide	19,745	177,375	7.00
8.00	Supplies (see instructions)	20,022	179,868	8.00
9.00	Drugs	592	5,320	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)	557,856	5,011,483	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.	0.125259		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: 150082
HHA CCN: 157132

Period:
From 10/01/2010
To 09/30/2011

Worksheet H-2
Part II
Date/Time Prepared:
2/29/2012 6:59 am

Home Health Agency I

PPS

		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEE T - A)	NEW BLDG & FIXT (SQUARE FEE T - B)	NEW MVBLE EQUIP (DEPRECIATION EXPENSE)			
		1.00	1.01	2.00	4.00	5A	
1.00	Administrative and General	4,002	0	32,767	821,472	0	1.00
2.00	Skilled Nursing Care	0	0	0	1,145,077	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	44,432	0	6.00
7.00	Home Health Aide	0	0	0	69,090	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	4,002	0	32,767	2,080,071		20.00
21.00	Total cost to be allocated	62,145	0	51,644	524,563		21.00
22.00	Unit cost multiplier	15.528486	0.000000	1.576098	0.252185		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150082 HHA CCN: 157132	Period: From 10/01/2010 To 09/30/2011	Worksheet H-2 Part II Date/Time Prepared: 2/29/2012 6:59 am PPS
---	---	---	---

	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET - A)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - A)	DIETARY (MEALS)	
	5.00	7.00	8.00	9.00	10.00	
1.00 Administrative and General	320,952	4,002	0	4,002	0	1.00
2.00 Skilled Nursing Care	1,987,055	0	0	0	0	2.00
3.00 Physical Therapy	924,146	0	0	0	0	3.00
4.00 Occupational Therapy	387,293	0	0	0	0	4.00
5.00 Speech Pathology	81,062	0	0	0	0	5.00
6.00 Medical Social Services	72,862	0	0	0	0	6.00
7.00 Home Health Aide	128,752	0	0	0	0	7.00
8.00 Supplies (see instructions)	130,250	0	0	0	0	8.00
9.00 Drugs	3,782	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	4,036,154	4,002	0	4,002	0	20.00
21.00 Total cost to be allocated	716,300	79,715	0	29,688	0	21.00
22.00 Unit cost multiplier	0.177471	19.918791	0.000000	7.418291	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet H-2 Part II Date/Time Prepared: 2/29/2012 6:59 am
		HHA CCN: 157132	Home Health Agency I	PPS

	CAFETERIA (FTES)	NURSING ADMINISTRATION (FTE'S -NRSNG)	CENTRAL SERVICES & SUPPLY (COSTED REQ U.S.)	PHARMACY (COSTED REQ U.S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	183	183	0	0	4,378,238	1.00
2.00 Skilled Nursing Care	200	200	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	9	9	0	0	0	6.00
7.00 Home Health Aide	19	19	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	99,331	0	0	8.00
9.00 Drugs	0	0	0	677	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)	411	411	99,331	677	4,378,238	20.00
21.00 Total cost to be allocated	19,440	110,944	6,480	275	12,487	21.00
22.00 Unit cost multiplier	47.299270	269.936740	0.065236	0.406204	0.002852	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet H-2

HHA CCN: 157132

From 10/01/2010

Part II

To 09/30/2011

Date/Time Prepared: 2/29/2012 6:59 am

Home Health Agency I

PPS

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150082 HHA CCN: 157132	Period: From 10/01/2010 To 09/30/2011	Worksheet H-2 Part II Date/Time Prepared: 2/29/2012 6:59 am PPS
		Home Health Agency I	

		PARAMED ED PRGM- NURSING (HOURS - F)	
		23.03	
1.00	Administrative and General	0	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)	0	20.00
21.00	Total cost to be allocated	0	21.00
22.00	Unit cost multiplier	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 2/29/2012 6:59 am			
		HHA CCN: 157132	Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits		
	0	1.00	2.00	3.00	4.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,704,161	2,704,161	17,387	1.00	
2.00	Physical Therapy	3.00	1,224,456	0	1,224,456	6,371	2.00
3.00	Occupational Therapy	4.00	513,147	0	513,147	2,825	3.00
4.00	Speech Pathology	5.00	107,404	0	107,404	399	4.00
5.00	Medical Social Services	6.00	99,752		99,752	223	5.00
6.00	Home Health Aide	7.00	177,375		177,375	1,993	6.00
7.00	Total (sum of lines 1-6)		4,826,295	0	4,826,295	29,198	7.00
Program Visits							
Part B							
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		21780	3,585	3,197		8.00
8.01	Skilled Nursing Care		99915	58	46		8.01
9.00	Physical Therapy		21780	2,123	1,273		9.00
9.01	Physical Therapy		99915	60	13		9.01
10.00	Occupational Therapy		21780	910	566		10.00
10.01	Occupational Therapy		99915	28	0		10.01
11.00	Speech Pathology		21780	159	68		11.00
11.01	Speech Pathology		99915	0	0		11.01
12.00	Medical Social Services		21780	75	34		12.00
12.01	Medical Social Services		99915	1	2		12.01
13.00	Home Health Aide		21780	645	794		13.00
13.01	Home Health Aide		99915	0	2		13.01
14.00	Total (sum of lines 8-13)			7,644	5,995		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	179,868	0	179,868	146,467	15.00
16.00	Cost of Drugs	9.00	5,320	0	5,320	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	0.229742	0	0	1.00
2.00	Occupational Therapy						2.00
3.00	Speech Pathology						3.00
4.00	Cost of Medical Supplies		71.00	0.249860	0	0	4.00
5.00	Cost of Drugs		73.00	0.245911	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 2/29/2012 6:59 am	
		HHA CCN: 157132	Title XVIII		Home Health Agency I
		Program Visits		PPS	
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
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	155.53	3,643	3,243	1.00
2.00	Physical Therapy	192.19	2,183	1,286	2.00
3.00	Occupational Therapy	181.64	938	566	3.00
4.00	Speech Pathology	269.18	159	68	4.00
5.00	Medical Social Services	447.32	76	36	5.00
6.00	Home Health Aide	89.00	645	796	6.00
7.00	Total (sum of lines 1-6)		7,644	5,995	7.00
Cost Center Description					
		5.00	6.00	7.00	8.00
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
8.01	Skilled Nursing Care				8.01
9.00	Physical Therapy				9.00
9.01	Physical Therapy				9.01
10.00	Occupational Therapy				10.00
10.01	Occupational Therapy				10.01
11.00	Speech Pathology				11.00
11.01	Speech Pathology				11.01
12.00	Medical Social Services				12.00
12.01	Medical Social Services				12.01
13.00	Home Health Aide				13.00
13.01	Home Health Aide				13.01
14.00	Total (sum of lines 8-13)				14.00
Program Covered Charges					
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	1.228045	38,141	58,394	15.00
16.00	Cost of Drugs	0.000000	0	0	16.00
Cost Center Description					
			Transfer to Part I as Indicated		
			4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS					
1.00	Physical Therapy	col. 2, line 2.00			1.00
2.00	Occupational Therapy				2.00
3.00	Speech Pathology				3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00			4.00
5.00	Cost of Drugs	col. 2, line 16.00			5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150082	Period: From 10/01/2010	Worksheet H-3 Parts I-III Date/Time Prepared: 2/29/2012 6:59 am
	HHA CCN: 157132	To 09/30/2011	
	Title XVIII	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance			
	9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	566,596	504,384		1,070,980	1.00
2.00	Physical Therapy	419,551	247,156		666,707	2.00
3.00	Occupational Therapy	170,378	102,808		273,186	3.00
4.00	Speech Pathology	42,800	18,304		61,104	4.00
5.00	Medical Social Services	33,996	16,104		50,100	5.00
6.00	Home Health Aide	57,405	70,844		128,249	6.00
7.00	Total (sum of lines 1-6)	1,290,726	959,600		2,250,326	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
14.00	Total (sum of lines 8-13)					14.00
Cost of Services						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance			
	9.00	10.00	11.00			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	46,839	71,710	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet H-4 Part I-II Date/Time Prepared: 2/29/2012 6:59 am
		HHA CCN: 157132	Title XVII	Home Health Agency I PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
		Part A Services	Part B Services	
		1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)	0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	1,159,143	805,851	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	4,312	16,303	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	26,096	24,125	13.00
14.00	Total PPS Reimbursement - PEP Episodes	13,726	3,165	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	819	13,610	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	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	1,204,096	863,054	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	1,204,096	863,054	24.00
25.00	Coinsurance billed to program patients (from your records)	0	0	25.00
26.00	Net cost (line 24 minus line 25)	1,204,096	863,054	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)	1,204,096	863,054	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	1,204,096	863,054	31.00
32.00	Interim payments (see instructions)	1,204,096	863,055	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	-1	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: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet H-5
	HHA CCN: 157132	Home Health Agency I	Date/Time Prepared: 2/29/2012 6:59 am PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,204,096		863,055	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		1,204,096		863,055	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		1,204,096		863,054	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: 150082

Period: From 10/01/2010

Worksheet K

Hospice CCN: 151512

To 09/30/2011

Date/Time Prepared: 2/29/2012 6:59 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	52,726	0	0	4.00
5.00	Volunteer Service Coordination	48,650	0	0	0	0	5.00
6.00	Administrative and General	421,445	0	0	0	644,378	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	390,947	0	0	0	0	7.00
8.00	Inpatient - Respite Care	69,935	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	340,582	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	5,203	0	12.00
13.00	Occupational Therapy	0	0	0	109	0	13.00
14.00	Speech/ Language Pathology	0	0	0	122	0	14.00
15.00	Medical Social Services	45,035	0	0	0	0	15.00
16.00	Spiritual Counseling	42,136	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	154,399	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	225,944	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	150	26.00
27.00	Patient Transportation	0	0	18,692	0	0	27.00
28.00	Imaging Services	0	0	0	0	11,882	28.00
29.00	Labs and Diagnostics	0	0	0	0	184	29.00
30.00	Medical Supplies	0	0	0	0	33,601	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	3,320	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)	1,513,129	0	71,418	5,434	919,459	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150082

Period: From 10/01/2010

Worksheet K

Hospice CCN: 151512

To 09/30/2011

Date/Time Prepared: 2/29/2012 6:59 am

		Hospice I				
	Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	52,726	0	52,726	0	4.00
5.00	Volunteer Service Coordination	48,650	0	48,650	0	5.00
6.00	Administrative and General	1,065,823	20,912	1,086,735	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	390,947	0	390,947	0	7.00
8.00	Inpatient - Respite Care	69,935	0	69,935	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	340,582	0	340,582	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	5,203	0	5,203	0	12.00
13.00	Occupational Therapy	109	0	109	0	13.00
14.00	Speech/ Language Pathology	122	0	122	0	14.00
15.00	Medical Social Services	45,035	0	45,035	0	15.00
16.00	Spiritual Counseling	42,136	0	42,136	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	154,399	0	154,399	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	225,944	0	225,944	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	150	0	150	0	26.00
27.00	Patient Transportation	18,692	0	18,692	0	27.00
28.00	Imaging Services	11,882	0	11,882	0	28.00
29.00	Labs and Diagnostics	184	0	184	0	29.00
30.00	Medical Supplies	33,601	0	33,601	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	3,320	0	3,320	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)	2,509,440	20,912	2,530,352	0	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150082

Period: From 10/01/2010

Worksheet K-1

Hospice CCN: 151512

To 09/30/2011

Date/Time Prepared: 2/29/2012 6:59 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	38,508	0	77,195	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	255,066	7.00
8.00	Inpatient - Respite Care	0	0	0	0	45,628	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	340,582	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	38,508	0	77,195	641,276	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150082

Period: From 10/01/2010

Worksheet K-1

Hospice CCN: 151512

To 09/30/2011

Date/Time Prepared: 2/29/2012 6:59 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	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	48,650	5.00
6.00	Administrative and General		0	305,742	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		135,881	0	7.00
8.00	Inpatient - Respite Care		24,307	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	340,582	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	45,035	15.00
16.00	Spiritual Counseling		0	42,136	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		154,399	0	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				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
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	Total (sum of lines 1 thru 38)	0	314,587	441,563	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet K-3
		Hospice CCN: 151512		Date/Time Prepared: 2/29/2012 6:59 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	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet K-3
		Hospice CCN: 151512		Date/Time Prepared: 2/29/2012 6:59 am

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	5,203	0	0	5,203	12.00
13.00	Occupational Therapy	109	0	0	109	13.00
14.00	Speech/ Language Pathology	122	0	0	122	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)	5,434	0	0	5,434	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150082

Period: From 10/01/2010

Worksheet K-4

Hospice CCN: 151512

To 09/30/2011

Part I
Date/Time Prepared:
2/29/2012 6:59 am

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	52,726	0	0	0	52,726	4.00
5.00	Volunteer Service Coordination	48,650	0	0	0	0	5.00
6.00	Administrative and General	1,086,735	0	0	0	52,726	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	390,947	0	0	0	0	7.00
8.00	Inpatient - Respite Care	69,935	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	340,582	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	5,203	0	0	0	0	12.00
13.00	Occupational Therapy	109	0	0	0	0	13.00
14.00	Speech/ Language Pathology	122	0	0	0	0	14.00
15.00	Medical Social Services	45,035	0	0	0	0	15.00
16.00	Spiritual Counseling	42,136	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	154,399	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	225,944	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	150	0	0	0	0	26.00
27.00	Patient Transportation	18,692	0	0	0	0	27.00
28.00	Imaging Services	11,882	0	0	0	0	28.00
29.00	Labs and Diagnostics	184	0	0	0	0	29.00
30.00	Medical Supplies	33,601	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	3,320	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)	2,530,352	0	0	0	52,726	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet K-4 Part I Date/Time Prepared: 2/29/2012 6:59 am
		Hospice CCN: 151512	Hospice I	

	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
	5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.		0		1.00
2.00	Capital Related Costs-Movable Equip.		0		2.00
3.00	Plant Operation and Maintenance		0		3.00
4.00	Transportation - Staff		0		4.00
5.00	Volunteer Service Coordination	48,650			5.00
6.00	Administrative and General	48,650	1,188,111		6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	0	390,947	346,052	736,999
8.00	Inpatient - Respite Care	0	69,935	61,904	131,839
VISITING SERVICES					
9.00	Physician Services	0	0	0	9.00
10.00	Nursing Care	0	340,582	301,473	642,055
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	5,203	4,606	9,809
13.00	Occupational Therapy	0	109	96	205
14.00	Speech/ Language Pathology	0	122	108	230
15.00	Medical Social Services	0	45,035	39,864	84,899
16.00	Spiritual Counseling	0	42,136	37,298	79,434
17.00	Dietary Counseling	0	0	0	0
18.00	Counseling - Other	0	0	0	0
19.00	Home Health Aide and Homemaker	0	154,399	136,669	291,068
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0
21.00	Other	0	0	0	0
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy	0	225,944	199,999	425,943
23.00	Analgesics	0	0	0	0
24.00	Sedatives / Hypnotics	0	0	0	0
25.00	Other - Specify	0	0	0	0
26.00	Durable Medical Equipment/Oxygen	0	150	133	283
27.00	Patient Transportation	0	18,692	16,546	35,238
28.00	Imaging Services	0	11,882	10,518	22,400
29.00	Labs and Diagnostics	0	184	163	347
30.00	Medical Supplies	0	33,601	29,743	63,344
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0
32.00	Radiation Therapy	0	0	0	0
33.00	Chemotherapy	0	0	0	0
34.00	Other	0	3,320	2,939	6,259
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	0	0	0	0
36.00	Volunteer Program Costs	0	0	0	0
37.00	Fundraising	0	0	0	0
38.00	Other Program Costs	0	0	0	0
39.00	Total (sum of lines 1 thru 38)	48,650	1,342,241	1,188,111	2,530,352

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period: From 10/01/2010

Worksheet K-4

Hospice CCN: 151512

To 09/30/2011

Part II
Date/Time Prepared:
2/29/2012 6:59 am

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	5,264					1.00
2.00	Capital Related Costs-Movable Equip.	0	2,349				2.00
3.00	Plant Operation and Maintenance	0	0	5,264			3.00
4.00	Transportation - Staff	0	0	0	100		4.00
5.00	Volunteer Service Coordination	0	0	0	0	100	5.00
6.00	Administrative and General	5,264	2,349	5,264	100	100	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	52,726	48,650	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	527.260000	486.500000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period: From 10/01/2010

Worksheet K-4

Hospice CCN: 151512

To 09/30/2011

Part II
Date/Time Prepared:
2/29/2012 6:59 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	-1,188,111	1,342,241	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	390,947	7.00
8.00	Inpatient - Respite Care	0	69,935	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	340,582	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	5,203	12.00
13.00	Occupational Therapy	0	109	13.00
14.00	Speech/ Language Pathology	0	122	14.00
15.00	Medical Social Services	0	45,035	15.00
16.00	Spiritual Counseling	0	42,136	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	154,399	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	225,944	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	150	26.00
27.00	Patient Transportation	0	18,692	27.00
28.00	Imaging Services	0	11,882	28.00
29.00	Labs and Diagnostics	0	184	29.00
30.00	Medical Supplies	0	33,601	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	3,320	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)		1,188,111	39.00
40.00	Unit Cost Multiplier		0.885170	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period: From 10/01/2010

Worksheet K-5

Hospice CCN: 151512

To 09/30/2011

Part I
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
	0				4.00	
1.00 Administrative and General		81,741	0	3,702	118,550	1.00
2.00 Inpatient - General Care	736,999	0	0	0	98,591	2.00
3.00 Inpatient - Respite Care	131,839	0	0	0	17,637	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	642,055	0	0	0	85,890	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	9,809	0	0	0	0	7.00
8.00 Occupational Therapy	205	0	0	0	0	8.00
9.00 Speech/ Language Pathology	230	0	0	0	0	9.00
10.00 Medical Social Services	84,899	0	0	0	11,357	10.00
11.00 Spiritual Counseling	79,434	0	0	0	10,626	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	291,068	0	0	0	38,937	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	425,943	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	283	0	0	0	0	21.00
22.00 Patient Transportation	35,238	0	0	0	0	22.00
23.00 Imaging Services	22,400	0	0	0	0	23.00
24.00 Labs and Diagnostics	347	0	0	0	0	24.00
25.00 Medical Supplies	63,344	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	6,259	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)	2,530,352	81,741	0	3,702	381,588	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2010
To 09/30/2011

Part I
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description		Hospice I					
		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
1.00	Administrative and General	203,993	36,203	104,853	0	39,050	1.00
2.00	Inpatient - General Care	835,590	148,292	0	8,652	0	2.00
3.00	Inpatient - Respite Care	149,476	26,528	0	1,548	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	727,945	129,189	0	119	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	9,809	1,741	0	0	0	7.00
8.00	Occupational Therapy	205	36	0	0	0	8.00
9.00	Speech/ Language Pathology	230	41	0	0	0	9.00
10.00	Medical Social Services	96,256	17,083	0	0	0	10.00
11.00	Spiritual Counseling	90,060	15,983	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	330,005	58,566	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	425,943	75,593	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	283	50	0	0	0	21.00
22.00	Patient Transportation	35,238	6,254	0	0	0	22.00
23.00	Imaging Services	22,400	3,975	0	0	0	23.00
24.00	Labs and Diagnostics	347	62	0	0	0	24.00
25.00	Medical Supplies	63,344	11,242	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	6,259	1,111	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)	2,997,383	531,949	104,853	10,319	39,050	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period: From 10/01/2010

Worksheet K-5

Hospice CCN: 151512

To 09/30/2011

Part I
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description		Hospice I					
		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	4,116	23,485	0	0	1.00
2.00	Inpatient - General Care	30,200	3,831	21,865	0	0	2.00
3.00	Inpatient - Respite Care	5,407	709	4,049	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	409	2,270	12,957	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	473	2,699	0	0	10.00
11.00	Spiritual Counseling	0	520	2,969	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	1,987	11,337	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	91,807	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	2,218	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)	36,016	13,906	79,361	2,218	91,807	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2010
To 09/30/2011

Part I
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
1.00 Administrative and General	13,733	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	13,733	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period: From 10/01/2010

Worksheet K-5

Hospice CCN: 151512

To 09/30/2011

Part I
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description		PARAMED ED	PARAMED ED	Subtotal	Intern &	Subtotal	
		PRGM- CHAPLAIN	PRGM- NURSING	(col s. 4A-23)	Residents Cost	(col s. 24 ±	
		RESIDENCY			& Post	25)	
		23.01	23.03	24.00	Stepdown	25.00	
					Adjustments		
1.00	Administrative and General	0	0	425,433	0	0	1.00
2.00	Inpatient - General Care	0	0	1,048,430	0	1,048,430	2.00
3.00	Inpatient - Respite Care	0	0	187,717	0	187,717	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	872,889	0	872,889	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	11,550	0	11,550	7.00
8.00	Occupational Therapy	0	0	241	0	241	8.00
9.00	Speech/ Language Pathology	0	0	271	0	271	9.00
10.00	Medical Social Services	0	0	116,511	0	116,511	10.00
11.00	Spiritual Counseling	0	0	109,532	0	109,532	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	401,895	0	401,895	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	593,343	0	593,343	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	333	0	333	21.00
22.00	Patient Transportation	0	0	41,492	0	41,492	22.00
23.00	Imaging Services	0	0	26,375	0	26,375	23.00
24.00	Labs and Diagnostics	0	0	409	0	409	24.00
25.00	Medical Supplies	0	0	76,804	0	76,804	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	7,370	0	7,370	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	3,920,595	0	3,920,595	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2010
To 09/30/2011

Part I
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (cols. 26 ± 27)	Hospice I	
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Inpatient - General Care	127,615	1,176,045		2.00
3.00	Inpatient - Respite Care	22,849	210,566		3.00
4.00	Physician Services	0	0		4.00
5.00	Nursing Care	106,249	979,138		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	1,406	12,956		7.00
8.00	Occupational Therapy	29	270		8.00
9.00	Speech/ Language Pathology	33	304		9.00
10.00	Medical Social Services	14,182	130,693		10.00
11.00	Spiritual Counseling	13,332	122,864		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	48,919	450,814		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	72,222	665,565		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	41	374		21.00
22.00	Patient Transportation	5,050	46,542		22.00
23.00	Imaging Services	3,210	29,585		23.00
24.00	Labs and Diagnostics	50	459		24.00
25.00	Medical Supplies	9,349	86,153		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	897	8,267		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)		3,920,595		34.00
35.00	Unit Cost Multiplier (see instructions)	0.121721			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2010
To 09/30/2011

Part II
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEE T - A)	NEW BLDG & FIXT (SQUARE FEE T - B)	NEW MVBLE EQUIP (DEPRECIATION EXPENSE)			
		1.00	1.01	2.00			
						5A	
1.00	Administrative and General	5,264	0	2,349	470,095	0	1.00
2.00	Inpatient - General Care	0	0	0	390,947	0	2.00
3.00	Inpatient - Respite Care	0	0	0	69,935	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	340,582	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	45,035	0	10.00
11.00	Spiritual Counseling	0	0	0	42,136	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	154,399	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)	5,264	0	2,349	1,513,129		34.00
35.00	Total cost to be allocated	81,741	0	3,702	381,588		35.00
36.00	Unit Cost Multiplier (see instructions)	15.528305	0.000000	1.575990	0.252185		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2010
To 09/30/2011

Part II
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEE T - A)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEE T - A)	DIETARY (MEALS)	
		5.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	203,993	2,349	0	2,349	0	1.00
2.00	Inpatient - General Care	835,590	0	11,514	0	3,396	2.00
3.00	Inpatient - Respite Care	149,476	0	2,060	0	608	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	727,945	0	158	0	46	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	9,809	0	0	0	0	7.00
8.00	Occupational Therapy	205	0	0	0	0	8.00
9.00	Speech/ Language Pathology	230	0	0	0	0	9.00
10.00	Medical Social Services	96,256	0	0	0	0	10.00
11.00	Spiritual Counseling	90,060	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	330,005	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	425,943	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	283	0	0	0	0	21.00
22.00	Patient Transportation	35,238	0	0	0	0	22.00
23.00	Imaging Services	22,400	0	0	0	0	23.00
24.00	Labs and Diagnostics	347	0	0	0	0	24.00
25.00	Medical Supplies	63,344	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	6,259	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)	2,997,383	2,349	13,732	2,349	4,050	34.00
35.00	Total cost to be allocated	531,949	104,853	10,319	39,050	36,016	35.00
36.00	Unit Cost Multiplier (see instructions)	0.177471	44.637292	0.751456	16.624095	8.892840	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2010
To 09/30/2011

Part II
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description		Hospice I					
		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTE'S -NRSRG)	CENTRAL SERVICES & SUPPLY (COSTED REQ U.S.)	PHARMACY (COSTED REQ U.S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	87	87	0	0	4,815,051	1.00
2.00	Inpatient - General Care	81	81	0	0	0	2.00
3.00	Inpatient - Respite Care	15	15	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	48	48	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	10	10	0	0	0	10.00
11.00	Spiritual Counseling	11	11	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	42	42	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	225,695	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	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	34,001	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)	294	294	34,001	225,695	4,815,051	34.00
35.00	Total cost to be allocated	13,906	79,361	2,218	91,807	13,733	35.00
36.00	Unit Cost Multiplier (see instructions)	47.299320	269.935374	0.065233	0.406775	0.002852	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2010
To 09/30/2011

Part II
Date/Time Prepared:
2/29/2012 6:59 am

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2010
To 09/30/2011

Part II
Date/Time Prepared:
2/29/2012 6:59 am

Cost Center Description		PARAMED ED PRGM- NURSING (HOURS - F)	Hospice I
		23.03	
1.00	Administrative and General	96	1.00
2.00	Inpatient - General Care	0	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)	96	34.00
35.00	Total cost to be allocated	2,868	35.00
36.00	Unit Cost Multiplier (see instructions)	29.875000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet K-5 Part III Date/Time Prepared: 2/29/2012 6:59 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	0.229742	1,598	367	1.00
2.00	OCCUPATIONAL THERAPY	67.00				2.00
3.00	SPEECH PATHOLOGY	68.00				3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.245911	215,775	53,061	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.419783	0	0	5.00
6.00	LABORATORY	60.00	0.203856	14,655	2,988	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.249860	59,334	14,825	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY - THERAPEUTIC	55.00	0.334033	0	0	9.00
10.00	BEHAVIORAL HEALTH SERVICES	76.00	0.647777	0	0	10.00
11.00	Totals (sum of lines 1-10)				71,241	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150082

Period: From 10/01/2010

Worksheet K-6

Hospice CCN: 151512

To 09/30/2011

Date/Time Prepared:
2/29/2012 6:59 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				3,991,836	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				15,120	2.00
3.00	Average cost per diem (line 1 divided by line 2)				264.01	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	13,604				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	3,591,592				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		236			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		62,306			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,280		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			337,933		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150082	Period: From 10/01/2010 To 09/30/2011	Worksheet L Parts I-III Date/Time Prepared: 2/29/2012 6:59 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,811,325	1.00
2.00	Capital DRG outlier payments		396,196	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		327.61	3.00
4.00	Number of interns & residents (see instructions)		16.60	4.00
5.00	Indirect medical education percentage (see instructions)		1.44	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		83,683	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.58	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		14.64	8.00
9.00	Sum of lines 7 and 8		20.22	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.18	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		242,913	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		6,534,117	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