

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: 150033 Period: From 01/01/2011 To 12/31/2011 Worksheet S Parts I-III Date/Time Prepared: 5/29/2012 3:00 pm

**PART I - COST REPORT STATUS**

Provider use only  
 1.  Electronically filed cost report Date: 5/29/2012 Time: 3:00 pm  
 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: 04  
 12.  If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

Encryption Information  
 ECR: Date: 5/29/2012 Time: 3:00 pm  
 R0JgVarfowtSn4Tnp2X3l2MjfqQzX0  
 ljq7o0SGYDrJGyp1LgcZvq3KnLkL0u  
 Oyo81hMkYJOSQYYF  
 PI: Date: 5/29/2012 Time: 3:00 pm  
 jPQVoTQzVS6Sl6X8qo.zH6y4lLMMH1  
 DjqvMO.sZp6y0GJWIovrZQtCZFj3lL  
 vFgYqyYptcOSfNUI

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

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	Hospital	0	311,837	-46,505	0	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	-135,493	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	176,344	-46,505	0	0 200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/29/2012 2:55 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1600 ALBANY STREET		PO Box:				1.00				
2.00	City: BEECH GROVE		State: IN		Zip Code: 46107-		County: MARI ON				
		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	V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ST. FRANCIS HOSPITAL & HEALTH CENTER	150033	26900	1	06/01/1966	N	P	P	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		REHAB UNIT	15T033	26900	5	01/01/2005	N	P	P	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N		N	8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		ST. FRANCIS HHA	157179	26900		01/01/1984	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		ST. FRANCIS HOSPI CE	151523	26900		04/01/1992				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)					01/01/2011		12/31/2011		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.					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.		3,286	522	0	0	557	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.		91	54	0	0	23	0		25.00	
						Urban/Rural	S	Date of Geogr			
						1.00		2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.							1		26.00	
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic recl assifi cation (in column 2).							1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0		35.00	
						Beginni ng:	Endi ng:				
						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	

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		Beginning: 1.00	Ending: 2.00			
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	Y	0.41	0.00	61.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	Y			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
<b>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.</b>						
64.00	If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))				
	1.00	2.00	3.00	4.00	5.00				
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.	FAMILY MEDICINE GENERAL 1350	9.00	4.54	0.664697	65.00			
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))				
			1.00	2.00	3.00				
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00			
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))				
	1.00	2.00	3.00	4.00	5.00				
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE GENERAL 1350	10.23	5.33	0.657455	67.00			
							1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00			
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00			

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			1.00	2.00	3.00
<b>Inpatient Rehabilitation Facility PPS</b>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)		N	0	76.00
				1.00	
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
<b>Title V or XIX Inpatient Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I&R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
					4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	109.00
			1.00	2.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2	118.00
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	5,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

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			1.00	2.00					
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)					Y	158014	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: SISTERS OF ST. FRANCIS HEALTH SERVICE		Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 0130			141.00	
142.00	Street: 1515 W DRAGOON TRL		PO Box: 1290					142.00	
143.00	City: MISHAWAKA		State: IN		Zip Code: 46544			143.00	
							1.00		
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.							Y	145.00
			1.00	2.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
			Part A		Part B				
			1.00	2.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital		N		N		155.00		
156.00	Subprovider - IPF		N		N		156.00		
157.00	Subprovider - IRF		N		N		157.00		
158.00	SUBPROVIDER		N		N		158.00		
159.00	SNF		N		N		159.00		
160.00	HOME HEALTH AGENCY		N		N		160.00		
161.00	CMHC		N		N		161.00		
							1.00		
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N		165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 2:55 pm
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	03/27/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/29/2012 2:55 pm
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		Part A				
		Description	Y/N	Date		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00		21.00
					1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>						
<b>Capital Related Cost</b>						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N			27.00
<b>Interest Expense</b>						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N			31.00
<b>Purchased Services</b>						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
<b>Provider-Based Physicians</b>						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N			35.00
					Y/N	Date
					1.00	2.00
<b>Home Office Costs</b>						
36.00	Were home office costs claimed on the cost report?		Y			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		N			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		Y			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		Y			40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150033

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

Worksheet S-2  
Part II  
Date/Time Prepared:  
5/29/2012 2:55 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/27/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150033

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	
	Line Number				
	1.00	2.00	3.00	4.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	149	54,385	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)		149	54,385	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	33	12,045	0.00	8.00
9.00 CORONARY CARE UNIT					9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY					13.00
14.00 Total (see instructions)		182	66,430	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF	41.00	24	8,760		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	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE	116.00	0	0		24.00
25.00 CMHC - CMHC					25.00
26.00 RURAL HEALTH CLINIC					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00 Total (sum of lines 14-26)		206			27.00
28.00 Observation Bed Days					28.00
28.02 SUBPROVIDER - IRF	41.00				28.02
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150033

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	15,300	2,515	31,284		1.00
2.00 HMO		2,935	1,079			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		480	77			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	15,300	2,515	31,284		7.00
8.00 INTENSIVE CARE UNIT	0	5,435	771	8,584		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0	20,735	3,286	39,868		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	2,998	91	4,583		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	0	4,553	1,433	23,116		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC						25.00
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		233	1,483		28.00
28.02 SUBPROVIDER - IRF				0		28.02
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150033

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	4,497	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)	17.25	1,264.75	0.00	0	4,497	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	25.98	0.00	0	263	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	0.00	40.20	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	43.91	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)	17.25	1,374.84	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150033

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	702	8,813		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)	702	8,813		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	16	431		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
28.02 SUBPROVIDER - IRF				28.02
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part II Date/Time Prepared: 5/29/2012 2:55 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	74,451,177	0	74,451,177	2,600,439.71	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	3,777,692	-2,293,197	1,484,495	53,634.45	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		9,141,149	89,447	9,230,596	181,141.44	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		5,534,891	0	5,534,891	163,400.61	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		131,762	0	131,762	894.00	13.00
14.00	Home office salaries & wage-related costs		31,147,626	0	31,147,626	571,915.96	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		22,122,170	0	22,122,170		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		3,203,849	0	3,203,849		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		0	0	0		22.00
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		515,254	0	515,254		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	0	0	0	0.00	26.00
27.00	Administrative & General	5.00	2,007,891	0	2,007,891	99,547.48	27.00
28.00	Administrative & General under contract (see inst.)		515,036	0	515,036	2,178.58	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	2,495,419	0	2,495,419	105,302.67	30.00
31.00	Laundry & Linen Service	8.00	174,048	0	174,048	11,989.95	31.00
32.00	Housekeeping	9.00	1,877,141	0	1,877,141	149,483.62	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	1,502,737	0	1,502,737	94,680.49	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	532,304	0	532,304	39,967.19	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	3,911,124	0	3,911,124	109,975.33	38.00
39.00	Central Services and Supply	14.00	261,683	0	261,683	19,321.50	39.00
40.00	Pharmacy	15.00	2,737,654	0	2,737,654	84,365.43	40.00
41.00	Medical Records & Medical Records Library	16.00	1,130,745	0	1,130,745	67,242.19	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/29/2012 2:55 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	28.63	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	27.68	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	50.96	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	33.87	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	147.38	13.00
14.00	Home office salaries & wage-related costs	54.46	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
<b>WAGE-RELATED COSTS</b>			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>			
26.00	Employee Benefits	0.00	26.00
27.00	Administrative & General	20.17	27.00
28.00	Administrative & General under contract (see inst.)	236.41	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	23.70	30.00
31.00	Laundry & Linen Service	14.52	31.00
32.00	Housekeeping	12.56	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	15.87	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	13.32	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	35.56	38.00
39.00	Central Services and Supply	13.54	39.00
40.00	Pharmacy	32.45	40.00
41.00	Medical Records & Medical Records Library	16.82	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150033

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/29/2012 2:55 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	71,188,521	2,293,197	73,481,718	2,548,983.84	1.00
2.00	Excluded area salaries (see instructions)	9,141,149	89,447	9,230,596	181,141.44	2.00
3.00	Subtotal salaries (line 1 minus line 2)	62,047,372	2,203,750	64,251,122	2,367,842.40	3.00
4.00	Subtotal other wages & related costs (see inst.)	36,814,279	0	36,814,279	736,210.57	4.00
5.00	Subtotal wage-related costs (see inst.)	22,122,170	0	22,122,170	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	120,983,821	2,203,750	123,187,571	3,104,052.97	6.00
7.00	Total overhead cost (see instructions)	17,145,782	0	17,145,782	784,054.43	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/29/2012 2:55 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>			
1.00	Net salaries (see instructions)	28.83	1.00
2.00	Excluded area salaries (see instructions)	50.96	2.00
3.00	Subtotal salaries (line 1 minus line 2)	27.13	3.00
4.00	Subtotal other wages & related costs (see inst.)	50.01	4.00
5.00	Subtotal wage-related costs (see inst.)	34.43	5.00
6.00	Total (sum of lines 3 thru 5)	39.69	6.00
7.00	Total overhead cost (see instructions)	21.87	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2012 2:55 pm
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		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	6,539,413	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	697,643	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	10,156,631	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	467,068	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	52,744	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	352,346	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	812,267	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	6,096,998	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	93,276	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	221,704	22.00
23.00	Tuition Reimbursement	351,184	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	25,841,274	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part V Date/Time Prepared: 5/29/2012 2:55 pm
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			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: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet S-4	
		Component CCN: 157179				Date/Time Prepared: 5/29/2012 2:55 pm	
				Home Health Agency I		PPS	
						1.00	
0.00	County			MARION		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	1,713	1,048	556	3,317 1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	809.00	56.00	613.00	1,478.00 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)			1.00	0.00	1.00 4.00	
5.00	Other Administrative Personnel			18.43	0.00	18.43 5.00	
6.00	Direct Nursing Service			10.17	0.00	10.17 6.00	
7.00	Nursing Supervisor			0.00	0.00	0.00 7.00	
8.00	Physical Therapy Service			5.97	0.00	5.97 8.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00 9.00	
10.00	Occupational Therapy Service			1.78	0.00	1.78 10.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00 11.00	
12.00	Speech Pathology Service			0.28	0.00	0.28 12.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00 13.00	
14.00	Medical Social Service			0.00	0.00	0.00 14.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00 15.00	
16.00	Home Health Aide			1.59	0.00	1.59 16.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00 17.00	
18.00	Other (specify)			0.00	0.00	0.00 18.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			26900		20.00	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,361	495	183	98	4,137 21.00	
22.00	Skilled Nursing Visit Charges	978,097	145,261	53,612	28,445	1,205,415 22.00	
23.00	Physical Therapy Visits	4,941	27	91	42	5,101 23.00	
24.00	Physical Therapy Visit Charges	1,441,862	7,938	26,447	12,196	1,488,443 24.00	
25.00	Occupational Therapy Visits	1,407	2	15	16	1,440 25.00	
26.00	Occupational Therapy Visit Charges	410,105	588	4,410	4,704	419,807 26.00	
27.00	Speech Pathology Visits	262	0	1	0	263 27.00	
28.00	Speech Pathology Visit Charges	76,401	0	294	0	76,695 28.00	
29.00	Medical Social Service Visits	86	1	2	4	93 29.00	
30.00	Medical Social Service Visit Charges	33,340	390	780	1,560	36,070 30.00	
31.00	Home Health Aide Visits	802	17	1	34	854 31.00	
32.00	Home Health Aide Visit Charges	123,842	2,652	156	5,164	131,814 32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,859	542	293	194	11,888 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)	3,063,647	156,829	85,699	52,069	3,358,244 35.00	
36.00	Total Number of Episodes (standard/non outlier)	671		114	14	799 36.00	
37.00	Total Number of Outlier Episodes		11		0	11 37.00	
38.00	Total Non-Routine Medical Supply Charges	27,822	13,233	2,260	1,077	44,392 38.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/29/2012 2:55 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.325377		1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		11,151,063		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		74,171,198		6.00	
7.00	Medicaid cost (line 1 times line 6)		24,133,602		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)		12,982,539		8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
<b>Uncompensated care (see instructions for each line)</b>						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		12,982,539		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		11,902,188	0	11,902,188	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		3,872,698	0	3,872,698	21.00
22.00	Partial payment by patients approved for charity care		130,924	0	130,924	22.00
23.00	Cost of charity care (line 21 minus line 22)		3,741,774	0	3,741,774	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)		4,247,551		26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		846,936		27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		3,400,615		28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,106,482		29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		4,848,256		30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		17,830,795		31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150033

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

Worksheet A  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		7,341,284	7,341,284	687,275	8,028,559	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		4,250,883	4,250,883	0	4,250,883	2.00
4.00 EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.01 ADMINISTRATION	0	0	0	0	0	5.01
5.03 OTHER ADMINISTRATIVE AND GENERAL	2,007,891	2,077,477	4,085,368	0	4,085,368	5.03
7.00 OPERATION OF PLANT	2,495,419	4,462,161	6,957,580	0	6,957,580	7.00
8.00 LAUNDRY & LINEN SERVICE	174,048	604,956	779,004	0	779,004	8.00
9.00 HOUSEKEEPING	1,877,141	880,758	2,757,899	0	2,757,899	9.00
10.00 DIETARY	1,502,737	1,967,381	3,470,118	0	3,470,118	10.00
11.00 CAFETERIA	532,304	627,624	1,159,928	0	1,159,928	11.00
13.00 NURSING ADMINISTRATION	3,911,124	1,834,782	5,745,906	0	5,745,906	13.00
14.00 CENTRAL SERVICES & SUPPLY	261,683	1,688,107	1,949,790	-1,356,596	593,194	14.00
15.00 PHARMACY	2,737,654	2,185,760	4,923,414	-128,133	4,795,281	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,130,745	1,103,768	2,234,513	0	2,234,513	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	3,777,692	1,803,122	5,580,814	-3,528,877	2,051,937	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,591,288	1,591,288	22.00
23.00 PARAMEDICAL PRGM	79,526	32,784	112,310	123,437	235,747	23.00
23.01 EMERGENCY MEDICAL SERVICES	130,333	109,032	239,365	0	239,365	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	13,549,000	4,783,363	18,332,363	-2,104	18,330,259	30.00
31.00 INTENSIVE CARE UNIT	5,939,631	2,413,985	8,353,616	-831	8,352,785	31.00
41.00 SUBPROVIDER - IRF	1,660,392	699,162	2,359,554	0	2,359,554	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	5,570,405	17,001,899	22,572,304	-12,893,948	9,678,356	50.00
54.00 RADIOLOGY-DIAGNOSTIC	3,153,529	2,941,532	6,095,061	-1,632,290	4,462,771	54.00
54.01 NUCLEAR MEDICINE	111,723	78,683	190,406	-104	190,302	54.01
54.02 ULTRA SOUND	292,600	124,278	416,878	-6,499	410,379	54.02
60.00 LABORATORY	1,135,275	12,928,071	14,063,346	-442,005	13,621,341	60.00
64.00 INTRAVENOUS THERAPY	639,171	426,644	1,065,815	-217,145	848,670	64.00
65.00 RESPIRATORY THERAPY	2,467,537	1,144,872	3,612,409	-278,201	3,334,208	65.00
66.00 PHYSICAL THERAPY	2,182,875	825,150	3,008,025	-302,182	2,705,843	66.00
66.01 SPORTS MEDICINE	161,470	216,287	377,757	29,115	406,872	66.01
67.00 OCCUPATIONAL THERAPY	666,100	239,851	905,951	134,020	1,039,971	67.00
68.00 SPEECH PATHOLOGY	296,462	108,323	404,785	64,859	469,644	68.00
69.00 ELECTROCARDIOLOGY	178,862	76,615	255,477	0	255,477	69.00
70.00 ELECTROENCEPHALOGRAPHY	80,367	74,926	155,293	0	155,293	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,495	7,495	8,402,530	8,410,025	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,563,399	8,563,399	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	10,421,656	10,421,656	513,736	10,935,392	73.00
74.00 RENAL DIALYSIS	466,220	236,003	702,223	-14,078	688,145	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	0	0	1,937,589	1,937,589	90.00
90.01 NEIGHBORHOOD CLINIC	1,079,583	512,547	1,592,130	0	1,592,130	90.01
90.02 WOUND CARE INSTITUTE	275,417	123,072	398,489	0	398,489	90.02
90.03 BARIATRICS CENTER	682,178	457,220	1,139,398	0	1,139,398	90.03
90.04 PEDIATRIC CLINIC	124,483	38,119	162,602	0	162,602	90.04
90.05 IBMT JV	815,666	2,683,466	3,499,132	-230,480	3,268,652	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	1,367,100	608,914	1,976,014	0	1,976,014	90.06
91.00 EMERGENCY	3,665,936	1,988,349	5,654,285	-282,777	5,371,508	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 HOME HEALTH AGENCY	2,881,878	1,150,243	4,032,121	0	4,032,121	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE		3,879,468	3,879,468	-687,275	3,192,193	113.00
116.00 HOSPICE	2,783,858	1,696,030	4,479,888	-43,723	4,436,165	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	72,846,015	98,856,102	171,702,117	0	171,702,117	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	59,643	197,824	257,467	0	257,467	190.00
190.01 MEDICAL OFFICE & PARKING	0	310,075	310,075	0	310,075	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	281,954	5,049,052	5,331,006	0	5,331,006	192.00
194.00 MOB	0	1,084,495	1,084,495	0	1,084,495	194.00
194.01 MARKETING	0	0	0	0	0	194.01
194.02 VACANT	0	0	0	0	0	194.02
194.03 HEALTH PROMOTIONS/WELLNESS	141,215	81,029	222,244	0	222,244	194.03
194.04 FOUNDATION	1,075,138	346,758	1,421,896	0	1,421,896	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	47,212	61,470	108,682	0	108,682	194.05
200.00 TOTAL (SUM OF LINES 118-199)	74,451,177	105,986,805	180,437,982	0	180,437,982	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150033

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

Worksheet A  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	8,028,559	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,081,775	6,332,658	2.00
4.00	EMPLOYEE BENEFITS	2,446,164	2,446,164	4.00
5.01	ADMINISTRATIVE	1,018,468	1,018,468	5.01
5.03	OTHER ADMINISTRATIVE AND GENERAL	6,690,906	10,776,274	5.03
7.00	OPERATION OF PLANT	-67,899	6,889,681	7.00
8.00	LAUNDRY & LINEN SERVICE	-1,800	777,204	8.00
9.00	HOUSEKEEPING	-29,834	2,728,065	9.00
10.00	DIETARY	-1,422,474	2,047,644	10.00
11.00	CAFETERIA	0	1,159,928	11.00
13.00	NURSING ADMINISTRATION	584,492	6,330,398	13.00
14.00	CENTRAL SERVICES & SUPPLY	656,152	1,249,346	14.00
15.00	PHARMACY	506,895	5,302,176	15.00
16.00	MEDICAL RECORDS & LIBRARY	-50,427	2,184,086	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	-730,710	1,321,227	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	-1,282,741	308,547	22.00
23.00	PARAMED ED PRGM	-24,315	211,432	23.00
23.01	EMERGENCY MEDICAL SERVICES	-106,554	132,811	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	-37,514	18,292,745	30.00
31.00	INTENSIVE CARE UNIT	0	8,352,785	31.00
41.00	SUBPROVIDER - IRF	-60,000	2,299,554	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	-1,456,111	8,222,245	50.00
54.00	RADIOLOGY-DIAGNOSTIC	-44,532	4,418,239	54.00
54.01	NUCLEAR MEDICINE	0	190,302	54.01
54.02	ULTRA SOUND	0	410,379	54.02
60.00	LABORATORY	2,544,103	16,165,444	60.00
64.00	INTRAVENOUS THERAPY	0	848,670	64.00
65.00	RESPIRATORY THERAPY	-20,566	3,313,642	65.00
66.00	PHYSICAL THERAPY	0	2,705,843	66.00
66.01	SPORTS MEDICINE	0	406,872	66.01
67.00	OCCUPATIONAL THERAPY	0	1,039,971	67.00
68.00	SPEECH PATHOLOGY	0	469,644	68.00
69.00	ELECTROCARDIOLOGY	0	255,477	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	155,293	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,410,025	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	8,563,399	72.00
73.00	DRUGS CHARGED TO PATIENTS	-213,599	10,721,793	73.00
74.00	RENAL DIALYSIS	-3,938	684,207	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	CLINIC	-1,224,310	713,279	90.00
90.01	NEIGHBORHOOD CLINIC	-304,223	1,287,907	90.01
90.02	WOUND CARE INSTITUTE	-13,160	385,329	90.02
90.03	BARIATRICS CENTER	-23,865	1,115,533	90.03
90.04	PEDIATRIC CLINIC	0	162,602	90.04
90.05	IBMT JV	-2,323,041	945,611	90.05
90.06	PSYCHIATRIC COUNSELING CENTER	-69,425	1,906,589	90.06
91.00	EMERGENCY	-41,212	5,330,296	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	HOME HEALTH AGENCY	-387	4,031,734	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	INTEREST EXPENSE	-3,192,193	0	113.00
116.00	HOSPICE	0	4,436,165	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,784,125	175,486,242	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	257,467	190.00
190.01	MEDICAL OFFICE & PARKING	0	310,075	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	5,331,006	192.00
194.00	MOB	0	1,084,495	194.00
194.01	MARKETING	2,693,032	2,693,032	194.01
194.02	VACANT	0	0	194.02
194.03	HEALTH PROMOTIONS/WELLNESS	0	222,244	194.03
194.04	FOUNDATION	0	1,421,896	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	108,682	194.05
200.00	TOTAL (SUM OF LINES 118-199)	6,477,157	186,915,139	200.00

RECLASSIFICATIONS

Provider CCN: 150033

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

Worksheet A-6

Date/Time Prepared:  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - I&amp;R RECLASS</b>					
1.00	CLINIC	90.00	1,065,825	871,764	1.00
2.00	I&R SERVICES-OTHER PRGM	22.00	1,227,372	363,916	2.00
	COSTS APPRVD				
	TOTALS		2,293,197	1,235,680	
<b>C - PARAMED ED RECLASS</b>					
1.00	PARAMED ED PRGM	23.00	89,447	33,990	1.00
	TOTALS		89,447	33,990	
<b>D - IV SOLUTIONS RECLASS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	203,254	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
	TOTALS		0	203,254	
<b>E - ANESTHESIA RECLASS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	85,626	1.00
	TOTALS		0	85,626	
<b>G - THERAPY RECLASS</b>					
1.00	OCCUPATIONAL THERAPY	67.00	114,517	37,354	1.00
2.00	SPORTS MEDICINE	66.01	21,954	7,161	2.00
3.00	SPEECH PATHOLOGY	68.00	50,761	16,558	3.00
	TOTALS		187,232	61,073	
<b>H - SUPPLIES RECLASS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,396,906	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
	TOTALS		0	8,396,906	
<b>I - INTEREST RECLASS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	687,275	1.00
	TOTALS		0	687,275	
<b>K - IBMT DRUGS AND SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,624	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	224,856	2.00
	TOTALS		0	230,480	
<b>L - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	8,563,399	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	8,563,399	
500.00	Grand Total: Increases		2,569,876	19,497,683	500.00

RECLASSIFICATIONS

Provider CCN: 150033

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

Worksheet A-6  
Date/Time Prepared:  
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		Decreases			Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other			
6.00	7.00	8.00	9.00	10.00		
<b>A - I&amp;R RECLASS</b>						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	2,293,197	1,235,680	0	1.00
2.00	TOTALS	0.00	0	0	0	2.00
<b>C - PARAMED ED RECLASS</b>						
1.00	LABORATORY	60.00	89,447	33,990	0	1.00
	TOTALS		89,447	33,990		
<b>D - IV SOLUTIONS RECLASS</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	758	0	1.00
2.00	PHARMACY	15.00	0	128,133	0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,104	0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	831	0	4.00
5.00	OPERATING ROOM	50.00	0	20,802	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	512	0	6.00
7.00	NUCLEAR MEDICINE	54.01	0	104	0	7.00
8.00	LABORATORY	60.00	0	772	0	8.00
9.00	HOSPICE	116.00	0	43,723	0	9.00
10.00	RENAL DIALYSIS	74.00	0	593	0	10.00
11.00	EMERGENCY	91.00	0	4,922	0	11.00
	TOTALS		0	203,254		
<b>E - ANESTHESIA RECLASS</b>						
1.00	OPERATING ROOM	50.00	0	85,626	0	1.00
	TOTALS		0	85,626		
<b>G - THERAPY RECLASS</b>						
1.00	PHYSICAL THERAPY	66.00	187,232	61,073	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		187,232	61,073		
<b>H - SUPPLIES RECLASS</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,355,838	0	1.00
2.00	OPERATING ROOM	50.00	0	4,717,776	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,142,898	0	3.00
4.00	ULTRA SOUND	54.02	0	6,499	0	4.00
5.00	LABORATORY	60.00	0	317,796	0	5.00
6.00	INTRAVENOUS THERAPY	64.00	0	217,145	0	6.00
7.00	RESPIRATORY THERAPY	65.00	0	278,201	0	7.00
8.00	PHYSICAL THERAPY	66.00	0	53,877	0	8.00
9.00	OCCUPATIONAL THERAPY	67.00	0	17,851	0	9.00
10.00	SPEECH PATHOLOGY	68.00	0	2,460	0	10.00
11.00	RENAL DIALYSIS	74.00	0	13,485	0	11.00
12.00	EMERGENCY	91.00	0	273,080	0	12.00
	TOTALS		0	8,396,906		
<b>I - INTEREST RECLASS</b>						
1.00	INTEREST EXPENSE	113.00	0	687,275	9	1.00
	TOTALS		0	687,275		
<b>K - IBMT DRUGS AND SUPPLIES</b>						
1.00	IBMT JV	90.05	0	230,480	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	230,480		
<b>L - IMPLANTABLE DEVICES</b>						
1.00	OPERATING ROOM	50.00	0	8,069,744	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	488,880	0	2.00
3.00	EMERGENCY	91.00	0	4,775	0	3.00
	TOTALS		0	8,563,399		
500.00	Grand Total: Decreases		2,569,876	19,497,683		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet A-7 Parts I-III Date/Time Prepared: 5/29/2012 2:55 pm
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		Beginning Balances 1.00	Acquisitions			Disposals and Retirements 5.00	
			Purchases 2.00	Donation 3.00	Total 4.00		
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	534,909	0	0	0	0	1.00
2.00	Land Improvements	5,359,245	70,860	0	70,860	0	2.00
3.00	Buildings and Fixtures	66,151,194	2,361,545	0	2,361,545	0	3.00
4.00	Building Improvements	1,590,473	0	0	0	31,176	4.00
5.00	Fixed Equipment	67,270,558	290,034	0	290,034	0	5.00
6.00	Movable Equipment	87,667,645	0	0	0	5,859,383	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	228,574,024	2,722,439	0	2,722,439	5,890,559	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	228,574,024	2,722,439	0	2,722,439	5,890,559	10.00
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Depreciation 9.00	Lease 10.00	Interest 11.00	Insurance (see instructions) 12.00	Taxes (see instructions) 13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	7,341,284	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4,250,883	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	11,592,167	0	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>							
Cost Center Description		Gross Assets 1.00	Capitalized Leases 2.00	Gross Assets for Ratio (col. 1 - col. 2) 3.00	ALLOCATION OF OTHER CAPITAL Ratio (see instructions) 4.00	Insurance 5.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	143,597,641	0	143,597,641	0.637062	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	81,808,262	0	81,808,262	0.362938	0	2.00
3.00	Total (sum of lines 1-2)	225,405,903	0	225,405,903	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150033

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	534,909	0		1.00	
2.00	Land Improvements	5,430,105	0		2.00	
3.00	Buildings and Fixtures	68,512,739	0		3.00	
4.00	Building Improvements	1,559,297	0		4.00	
5.00	Fixed Equipment	67,560,592	0		5.00	
6.00	Movable Equipment	81,808,262	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	225,405,904	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	225,405,904	0		10.00	
<b>SUMMARY OF CAPITAL</b>						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	7,341,284		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	4,250,883		2.00	
3.00	Total (sum of lines 1-2)	0	11,592,167		3.00	
<b>ALLOCATION OF OTHER CAPITAL</b>						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	8,028,559	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	6,332,658	0
3.00	Total (sum of lines 1-2)	0	0	0	14,361,217	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150033

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	8,028,559	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,332,658	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	14,361,217	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150033

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

Worksheet A-8  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	7.00
8.00 Television and radio service (chapter 21)		0			0.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,601,079				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	20,941,443				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests		0			0.00	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		0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant			0		0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A		0		0.00	32.00
33.00 OTHER REVENUE OFFSET	B	-3,993,280		OTHER ADMINISTRATIVE AND GENERAL	5.03	33.00
34.00 OTHER REVENUE OFFSET	B	-100,865		OPERATION OF PLANT	7.00	34.00
35.00 OTHER REVENUE OFFSET	B	-1,800		LAUNDRY & LINEN SERVICE	8.00	35.00
36.00 OTHER REVENUE OFFSET	B	-29,834		HOUSEKEEPING	9.00	36.00
37.00 OTHER REVENUE OFFSET	B	-178,581		DIETARY	10.00	37.00
38.00 OTHER REVENUE OFFSET	B	-1,243,893		DIETARY	10.00	38.00
39.00 OTHER REVENUE OFFSET	B	-50,427		MEDICAL RECORDS & LIBRARY	16.00	39.00
40.00 OTHER REVENUE OFFSET	B	-1,786		I&R SERVICES-SALARY & FRINGES APPRVD	21.00	40.00
41.00 OTHER REVENUE OFFSET	B	-24,315		PARAMED ED PRGM	23.00	41.00
42.00 OTHER REVENUE OFFSET	B	-82,804		EMERGENCY MEDICAL SERVICES	23.01	42.00
43.00 OTHER REVENUE OFFSET	B	-200		OPERATING ROOM	50.00	43.00
44.00 OTHER REVENUE OFFSET	B	-7,858		RADIOLOGY-DIAGNOSTIC	54.00	44.00
45.00 OTHER REVENUE OFFSET	B	-436,607		LABORATORY	60.00	45.00
45.01 OTHER REVENUE OFFSET	B	-1,478		RESPIRATORY THERAPY	65.00	45.01
45.02 OTHER REVENUE OFFSET	B	-213,599		DRUGS CHARGED TO PATIENTS	73.00	45.02
45.03 OTHER REVENUE OFFSET	B	-36,368		NEIGHBORHOOD CLINIC	90.01	45.03
45.04 OTHER REVENUE OFFSET	B	-6,422		BARITRICS CENTER	90.03	45.04
45.05 OTHER REVENUE OFFSET	B	-2,323,041		IBMT JV	90.05	45.05

Provider CCN: 150033  
 Period: From 01/01/2011 To 12/31/2011  
 Worksheet A-8  
 Date/Time Prepared: 5/29/2012 2:55 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	
			1.00	2.00	
45.06 OTHER REVENUE OFFSET	B	-53,263	PSYCHI ATRI C COUNCELING CENTER	90.06	45.06
45.07 OTHER REVENUE OFFSET	B	-387	HOME HEALTH AGENCY	101.00	45.07
45.08 NON-ALLOWABLE INTEREST EXPENSE	A	-1,076,399	INTEREST EXPENSE	113.00	45.08
45.09		0		0.00	45.09
45.10		0		0.00	45.10
45.11		0		0.00	45.11
45.12		0		0.00	45.12
45.13		0		0.00	45.13
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		6,477,157			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150033

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

Worksheet A-8

Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	OTHER REVENUE OFFSET	0	33.00
34.00	OTHER REVENUE OFFSET	0	34.00
35.00	OTHER REVENUE OFFSET	0	35.00
36.00	OTHER REVENUE OFFSET	0	36.00
37.00	OTHER REVENUE OFFSET	0	37.00
38.00	OTHER REVENUE OFFSET	0	38.00
39.00	OTHER REVENUE OFFSET	0	39.00
40.00	OTHER REVENUE OFFSET	0	40.00
41.00	OTHER REVENUE OFFSET	0	41.00
42.00	OTHER REVENUE OFFSET	0	42.00
43.00	OTHER REVENUE OFFSET	0	43.00
44.00	OTHER REVENUE OFFSET	0	44.00
45.00	OTHER REVENUE OFFSET	0	45.00
45.01	OTHER REVENUE OFFSET	0	45.01
45.02	OTHER REVENUE OFFSET	0	45.02
45.03	OTHER REVENUE OFFSET	0	45.03
45.04	OTHER REVENUE OFFSET	0	45.04
45.05	OTHER REVENUE OFFSET	0	45.05
45.06	OTHER REVENUE OFFSET	0	45.06
45.07	OTHER REVENUE OFFSET	0	45.07
45.08	NON-ALLOWABLE INTEREST EXPENSE	0	45.08
45.09		0	45.09
45.10		0	45.10
45.11		0	45.11
45.12		0	45.12
45.13		0	45.13
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 150033

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

Worksheet A-8-1

Date/Time Prepared:  
5/29/2012 2:55 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	0.00			1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUIP	EQUIPMENT DEPRECIATION	2.00
3.00	4.00	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS - SHARED	3.00
4.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	OTHER A&G - SHARED	4.00
4.01	5.01	ADMITTING	BUSINESS OFFICE - SHARED	4.01
4.02	5.03	OTHER ADMINISTRATIVE AND GENERAL	OTHER A&G - SHARED	4.02
4.03	7.00	OPERATION OF PLANT	PLANT OPS - SHARED	4.03
4.04	13.00	NURSING ADMINISTRATION	NURSING ADMIN - SHARED	4.04
4.05	14.00	CENTRAL SERVICES & SUPPLY	CENTRAL SUPPLY - SHARED	4.05
4.06	15.00	PHARMACY	PHARMACY - HOME OFFICE	4.06
4.07	60.00	LABORATORY	APHL - LABORATORY	4.07
4.08	113.00	INTEREST EXPENSE	INTEREST - HOME OFFICE	4.08
4.09	113.00	INTEREST EXPENSE	SHARED INTEREST EXPENSE	4.09
4.10	194.01	MARKETING	MARKETING	4.10
4.11	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	INDY & MV RESIDENCY	4.11
4.12	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	INDY & MV RESIDENCY	4.12
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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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	SISTERS OF STF	100.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

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

Provider CCN: 150033

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2012 2:55 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	0	0	0	0	1.00
2.00	2,081,775	0	2,081,775	9	2.00
3.00	2,446,164	0	2,446,164	0	3.00
4.00	8,388,486	0	8,388,486	0	4.00
4.01	1,018,468	0	1,018,468	0	4.01
4.02	2,315,727	0	2,315,727	0	4.02
4.03	32,966	0	32,966	0	4.03
4.04	636,613	0	636,613	0	4.04
4.05	656,152	0	656,152	0	4.05
4.06	477,857	0	477,857	0	4.06
4.07	11,723,686	8,716,376	3,007,310	0	4.07
4.08	2,095,068	5,974,536	-3,879,468	0	4.08
4.09	1,763,674	0	1,763,674	0	4.09
4.10	2,693,032	0	2,693,032	0	4.10
4.11	0	590,870	-590,870	0	4.11
4.12	0	106,443	-106,443	0	4.12
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	36,329,668	15,388,225	20,941,443	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>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>		

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		0.00	6.00
7.00		0.00	7.00
8.00		0.00	8.00
9.00		0.00	9.00
10.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150033

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2012 2:55 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	91.00	EMERGENCY	41,212	41,212	1.00
2.00	21.00	I&R SERVICES-SALARY & FRINGES APPRVD	138,054	138,054	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,176,298	1,176,298	3.00
4.00	23.01	EMERGENCY MEDICAL SERVICES	23,750	23,750	4.00
5.00	30.00	ADULTS & PEDIATRICS	37,514	37,514	5.00
6.00	50.00	OPERATING ROOM	1,455,911	1,455,911	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	36,674	36,674	7.00
8.00	60.00	LABORATORY	26,600	26,600	8.00
9.00	65.00	RESPIRATORY THERAPY	19,088	19,088	9.00
10.00	41.00	SUBPROVIDER - IRF	60,000	60,000	10.00
11.00	74.00	RENAL DIALYSIS	3,938	3,938	11.00
12.00	15.00	PHARMACY	-29,038	-29,038	12.00
13.00	90.00	CLINIC	1,224,310	1,224,310	13.00
14.00	90.01	NEIGHBORHOOD CLINIC	267,855	267,855	14.00
15.00	90.03	BARIATRICS CENTER	17,443	17,443	15.00
16.00	90.02	WOUND CARE INSTITUTE	13,160	13,160	16.00
17.00	90.06	PSYCHIATRIC COUNSELING CENTER	16,162	16,162	17.00
18.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	36,031	0	18.00
19.00	13.00	NURSING ADMINISTRATION	95,731	0	19.00
200.00			4,660,693	4,528,931	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150033

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2012 2:55 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
18.00	36,031	138,700	240	16,004	800	18.00
19.00	95,731	138,700	654	43,610	2,181	19.00
200.00	131,762		894	59,614	2,981	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150033

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2012 2:55 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
17.00	0	0	0	0	0	17.00
18.00	0	0	0	0	16,004	18.00
19.00	0	0	0	0	43,610	19.00
200.00	0	0	0	0	59,614	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150033

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2012 2:55 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	41,212	1.00
2.00	0	138,054	2.00
3.00	0	1,176,298	3.00
4.00	0	23,750	4.00
5.00	0	37,514	5.00
6.00	0	1,455,911	6.00
7.00	0	36,674	7.00
8.00	0	26,600	8.00
9.00	0	19,088	9.00
10.00	0	60,000	10.00
11.00	0	3,938	11.00
12.00	0	-29,038	12.00
13.00	0	1,224,310	13.00
14.00	0	267,855	14.00
15.00	0	17,443	15.00
16.00	0	13,160	16.00
17.00	0	16,162	17.00
18.00	20,027	20,027	18.00
19.00	52,121	52,121	19.00
200.00	72,148	4,601,079	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150033

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	ADMITTING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	8,028,559	8,028,559				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	6,332,658		6,332,658			2.00
4.00 EMPLOYEE BENEFITS	2,446,164	0	0	2,446,164		4.00
5.01 ADMITTING	1,018,468	0	0	0	1,018,468	5.01
5.03 OTHER ADMINISTRATIVE AND GENERAL	10,776,274	236,854	186,822	65,971	0	5.03
7.00 OPERATION OF PLANT	6,889,681	1,018,715	803,531	81,989	0	7.00
8.00 LAUNDRY & LINEN SERVICE	777,204	70,186	55,360	5,719	0	8.00
9.00 HOUSEKEEPING	2,728,065	154,723	122,040	61,675	0	9.00
10.00 DIETARY	2,047,644	172,391	135,976	49,374	0	10.00
11.00 CAFETERIA	1,159,928	114,868	90,604	17,489	0	11.00
13.00 NURSING ADMINISTRATION	6,330,398	53,252	42,003	128,504	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,249,346	30,815	24,306	8,598	0	14.00
15.00 PHARMACY	5,302,176	58,858	46,425	89,948	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,184,086	83,657	65,986	37,152	0	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,321,227	159,067	125,466	48,775	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	308,547	0	0	40,327	0	22.00
23.00 PARAMED ED PRGM	211,432	11,079	8,739	5,552	0	23.00
23.01 EMERGENCY MEDICAL SERVICES	132,811	0	0	4,282	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	18,292,745	790,109	623,211	445,159	91,951	30.00
31.00 INTENSIVE CARE UNIT	8,352,785	307,216	242,321	195,153	32,302	31.00
41.00 SUBPROVIDER - IRF	2,299,554	266,568	210,260	54,554	13,497	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	8,222,245	674,330	531,889	183,021	76,943	50.00
54.00 RADIOLOGY-DIAGNOSTIC	4,418,239	294,170	232,032	103,612	107,183	54.00
54.01 NUCLEAR MEDICINE	190,302	92,226	72,745	3,671	2,230	54.01
54.02 ULTRA SOUND	410,379	33,413	26,355	9,614	11,306	54.02
60.00 LABORATORY	16,165,444	278,176	219,416	34,362	118,169	60.00
64.00 INTRAVENOUS THERAPY	848,670	48,116	37,952	21,001	7,672	64.00
65.00 RESPIRATORY THERAPY	3,313,642	94,809	74,782	81,073	26,364	65.00
66.00 PHYSICAL THERAPY	2,705,843	100,693	79,423	65,569	25,150	66.00
66.01 SPORTS MEDICINE	406,872	68,366	53,925	6,027	2,033	66.01
67.00 OCCUPATIONAL THERAPY	1,039,971	29,216	23,045	25,648	7,419	67.00
68.00 SPEECH PATHOLOGY	469,644	15,907	12,547	11,408	2,653	68.00
69.00 ELECTROCARDIOLOGY	255,477	61,543	48,543	5,877	8,582	69.00
70.00 ELECTROENCEPHALOGRAPHY	155,293	37,844	29,850	2,641	2,431	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,410,025	0	0	0	99,741	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	8,563,399	0	0	0	38,978	72.00
73.00 DRUGS CHARGED TO PATIENTS	10,721,793	27,514	21,702	0	155,229	73.00
74.00 RENAL DIALYSIS	684,207	41,205	32,501	15,318	4,009	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	713,279	3,859	3,044	35,019	4,979	90.00
90.01 NEIGHBORHOOD CLINIC	1,287,907	62,262	49,110	35,471	2,024	90.01
90.02 WOUND CARE INSTITUTE	385,329	34,675	27,350	9,049	3,476	90.02
90.03 BARIATRICS CENTER	1,115,533	0	0	22,414	902	90.03
90.04 PEDIATRIC CLINIC	162,602	0	0	4,090	283	90.04
90.05 IBMT JV	945,611	36,406	28,716	26,800	11,854	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	1,906,589	93,077	73,416	44,917	12,002	90.06
91.00 EMERGENCY	5,330,296	236,325	186,405	120,448	149,106	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 HOME HEALTH AGENCY	4,031,734	102,219	80,627	94,687	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	4,436,165	55,791	44,006	91,466	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	175,486,242	6,050,500	4,772,431	2,393,424	1,018,468	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	257,467	22,040	17,385	1,960	0	190.00
190.01 MEDICAL OFFICE & PARKING	310,075	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	5,331,006	619,831	488,902	9,264	0	192.00
194.00 MOB	1,084,495	383,462	302,462	0	0	194.00
194.01 MARKETING	2,693,032	0	0	0	0	194.01
194.02 VACANT	0	893,047	704,405	0	0	194.02
194.03 HEALTH PROMOTIONS/WELLNESS	222,244	0	0	4,640	0	194.03
194.04 FOUNDATION	1,421,896	0	0	35,325	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	108,682	59,679	47,073	1,551	0	194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0		201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150033

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

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	ADMITTING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
202.00 TOTAL (sum lines 118-201)	186,915,139	8,028,559	6,332,658	2,446,164	1,018,468	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5A.01	5.03	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.03 OTHER ADMINISTRATIVE AND GENERAL	11,265,921	11,265,921				5.03
7.00 OPERATION OF PLANT	8,793,916	564,033	9,357,949			7.00
8.00 LAUNDRY & LINEN SERVICE	908,469	58,268	96,973	1,063,710		8.00
9.00 HOUSEKEEPING	3,066,503	196,682	213,774	0	3,476,959	9.00
10.00 DIETARY	2,405,385	154,279	238,185	0	91,537	10.00
11.00 CAFETERIA	1,382,889	88,697	158,709	0	60,994	11.00
13.00 NURSING ADMINISTRATION	6,554,157	420,377	73,576	0	28,276	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,313,065	84,219	42,576	2,041	16,363	14.00
15.00 PHARMACY	5,497,407	352,598	81,321	0	31,253	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,370,881	152,066	115,585	0	44,421	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,654,535	106,120	219,775	7,247	84,463	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	348,874	22,376	0	0	0	22.00
23.00 PARAMED ED PRGM	236,802	15,188	15,307	0	5,883	23.00
23.01 EMERGENCY MEDICAL SERVICES	137,093	8,793	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	20,243,175	1,298,334	1,091,659	514,476	419,539	30.00
31.00 INTENSIVE CARE UNIT	9,129,777	585,575	424,466	137,510	163,128	31.00
41.00 SUBPROVIDER - IRF	2,844,433	182,439	368,306	43,592	141,545	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	9,688,428	621,406	931,693	88,475	358,062	50.00
54.00 RADIOLOGY-DIAGNOSTIC	5,155,236	330,652	406,442	68,902	156,201	54.00
54.01 NUCLEAR MEDICINE	361,174	23,165	127,425	853	48,971	54.01
54.02 ULTRA SOUND	491,067	31,497	46,165	3,379	17,742	54.02
60.00 LABORATORY	16,815,567	1,078,534	384,343	0	147,708	60.00
64.00 INTRAVENOUS THERAPY	963,411	61,792	66,480	0	25,549	64.00
65.00 RESPIRATORY THERAPY	3,590,670	230,302	130,993	225	50,342	65.00
66.00 PHYSICAL THERAPY	2,976,678	190,921	139,123	13,412	53,467	66.00
66.01 SPORTS MEDICINE	537,223	34,457	94,459	0	36,302	66.01
67.00 OCCUPATIONAL THERAPY	1,125,299	72,176	40,366	0	15,513	67.00
68.00 SPEECH PATHOLOGY	512,159	32,849	21,978	0	8,446	68.00
69.00 ELECTROCARDIOLOGY	380,022	24,374	85,031	403	32,679	69.00
70.00 ELECTROENCEPHALOGRAPHY	228,059	14,627	52,288	123	20,095	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,509,766	545,808	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	8,602,377	551,748	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	10,926,238	700,798	38,015	0	14,610	73.00
74.00 RENAL DIALYSIS	777,240	49,851	56,931	3,142	21,879	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	760,180	48,757	5,332	98	2,049	90.00
90.01 NEIGHBORHOOD CLINIC	1,436,774	92,153	86,025	0	33,060	90.01
90.02 WOUND CARE INSTITUTE	459,879	29,496	47,909	2,077	18,412	90.02
90.03 BARIATRICS CENTER	1,138,849	73,045	0	0	0	90.03
90.04 PEDIATRIC CLINIC	166,975	10,710	0	0	0	90.04
90.05 IBMT JV	1,049,387	67,307	50,301	0	19,331	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	2,130,001	136,616	128,601	0	49,423	90.06
91.00 EMERGENCY	6,022,580	386,282	326,520	177,755	125,486	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 HOME HEALTH AGENCY	4,309,267	276,392	141,232	0	54,277	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	4,627,428	296,799	77,084	0	29,624	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	171,895,216	10,302,558	6,624,948	1,063,710	2,426,630	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	298,852	19,168	30,452	0	11,703	190.00
190.01 MEDICAL OFFICE & PARKING	310,075	19,888	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	6,449,003	413,633	856,394	0	329,123	192.00
194.00 MOB	1,770,419	113,553	529,813	0	203,614	194.00
194.01 MARKETING	2,693,032	172,728	0	0	0	194.01
194.02 VACANT	1,597,452	102,459	1,233,886	0	474,200	194.02
194.03 HEALTH PROMOTIONS/WELLNESS	226,884	14,552	0	0	0	194.03
194.04 FOUNDATION	1,457,221	93,465	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	216,985	13,917	82,456	0	31,689	194.05
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)	186,915,139	11,265,921	9,357,949	1,063,710	3,476,959	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.03 OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	2,889,386					10.00
11.00 CAFETERIA	0	1,691,289				11.00
13.00 NURSING ADMINISTRATION	0	85,700	7,162,086			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	15,072	0	1,473,336		14.00
15.00 PHARMACY	0	65,807	0	0	6,028,386	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	52,451	0	0	0	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	33,724	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	8,112	0	0	0	22.00
23.00 PARAMED ED PRGM	0	3,408	0	0	0	23.00
23.01 EMERGENCY MEDICAL SERVICES	0	4,174	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	2,033,510	329,523	5,040,578	0	0	30.00
31.00 INTENSIVE CARE UNIT	557,974	132,252	1,383,081	0	0	31.00
41.00 SUBPROVIDER - IRF	297,902	42,155	738,427	0	0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	146,307	0	0	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	92,886	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	2,428	0	0	0	54.01
54.02 ULTRA SOUND	0	5,805	0	0	0	54.02
60.00 LABORATORY	0	20,413	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	16,622	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	67,040	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	54,451	0	0	0	66.00
66.01 SPORTS MEDICINE	0	4,787	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	22,256	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	9,166	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	5,280	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	2,150	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,473,336	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	6,028,386	73.00
74.00 RENAL DIALYSIS	0	9,080	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	44,729	0	0	0	90.00
90.01 NEIGHBORHOOD CLINIC	0	30,065	0	0	0	90.01
90.02 WOUND CARE INSTITUTE	0	6,774	0	0	0	90.02
90.03 BARIATRICS CENTER	0	23,002	0	0	0	90.03
90.04 PEDIATRIC CLINIC	0	4,113	0	0	0	90.04
90.05 IBMT JV	0	20,331	0	0	0	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	0	34,074	0	0	0	90.06
91.00 EMERGENCY	0	102,587	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 HOME HEALTH AGENCY	0	65,225	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	71,247	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,889,386	1,633,196	7,162,086	1,473,336	6,028,386	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,317	0	0	0	190.00
190.01 MEDICAL OFFICE & PARKING	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	23,486	0	0	0	192.00
194.00 MOB	0	0	0	0	0	194.00
194.01 MARKETING	0	0	0	0	0	194.01
194.02 VACANT	0	0	0	0	0	194.02
194.03 HEALTH PROMOTIONS/WELLNESS	0	4,352	0	0	0	194.03
194.04 FOUNDATION	0	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	25,938	0	0	0	194.05
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)	2,889,386	1,691,289	7,162,086	1,473,336	6,028,386	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM	EMERGENCY MEDICAL SERVICES	
	MEDICAL RECORDS & LIBRARY	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
		16.00	21.00					
<b>GENERAL SERVICE COST CENTERS</b>								
1.00 NEW CAP REL COSTS-BLDG & FIXT								1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP								2.00
4.00 EMPLOYEE BENEFITS								4.00
5.01 ADMITTING								5.01
5.03 OTHER ADMINISTRATIVE AND GENERAL								5.03
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	2,735,404							16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	2,105,864						21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	379,362					22.00
23.00 PARAMED PRGM	0	0	0	276,588				23.00
23.01 EMERGENCY MEDICAL SERVICES	0	0	0	0	150,060			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00 ADULTS & PEDIATRICS	246,968	1,090,875	196,516	0	0			30.00
31.00 INTENSIVE CARE UNIT	86,758	123,316	22,215	0	0			31.00
41.00 SUBPROVIDER - IRF	36,251	0	0	0	0			41.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 OPERATING ROOM	206,658	322,520	58,100	0	0			50.00
54.00 RADIOLOGY-DIAGNOSTIC	287,881	0	0	0	0			54.00
54.01 NUCLEAR MEDICINE	5,989	0	0	0	0			54.01
54.02 ULTRA SOUND	30,366	0	0	0	0			54.02
60.00 LABORATORY	317,388	0	0	276,588	0			60.00
64.00 INTRAVENOUS THERAPY	20,606	0	0	0	0			64.00
65.00 RESPIRATORY THERAPY	70,809	9,486	1,709	0	0			65.00
66.00 PHYSICAL THERAPY	67,549	85,373	15,380	0	0			66.00
66.01 SPORTS MEDICINE	5,462	18,972	3,418	0	0			66.01
67.00 OCCUPATIONAL THERAPY	19,927	0	0	0	0			67.00
68.00 SPEECH PATHOLOGY	7,125	0	0	0	0			68.00
69.00 ELECTROCARDIOLOGY	23,049	94,859	17,088	0	0			69.00
70.00 ELECTROENCEPHALOGRAPHY	6,530	75,887	13,671	0	0			70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	267,893	0	0	0	0			71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	104,689	0	0	0	0			72.00
73.00 DRUGS CHARGED TO PATIENTS	416,854	0	0	0	0			73.00
74.00 RENAL DIALYSIS	10,767	0	0	0	0			74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00 CLINIC	13,374	218,175	39,303	0	0			90.00
90.01 NEIGHBORHOOD CLINIC	5,437	0	0	0	0			90.01
90.02 WOUND CARE INSTITUTE	9,335	0	0	0	0			90.02
90.03 BARIATRICS CENTER	2,424	0	0	0	0			90.03
90.04 PEDIATRIC CLINIC	761	0	0	0	0			90.04
90.05 IBMT JV	31,838	0	0	0	0			90.05
90.06 PSYCHIATRIC COUNSELING CENTER	32,237	0	0	0	0			90.06
91.00 EMERGENCY	400,479	66,401	11,962	0	150,060			91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)								92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00 HOME HEALTH AGENCY	0	0	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00 INTEREST EXPENSE								113.00
116.00 HOSPICE	0	0	0	0	0			116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,735,404	2,105,864	379,362	276,588	150,060			118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0			190.00
190.01 MEDICAL OFFICE & PARKING	0	0	0	0	0			190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0			192.00
194.00 MOB	0	0	0	0	0			194.00
194.01 MARKETING	0	0	0	0	0			194.01
194.02 VACANT	0	0	0	0	0			194.02
194.03 HEALTH PROMOTIONS/WELLNESS	0	0	0	0	0			194.03
194.04 FOUNDATION	0	0	0	0	0			194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0			194.05
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)	2,735,404	2,105,864	379,362	276,588	150,060			202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.01 ADMITTING				5.01
5.03 OTHER ADMINISTRATIVE AND GENERAL				5.03
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
21.00 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00 PARAMED ED PRGM				23.00
23.01 EMERGENCY MEDICAL SERVICES				23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	32,505,153	-1,287,391	31,217,762	30.00
31.00 INTENSIVE CARE UNIT	12,746,052	-145,531	12,600,521	31.00
41.00 SUBPROVIDER - IRF	4,695,050	0	4,695,050	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	12,421,649	-380,620	12,041,029	50.00
54.00 RADIOLOGY-DIAGNOSTIC	6,498,200	0	6,498,200	54.00
54.01 NUCLEAR MEDICINE	570,005	0	570,005	54.01
54.02 ULTRA SOUND	626,021	0	626,021	54.02
60.00 LABORATORY	19,040,541	0	19,040,541	60.00
64.00 INTRAVENOUS THERAPY	1,154,460	0	1,154,460	64.00
65.00 RESPIRATORY THERAPY	4,151,576	-11,195	4,140,381	65.00
66.00 PHYSICAL THERAPY	3,596,354	-100,753	3,495,601	66.00
66.01 SPORTS MEDICINE	735,080	-22,390	712,690	66.01
67.00 OCCUPATIONAL THERAPY	1,295,537	0	1,295,537	67.00
68.00 SPEECH PATHOLOGY	591,723	0	591,723	68.00
69.00 ELECTROCARDIOLOGY	662,785	-111,947	550,838	69.00
70.00 ELECTROENCEPHALOGRAPHY	413,430	-89,558	323,872	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	10,796,803	0	10,796,803	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	9,258,814	0	9,258,814	72.00
73.00 DRUGS CHARGED TO PATIENTS	18,124,901	0	18,124,901	73.00
74.00 RENAL DIALYSIS	928,890	0	928,890	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 CLINIC	1,131,997	-257,478	874,519	90.00
90.01 NEIGHBORHOOD CLINIC	1,683,514	0	1,683,514	90.01
90.02 WOUND CARE INSTITUTE	573,882	0	573,882	90.02
90.03 BARIATRICS CENTER	1,237,320	0	1,237,320	90.03
90.04 PEDIATRIC CLINIC	182,559	0	182,559	90.04
90.05 IBMT JV	1,238,495	0	1,238,495	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	2,510,952	0	2,510,952	90.06
91.00 EMERGENCY	7,770,112	-78,363	7,691,749	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00 HOME HEALTH AGENCY	4,846,393	0	4,846,393	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00 INTEREST EXPENSE				113.00
116.00 HOSPICE	5,102,182	0	5,102,182	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	167,090,430	-2,485,226	164,605,204	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	364,492	0	364,492	190.00
190.01 MEDICAL OFFICE & PARKING	329,963	0	329,963	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	8,071,639	0	8,071,639	192.00
194.00 MOB	2,617,399	0	2,617,399	194.00
194.01 MARKETING	2,865,760	0	2,865,760	194.01
194.02 VACANT	3,407,997	0	3,407,997	194.02
194.03 HEALTH PROMOTIONS/WELLNESS	245,788	0	245,788	194.03
194.04 FOUNDATION	1,550,686	0	1,550,686	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	370,985	0	370,985	194.05
200.00 Cross Foot Adjustments	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	186,915,139	-2,485,226	184,429,913	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150033

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	4.00
5.01	ADMITTING	0	0	0	0	5.01
5.03	OTHER ADMINISTRATIVE AND GENERAL	0	236,854	186,822	423,676	5.03
7.00	OPERATION OF PLANT	0	1,018,715	803,531	1,822,246	7.00
8.00	LAUNDRY & LINEN SERVICE	0	70,186	55,360	125,546	8.00
9.00	HOUSEKEEPING	0	154,723	122,040	276,763	9.00
10.00	DIETARY	0	172,391	135,976	308,367	10.00
11.00	CAFETERIA	0	114,868	90,604	205,472	11.00
13.00	NURSING ADMINISTRATION	0	53,252	42,003	95,255	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	30,815	24,306	55,121	14.00
15.00	PHARMACY	0	58,858	46,425	105,283	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	83,657	65,986	149,643	16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	159,067	125,466	284,533	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	PARAMED ED PRGM	0	11,079	8,739	19,818	23.00
23.01	EMERGENCY MEDICAL SERVICES	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	0	790,109	623,211	1,413,320	30.00
31.00	INTENSIVE CARE UNIT	0	307,216	242,321	549,537	31.00
41.00	SUBPROVIDER - IRF	0	266,568	210,260	476,828	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	674,330	531,889	1,206,219	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0	294,170	232,032	526,202	54.00
54.01	NUCLEAR MEDICINE	0	92,226	72,745	164,971	54.01
54.02	ULTRA SOUND	0	33,413	26,355	59,768	54.02
60.00	LABORATORY	0	278,176	219,416	497,592	60.00
64.00	INTRAVENOUS THERAPY	0	48,116	37,952	86,068	64.00
65.00	RESPIRATORY THERAPY	0	94,809	74,782	169,591	65.00
66.00	PHYSICAL THERAPY	0	100,693	79,423	180,116	66.00
66.01	SPORTS MEDICINE	0	68,366	53,925	122,291	66.01
67.00	OCCUPATIONAL THERAPY	0	29,216	23,045	52,261	67.00
68.00	SPEECH PATHOLOGY	0	15,907	12,547	28,454	68.00
69.00	ELECTROCARDIOLOGY	0	61,543	48,543	110,086	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	37,844	29,850	67,694	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	27,514	21,702	49,216	73.00
74.00	RENAL DIALYSIS	0	41,205	32,501	73,706	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	0	3,859	3,044	6,903	90.00
90.01	NEIGHBORHOOD CLINIC	0	62,262	49,110	111,372	90.01
90.02	WOUND CARE INSTITUTE	0	34,675	27,350	62,025	90.02
90.03	BARITRICS CENTER	0	0	0	0	90.03
90.04	PEDIATRIC CLINIC	0	0	0	0	90.04
90.05	IBMT JV	0	36,406	28,716	65,122	90.05
90.06	PSYCHIATRIC COUNSELING CENTER	0	93,077	73,416	166,493	90.06
91.00	EMERGENCY	0	236,325	186,405	422,730	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	HOME HEALTH AGENCY	0	102,219	80,627	182,846	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	0	55,791	44,006	99,797	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	6,050,500	4,772,431	10,822,931	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	22,040	17,385	39,425	190.00
190.01	MEDICAL OFFICE & PARKING	0	0	0	0	190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0	619,831	488,902	1,108,733	192.00
194.00	MOB	0	383,462	302,462	685,924	194.00
194.01	MARKETING	0	0	0	0	194.01
194.02	VACANT	0	893,047	704,405	1,597,452	194.02
194.03	HEALTH PROMOTIONS/WELLNESS	0	0	0	0	194.03
194.04	FOUNDATION	0	0	0	0	194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0	59,679	47,073	106,752	194.05
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	8,028,559	6,332,658	14,361,217	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150033

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	ADMITTING	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.01	5.03	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING	0					5.01
5.03 OTHER ADMINISTRATIVE AND GENERAL	0	423,676				5.03
7.00 OPERATION OF PLANT	0	21,211	1,843,457			7.00
8.00 LAUNDRY & LINEN SERVICE	0	2,191	19,103	146,840		8.00
9.00 HOUSEKEEPING	0	7,396	42,112	0	326,271	9.00
10.00 DIETARY	0	5,802	46,921	0	8,590	10.00
11.00 CAFETERIA	0	3,336	31,265	0	5,724	11.00
13.00 NURSING ADMINISTRATION	0	15,809	14,494	0	2,653	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	3,167	8,387	282	1,535	14.00
15.00 PHARMACY	0	13,260	16,020	0	2,933	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	5,719	22,769	0	4,168	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	3,991	43,294	1,000	7,926	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	841	0	0	0	22.00
23.00 PARAMED ED PRGM	0	571	3,015	0	552	23.00
23.01 EMERGENCY MEDICAL SERVICES	0	331	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	48,836	215,050	71,019	39,369	30.00
31.00 INTENSIVE CARE UNIT	0	22,021	83,617	18,983	15,308	31.00
41.00 SUBPROVIDER - IRF	0	6,861	72,554	6,018	13,282	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	23,368	183,538	12,213	33,600	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	12,434	80,067	9,512	14,658	54.00
54.01 NUCLEAR MEDICINE	0	871	25,102	118	4,595	54.01
54.02 ULTRA SOUND	0	1,184	9,094	466	1,665	54.02
60.00 LABORATORY	0	40,559	75,713	0	13,861	60.00
64.00 INTRAVENOUS THERAPY	0	2,324	13,096	0	2,397	64.00
65.00 RESPIRATORY THERAPY	0	8,661	25,805	31	4,724	65.00
66.00 PHYSICAL THERAPY	0	7,180	27,406	1,852	5,017	66.00
66.01 SPORTS MEDICINE	0	1,296	18,608	0	3,406	66.01
67.00 OCCUPATIONAL THERAPY	0	2,714	7,952	0	1,456	67.00
68.00 SPEECH PATHOLOGY	0	1,235	4,329	0	793	68.00
69.00 ELECTROCARDIOLOGY	0	917	16,751	56	3,066	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	550	10,300	17	1,886	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,526	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	20,749	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	26,354	7,489	0	1,371	73.00
74.00 RENAL DIALYSIS	0	1,875	11,215	434	2,053	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	1,834	1,050	14	192	90.00
90.01 NEIGHBORHOOD CLINIC	0	3,465	16,946	0	3,102	90.01
90.02 WOUND CARE INSTITUTE	0	1,109	9,438	287	1,728	90.02
90.03 BARIATRICS CENTER	0	2,747	0	0	0	90.03
90.04 PEDIATRIC CLINIC	0	403	0	0	0	90.04
90.05 IBMT JV	0	2,531	9,909	0	1,814	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	0	5,138	25,334	0	4,638	90.06
91.00 EMERGENCY	0	14,526	64,322	24,538	11,775	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 HOME HEALTH AGENCY	0	10,394	27,822	0	5,093	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	11,161	15,185	0	2,780	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	387,448	1,305,072	146,840	227,710	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	721	5,999	0	1,098	190.00
190.01 MEDICAL OFFICE & PARKING	0	748	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	15,555	168,704	0	30,884	192.00
194.00 MOB	0	4,270	104,370	0	19,107	194.00
194.01 MARKETING	0	6,496	0	0	0	194.01
194.02 VACANT	0	3,853	243,069	0	44,498	194.02
194.03 HEALTH PROMOTIONS/WELLNESS	0	547	0	0	0	194.03
194.04 FOUNDATION	0	3,515	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	523	16,243	0	2,974	194.05
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)	0	423,676	1,843,457	146,840	326,271	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150033

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.03 OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	369,680					10.00
11.00 CAFETERIA	0	245,797				11.00
13.00 NURSING ADMINISTRATION	0	12,455	140,666			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	2,190	0	70,682		14.00
15.00 PHARMACY	0	9,564	0	0	147,060	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	7,623	0	0	0	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	4,901	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,179	0	0	0	22.00
23.00 PARAMED ED PRGM	0	495	0	0	0	23.00
23.01 EMERGENCY MEDICAL SERVICES	0	607	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	260,176	47,892	98,999	0	0	30.00
31.00 INTENSIVE CARE UNIT	71,389	19,220	27,164	0	0	31.00
41.00 SUBPROVIDER - IRF	38,115	6,126	14,503	0	0	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	21,263	0	0	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	13,499	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	353	0	0	0	54.01
54.02 ULTRA SOUND	0	844	0	0	0	54.02
60.00 LABORATORY	0	2,967	0	0	0	60.00
64.00 INTRAVENOUS THERAPY	0	2,416	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	9,743	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	7,913	0	0	0	66.00
66.01 SPORTS MEDICINE	0	696	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	3,234	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	1,332	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	767	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	312	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	70,682	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	147,060	73.00
74.00 RENAL DIALYSIS	0	1,320	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	6,501	0	0	0	90.00
90.01 NEIGHBORHOOD CLINIC	0	4,369	0	0	0	90.01
90.02 WOUND CARE INSTITUTE	0	984	0	0	0	90.02
90.03 BARIATRICS CENTER	0	3,343	0	0	0	90.03
90.04 PEDIATRIC CLINIC	0	598	0	0	0	90.04
90.05 IBMT JV	0	2,955	0	0	0	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	0	4,952	0	0	0	90.06
91.00 EMERGENCY	0	14,909	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 HOME HEALTH AGENCY	0	9,479	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	10,354	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	369,680	237,355	140,666	70,682	147,060	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	627	0	0	0	190.00
190.01 MEDICAL OFFICE & PARKING	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	3,413	0	0	0	192.00
194.00 MOB	0	0	0	0	0	194.00
194.01 MARKETING	0	0	0	0	0	194.01
194.02 VACANT	0	0	0	0	0	194.02
194.03 HEALTH PROMOTIONS/WELLNESS	0	632	0	0	0	194.03
194.04 FOUNDATION	0	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	3,770	0	0	0	194.05
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)	369,680	245,797	140,666	70,682	147,060	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/29/2012 2:55 pm	
Cost Center Description	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		PARAMED PRGM	EMERGENCY MEDICAL SERVICES		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		16.00	21.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	ADMITTING						5.01
5.03	OTHER ADMINISTRATIVE AND GENERAL						5.03
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	189,922					16.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	345,645				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		2,020			22.00
23.00	PARAMED PRGM	0			24,451		23.00
23.01	EMERGENCY MEDICAL SERVICES	0				938	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	17,137					30.00
31.00	INTENSIVE CARE UNIT	6,020					31.00
41.00	SUBPROVIDER - IRF	2,515					41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	14,340					50.00
54.00	RADIOLOGY-DIAGNOSTIC	19,976					54.00
54.01	NUCLEAR MEDICINE	416					54.01
54.02	ULTRA SOUND	2,107					54.02
60.00	LABORATORY	22,024					60.00
64.00	INTRAVENOUS THERAPY	1,430					64.00
65.00	RESPIRATORY THERAPY	4,913					65.00
66.00	PHYSICAL THERAPY	4,687					66.00
66.01	SPORTS MEDICINE	379					66.01
67.00	OCCUPATIONAL THERAPY	1,383					67.00
68.00	SPEECH PATHOLOGY	494					68.00
69.00	ELECTROCARDIOLOGY	1,599					69.00
70.00	ELECTROENCEPHALOGRAPHY	453					70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,589					71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	7,264					72.00
73.00	DRUGS CHARGED TO PATIENTS	29,040					73.00
74.00	RENAL DIALYSIS	747					74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	928					90.00
90.01	NEIGHBORHOOD CLINIC	377					90.01
90.02	WOUND CARE INSTITUTE	648					90.02
90.03	BARIATRICS CENTER	168					90.03
90.04	PEDIATRIC CLINIC	53					90.04
90.05	IBMT JV	2,209					90.05
90.06	PSYCHIATRIC COUNSELING CENTER	2,237					90.06
91.00	EMERGENCY	27,789					91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	HOME HEALTH AGENCY	0					101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0					116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	189,922	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190.01	MEDICAL OFFICE & PARKING	0					190.01
192.00	PHYSICIANS' PRIVATE OFFICES	0					192.00
194.00	MOB	0					194.00
194.01	MARKETING	0					194.01
194.02	VACANT	0					194.02
194.03	HEALTH PROMOTIONS/WELLNESS	0					194.03
194.04	FOUNDATION	0					194.04
194.05	OTHER NONREIMBURSABLE COST CENTERS	0					194.05
200.00	Cross Foot Adjustments		345,645	2,020	24,451	938	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	189,922	345,645	2,020	24,451	938	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150033

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 EMPLOYEE BENEFITS				4.00
5.01 ADMITTING				5.01
5.03 OTHER ADMINISTRATIVE AND GENERAL				5.03
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
21.00 I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00 PARAMED ED PRGM				23.00
23.01 EMERGENCY MEDICAL SERVICES				23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS	2,211,798	0	2,211,798	30.00
31.00 INTENSIVE CARE UNIT	813,259	0	813,259	31.00
41.00 SUBPROVIDER - IRF	636,802	0	636,802	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	1,494,541	0	1,494,541	50.00
54.00 RADIOLOGY-DIAGNOSTIC	676,348	0	676,348	54.00
54.01 NUCLEAR MEDICINE	196,426	0	196,426	54.01
54.02 ULTRA SOUND	75,128	0	75,128	54.02
60.00 LABORATORY	652,716	0	652,716	60.00
64.00 INTRAVENOUS THERAPY	107,731	0	107,731	64.00
65.00 RESPIRATORY THERAPY	223,468	0	223,468	65.00
66.00 PHYSICAL THERAPY	234,171	0	234,171	66.00
66.01 SPORTS MEDICINE	146,676	0	146,676	66.01
67.00 OCCUPATIONAL THERAPY	69,000	0	69,000	67.00
68.00 SPEECH PATHOLOGY	36,637	0	36,637	68.00
69.00 ELECTROCARDIOLOGY	133,242	0	133,242	69.00
70.00 ELECTROENCEPHALOGRAPHY	81,212	0	81,212	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	109,797	0	109,797	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	28,013	0	28,013	72.00
73.00 DRUGS CHARGED TO PATIENTS	260,530	0	260,530	73.00
74.00 RENAL DIALYSIS	91,350	0	91,350	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 CLINIC	17,422	0	17,422	90.00
90.01 NEIGHBORHOOD CLINIC	139,631	0	139,631	90.01
90.02 WOUND CARE INSTITUTE	76,219	0	76,219	90.02
90.03 BARIATRICS CENTER	6,258	0	6,258	90.03
90.04 PEDIATRIC CLINIC	1,054	0	1,054	90.04
90.05 IBMT JV	84,540	0	84,540	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	208,792	0	208,792	90.06
91.00 EMERGENCY	580,589	0	580,589	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)		0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00 HOME HEALTH AGENCY	235,634	0	235,634	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00 INTEREST EXPENSE				113.00
116.00 HOSPICE	139,277	0	139,277	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,768,261	0	9,768,261	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	47,870	0	47,870	190.00
190.01 MEDICAL OFFICE & PARKING	748	0	748	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	1,327,289	0	1,327,289	192.00
194.00 MOB	813,671	0	813,671	194.00
194.01 MARKETING	6,496	0	6,496	194.01
194.02 VACANT	1,888,872	0	1,888,872	194.02
194.03 HEALTH PROMOTIONS/WELLNESS	1,179	0	1,179	194.03
194.04 FOUNDATION	3,515	0	3,515	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	130,262	0	130,262	194.05
200.00 Cross Foot Adjustments	373,054	0	373,054	200.00
201.00 Negative Cost Centers	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	14,361,217	0	14,361,217	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150033

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	547,127					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		547,127				2.00
4.00 EMPLOYEE BENEFITS	0	0	74,451,177			4.00
5.01 ADMITTING	0	0	0	510,232,459		5.01
5.03 OTHER ADMINISTRATIVE AND GENERAL	16,141	16,141	2,007,891	0	-11,265,921	5.03
7.00 OPERATION OF PLANT	69,423	69,423	2,495,419	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	4,783	4,783	174,048	0	0	8.00
9.00 HOUSEKEEPING	10,544	10,544	1,877,141	0	0	9.00
10.00 DIETARY	11,748	11,748	1,502,737	0	0	10.00
11.00 CAFETERIA	7,828	7,828	532,304	0	0	11.00
13.00 NURSING ADMINISTRATION	3,629	3,629	3,911,124	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,100	2,100	261,683	0	0	14.00
15.00 PHARMACY	4,011	4,011	2,737,654	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	5,701	5,701	1,130,745	0	0	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	10,840	10,840	1,484,495	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,227,372	0	0	22.00
23.00 PARAMED ED PRGM	755	755	168,973	0	0	23.00
23.01 EMERGENCY MEDICAL SERVICES	0	0	130,333	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	53,844	53,844	13,549,000	46,067,531		30.00
31.00 INTENSIVE CARE UNIT	20,936	20,936	5,939,631	16,183,220		31.00
41.00 SUBPROVIDER - IRF	18,166	18,166	1,660,392	6,762,010		41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	45,954	45,954	5,570,405	38,548,471		50.00
54.00 RADIOLOGY-DIAGNOSTIC	20,047	20,047	3,153,529	53,699,103		54.00
54.01 NUCLEAR MEDICINE	6,285	6,285	111,723	1,117,110		54.01
54.02 ULTRA SOUND	2,277	2,277	292,600	5,664,207		54.02
60.00 LABORATORY	18,957	18,957	1,045,828	59,203,125		60.00
64.00 INTRAVENOUS THERAPY	3,279	3,279	639,171	3,843,680		64.00
65.00 RESPIRATORY THERAPY	6,461	6,461	2,467,537	13,208,171		65.00
66.00 PHYSICAL THERAPY	6,862	6,862	1,995,643	12,600,069		66.00
66.01 SPORTS MEDICINE	4,659	4,659	183,424	1,018,756		66.01
67.00 OCCUPATIONAL THERAPY	1,991	1,991	780,617	3,716,998		67.00
68.00 SPEECH PATHOLOGY	1,084	1,084	347,223	1,329,132		68.00
69.00 ELECTROCARDIOLOGY	4,194	4,194	178,862	4,299,373		69.00
70.00 ELECTROENCEPHALOGRAPHY	2,579	2,579	80,367	1,218,115		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	49,970,630		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	19,527,933		72.00
73.00 DRUGS CHARGED TO PATIENTS	1,875	1,875	0	77,747,799		73.00
74.00 RENAL DIALYSIS	2,808	2,808	466,220	2,008,473		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	263	263	1,065,825	2,494,717		90.00
90.01 NEIGHBORHOOD CLINIC	4,243	4,243	1,079,583	1,014,157		90.01
90.02 WOUND CARE INSTITUTE	2,363	2,363	275,417	1,741,277		90.02
90.03 BARIATRIC CENTER	0	0	682,178	452,128		90.03
90.04 PEDIATRIC CLINIC	0	0	124,483	141,897		90.04
90.05 IBMT JV	2,481	2,481	815,666	5,938,905		90.05
90.06 PSYCHIATRIC COUNSELING CENTER	6,343	6,343	1,367,100	6,013,165		90.06
91.00 EMERGENCY	16,105	16,105	3,665,936	74,702,307		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 HOME HEALTH AGENCY	6,966	6,966	2,881,878	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	3,802	3,802	2,783,858	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	412,327	412,327	72,846,015	510,232,459	-11,265,921	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,502	1,502	59,643	0		190.00
190.01 MEDICAL OFFICE & PARKING	0	0	0	0		190.01
192.00 PHYSICIANS' PRIVATE OFFICES	42,240	42,240	281,954	0		192.00
194.00 MOB	26,132	26,132	0	0		194.00
194.01 MARKETING	0	0	0	0		194.01
194.02 VACANT	60,859	60,859	0	0		194.02
194.03 HEALTH PROMOTIONS/WELLNESS	0	0	141,215	0		194.03
194.04 FOUNDATION	0	0	1,075,138	0		194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	4,067	4,067	47,212	0		194.05
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	8,028,559	6,332,658	2,446,164	1,018,468		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150033

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

Worksheet B-1

Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
203.00 Unit cost multiplier (Wkst. B, Part I)	14.674032	11.574384	0.032856	0.001996		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			0	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000000	0.000000	5A.03	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150033

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

Worksheet B-1

Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
	5.03	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.03 OTHER ADMINISTRATIVE AND GENERAL	175,649,218					5.03
7.00 OPERATION OF PLANT	8,793,916	461,563				7.00
8.00 LAUNDRY & LINEN SERVICE	908,469	4,783	1,161,389			8.00
9.00 HOUSEKEEPING	3,066,503	10,544	0	446,236		9.00
10.00 DIETARY	2,405,385	11,748	0	11,748	44,451	10.00
11.00 CAFETERIA	1,382,889	7,828	0	7,828	0	11.00
13.00 NURSING ADMINISTRATION	6,554,157	3,629	0	3,629	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,313,065	2,100	2,228	2,100	0	14.00
15.00 PHARMACY	5,497,407	4,011	0	4,011	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,370,881	5,701	0	5,701	0	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	1,654,535	10,840	7,913	10,840	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	348,874	0	0	0	0	22.00
23.00 PARAMED ED PRGM	236,802	755	0	755	0	23.00
23.01 EMERGENCY MEDICAL SERVICES	137,093	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	20,243,175	53,844	561,720	53,844	31,284	30.00
31.00 INTENSIVE CARE UNIT	9,129,777	20,936	150,137	20,936	8,584	31.00
41.00 SUBPROVIDER - IRF	2,844,433	18,166	47,595	18,166	4,583	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	9,688,428	45,954	96,599	45,954	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	5,155,236	20,047	75,229	20,047	0	54.00
54.01 NUCLEAR MEDICINE	361,174	6,285	931	6,285	0	54.01
54.02 ULTRA SOUND	491,067	2,277	3,689	2,277	0	54.02
60.00 LABORATORY	16,815,567	18,957	0	18,957	0	60.00
64.00 INTRAVENOUS THERAPY	963,411	3,279	0	3,279	0	64.00
65.00 RESPIRATORY THERAPY	3,590,670	6,461	246	6,461	0	65.00
66.00 PHYSICAL THERAPY	2,976,678	6,862	14,644	6,862	0	66.00
66.01 SPORTS MEDICINE	537,223	4,659	0	4,659	0	66.01
67.00 OCCUPATIONAL THERAPY	1,125,299	1,991	0	1,991	0	67.00
68.00 SPEECH PATHOLOGY	512,159	1,084	0	1,084	0	68.00
69.00 ELECTROCARDIOLOGY	380,022	4,194	440	4,194	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	228,059	2,579	134	2,579	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,509,766	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	8,602,377	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	10,926,238	1,875	0	1,875	0	73.00
74.00 RENAL DIALYSIS	777,240	2,808	3,431	2,808	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	760,180	263	107	263	0	90.00
90.01 NEIGHBORHOOD CLINIC	1,436,774	4,243	0	4,243	0	90.01
90.02 WOUND CARE INSTITUTE	459,879	2,363	2,268	2,363	0	90.02
90.03 BARIATRICS CENTER	1,138,849	0	0	0	0	90.03
90.04 PEDIATRIC CLINIC	166,975	0	0	0	0	90.04
90.05 IBMT JV	1,049,387	2,481	0	2,481	0	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	2,130,001	6,343	0	6,343	0	90.06
91.00 EMERGENCY	6,022,580	16,105	194,078	16,105	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 HOME HEALTH AGENCY	4,309,267	6,966	0	6,966	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	4,627,428	3,802	0	3,802	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	160,629,295	326,763	1,161,389	311,436	44,451	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	298,852	1,502	0	1,502	0	190.00
190.01 MEDICAL OFFICE & PARKING	310,075	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	6,449,003	42,240	0	42,240	0	192.00
194.00 MOB	1,770,419	26,132	0	26,132	0	194.00
194.01 MARKETING	2,693,032	0	0	0	0	194.01
194.02 VACANT	1,597,452	60,859	0	60,859	0	194.02
194.03 HEALTH PROMOTIONS/WELLNESS	226,884	0	0	0	0	194.03
194.04 FOUNDATION	1,457,221	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	216,985	4,067	0	4,067	0	194.05
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)	11,265,921	9,357,949	1,063,710	3,476,959	2,889,386	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.064139	20.274478	0.915895	7.791749	65.001597	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150033

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

Worksheet B-1

Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
	5.03	7.00	8.00	9.00	10.00	
204.00 Cost to be allocated (per Wkst. B, Part II)	423,676	1,843,457	146,840	326,271	369,680	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.002412	3.993944	0.126435	0.731162	8.316573	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150033

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
	11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 ADMITTING						5.01
5.03 OTHER ADMINISTRATIVE AND GENERAL						5.03
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	2,168,234					11.00
13.00 NURSING ADMINISTRATION	109,868	44,451				13.00
14.00 CENTRAL SERVICES & SUPPLY	19,322	0	100			14.00
15.00 PHARMACY	84,365	0	0	100		15.00
16.00 MEDICAL RECORDS & LIBRARY	67,242	0	0	0	510,232,459	16.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	43,234	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	10,400	0	0	0	0	22.00
23.00 PARAMED ED PRGM	4,369	0	0	0	0	23.00
23.01 EMERGENCY MEDICAL SERVICES	5,351	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	422,449	31,284	0	0	46,067,531	30.00
31.00 INTENSIVE CARE UNIT	169,547	8,584	0	0	16,183,220	31.00
41.00 SUBPROVIDER - IRF	54,043	4,583	0	0	6,762,010	41.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	187,566	0	0	0	38,548,471	50.00
54.00 RADIOLOGY-DIAGNOSTIC	119,080	0	0	0	53,699,103	54.00
54.01 NUCLEAR MEDICINE	3,113	0	0	0	1,117,110	54.01
54.02 ULTRA SOUND	7,442	0	0	0	5,664,207	54.02
60.00 LABORATORY	26,170	0	0	0	59,203,125	60.00
64.00 INTRAVENOUS THERAPY	21,310	0	0	0	3,843,680	64.00
65.00 RESPIRATORY THERAPY	85,945	0	0	0	13,208,171	65.00
66.00 PHYSICAL THERAPY	69,806	0	0	0	12,600,069	66.00
66.01 SPORTS MEDICINE	6,137	0	0	0	1,018,756	66.01
67.00 OCCUPATIONAL THERAPY	28,532	0	0	0	3,716,998	67.00
68.00 SPEECH PATHOLOGY	11,751	0	0	0	1,329,132	68.00
69.00 ELECTROCARDIOLOGY	6,769	0	0	0	4,299,373	69.00
70.00 ELECTROENCEPHALOGRAPHY	2,756	0	0	0	1,218,115	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	100	0	49,970,630	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	19,527,933	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	100	77,747,799	73.00
74.00 RENAL DIALYSIS	11,641	0	0	0	2,008,473	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	57,343	0	0	0	2,494,717	90.00
90.01 NEIGHBORHOOD CLINIC	38,543	0	0	0	1,014,157	90.01
90.02 WOUND CARE INSTITUTE	8,684	0	0	0	1,741,277	90.02
90.03 BARIATRICS CENTER	29,489	0	0	0	452,128	90.03
90.04 PEDIATRIC CLINIC	5,273	0	0	0	141,897	90.04
90.05 IBMT JV	26,064	0	0	0	5,938,905	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	43,683	0	0	0	6,013,165	90.06
91.00 EMERGENCY	131,516	0	0	0	74,702,307	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 HOME HEALTH AGENCY	83,618	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	91,339	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,093,760	44,451	100	100	510,232,459	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,534	0	0	0	0	190.00
190.01 MEDICAL OFFICE & PARKING	0	0	0	0	0	190.01
192.00 PHYSICIANS' PRIVATE OFFICES	30,109	0	0	0	0	192.00
194.00 MOB	0	0	0	0	0	194.00
194.01 MARKETING	0	0	0	0	0	194.01
194.02 VACANT	0	0	0	0	0	194.02
194.03 HEALTH PROMOTIONS/WELLNESS	5,579	0	0	0	0	194.03
194.04 FOUNDATION	0	0	0	0	0	194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	33,252	0	0	0	0	194.05
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)	1,691,289	7,162,086	1,473,336	6,028,386	2,735,404	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.780031	161.123169	14,733.360000	60,283.860000	0.005361	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150033

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
	11.00	13.00	14.00	15.00	16.00	
204.00 Cost to be allocated (per Wkst. B, Part II)	245,797	140,666	70,682	147,060	189,922	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.113363	3.164518	706.820000	1,470.600000	0.000372	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150033

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

Worksheet B-1  
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM (ASSIGNED TIME)	EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)					
	21.00	22.00	23.00	23.01			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.01 ADMITTING							5.01
5.03 OTHER ADMINISTRATIVE AND GENERAL							5.03
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
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	222						21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD		222					22.00
23.00 PARAMED PRGM				100			23.00
23.01 EMERGENCY MEDICAL SERVICES				0	100		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	115	115		0	0		30.00
31.00 INTENSIVE CARE UNIT	13	13		0	0		31.00
41.00 SUBPROVIDER - IRF	0	0		0	0		41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	34	34		0	0		50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		0	0		54.00
54.01 NUCLEAR MEDICINE	0	0		0	0		54.01
54.02 ULTRA SOUND	0	0		0	0		54.02
60.00 LABORATORY	0	0		100	0		60.00
64.00 INTRAVENOUS THERAPY	0	0		0	0		64.00
65.00 RESPIRATORY THERAPY	1	1		0	0		65.00
66.00 PHYSICAL THERAPY	9	9		0	0		66.00
66.01 SPORTS MEDICINE	2	2		0	0		66.01
67.00 OCCUPATIONAL THERAPY	0	0		0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		0	0		68.00
69.00 ELECTROCARDIOLOGY	10	10		0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	8	8		0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0		0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		0	0		73.00
74.00 RENAL DIALYSIS	0	0		0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 CLINIC	23	23		0	0		90.00
90.01 NEIGHBORHOOD CLINIC	0	0		0	0		90.01
90.02 WOUND CARE INSTITUTE	0	0		0	0		90.02
90.03 BARIATRICS CENTER	0	0		0	0		90.03
90.04 PEDIATRIC CLINIC	0	0		0	0		90.04
90.05 IBMT JV	0	0		0	0		90.05
90.06 PSYCHIATRIC COUNSELING CENTER	0	0		0	0		90.06
91.00 EMERGENCY	7	7		0	100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00 HOME HEALTH AGENCY	0	0		0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 INTEREST EXPENSE							113.00
116.00 HOSPICE	0	0		0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	222	222		100	100		118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		0	0		190.00
190.01 MEDICAL OFFICE & PARKING	0	0		0	0		190.01
192.00 PHYSICIANS' PRIVATE OFFICES	0	0		0	0		192.00
194.00 MOB	0	0		0	0		194.00
194.01 MARKETING	0	0		0	0		194.01
194.02 VACANT	0	0		0	0		194.02
194.03 HEALTH PROMOTIONS/WELLNESS	0	0		0	0		194.03
194.04 FOUNDATION	0	0		0	0		194.04
194.05 OTHER NONREIMBURSABLE COST CENTERS	0	0		0	0		194.05
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150033

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

Worksheet B-1

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)		
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00				
202.00 Cost to be allocated (per Wkst. B, Part I)	2,105,864	379,362	276,588	150,060		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	9,485.873874	1,708.837838	2,765.880000	1,500.600000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	345,645	2,020	24,451	938		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1,556.959459	9.099099	244.510000	9.380000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/29/2012 2:55 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS		31,217,762	0	31,217,762	30.00	
31.00	INTENSIVE CARE UNIT		12,600,521	0	12,600,521	31.00	
41.00	SUBPROVIDER - IRF		4,695,050	0	4,695,050	41.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		12,041,029	0	12,041,029	50.00	
54.00	RADIOLOGY-DIAGNOSTIC		6,498,200	0	6,498,200	54.00	
54.01	NUCLEAR MEDICINE		570,005	0	570,005	54.01	
54.02	ULTRA SOUND		626,021	0	626,021	54.02	
60.00	LABORATORY		19,040,541	0	19,040,541	60.00	
64.00	INTRAVENOUS THERAPY		1,154,460	0	1,154,460	64.00	
65.00	RESPIRATORY THERAPY	0	4,140,381	0	4,140,381	65.00	
66.00	PHYSICAL THERAPY	0	3,495,601	0	3,495,601	66.00	
66.01	SPORTS MEDICINE	0	712,690	0	712,690	66.01	
67.00	OCCUPATIONAL THERAPY	0	1,295,537	0	1,295,537	67.00	
68.00	SPEECH PATHOLOGY	0	591,723	0	591,723	68.00	
69.00	ELECTROCARDIOLOGY		550,838	0	550,838	69.00	
70.00	ELECTROENCEPHALOGRAPHY		323,872	0	323,872	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		10,796,803	0	10,796,803	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		9,258,814	0	9,258,814	72.00	
73.00	DRUGS CHARGED TO PATIENTS		18,124,901	0	18,124,901	73.00	
74.00	RENAL DIALYSIS		928,890	0	928,890	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC		874,519	0	874,519	90.00	
90.01	NEIGHBORHOOD CLINIC		1,683,514	0	1,683,514	90.01	
90.02	WOUND CARE INSTITUTE		573,882	0	573,882	90.02	
90.03	BARIATRICS CENTER		1,237,320	0	1,237,320	90.03	
90.04	PEDIATRIC CLINIC		182,559	0	182,559	90.04	
90.05	IBMT JV		1,238,495	0	1,238,495	90.05	
90.06	PSYCHIATRIC COUNSELING CENTER		2,510,952	0	2,510,952	90.06	
91.00	EMERGENCY		7,691,749	0	7,691,749	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,412,884	0	1,412,884	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	HOME HEALTH AGENCY		4,846,393	0	4,846,393	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	INTEREST EXPENSE					113.00	
116.00	HOSPICE		5,102,182	0	5,102,182	116.00	
200.00	Subtotal (see instructions)	0	166,018,088	0	166,018,088	200.00	
201.00	Less Observation Beds		1,412,884		1,412,884	201.00	
202.00	Total (see instructions)	0	164,605,204	0	164,605,204	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/29/2012 2:55 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00	9.00	10.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	43,172,328		43,172,328			30.00
31.00	INTENSIVE CARE UNIT	16,183,220		16,183,220			31.00
41.00	SUBPROVIDER - IRF	6,762,010		6,762,010			41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	22,341,886	16,206,585	38,548,471	0.312361	0.000000	50.00
54.00	RADIOLOGY-DIAGNOSTIC	24,993,301	28,705,802	53,699,103	0.121011	0.000000	54.00
54.01	NUCLEAR MEDICINE	665,665	451,445	1,117,110	0.510250	0.000000	54.01
54.02	ULTRA SOUND	2,452,396	3,211,811	5,664,207	0.110522	0.000000	54.02
60.00	LABORATORY	27,471,973	31,731,152	59,203,125	0.321614	0.000000	60.00
64.00	INTRAVENOUS THERAPY	1,302,204	2,541,476	3,843,680	0.300353	0.000000	64.00
65.00	RESPIRATORY THERAPY	12,197,394	1,010,777	13,208,171	0.313471	0.000000	65.00
66.00	PHYSICAL THERAPY	8,647,856	3,952,213	12,600,069	0.277427	0.000000	66.00
66.01	SPORTS MEDICINE	23,014	995,742	1,018,756	0.699569	0.000000	66.01
67.00	OCCUPATIONAL THERAPY	2,243,491	1,473,507	3,716,998	0.348544	0.000000	67.00
68.00	SPEECH PATHOLOGY	698,422	630,710	1,329,132	0.445195	0.000000	68.00
69.00	ELECTROCARDIOLOGY	3,613,007	686,366	4,299,373	0.128121	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	938,399	279,716	1,218,115	0.265880	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,843,560	13,127,070	49,970,630	0.216063	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	15,407,596	4,120,337	19,527,933	0.474132	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	53,732,369	24,015,430	77,747,799	0.233124	0.000000	73.00
74.00	RENAL DIALYSIS	1,986,734	21,739	2,008,473	0.462486	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0	2,494,717	2,494,717	0.350548	0.000000	90.00
90.01	NEIGHBORHOOD CLINIC	0	1,014,157	1,014,157	1.660013	0.000000	90.01
90.02	WOUND CARE INSTITUTE	909,188	832,089	1,741,277	0.329575	0.000000	90.02
90.03	BARIATRICS CENTER	0	452,128	452,128	2.736659	0.000000	90.03
90.04	PEDIATRIC CLINIC	0	141,897	141,897	1.286560	0.000000	90.04
90.05	IBMT JV	139,405	5,799,500	5,938,905	0.208539	0.000000	90.05
90.06	PSYCHIATRIC COUNSELING CENTER	46,218	5,966,947	6,013,165	0.417576	0.000000	90.06
91.00	EMERGENCY	15,400,249	59,302,058	74,702,307	0.102965	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,463,216	1,431,987	2,895,203	0.488009	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	299,635,101	210,597,358	510,232,459			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	299,635,101	210,597,358	510,232,459			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 2:55 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.312361		50.00
54.00	RADIOLOGY-DIAGNOSTIC	0.121011		54.00
54.01	NUCLEAR MEDICINE	0.510250		54.01
54.02	ULTRA SOUND	0.110522		54.02
60.00	LABORATORY	0.321614		60.00
64.00	INTRAVENOUS THERAPY	0.300353		64.00
65.00	RESPIRATORY THERAPY	0.313471		65.00
66.00	PHYSICAL THERAPY	0.277427		66.00
66.01	SPORTS MEDICINE	0.699569		66.01
67.00	OCCUPATIONAL THERAPY	0.348544		67.00
68.00	SPEECH PATHOLOGY	0.445195		68.00
69.00	ELECTROCARDIOLOGY	0.128121		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.265880		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.216063		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.474132		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.233124		73.00
74.00	RENAL DIALYSIS	0.462486		74.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0.350548		90.00
90.01	NEIGHBORHOOD CLINIC	1.660013		90.01
90.02	WOUND CARE INSTITUTE	0.329575		90.02
90.03	BARIATRICS CENTER	2.736659		90.03
90.04	PEDIATRIC CLINIC	1.286560		90.04
90.05	IBMT JV	0.208539		90.05
90.06	PSYCHIATRIC COUNSELING CENTER	0.417576		90.06
91.00	EMERGENCY	0.102965		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.488009		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE			113.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/29/2012 2:55 pm	
		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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS		31,217,762	0	31,217,762	30.00	
31.00	INTENSIVE CARE UNIT		12,600,521	0	12,600,521	31.00	
41.00	SUBPROVIDER - IRF		4,695,050	0	4,695,050	41.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM		12,041,029	0	12,041,029	50.00	
54.00	RADIOLOGY-DIAGNOSTIC		6,498,200	0	6,498,200	54.00	
54.01	NUCLEAR MEDICINE		570,005	0	570,005	54.01	
54.02	ULTRA SOUND		626,021	0	626,021	54.02	
60.00	LABORATORY		19,040,541	0	19,040,541	60.00	
64.00	INTRAVENOUS THERAPY		1,154,460	0	1,154,460	64.00	
65.00	RESPIRATORY THERAPY	0	4,140,381	0	4,140,381	65.00	
66.00	PHYSICAL THERAPY	0	3,495,601	0	3,495,601	66.00	
66.01	SPORTS MEDICINE	0	712,690	0	712,690	66.01	
67.00	OCCUPATIONAL THERAPY	0	1,295,537	0	1,295,537	67.00	
68.00	SPEECH PATHOLOGY	0	591,723	0	591,723	68.00	
69.00	ELECTROCARDIOLOGY		550,838	0	550,838	69.00	
70.00	ELECTROENCEPHALOGRAPHY		323,872	0	323,872	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		10,796,803	0	10,796,803	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		9,258,814	0	9,258,814	72.00	
73.00	DRUGS CHARGED TO PATIENTS		18,124,901	0	18,124,901	73.00	
74.00	RENAL DIALYSIS		928,890	0	928,890	74.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC		874,519	0	874,519	90.00	
90.01	NEIGHBORHOOD CLINIC		1,683,514	0	1,683,514	90.01	
90.02	WOUND CARE INSTITUTE		573,882	0	573,882	90.02	
90.03	BARIATRICS CENTER		1,237,320	0	1,237,320	90.03	
90.04	PEDIATRIC CLINIC		182,559	0	182,559	90.04	
90.05	IBMT JV		1,238,495	0	1,238,495	90.05	
90.06	PSYCHIATRIC COUNSELING CENTER		2,510,952	0	2,510,952	90.06	
91.00	EMERGENCY		7,691,749	0	7,691,749	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,412,884	0	1,412,884	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	HOME HEALTH AGENCY		4,846,393	0	4,846,393	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	INTEREST EXPENSE					113.00	
116.00	HOSPICE		5,102,182	0	5,102,182	116.00	
200.00	Subtotal (see instructions)	0	166,018,088	0	166,018,088	200.00	
201.00	Less Observation Beds		1,412,884		1,412,884	201.00	
202.00	Total (see instructions)	0	164,605,204	0	164,605,204	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/29/2012 2:55 pm	
		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		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	43,172,328		43,172,328			30.00
31.00	INTENSIVE CARE UNIT	16,183,220		16,183,220			31.00
41.00	SUBPROVIDER - IRF	6,762,010		6,762,010			41.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	22,341,886	16,206,585	38,548,471	0.312361	0.000000	50.00
54.00	RADIOLOGY-DIAGNOSTIC	24,993,301	28,705,802	53,699,103	0.121011	0.000000	54.00
54.01	NUCLEAR MEDICINE	665,665	451,445	1,117,110	0.510250	0.000000	54.01
54.02	ULTRA SOUND	2,452,396	3,211,811	5,664,207	0.110522	0.000000	54.02
60.00	LABORATORY	27,471,973	31,731,152	59,203,125	0.321614	0.000000	60.00
64.00	INTRAVENOUS THERAPY	1,302,204	2,541,476	3,843,680	0.300353	0.000000	64.00
65.00	RESPIRATORY THERAPY	12,197,394	1,010,777	13,208,171	0.313471	0.000000	65.00
66.00	PHYSICAL THERAPY	8,647,856	3,952,213	12,600,069	0.277427	0.000000	66.00
66.01	SPORTS MEDICINE	23,014	995,742	1,018,756	0.699569	0.000000	66.01
67.00	OCCUPATIONAL THERAPY	2,243,491	1,473,507	3,716,998	0.348544	0.000000	67.00
68.00	SPEECH PATHOLOGY	698,422	630,710	1,329,132	0.445195	0.000000	68.00
69.00	ELECTROCARDIOLOGY	3,613,007	686,366	4,299,373	0.128121	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	938,399	279,716	1,218,115	0.265880	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,843,560	13,127,070	49,970,630	0.216063	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	15,407,596	4,120,337	19,527,933	0.474132	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	53,732,369	24,015,430	77,747,799	0.233124	0.000000	73.00
74.00	RENAL DIALYSIS	1,986,734	21,739	2,008,473	0.462486	0.000000	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0	2,494,717	2,494,717	0.350548	0.000000	90.00
90.01	NEIGHBORHOOD CLINIC	0	1,014,157	1,014,157	1.660013	0.000000	90.01
90.02	WOUND CARE INSTITUTE	909,188	832,089	1,741,277	0.329575	0.000000	90.02
90.03	BARIATRICS CENTER	0	452,128	452,128	2.736659	0.000000	90.03
90.04	PEDIATRIC CLINIC	0	141,897	141,897	1.286560	0.000000	90.04
90.05	IBMT JV	139,405	5,799,500	5,938,905	0.208539	0.000000	90.05
90.06	PSYCHIATRIC COUNSELING CENTER	46,218	5,966,947	6,013,165	0.417576	0.000000	90.06
91.00	EMERGENCY	15,400,249	59,302,058	74,702,307	0.102965	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,463,216	1,431,987	2,895,203	0.488009	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	299,635,101	210,597,358	510,232,459			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	299,635,101	210,597,358	510,232,459			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/29/2012 2:55 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	0.312361		50.00
54.00	RADIOLOGY-DIAGNOSTIC	0.121011		54.00
54.01	NUCLEAR MEDICINE	0.510250		54.01
54.02	ULTRA SOUND	0.110522		54.02
60.00	LABORATORY	0.321614		60.00
64.00	INTRAVENOUS THERAPY	0.300353		64.00
65.00	RESPIRATORY THERAPY	0.313471		65.00
66.00	PHYSICAL THERAPY	0.277427		66.00
66.01	SPORTS MEDICINE	0.699569		66.01
67.00	OCCUPATIONAL THERAPY	0.348544		67.00
68.00	SPEECH PATHOLOGY	0.445195		68.00
69.00	ELECTROCARDIOLOGY	0.128121		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.265880		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.216063		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.474132		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.233124		73.00
74.00	RENAL DIALYSIS	0.462486		74.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	CLINIC	0.350548		90.00
90.01	NEIGHBORHOOD CLINIC	1.660013		90.01
90.02	WOUND CARE INSTITUTE	0.329575		90.02
90.03	BARIATRICS CENTER	2.736659		90.03
90.04	PEDIATRIC CLINIC	1.286560		90.04
90.05	IBMT JV	0.208539		90.05
90.06	PSYCHIATRIC COUNSELING CENTER	0.417576		90.06
91.00	EMERGENCY	0.102965		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.488009		92.00
	OTHER REIMBURSABLE COST CENTERS			
101.00	HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	INTEREST EXPENSE			113.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 150033

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/29/2012 2:55 pm

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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	12,421,649	1,494,541	10,927,108	0	0	50.00
54.00	RADIOLOGY-DIAGNOSTIC	6,498,200	676,348	5,821,852	0	0	54.00
54.01	NUCLEAR MEDICINE	570,005	196,426	373,579	0	0	54.01
54.02	ULTRA SOUND	626,021	75,128	550,893	0	0	54.02
60.00	LABORATORY	19,040,541	652,716	18,387,825	0	0	60.00
64.00	INTRAVENOUS THERAPY	1,154,460	107,731	1,046,729	0	0	64.00
65.00	RESPIRATORY THERAPY	4,151,576	223,468	3,928,108	0	0	65.00
66.00	PHYSICAL THERAPY	3,596,354	234,171	3,362,183	0	0	66.00
66.01	SPORTS MEDICINE	735,080	146,676	588,404	0	0	66.01
67.00	OCCUPATIONAL THERAPY	1,295,537	69,000	1,226,537	0	0	67.00
68.00	SPEECH PATHOLOGY	591,723	36,637	555,086	0	0	68.00
69.00	ELECTROCARDIOLOGY	662,785	133,242	529,543	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	413,430	81,212	332,218	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,796,803	109,797	10,687,006	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	9,258,814	28,013	9,230,801	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	18,124,901	260,530	17,864,371	0	0	73.00
74.00	RENAL DIALYSIS	928,890	91,350	837,540	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	1,131,997	17,422	1,114,575	0	0	90.00
90.01	NEIGHBORHOOD CLINIC	1,683,514	139,631	1,543,883	0	0	90.01
90.02	WOUND CARE INSTITUTE	573,882	76,219	497,663	0	0	90.02
90.03	BARIATRICS CENTER	1,237,320	6,258	1,231,062	0	0	90.03
90.04	PEDIATRIC CLINIC	182,559	1,054	181,505	0	0	90.04
90.05	IBMT JV	1,238,495	84,540	1,153,955	0	0	90.05
90.06	PSYCHIATRIC COUNSELING CENTER	2,510,952	208,792	2,302,160	0	0	90.06
91.00	EMERGENCY	7,770,112	580,589	7,189,523	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,412,884	100,104	1,312,780	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	HOME HEALTH AGENCY	4,846,393	235,634	4,610,759	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	5,102,182	139,277	4,962,905	0	0	116.00
200.00	Subtotal (sum of lines 50 thru 199)	118,557,059	6,206,506	112,350,553	0	0	200.00
201.00	Less Observation Beds	1,412,884	100,104	1,312,780	0	0	201.00
202.00	Total (line 200 minus line 201)	117,144,175	6,106,402	111,037,773	0	0	202.00

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

Provider CCN: 150033

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

Worksheet C  
Part II  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	50.00
		6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	12,421,649	38,548,471	0.322235	50.00
54.00	RADIOLOGY-DIAGNOSTIC	6,498,200	53,699,103	0.121011	54.00
54.01	NUCLEAR MEDICINE	570,005	1,117,110	0.510250	54.01
54.02	ULTRA SOUND	626,021	5,664,207	0.110522	54.02
60.00	LABORATORY	19,040,541	59,203,125	0.321614	60.00
64.00	INTRAVENOUS THERAPY	1,154,460	3,843,680	0.300353	64.00
65.00	RESPIRATORY THERAPY	4,151,576	13,208,171	0.314319	65.00
66.00	PHYSICAL THERAPY	3,596,354	12,600,069	0.285423	66.00
66.01	SPORTS MEDICINE	735,080	1,018,756	0.721547	66.01
67.00	OCCUPATIONAL THERAPY	1,295,537	3,716,998	0.348544	67.00
68.00	SPEECH PATHOLOGY	591,723	1,329,132	0.445195	68.00
69.00	ELECTROCARDIOLOGY	662,785	4,299,373	0.154159	69.00
70.00	ELECTROENCEPHALOGRAPHY	413,430	1,218,115	0.339401	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,796,803	49,970,630	0.216063	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	9,258,814	19,527,933	0.474132	72.00
73.00	DRUGS CHARGED TO PATIENTS	18,124,901	77,747,799	0.233124	73.00
74.00	RENAL DIALYSIS	928,890	2,008,473	0.462486	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	1,131,997	2,494,717	0.453758	90.00
90.01	NEIGHBORHOOD CLINIC	1,683,514	1,014,157	1.660013	90.01
90.02	WOUND CARE INSTITUTE	573,882	1,741,277	0.329575	90.02
90.03	BARIATRICS CENTER	1,237,320	452,128	2.736659	90.03
90.04	PEDIATRIC CLINIC	182,559	141,897	1.286560	90.04
90.05	IBMT JV	1,238,495	5,938,905	0.208539	90.05
90.06	PSYCHIATRIC COUNSELING CENTER	2,510,952	6,013,165	0.417576	90.06
91.00	EMERGENCY	7,770,112	74,702,307	0.104014	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,412,884	2,895,203	0.488009	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	HOME HEALTH AGENCY	4,846,393	0	0.000000	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	INTEREST EXPENSE				113.00
116.00	HOSPICE	5,102,182	0	0.000000	116.00
200.00	Subtotal (sum of lines 50 thru 199)	118,557,059	0		200.00
201.00	Less Observation Beds	1,412,884	0		201.00
202.00	Total (line 200 minus line 201)	117,144,175	444,114,901		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/29/2012 2:55 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,211,798	0	2,211,798	32,767	67.50	30.00
31.00	INTENSIVE CARE UNIT	813,259	0	813,259	8,584	94.74	31.00
41.00	SUBPROVIDER - IRF	636,802	0	636,802	4,583	138.95	41.00
200.00	Total (lines 30-199)	3,661,859		3,661,859	45,934		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/29/2012 2:55 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	15,300	1,032,750				30.00
31.00	INTENSIVE CARE UNIT	5,435	514,912				31.00
41.00	SUBPROVIDER - IRF	2,998	416,572				41.00
200.00	Total (Lines 30-199)	23,733	1,964,234				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/29/2012 2:55 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,494,541	38,548,471	0.038770	9,457,456	366,666	50.00
54.00 RADIOLOGY-DIAGNOSTIC	676,348	53,699,103	0.012595	12,232,598	154,070	54.00
54.01 NUCLEAR MEDICINE	196,426	1,117,110	0.175834	345,438	60,740	54.01
54.02 ULTRA SOUND	75,128	5,664,207	0.013264	1,273,203	16,888	54.02
60.00 LABORATORY	652,716	59,203,125	0.011025	14,084,364	155,280	60.00
64.00 INTRAVENOUS THERAPY	107,731	3,843,680	0.028028	604,998	16,957	64.00
65.00 RESPIRATORY THERAPY	223,468	13,208,171	0.016919	5,892,679	99,698	65.00
66.00 PHYSICAL THERAPY	234,171	12,600,069	0.018585	2,754,008	51,183	66.00
66.01 SPORTS MEDICINE	146,676	1,018,756	0.143976	0	0	66.01
67.00 OCCUPATIONAL THERAPY	69,000	3,716,998	0.018563	834,973	15,500	67.00
68.00 SPEECH PATHOLOGY	36,637	1,329,132	0.027565	309,800	8,540	68.00
69.00 ELECTROCARDIOLOGY	133,242	4,299,373	0.030991	1,991,774	61,727	69.00
70.00 ELECTROENCEPHALOGRAPHY	81,212	1,218,115	0.066670	452,787	30,187	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	109,797	49,970,630	0.002197	15,374,424	33,778	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	28,013	19,527,933	0.001435	6,192,490	8,886	72.00
73.00 DRUGS CHARGED TO PATIENTS	260,530	77,747,799	0.003351	23,784,090	79,700	73.00
74.00 RENAL DIALYSIS	91,350	2,008,473	0.045482	1,121,686	51,017	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	17,422	2,494,717	0.006984	0	0	90.00
90.01 NEIGHBORHOOD CLINIC	139,631	1,014,157	0.137682	0	0	90.01
90.02 WOUND CARE INSTITUTE	76,219	1,741,277	0.043772	245,997	10,768	90.02
90.03 BARIATRICS CENTER	6,258	452,128	0.013841	0	0	90.03
90.04 PEDIATRIC CLINIC	1,054	141,897	0.007428	0	0	90.04
90.05 IBMT JV	84,540	5,938,905	0.014235	124,022	1,765	90.05
90.06 PSYCHIATRIC COUNCELING CENTER	208,792	6,013,165	0.034722	1,037	36	90.06
91.00 EMERGENCY	580,589	74,702,307	0.007772	8,551,194	66,460	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	100,104	2,895,203	0.034576	1,361,012	47,058	92.00
200.00 Total (Lines 50-199)	5,831,595	444,114,901		106,990,030	1,336,904	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 2:55 pm	
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	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
200.00	Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 2:55 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	32,767	0.00	15,300	0		30.00
31.00	INTENSIVE CARE UNIT	8,584	0.00	5,435	0		31.00
41.00	SUBPROVIDER - IRF	4,583	0.00	2,998	0		41.00
200.00	Total (Lines 30-199)	45,934		23,733	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:55 pm
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Cost Center Description	Title XVIII				Total Cost (sum of col 1 through col 4)	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost		
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 ULTRA SOUND	0	0	0	0	0	54.02
60.00 LABORATORY	0	0	276,588	0	276,588	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO 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	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 NEIGHBORHOOD CLINIC	0	0	0	0	0	90.01
90.02 WOUND CARE INSTITUTE	0	0	0	0	0	90.02
90.03 BARIATRICS CENTER	0	0	0	0	0	90.03
90.04 PEDIATRIC CLINIC	0	0	0	0	0	90.04
90.05 IBMT JV	0	0	0	0	0	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	0	0	0	0	0	90.06
91.00 EMERGENCY	0	0	150,060	0	150,060	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	426,648	0	426,648	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:55 pm
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Cost Center Description		Title XVIII				Hospital	
		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	PPS
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	38,548,471	0.000000	0.000000	9,457,456	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0	53,699,103	0.000000	0.000000	12,232,598	54.00
54.01	NUCLEAR MEDICINE	0	1,117,110	0.000000	0.000000	345,438	54.01
54.02	ULTRA SOUND	0	5,664,207	0.000000	0.000000	1,273,203	54.02
60.00	LABORATORY	276,588	59,203,125	0.004672	0.004672	14,084,364	60.00
64.00	INTRAVENOUS THERAPY	0	3,843,680	0.000000	0.000000	604,998	64.00
65.00	RESPIRATORY THERAPY	0	13,208,171	0.000000	0.000000	5,892,679	65.00
66.00	PHYSICAL THERAPY	0	12,600,069	0.000000	0.000000	2,754,008	66.00
66.01	SPORTS MEDICINE	0	1,018,756	0.000000	0.000000	0	66.01
67.00	OCCUPATIONAL THERAPY	0	3,716,998	0.000000	0.000000	834,973	67.00
68.00	SPEECH PATHOLOGY	0	1,329,132	0.000000	0.000000	309,800	68.00
69.00	ELECTROCARDIOLOGY	0	4,299,373	0.000000	0.000000	1,991,774	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,218,115	0.000000	0.000000	452,787	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49,970,630	0.000000	0.000000	15,374,424	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	19,527,933	0.000000	0.000000	6,192,490	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	77,747,799	0.000000	0.000000	23,784,090	73.00
74.00	RENAL DIALYSIS	0	2,008,473	0.000000	0.000000	1,121,686	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0	2,494,717	0.000000	0.000000	0	90.00
90.01	NEIGHBORHOOD CLINIC	0	1,014,157	0.000000	0.000000	0	90.01
90.02	WOUND CARE INSTITUTE	0	1,741,277	0.000000	0.000000	245,997	90.02
90.03	BARIATRICS CENTER	0	452,128	0.000000	0.000000	0	90.03
90.04	PEDIATRIC CLINIC	0	141,897	0.000000	0.000000	0	90.04
90.05	IBMT JV	0	5,938,905	0.000000	0.000000	124,022	90.05
90.06	PSYCHIATRIC COUNCELING CENTER	0	6,013,165	0.000000	0.000000	1,037	90.06
91.00	EMERGENCY	150,060	74,702,307	0.002009	0.002009	8,551,194	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,895,203	0.000000	0.000000	1,361,012	92.00
200.00	Total (Lines 50-199)	426,648	444,114,901			106,990,030	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:55 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	4,051,916	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	7,027,052	0	54.00
54.01 NUCLEAR MEDICINE	0	109,008	0	54.01
54.02 ULTRA SOUND	0	520,821	0	54.02
60.00 LABORATORY	65,802	1,100,314	5,141	60.00
64.00 INTRAVENOUS THERAPY	0	1,572,993	0	64.00
65.00 RESPIRATORY THERAPY	0	182,482	0	65.00
66.00 PHYSICAL THERAPY	0	3,666	0	66.00
66.01 SPORTS MEDICINE	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	202	0	67.00
68.00 SPEECH PATHOLOGY	0	1	0	68.00
69.00 ELECTROCARDIOLOGY	0	155,742	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	24,774	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,477,899	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	933,113	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	9,130,887	0	73.00
74.00 RENAL DIALYSIS	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 CLINIC	0	0	0	90.00
90.01 NEIGHBORHOOD CLINIC	0	522	0	90.01
90.02 WOUND CARE INSTITUTE	0	103,777	0	90.02
90.03 BARIATRICS CENTER	0	11,395	0	90.03
90.04 PEDIATRIC CLINIC	0	358	0	90.04
90.05 IBMT JV	0	0	0	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	0	893,055	0	90.06
91.00 EMERGENCY	17,179	7,379,269	14,825	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	777,613	0	92.00
200.00 Total (Lines 50-199)	82,981	37,456,859	19,966	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 2:55 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0.312361	4,051,916	0	0		50.00
54.00 RADIOLOGY-DIAGNOSTIC	0.121011	7,027,052	0	0		54.00
54.01 NUCLEAR MEDICINE	0.510250	109,008	0	0		54.01
54.02 ULTRA SOUND	0.110522	520,821	0	0		54.02
60.00 LABORATORY	0.321614	1,100,314	0	0		60.00
64.00 INTRAVENOUS THERAPY	0.300353	1,572,993	0	0		64.00
65.00 RESPIRATORY THERAPY	0.313471	182,482	0	0		65.00
66.00 PHYSICAL THERAPY	0.277427	3,666	0	0		66.00
66.01 SPORTS MEDICINE	0.699569	0	0	0		66.01
67.00 OCCUPATIONAL THERAPY	0.348544	202	0	0		67.00
68.00 SPEECH PATHOLOGY	0.445195	1	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.128121	155,742	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.265880	24,774	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.216063	3,477,899	456	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.474132	933,113	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.233124	9,130,887	63,683	0		73.00
74.00 RENAL DIALYSIS	0.462486	0	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0.350548	0	0	0		90.00
90.01 NEIGHBORHOOD CLINIC	1.660013	522	0	0		90.01
90.02 WOUND CARE INSTITUTE	0.329575	103,777	0	0		90.02
90.03 BARIATRICS CENTER	2.736659	11,395	0	0		90.03
90.04 PEDIATRIC CLINIC	1.286560	358	0	0		90.04
90.05 IBMT JV	0.208539	0	0	0		90.05
90.06 PSYCHIATRIC COUNSELING CENTER	0.417576	893,055	0	0		90.06
91.00 EMERGENCY	0.102965	7,379,269	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.488009	777,613	2,890	0		92.00
200.00 Subtotal (see instructions)		37,456,859	67,029	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)		37,456,859	67,029	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 2:55 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	1,265,661	0	0		50.00
54.00 RADIOLOGY-DIAGNOSTIC	850,351	0	0		54.00
54.01 NUCLEAR MEDICINE	55,621	0	0		54.01
54.02 ULTRA SOUND	57,562	0	0		54.02
60.00 LABORATORY	353,876	0	0		60.00
64.00 INTRAVENOUS THERAPY	472,453	0	0		64.00
65.00 RESPIRATORY THERAPY	57,203	0	0		65.00
66.00 PHYSICAL THERAPY	1,017	0	0		66.00
66.01 SPORTS MEDICINE	0	0	0		66.01
67.00 OCCUPATIONAL THERAPY	70	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	19,954	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	6,587	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	751,445	99	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	442,419	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	2,128,629	14,846	0		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 CLINIC	0	0	0		90.00
90.01 NEIGHBORHOOD CLINIC	867	0	0		90.01
90.02 WOUND CARE INSTITUTE	34,202	0	0		90.02
90.03 BARIATRICS CENTER	31,184	0	0		90.03
90.04 PEDIATRIC CLINIC	461	0	0		90.04
90.05 IBMT JV	0	0	0		90.05
90.06 PSYCHIATRIC COUNSELING CENTER	372,918	0	0		90.06
91.00 EMERGENCY	759,806	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	379,482	1,410	0		92.00
200.00 Subtotal (see instructions)	8,041,768	16,355	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	8,041,768	16,355	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150033 Component CCN: 15T033		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/29/2012 2:55 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,494,541	38,548,471	0.038770	25,912	1,005	50.00
54.00	RADIOLOGY-DIAGNOSTIC	676,348	53,699,103	0.012595	161,161	2,030	54.00
54.01	NUCLEAR MEDICINE	196,426	1,117,110	0.175834	7,198	1,266	54.01
54.02	ULTRA SOUND	75,128	5,664,207	0.013264	33,412	443	54.02
60.00	LABORATORY	652,716	59,203,125	0.011025	288,055	3,176	60.00
64.00	INTRAVENOUS THERAPY	107,731	3,843,680	0.028028	8,848	248	64.00
65.00	RESPIRATORY THERAPY	223,468	13,208,171	0.016919	156,645	2,650	65.00
66.00	PHYSICAL THERAPY	234,171	12,600,069	0.018585	3,125,628	58,090	66.00
66.01	SPORTS MEDICINE	146,676	1,018,756	0.143976	672	97	66.01
67.00	OCCUPATIONAL THERAPY	69,000	3,716,998	0.018563	72,350	1,343	67.00
68.00	SPEECH PATHOLOGY	36,637	1,329,132	0.027565	25,928	715	68.00
69.00	ELECTROCARDIOLOGY	133,242	4,299,373	0.030991	10,723	332	69.00
70.00	ELECTROENCEPHALOGRAPHY	81,212	1,218,115	0.066670	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	109,797	49,970,630	0.002197	666,191	1,464	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	28,013	19,527,933	0.001435	2,788	4	72.00
73.00	DRUGS CHARGED TO PATIENTS	260,530	77,747,799	0.003351	1,144,039	3,834	73.00
74.00	RENAL DIALYSIS	91,350	2,008,473	0.045482	34,593	1,573	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	17,422	2,494,717	0.006984	0	0	90.00
90.01	NEIGHBORHOOD CLINIC	139,631	1,014,157	0.137682	0	0	90.01
90.02	WOUND CARE INSTITUTE	76,219	1,741,277	0.043772	0	0	90.02
90.03	BARIATRICS CENTER	6,258	452,128	0.013841	0	0	90.03
90.04	PEDIATRIC CLINIC	1,054	141,897	0.007428	0	0	90.04
90.05	IBMT JV	84,540	5,938,905	0.014235	0	0	90.05
90.06	PSYCHIATRIC COUNSELING CENTER	208,792	6,013,165	0.034722	0	0	90.06
91.00	EMERGENCY	580,589	74,702,307	0.007772	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	100,104	2,895,203	0.034576	0	0	92.00
200.00	Total (lines 50-199)	5,831,595	444,114,901		5,764,143	78,270	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150033 Component CCN: 15T033	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:55 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 ULTRA SOUND	0	0	0	0	0	54.02
60.00 LABORATORY	0	0	276,588	0	276,588	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO 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	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 NEIGHBORHOOD CLINIC	0	0	0	0	0	90.01
90.02 WOUND CARE INSTITUTE	0	0	0	0	0	90.02
90.03 BARIATRICS CENTER	0	0	0	0	0	90.03
90.04 PEDIATRIC CLINIC	0	0	0	0	0	90.04
90.05 IBMT JV	0	0	0	0	0	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	0	0	0	0	0	90.06
91.00 EMERGENCY	0	0	150,060	0	150,060	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	426,648	0	426,648	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150033 Component CCN: 15T033	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:55 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	38,548,471	0.000000	0.000000	25,912	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	53,699,103	0.000000	0.000000	161,161	54.00
54.01 NUCLEAR MEDICINE	0	1,117,110	0.000000	0.000000	7,198	54.01
54.02 ULTRA SOUND	0	5,664,207	0.000000	0.000000	33,412	54.02
60.00 LABORATORY	276,588	59,203,125	0.004672	0.004672	288,055	60.00
64.00 INTRAVENOUS THERAPY	0	3,843,680	0.000000	0.000000	8,848	64.00
65.00 RESPIRATORY THERAPY	0	13,208,171	0.000000	0.000000	156,645	65.00
66.00 PHYSICAL THERAPY	0	12,600,069	0.000000	0.000000	3,125,628	66.00
66.01 SPORTS MEDICINE	0	1,018,756	0.000000	0.000000	672	66.01
67.00 OCCUPATIONAL THERAPY	0	3,716,998	0.000000	0.000000	72,350	67.00
68.00 SPEECH PATHOLOGY	0	1,329,132	0.000000	0.000000	25,928	68.00
69.00 ELECTROCARDIOLOGY	0	4,299,373	0.000000	0.000000	10,723	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,218,115	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49,970,630	0.000000	0.000000	666,191	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	19,527,933	0.000000	0.000000	2,788	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	77,747,799	0.000000	0.000000	1,144,039	73.00
74.00 RENAL DIALYSIS	0	2,008,473	0.000000	0.000000	34,593	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	2,494,717	0.000000	0.000000	0	90.00
90.01 NEIGHBORHOOD CLINIC	0	1,014,157	0.000000	0.000000	0	90.01
90.02 WOUND CARE INSTITUTE	0	1,741,277	0.000000	0.000000	0	90.02
90.03 BARIATRICS CENTER	0	452,128	0.000000	0.000000	0	90.03
90.04 PEDIATRIC CLINIC	0	141,897	0.000000	0.000000	0	90.04
90.05 IBMT JV	0	5,938,905	0.000000	0.000000	0	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	0	6,013,165	0.000000	0.000000	0	90.06
91.00 EMERGENCY	150,060	74,702,307	0.002009	0.002009	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,895,203	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	426,648	444,114,901			5,764,143	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150033 Component CCN: 15T033	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:55 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	0	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	54.01
54.02 ULTRA SOUND	0	0	0	54.02
60.00 LABORATORY	1,346	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
66.01 SPORTS MEDICINE	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO 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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 CLINIC	0	0	0	90.00
90.01 NEIGHBORHOOD CLINIC	0	0	0	90.01
90.02 WOUND CARE INSTITUTE	0	0	0	90.02
90.03 BARIATRICS CENTER	0	0	0	90.03
90.04 PEDIATRIC CLINIC	0	0	0	90.04
90.05 IBMT JV	0	0	0	90.05
90.06 PSYCHIATRIC COUNSELING 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
200.00 Total (lines 50-199)	1,346	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/29/2012 2:55 pm	
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	2,211,798	0	2,211,798	32,767	67.50	30.00
31.00	INTENSIVE CARE UNIT	813,259	0	813,259	8,584	94.74	31.00
41.00	SUBPROVIDER - IRF	636,802	0	636,802	4,583	138.95	41.00
200.00	Total (Lines 30-199)	3,661,859		3,661,859	45,934		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/29/2012 2:55 pm	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XIX	Hospital	PPS	
30.00	ADULTS & PEDIATRICS	2,515	169,763				30.00
31.00	INTENSIVE CARE UNIT	771	73,045				31.00
41.00	SUBPROVIDER - IRF	91	12,644				41.00
200.00	Total (Lines 30-199)	3,377	255,452				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/29/2012 2:55 pm
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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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,494,541	38,548,471	0.038770	1,194,857	46,325	50.00
54.00	RADIOLOGY-DIAGNOSTIC	676,348	53,699,103	0.012595	2,101,665	26,470	54.00
54.01	NUCLEAR MEDICINE	196,426	1,117,110	0.175834	62,262	10,948	54.01
54.02	ULTRA SOUND	75,128	5,664,207	0.013264	205,338	2,724	54.02
60.00	LABORATORY	652,716	59,203,125	0.011025	2,737,535	30,181	60.00
64.00	INTRAVENOUS THERAPY	107,731	3,843,680	0.028028	120,275	3,371	64.00
65.00	RESPIRATORY THERAPY	223,468	13,208,171	0.016919	939,749	15,900	65.00
66.00	PHYSICAL THERAPY	234,171	12,600,069	0.018585	215,590	4,007	66.00
66.01	SPORTS MEDICINE	146,676	1,018,756	0.143976	0	0	66.01
67.00	OCCUPATIONAL THERAPY	69,000	3,716,998	0.018563	131,898	2,448	67.00
68.00	SPEECH PATHOLOGY	36,637	1,329,132	0.027565	38,665	1,066	68.00
69.00	ELECTROCARDIOLOGY	133,242	4,299,373	0.030991	224,924	6,971	69.00
70.00	ELECTROENCEPHALOGRAPHY	81,212	1,218,115	0.066670	94,552	6,304	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	109,797	49,970,630	0.002197	2,513,521	5,522	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	28,013	19,527,933	0.001435	479,315	688	72.00
73.00	DRUGS CHARGED TO PATIENTS	260,530	77,747,799	0.003351	5,511,584	18,469	73.00
74.00	RENAL DIALYSIS	91,350	2,008,473	0.045482	177,639	8,079	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	17,422	2,494,717	0.006984	0	0	90.00
90.01	NEIGHBORHOOD CLINIC	139,631	1,014,157	0.137682	0	0	90.01
90.02	WOUND CARE INSTITUTE	76,219	1,741,277	0.043772	78,765	3,448	90.02
90.03	BARIATRICS CENTER	6,258	452,128	0.013841	0	0	90.03
90.04	PEDIATRIC CLINIC	1,054	141,897	0.007428	0	0	90.04
90.05	IBMT JV	84,540	5,938,905	0.014235	0	0	90.05
90.06	PSYCHIATRIC COUNSELING CENTER	208,792	6,013,165	0.034722	3,748	130	90.06
91.00	EMERGENCY	580,589	74,702,307	0.007772	1,184,880	9,209	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	100,104	2,895,203	0.034576	100,662	3,480	92.00
200.00	Total (Lines 50-199)	5,831,595	444,114,901		18,117,424	205,740	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 2:55 pm		
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	0	0	0	0		
31.00	INTENSIVE CARE UNIT	0	0	0	0	0		
41.00	SUBPROVIDER - IRF	0	0	0	0	0		
200.00	Total (Lines 30-199)	0	0	0	0	0		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/29/2012 2:55 pm	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	32,767	0.00	2,515	0	30.00	
31.00	INTENSIVE CARE UNIT	8,584	0.00	771	0	31.00	
41.00	SUBPROVIDER - IRF	4,583	0.00	91	0	41.00	
200.00	Total (Lines 30-199)	45,934		3,377	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:55 pm
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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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 OPERATING ROOM	0	0	0	0	0	0	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	0	0	0	0	54.01
54.02 ULTRA SOUND	0	0	0	0	0	0	0	54.02
60.00 LABORATORY	0	0	276,588	0	0	276,588	0	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
66.01 SPORTS MEDICINE	0	0	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
90.00 CLINIC	0	0	0	0	0	0	0	90.00
90.01 NEIGHBORHOOD CLINIC	0	0	0	0	0	0	0	90.01
90.02 WOUND CARE INSTITUTE	0	0	0	0	0	0	0	90.02
90.03 BARIATRICS CENTER	0	0	0	0	0	0	0	90.03
90.04 PEDIATRIC CLINIC	0	0	0	0	0	0	0	90.04
90.05 IBMT JV	0	0	0	0	0	0	0	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	0	0	0	0	0	0	0	90.06
91.00 EMERGENCY	0	0	150,060	0	0	150,060	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	426,648	0	0	426,648	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150033

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/29/2012 2:55 pm

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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	38,548,471	0.000000	0.000000	1,194,857	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0	53,699,103	0.000000	0.000000	2,101,665	54.00
54.01	NUCLEAR MEDICINE	0	1,117,110	0.000000	0.000000	62,262	54.01
54.02	ULTRA SOUND	0	5,664,207	0.000000	0.000000	205,338	54.02
60.00	LABORATORY	276,588	59,203,125	0.004672	0.004672	2,737,535	60.00
64.00	INTRAVENOUS THERAPY	0	3,843,680	0.000000	0.000000	120,275	64.00
65.00	RESPIRATORY THERAPY	0	13,208,171	0.000000	0.000000	939,749	65.00
66.00	PHYSICAL THERAPY	0	12,600,069	0.000000	0.000000	215,590	66.00
66.01	SPORTS MEDICINE	0	1,018,756	0.000000	0.000000	0	66.01
67.00	OCCUPATIONAL THERAPY	0	3,716,998	0.000000	0.000000	131,898	67.00
68.00	SPEECH PATHOLOGY	0	1,329,132	0.000000	0.000000	38,665	68.00
69.00	ELECTROCARDIOLOGY	0	4,299,373	0.000000	0.000000	224,924	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,218,115	0.000000	0.000000	94,552	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49,970,630	0.000000	0.000000	2,513,521	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	19,527,933	0.000000	0.000000	479,315	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	77,747,799	0.000000	0.000000	5,511,584	73.00
74.00	RENAL DIALYSIS	0	2,008,473	0.000000	0.000000	177,639	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	CLINIC	0	2,494,717	0.000000	0.000000	0	90.00
90.01	NEIGHBORHOOD CLINIC	0	1,014,157	0.000000	0.000000	0	90.01
90.02	WOUND CARE INSTITUTE	0	1,741,277	0.000000	0.000000	78,765	90.02
90.03	BARIATRICS CENTER	0	452,128	0.000000	0.000000	0	90.03
90.04	PEDIATRIC CLINIC	0	141,897	0.000000	0.000000	0	90.04
90.05	IBMT JV	0	5,938,905	0.000000	0.000000	0	90.05
90.06	PSYCHIATRIC COUNCELING CENTER	0	6,013,165	0.000000	0.000000	3,748	90.06
91.00	EMERGENCY	150,060	74,702,307	0.002009	0.002009	1,184,880	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,895,203	0.000000	0.000000	100,662	92.00
200.00	Total (Lines 50-199)	426,648	444,114,901			18,117,424	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150033

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description		Title XIX			Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	0	0		50.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	NUCLEAR MEDICINE	0	0	0		54.01
54.02	ULTRA SOUND	0	0	0		54.02
60.00	LABORATORY	12,790	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
66.01	SPORTS MEDICINE	0	0	0		66.01
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO 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
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	0	0	0		90.00
90.01	NEIGHBORHOOD CLINIC	0	0	0		90.01
90.02	WOUND CARE INSTITUTE	0	0	0		90.02
90.03	BARIATRICS CENTER	0	0	0		90.03
90.04	PEDIATRIC CLINIC	0	0	0		90.04
90.05	IBMT JV	0	0	0		90.05
90.06	PSYCHIATRIC COUNSELING CENTER	0	0	0		90.06
91.00	EMERGENCY	2,380	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Total (Lines 50-199)	15,170	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 2:55 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges			
			Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00		3.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.312361	0	272,696	0	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0.121011	0	1,127,143	0	54.00
54.01	NUCLEAR MEDICINE	0.510250	0	75,706	0	54.01
54.02	ULTRA SOUND	0.110522	0	158,091	0	54.02
60.00	LABORATORY	0.321614	0	2,114,407	0	60.00
64.00	INTRAVENOUS THERAPY	0.300353	0	288,828	0	64.00
65.00	RESPIRATORY THERAPY	0.313471	0	77,072	0	65.00
66.00	PHYSICAL THERAPY	0.277427	0	143,369	0	66.00
66.01	SPORTS MEDICINE	0.699569	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.348544	0	100,959	0	67.00
68.00	SPEECH PATHOLOGY	0.445195	0	81,303	0	68.00
69.00	ELECTROCARDIOLOGY	0.128121	0	15,344	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.265880	0	14,661	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.216063	0	1,107,879	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.474132	0	383,314	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.233124	0	1,651,533	0	73.00
74.00	RENAL DIALYSIS	0.462486	0	6,192	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	CLINIC	0.350548	0	0	0	90.00
90.01	NEIGHBORHOOD CLINIC	1.660013	0	0	0	90.01
90.02	WOUND CARE INSTITUTE	0.329575	0	6,135	0	90.02
90.03	BARIATRICS CENTER	2.736659	0	0	0	90.03
90.04	PEDIATRIC CLINIC	1.286560	0	311	0	90.04
90.05	IBMT JV	0.208539	0	62,922	0	90.05
90.06	PSYCHIATRIC COUNSELING CENTER	0.417576	0	673,092	0	90.06
91.00	EMERGENCY	0.102965	0	3,774,148	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.488009	0	395,292	0	92.00
200.00	Subtotal (see instructions)		0	12,530,397	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	12,530,397	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/29/2012 2:55 pm
	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	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	85,180	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	136,397	0	54.00
54.01 NUCLEAR MEDICINE	0	38,629	0	54.01
54.02 ULTRA SOUND	0	17,473	0	54.02
60.00 LABORATORY	0	680,023	0	60.00
64.00 INTRAVENOUS THERAPY	0	86,750	0	64.00
65.00 RESPIRATORY THERAPY	0	24,160	0	65.00
66.00 PHYSICAL THERAPY	0	39,774	0	66.00
66.01 SPORTS MEDICINE	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	35,189	0	67.00
68.00 SPEECH PATHOLOGY	0	36,196	0	68.00
69.00 ELECTROCARDIOLOGY	0	1,966	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	3,898	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	239,372	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	181,741	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	385,012	0	73.00
74.00 RENAL DIALYSIS	0	2,864	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 CLINIC	0	0	0	90.00
90.01 NEIGHBORHOOD CLINIC	0	0	0	90.01
90.02 WOUND CARE INSTITUTE	0	2,022	0	90.02
90.03 BARIATRICS CENTER	0	0	0	90.03
90.04 PEDIATRIC CLINIC	0	400	0	90.04
90.05 IBMT JV	0	13,122	0	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	0	281,067	0	90.06
91.00 EMERGENCY	0	388,605	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	192,906	0	92.00
200.00 Subtotal (see instructions)	0	2,872,746	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	2,872,746	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/29/2012 2:55 pm
		Component CCN: 15T033	Title XIX	Subprovider - IRF
				PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,494,541	38,548,471	0.038770	45,419	1,761	50.00
54.00 RADIOLOGY-DIAGNOSTIC	676,348	53,699,103	0.012595	28,989	365	54.00
54.01 NUCLEAR MEDICINE	196,426	1,117,110	0.175834	0	0	54.01
54.02 ULTRA SOUND	75,128	5,664,207	0.013264	3,638	48	54.02
60.00 LABORATORY	652,716	59,203,125	0.011025	64,473	711	60.00
64.00 INTRAVENOUS THERAPY	107,731	3,843,680	0.028028	4,539	127	64.00
65.00 RESPIRATORY THERAPY	223,468	13,208,171	0.016919	16,789	284	65.00
66.00 PHYSICAL THERAPY	234,171	12,600,069	0.018585	221,112	4,109	66.00
66.01 SPORTS MEDICINE	146,676	1,018,756	0.143976	0	0	66.01
67.00 OCCUPATIONAL THERAPY	69,000	3,716,998	0.018563	2,760	51	67.00
68.00 SPEECH PATHOLOGY	36,637	1,329,132	0.027565	2,826	78	68.00
69.00 ELECTROCARDIOLOGY	133,242	4,299,373	0.030991	4,573	142	69.00
70.00 ELECTROENCEPHALOGRAPHY	81,212	1,218,115	0.066670	9,849	657	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	109,797	49,970,630	0.002197	15,683	34	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	28,013	19,527,933	0.001435	57,260	82	72.00
73.00 DRUGS CHARGED TO PATIENTS	260,530	77,747,799	0.003351	93,640	314	73.00
74.00 RENAL DIALYSIS	91,350	2,008,473	0.045482	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	17,422	2,494,717	0.006984	0	0	90.00
90.01 NEIGHBORHOOD CLINIC	139,631	1,014,157	0.137682	0	0	90.01
90.02 WOUND CARE INSTITUTE	76,219	1,741,277	0.043772	4,249	186	90.02
90.03 BARIATRICS CENTER	6,258	452,128	0.013841	0	0	90.03
90.04 PEDIATRIC CLINIC	1,054	141,897	0.007428	0	0	90.04
90.05 IBMT JV	84,540	5,938,905	0.014235	0	0	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	208,792	6,013,165	0.034722	0	0	90.06
91.00 EMERGENCY	580,589	74,702,307	0.007772	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	100,104	2,895,203	0.034576	0	0	92.00
200.00 Total (lines 50-199)	5,831,595	444,114,901		575,799	8,949	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150033 Component CCN: 15T033	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:55 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 ULTRA SOUND	0	0	0	0	0	54.02
60.00 LABORATORY	0	0	276,588	0	276,588	60.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01 SPORTS MEDICINE	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO 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	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	0	0	0	0	90.00
90.01 NEIGHBORHOOD CLINIC	0	0	0	0	0	90.01
90.02 WOUND CARE INSTITUTE	0	0	0	0	0	90.02
90.03 BARIATRICS CENTER	0	0	0	0	0	90.03
90.04 PEDIATRIC CLINIC	0	0	0	0	0	90.04
90.05 IBMT JV	0	0	0	0	0	90.05
90.06 PSYCHIATRIC COUNCELING CENTER	0	0	0	0	0	90.06
91.00 EMERGENCY	0	0	150,060	0	150,060	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	426,648	0	426,648	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150033 Component CCN: 15T033	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:55 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	38,548,471	0.000000	0.000000	45,419	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	53,699,103	0.000000	0.000000	28,989	54.00
54.01 NUCLEAR MEDICINE	0	1,117,110	0.000000	0.000000	0	54.01
54.02 ULTRA SOUND	0	5,664,207	0.000000	0.000000	3,638	54.02
60.00 LABORATORY	276,588	59,203,125	0.004672	0.004672	64,473	60.00
64.00 INTRAVENOUS THERAPY	0	3,843,680	0.000000	0.000000	4,539	64.00
65.00 RESPIRATORY THERAPY	0	13,208,171	0.000000	0.000000	16,789	65.00
66.00 PHYSICAL THERAPY	0	12,600,069	0.000000	0.000000	221,112	66.00
66.01 SPORTS MEDICINE	0	1,018,756	0.000000	0.000000	0	66.01
67.00 OCCUPATIONAL THERAPY	0	3,716,998	0.000000	0.000000	2,760	67.00
68.00 SPEECH PATHOLOGY	0	1,329,132	0.000000	0.000000	2,826	68.00
69.00 ELECTROCARDIOLOGY	0	4,299,373	0.000000	0.000000	4,573	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,218,115	0.000000	0.000000	9,849	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49,970,630	0.000000	0.000000	15,683	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	19,527,933	0.000000	0.000000	57,260	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	77,747,799	0.000000	0.000000	93,640	73.00
74.00 RENAL DIALYSIS	0	2,008,473	0.000000	0.000000	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 CLINIC	0	2,494,717	0.000000	0.000000	0	90.00
90.01 NEIGHBORHOOD CLINIC	0	1,014,157	0.000000	0.000000	0	90.01
90.02 WOUND CARE INSTITUTE	0	1,741,277	0.000000	0.000000	4,249	90.02
90.03 BARIATRICS CENTER	0	452,128	0.000000	0.000000	0	90.03
90.04 PEDIATRIC CLINIC	0	141,897	0.000000	0.000000	0	90.04
90.05 IBMT JV	0	5,938,905	0.000000	0.000000	0	90.05
90.06 PSYCHIATRIC COUNSELING CENTER	0	6,013,165	0.000000	0.000000	0	90.06
91.00 EMERGENCY	150,060	74,702,307	0.002009	0.002009	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,895,203	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	426,648	444,114,901			575,799	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150033 Component CCN: 15T033	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/29/2012 2:55 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	0	0	50.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 NUCLEAR MEDICINE	0	0	0	54.01
54.02 ULTRA SOUND	0	0	0	54.02
60.00 LABORATORY	301	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
66.01 SPORTS MEDICINE	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO 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
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 CLINIC	0	0	0	90.00
90.01 NEIGHBORHOOD CLINIC	0	0	0	90.01
90.02 WOUND CARE INSTITUTE	0	0	0	90.02
90.03 BARIATRICS CENTER	0	0	0	90.03
90.04 PEDIATRIC CLINIC	0	0	0	90.04
90.05 IBMT JV	0	0	0	90.05
90.06 PSYCHIATRIC COUNSELING 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
200.00 Total (lines 50-199)	301	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2012 2:55 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		32,767	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		32,767	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)		32,767	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)		15,300	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		31,217,762	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)		31,217,762	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		43,172,328	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		43,172,328	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.723097	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)		1,317.56	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)		31,217,762	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		952.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,576,616	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)		14,576,616	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/29/2012 2:55 pm		
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
Title XVIII			Hospital		PPS		
Intensive Care Type Inpatient Hospital Units			1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)						42.00
43.00	INTENSIVE CARE UNIT	12,600,521	8,584	1,467.91	5,435	7,978,091	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)					26,851,917	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49,406,624	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,547,662	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,419,885	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,967,547	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					46,439,077	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					1,483	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					952.72	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,412,884	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 2:55 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,211,798	31,217,762	0.070851	1,412,884	100,104	90.00
91.00	Nursing School cost	0	31,217,762	0.000000	1,412,884	0	91.00
92.00	Allied health cost	0	31,217,762	0.000000	1,412,884	0	92.00
93.00	All other Medical Education	0	31,217,762	0.000000	1,412,884	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T033		Date/Time Prepared: 5/29/2012 2:55 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,583	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,583	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,583	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,998	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,695,050	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,695,050	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		6,762,010	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		6,762,010	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.694328	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)		1,475.45	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,695,050	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,024.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,071,301	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,071,301	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1		
		Component CCN: 15T033				Date/Time Prepared: 5/29/2012 2:55 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
	Intensive Care Type Inpatient Hospital Units							
43.00	0	0	0.00	0	0		43.00	
44.00							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)					1,513,068	48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,584,369	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)					416,572	50.00	
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					79,616	51.00	
52.00	Total Program excludable cost (sum of lines 50 and 51)					496,188	52.00	
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,088,181	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: 150033 Component CCN: 15T033		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 2:55 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	636,802	4,695,050	0.135633	0	0	90.00
91.00	Nursing School cost	0	4,695,050	0.000000	0	0	91.00
92.00	Allied health cost	0	4,695,050	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,695,050	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2012 2:55 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		32,767	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		32,767	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)		32,767	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,515	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		31,217,762	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)		31,217,762	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		43,172,328	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		43,172,328	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.723097	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)		1,317.56	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)		31,217,762	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		952.72	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,396,091	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,396,091	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Date/Time Prepared: 5/29/2012 2:55 pm		Title XIX		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	12,600,521	8,584	1,467.91	771	1,131,759		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)					4,406,131	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,933,981	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)					242,808	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					220,910	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					463,718	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,470,263	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,483	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					952.72	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,412,884	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/29/2012 2:55 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,211,798	31,217,762	0.070851	1,412,884	100,104	90.00
91.00	Nursing School cost	0	31,217,762	0.000000	1,412,884	0	91.00
92.00	Allied health cost	0	31,217,762	0.000000	1,412,884	0	92.00
93.00	All other Medical Education	0	31,217,762	0.000000	1,412,884	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T033		Date/Time Prepared: 5/29/2012 2:55 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,583	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,583	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,583	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)		91	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,695,050	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,695,050	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		6,762,010	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		6,762,010	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.694328	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)		1,475.45	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,695,050	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,024.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		93,225	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)		93,225	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T033				Date/Time Prepared: 5/29/2012 2:55 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	0	0	0.00	0	0	43.00	
44.00						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)					165,993	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					259,218	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)					12,644	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,250	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					21,894	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					237,324	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: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T033		Date/Time Prepared: 5/29/2012 2:55 pm
Title XIX			Subprovider - IRF	PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	636,802	4,695,050	0.135633	0	0	90.00
91.00 Nursing School cost	0	4,695,050	0.000000	0	0	91.00
92.00 Allied health cost	0	4,695,050	0.000000	0	0	92.00
93.00 All other Medical Education	0	4,695,050	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		18,765,517		30.00
31.00	INTENSIVE CARE UNIT		10,416,939		31.00
41.00	SUBPROVIDER - IRF		0		41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.312361	9,457,456	2,954,140	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0.121011	12,232,598	1,480,279	54.00
54.01	NUCLEAR MEDICINE	0.510250	345,438	176,260	54.01
54.02	ULTRA SOUND	0.110522	1,273,203	140,717	54.02
60.00	LABORATORY	0.321614	14,084,364	4,529,729	60.00
64.00	INTRAVENOUS THERAPY	0.300353	604,998	181,713	64.00
65.00	RESPIRATORY THERAPY	0.313471	5,892,679	1,847,184	65.00
66.00	PHYSICAL THERAPY	0.277427	2,754,008	764,036	66.00
66.01	SPORTS MEDICINE	0.699569	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.348544	834,973	291,025	67.00
68.00	SPEECH PATHOLOGY	0.445195	309,800	137,921	68.00
69.00	ELECTROCARDIOLOGY	0.128121	1,991,774	255,188	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.265880	452,787	120,387	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.216063	15,374,424	3,321,844	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.474132	6,192,490	2,936,058	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.233124	23,784,090	5,544,642	73.00
74.00	RENAL DIALYSIS	0.462486	1,121,686	518,764	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	0.350548	0	0	90.00
90.01	NEIGHBORHOOD CLINIC	1.660013	0	0	90.01
90.02	WOUND CARE INSTITUTE	0.329575	245,997	81,074	90.02
90.03	BARIATRICS CENTER	2.736659	0	0	90.03
90.04	PEDIATRIC CLINIC	1.286560	0	0	90.04
90.05	IBMT JV	0.208539	124,022	25,863	90.05
90.06	PSYCHIATRIC COUNSELING CENTER	0.417576	1,037	433	90.06
91.00	EMERGENCY	0.102965	8,551,194	880,474	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.488009	1,361,012	664,186	92.00
200.00	Total (sum of lines 50-94 and 96-98)		106,990,030	26,851,917	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)		106,990,030		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T033		Date/Time Prepared: 5/29/2012 2:55 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
41.00	SUBPROVIDER - IRF		4,447,781		41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.312361	25,912	8,094	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0.121011	161,161	19,502	54.00
54.01	NUCLEAR MEDICINE	0.510250	7,198	3,673	54.01
54.02	ULTRA SOUND	0.110522	33,412	3,693	54.02
60.00	LABORATORY	0.321614	288,055	92,643	60.00
64.00	INTRAVENOUS THERAPY	0.300353	8,848	2,658	64.00
65.00	RESPIRATORY THERAPY	0.313471	156,645	49,104	65.00
66.00	PHYSICAL THERAPY	0.277427	3,125,628	867,134	66.00
66.01	SPORTS MEDICINE	0.699569	672	470	66.01
67.00	OCCUPATIONAL THERAPY	0.348544	72,350	25,217	67.00
68.00	SPEECH PATHOLOGY	0.445195	25,928	11,543	68.00
69.00	ELECTROCARDIOLOGY	0.128121	10,723	1,374	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.265880	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.216063	666,191	143,939	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.474132	2,788	1,322	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.233124	1,144,039	266,703	73.00
74.00	RENAL DIALYSIS	0.462486	34,593	15,999	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	0.350548	0	0	90.00
90.01	NEIGHBORHOOD CLINIC	1.660013	0	0	90.01
90.02	WOUND CARE INSTITUTE	0.329575	0	0	90.02
90.03	BARIATRICS CENTER	2.736659	0	0	90.03
90.04	PEDIATRIC CLINIC	1.286560	0	0	90.04
90.05	IBMT JV	0.208539	0	0	90.05
90.06	PSYCHIATRIC COUNSELING CENTER	0.417576	0	0	90.06
91.00	EMERGENCY	0.102965	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.488009	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		5,764,143	1,513,068	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)		5,764,143		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/29/2012 2:55 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		2,562,555		30.00
31.00	INTENSIVE CARE UNIT		2,167,396		31.00
41.00	SUBPROVIDER - IRF		0		41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.312361	1,194,857	373,227	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0.121011	2,101,665	254,325	54.00
54.01	NUCLEAR MEDICINE	0.510250	62,262	31,769	54.01
54.02	ULTRA SOUND	0.110522	205,338	22,694	54.02
60.00	LABORATORY	0.321614	2,737,535	880,430	60.00
64.00	INTRAVENOUS THERAPY	0.300353	120,275	36,125	64.00
65.00	RESPIRATORY THERAPY	0.313471	939,749	294,584	65.00
66.00	PHYSICAL THERAPY	0.277427	215,590	59,810	66.00
66.01	SPORTS MEDICINE	0.699569	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.348544	131,898	45,972	67.00
68.00	SPEECH PATHOLOGY	0.445195	38,665	17,213	68.00
69.00	ELECTROCARDIOLOGY	0.128121	224,924	28,817	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.265880	94,552	25,139	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.216063	2,513,521	543,079	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.474132	479,315	227,259	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.233124	5,511,584	1,284,883	73.00
74.00	RENAL DIALYSIS	0.462486	177,639	82,156	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	0.350548	0	0	90.00
90.01	NEIGHBORHOOD CLINIC	1.660013	0	0	90.01
90.02	WOUND CARE INSTITUTE	0.329575	78,765	25,959	90.02
90.03	BARIATRICS CENTER	2.736659	0	0	90.03
90.04	PEDIATRIC CLINIC	1.286560	0	0	90.04
90.05	IBMT JV	0.208539	0	0	90.05
90.06	PSYCHIATRIC COUNSELING CENTER	0.417576	3,748	1,565	90.06
91.00	EMERGENCY	0.102965	1,184,880	122,001	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.488009	100,662	49,124	92.00
200.00	Total (sum of lines 50-94 and 96-98)		18,117,424	4,406,131	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)		18,117,424		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T033		Date/Time Prepared: 5/29/2012 2:55 pm	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
41.00	SUBPROVIDER - IRF		327,014		41.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.312361	45,419	14,187	50.00
54.00	RADIOLOGY-DIAGNOSTIC	0.121011	28,989	3,508	54.00
54.01	NUCLEAR MEDICINE	0.510250	0	0	54.01
54.02	ULTRA SOUND	0.110522	3,638	402	54.02
60.00	LABORATORY	0.321614	64,473	20,735	60.00
64.00	INTRAVENOUS THERAPY	0.300353	4,539	1,363	64.00
65.00	RESPIRATORY THERAPY	0.313471	16,789	5,263	65.00
66.00	PHYSICAL THERAPY	0.277427	221,112	61,342	66.00
66.01	SPORTS MEDICINE	0.699569	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.348544	2,760	962	67.00
68.00	SPEECH PATHOLOGY	0.445195	2,826	1,258	68.00
69.00	ELECTROCARDIOLOGY	0.128121	4,573	586	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.265880	9,849	2,619	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.216063	15,683	3,389	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.474132	57,260	27,149	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.233124	93,640	21,830	73.00
74.00	RENAL DIALYSIS	0.462486	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	CLINIC	0.350548	0	0	90.00
90.01	NEIGHBORHOOD CLINIC	1.660013	0	0	90.01
90.02	WOUND CARE INSTITUTE	0.329575	4,249	1,400	90.02
90.03	BARIATRICS CENTER	2.736659	0	0	90.03
90.04	PEDIATRIC CLINIC	1.286560	0	0	90.04
90.05	IBMT JV	0.208539	0	0	90.05
90.06	PSYCHIATRIC COUNSELING CENTER	0.417576	0	0	90.06
91.00	EMERGENCY	0.102965	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.488009	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		575,799	165,993	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)		575,799		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 2:55 pm
		Title XVII I	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		31,348,662	1.00
2.00	Outlier payments for discharges. (see instructions)		2,506,541	2.00
3.00	Managed Care Simulated Payments		6,102,421	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		177.94	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		17.25	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.32	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.		-5.33	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.		0.41	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)		12.01	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		15.56	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)		12.01	12.00
13.00	Total allowable FTE count for the prior year.		11.71	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.		11.73	14.00
15.00	Sum of lines 12 through 14 divided by 3.		11.82	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		11.82	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.066427	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.066162	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.066162	21.00
22.00	IME payment adjustment (see instructions)		1,328,989	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		3.55	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)		1,328,989	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		35,184,192	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)		35,184,192	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,786,754	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		741,026	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/29/2012 2:55 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			82,981 58.00
59.00	Total (sum of amounts on lines 49 through 58)			38,794,953 59.00
60.00	Primary payer payments			2,887 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			38,792,066 61.00
62.00	Deductibles billed to program beneficiaries			3,351,448 62.00
63.00	Coinsurance billed to program beneficiaries			227,815 63.00
64.00	Allowable bad debts (see instructions)			818,832 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			573,182 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			524,428 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			35,785,985 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)			35,785,985 71.00
72.00	Interim payments			35,474,148 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)			311,837 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			984,348 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 2:55 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			16,355 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			8,021,802 2.00
3.00	PPS payments			6,316,451 3.00
4.00	Outlier payment (see instructions)			25,561 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.883 5.00
6.00	Line 2 times line 5			7,083,251 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			89.54 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			19,966 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			16,355 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			67,029 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)			67,029 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			67,029 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			50,674 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)			16,355 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)			6,361,978 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,475,727 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)			4,902,606 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			110,611 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)			5,013,217 30.00
31.00	Primary payer payments			871 31.00
32.00	Subtotal (line 30 minus line 31)			5,012,346 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			389,977 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			272,984 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			242,716 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			5,285,330 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)			5,285,330 40.00
41.00	Interim payments			5,331,835 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)			-46,505 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/29/2012 2:55 pm
		Component CCN: 15T033	Title XVIII	Subprovider - IRF PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		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
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		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
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		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
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150033

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2012 2:55 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		35,244,461		5,272,764	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	12/07/2011	91,156	09/08/2011	59,071	3.01	
3.02		09/08/2011	138,531		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)		229,687		59,071	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)		35,474,148		5,331,835	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		311,837		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		46,505	6.02	
7.00	Total Medicare program liability (see instructions)		35,785,985		5,285,330	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: 150033  
Component CCN: 15T033

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2012 2:55 pm

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,144,931		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	09/08/2011	21,514		0	3.01
3.02		12/07/2011	13,127		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)		34,641		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)		4,179,572		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		135,493		0	6.02
7.00	Total Medicare program liability (see instructions)		4,044,079		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: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 5/29/2012 2:55 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DATA COLLECTION NEEDED FOR THE HIT CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			8,813 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			20,735 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			2,935 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			39,868 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			510,232,459 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			11,902,188 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)			0 8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
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)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/29/2012 2:55 pm
		Component CCN: 15T033	Title XVIII	Subprovider - IRF
				PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			3,840,968 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0110 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			83,384 3.00
4.00	Outlier Payments			166,385 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.556164 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$ .			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			4,090,737 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,090,737 17.00
18.00	Primary payer payments			9,186 18.00
19.00	Subtotal (line 17 less line 18).			4,081,551 19.00
20.00	Deductibles			21,476 20.00
21.00	Subtotal (line 19 minus line 20)			4,060,075 21.00
22.00	Coinsurance			18,112 22.00
23.00	Subtotal (line 21 minus line 22)			4,041,963 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			1,100 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			770 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,042,733 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			1,346 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,044,079 32.00
33.00	Interim payments			4,179,572 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			-135,493 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2012 2:55 pm
		Title XIX	Hospital	PPS
		1.00		
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		2,872,746	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,872,746	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,872,746	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		30,647,821	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		30,647,821	12.00
<b>CUSTOMARY CHRGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		30,647,821	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		27,775,075	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,872,746	21.00
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		15,170	26.00
27.00	Subtotal (sum of lines 22 through 26)		15,170	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		2,887,916	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,887,916	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,887,916	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		2,887,916	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,887,916	40.00
41.00	Interim payments		2,887,916	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2012 2:55 pm
		Component CCN: 15T033	Title XIX	Subprovider - IRF
		PPS		
		1.00		
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		327,014	8.00
9.00	Ancillary service charges		575,799	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		902,813	12.00
<b>CUSTOMARY CHRGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		902,813	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		902,813	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		301	26.00
27.00	Subtotal (sum of lines 22 through 26)		301	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		902,813	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		301	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		301	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		301	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		301	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		301	40.00
41.00	Interim payments		301	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/29/2012 2:55 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.42	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.94	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))			-5.33	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)			12.15	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			15.56	6.00
7.00	Enter the lesser of line 5 or line 6			12.15	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.	15.52	0.00	15.52	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.	12.12	0.00	12.12	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	12.12	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	12.71	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	13.85	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	12.89	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	12.89	0.00		17.00
18.00	Per resident amount	110,137.21	0.00		18.00
19.00	Approved amount for resident costs	1,419,669	0	1,419,669	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)			3.41	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)			0.00	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)			1,419,669	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	23,733	3,415		26.00
27.00	Total Inpatient Days	44,451	44,451		27.00
28.00	Ratio of inpatient days to total inpatient days	0.533914	0.076826		28.00
29.00	Program direct GME amount	757,981	109,067		29.00
30.00	Reduction for nursing/allied health		15,411		30.00
31.00	Net Program direct GME amount			851,637	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet E-4 Date/Time Prepared: 5/29/2012 2:55 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		2,008,473	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		53,990,993	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)		12,073	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		53,978,920	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		8,058,123	42.00
43.00	Primary payer payments (see instructions)		871	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		8,057,252	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		62,036,172	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.870120	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.129880	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		851,637	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		741,026	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		110,611	50.00

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

Provider CCN: 150033

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

Worksheet G  
Date/Time Prepared:  
5/29/2012 2:55 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	12,556,182	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	148,906	0	0	0	3.00
4.00	Accounts receivable	95,056,616	0	0	0	4.00
5.00	Other receivable	2,127,079	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-63,013,856	0	0	0	6.00
7.00	Inventory	2,678,126	0	0	0	7.00
8.00	Prepaid expenses	1,130,797	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	3,156,838	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	53,840,688	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	15,141,718	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	136,073,330	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	1,954,209	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	82,837,235	0	0	0	19.00
20.00	Accumulated depreciation	-188,115,339	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	930,902	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)	48,822,055	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	12,939,872	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	12,939,872	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	115,602,615	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	16,175,642	0	0	0	37.00
38.00	Salaries, wages, and fees payable	8,567,213	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	207,988	0	0	0	43.00
44.00	Other current liabilities	15,293,195	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	40,244,038	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	3,550,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,765,120	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	5,315,120	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	45,559,158	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	70,043,457				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	70,043,457	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	115,602,615	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150033

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

Worksheet G-1

Date/Time Prepared:  
5/29/2012 2:55 pm

		General Fund		Special Purpose Fund			
		1.00	2.00	3.00	4.00		
		1.00	Fund balances at beginning of period		57,183,198		
2.00	Net income (loss) (From Wkst. G-3, line 29)		12,830,949				2.00
3.00	Total (sum of line 1 and line 2)		70,014,147		0		3.00
4.00	Additions (credit adjustments) (specify)	29,310		0			4.00
5.00		0		0			5.00
6.00		0		0			6.00
7.00		0		0			7.00
8.00		0		0			8.00
9.00		0		0			9.00
10.00	Total additions (sum of line 4-9)		29,310		0		10.00
11.00	Subtotal (line 3 plus line 10)		70,043,457		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0			12.00
13.00		0		0			13.00
14.00		0		0			14.00
15.00		0		0			15.00
16.00		0		0			16.00
17.00		0		0			17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		70,043,457		0		19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150033

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

Worksheet G-1

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150033

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

Worksheet G-2 Parts

Date/Time Prepared:  
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Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	43,172,328		43,172,328	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	6,762,010		6,762,010	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				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)	49,934,338		49,934,338	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	16,183,220		16,183,220	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	16,183,220		16,183,220	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	66,117,558		66,117,558	17.00
18.00	Ancillary services	231,996,760	222,541,431	454,538,191	18.00
19.00	Outpatient services	0	0	0	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		6,668,705	6,668,705	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	6,627,280	6,627,280	26.00
27.00	PHYSICIAN PRIVATE OFFICES	0	19,776,960	19,776,960	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	298,114,318	255,614,376	553,728,694	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		180,437,982		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		180,437,982		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150033

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

Worksheet G-3

Date/Time Prepared:  
5/29/2012 2:55 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	553,728,694	1.00
2.00	Less contractual allowances and discounts on patients' accounts	366,416,059	2.00
3.00	Net patient revenues (line 1 minus line 2)	187,312,635	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	180,437,982	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,874,653	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	17,563,418	24.00
25.00	Total other income (sum of lines 6-24)	17,563,418	25.00
26.00	Total (line 5 plus line 25)	24,438,071	26.00
27.00	ALLOCATED OVERHEAD	11,607,122	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	11,607,122	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	12,830,949	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150033

Period: From 01/01/2011

Worksheet H

HHA CCN: 157179

To 12/31/2011

Date/Time Prepared: 5/29/2012 2:55 pm

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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related - Bldg. & Fixtures		0		0	1.00
2.00	Capital Related - Movable Equipment		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	1,193,875	359,756	103,071	36,517	58,748 5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	777,598	234,674	18,664	0	7,127 6.00
7.00	Physical Therapy	620,612	187,387	26,487	0	5,100 7.00
8.00	Occupational Therapy	165,099	49,815	6,890	0	1,300 8.00
9.00	Speech Pathology	31,400	9,481	3,124	0	0 9.00
10.00	Medical Social Services	51,133	15,478	2,133	0	650 10.00
11.00	Home Health Aide	42,161	12,765	9,097	0	2,209 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	-230 14.00
<b>HHA NONREIMBURSABLE SERVICES</b>						
15.00	Home Dialysis Aide Services	0	0	0	0	0 15.00
16.00	Respiratory Therapy	0	0	0	0	0 16.00
17.00	Private Duty Nursing	0	0	0	0	0 17.00
18.00	Clinic	0	0	0	0	0 18.00
19.00	Health Promotion Activities	0	0	0	0	0 19.00
20.00	Day Care Program	0	0	0	0	0 20.00
21.00	Home Delivered Meals Program	0	0	0	0	0 21.00
22.00	Homemaker Service	0	0	0	0	0 22.00
23.00	All Others (specify)	0	0	0	0	0 23.00
24.00	Total (sum of lines 1-23)	2,881,878	869,356	169,466	36,517	74,904 24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.  
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150033

Period: From 01/01/2011

Worksheet H

HHA CCN: 157179

To 12/31/2011

Date/Time Prepared: 5/29/2012 2:55 pm

Home Health Agency I

PPS

	Total (sum of col.s. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	1,751,967	0	1,751,967	-387	5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	1,038,063	0	1,038,063	0	6.00
7.00	Physical Therapy	839,586	0	839,586	0	7.00
8.00	Occupational Therapy	223,104	0	223,104	0	8.00
9.00	Speech Pathology	44,005	0	44,005	0	9.00
10.00	Medical Social Services	69,394	0	69,394	0	10.00
11.00	Home Health Aide	66,232	0	66,232	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	-230	0	-230	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	4,032,121	0	4,032,121	-387	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.  
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COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150033	Period: From 01/01/2011	Worksheet H-1
		HHA CCN: 157179	To 12/31/2011	Part I
				Date/Time Prepared: 5/29/2012 2:55 pm
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	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	1,751,580	0	0	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	1,038,063	0	0	0	6.00
7.00	Physical Therapy	839,586	0	0	0	7.00
8.00	Occupational Therapy	223,104	0	0	0	8.00
9.00	Speech Pathology	44,005	0	0	0	9.00
10.00	Medical Social Services	69,394	0	0	0	10.00
11.00	Home Health Aide	66,232	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	-230	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	4,031,734	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet H-1 Part I Date/Time Prepared: 5/29/2012 2:55 pm
		HHA CCN: 157179	Home Health Agency I	PPS

	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	1,751,580	1,751,580	5.00
<b>HHA REIMBURSABLE SERVICES</b>				
6.00	Skilled Nursing Care	1,038,063	797,426	1,835,489
7.00	Physical Therapy	839,586	644,957	1,484,543
8.00	Occupational Therapy	223,104	171,385	394,489
9.00	Speech Pathology	44,005	33,804	77,809
10.00	Medical Social Services	69,394	53,307	122,701
11.00	Home Health Aide	66,232	50,878	117,110
12.00	Supplies (see instructions)	0	0	0
13.00	Drugs	0	0	0
14.00	DME	-230	-177	-407
<b>HHA NONREIMBURSABLE SERVICES</b>				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others (specify)	0	0	0
24.00	Total (sum of lines 1-23)	2,280,154		4,031,734

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150033

Period: From 01/01/2011

Worksheet H-1

HHA CCN: 157179

To 12/31/2011

Part II  
Date/Time Prepared:  
5/29/2012 2:55 pm

Home Health  
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-1,751,580	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,751,580	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: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet H-1 Part II
		HHA CCN: 157179		Date/Time Prepared: 5/29/2012 2:55 pm
			Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	2,280,154	5.00
<b>HHA REIMBURSABLE SERVICES</b>			
6.00	Skilled Nursing Care	1,038,063	6.00
7.00	Physical Therapy	839,586	7.00
8.00	Occupational Therapy	223,104	8.00
9.00	Speech Pathology	44,005	9.00
10.00	Medical Social Services	69,394	10.00
11.00	Home Health Aide	66,232	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	-230	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	2,280,154	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	1,751,580	25.00
26.00	Unit Cost Multiplier	0.768185	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150033	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 157179	To 12/31/2011	Part I
				Date/Time Prepared: 5/29/2012 2:55 pm
			Home Health Agency I	PPS

	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	ADMITTING		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				
0	0	102,219	80,627	4.00	5.01		
1.00	Administrative and General	0	102,219	80,627	39,226	0	1.00
2.00	Skilled Nursing Care	1,835,489	0	0	25,549	0	2.00
3.00	Physical Therapy	1,484,543	0	0	20,391	0	3.00
4.00	Occupational Therapy	394,489	0	0	5,424	0	4.00
5.00	Speech Pathology	77,809	0	0	1,032	0	5.00
6.00	Medical Social Services	122,701	0	0	1,680	0	6.00
7.00	Home Health Aide	117,110	0	0	1,385	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	-407	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)	4,031,734	102,219	80,627	94,687	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: 150033 HHA CCN: 157179		Period: From 01/01/2011 To 12/31/2011		Worksheet H-2 Part I Date/Time Prepared: 5/29/2012 2:55 pm PPS	
		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.01	5.03	7.00	8.00	9.00	
1.00	Administrative and General	222,072	14,243	141,232	0	54,277	1.00
2.00	Skilled Nursing Care	1,861,038	119,365	0	0	0	2.00
3.00	Physical Therapy	1,504,934	96,525	0	0	0	3.00
4.00	Occupational Therapy	399,913	25,650	0	0	0	4.00
5.00	Speech Pathology	78,841	5,057	0	0	0	5.00
6.00	Medical Social Services	124,381	7,978	0	0	0	6.00
7.00	Home Health Aide	118,495	7,600	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	-407	-26	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)	4,309,267	276,392	141,232	0	54,277	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: 150033

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157179

To 12/31/2011

Part I  
Date/Time Prepared:  
5/29/2012 2:55 pm

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	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	0	65,225	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	65,225	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: 150033

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157179

To 12/31/2011

Part I  
Date/Time Prepared:  
5/29/2012 2:55 pm

Home Health Agency I

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	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		PARAMED PRGM	EMERGENCY MEDICAL SERVICES	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		16.00	21.00			
1.00	Administrative and General	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	9.00
10.00	DME	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	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: 150033 HHA CCN: 157179		Period: From 01/01/2011 To 12/31/2011		Worksheet H-2 Part I Date/Time Prepared: 5/29/2012 2:55 pm	
				Home Health Agency I		PPS	
		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	497,049	0	497,049			1.00
2.00	Skilled Nursing Care	1,980,403	0	1,980,403	226,324	2,206,727	2.00
3.00	Physical Therapy	1,601,459	0	1,601,459	183,016	1,784,475	3.00
4.00	Occupational Therapy	425,563	0	425,563	48,634	474,197	4.00
5.00	Speech Pathology	83,898	0	83,898	9,588	93,486	5.00
6.00	Medical Social Services	132,359	0	132,359	15,126	147,485	6.00
7.00	Home Health Aide	126,095	0	126,095	14,410	140,505	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	-433	0	-433	-49	-482	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)	4,846,393	0	4,846,393	497,049	4,846,393	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.				0.114281		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: 150033  
HHA CCN: 157179

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
5/29/2012 2:55 pm

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	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	ADMITTING (GROSS CHARGES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00	4.00	5.01				
1.00	Administrative and General	6,966	6,966	1,193,875	0	0	1.00	
2.00	Skilled Nursing Care	0	0	777,598	0	0	2.00	
3.00	Physical Therapy	0	0	620,612	0	0	3.00	
4.00	Occupational Therapy	0	0	165,099	0	0	4.00	
5.00	Speech Pathology	0	0	31,400	0	0	5.00	
6.00	Medical Social Services	0	0	51,133	0	0	6.00	
7.00	Home Health Aide	0	0	42,161	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)	6,966	6,966	2,881,878	0	0	20.00	
21.00	Total cost to be allocated	102,219	80,627	94,687	0	0	21.00	
22.00	Unit cost multiplier	14.673988	11.574361	0.032856	0.000000	0.000000	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150033 HHA CCN: 157179	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/29/2012 2:55 pm PPS
		Home Health Agency I	

	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
	5.03	7.00	8.00	9.00	10.00	
1.00 Administrative and General	222,072	6,966	0	6,966	0	1.00
2.00 Skilled Nursing Care	1,861,038	0	0	0	0	2.00
3.00 Physical Therapy	1,504,934	0	0	0	0	3.00
4.00 Occupational Therapy	399,913	0	0	0	0	4.00
5.00 Speech Pathology	78,841	0	0	0	0	5.00
6.00 Medical Social Services	124,381	0	0	0	0	6.00
7.00 Home Health Aide	118,495	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	-407	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)	4,309,267	6,966	0	6,966	0	20.00
21.00 Total cost to be allocated	276,392	141,232	0	54,277	0	21.00
22.00 Unit cost multiplier	0.064139	20.274476	0.000000	7.791703	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150033 HHA CCN: 157179	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/29/2012 2:55 pm PPS
		Home Health Agency I	

	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	83,618	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)	83,618	0	0	0	0	20.00
21.00 Total cost to be allocated	65,225	0	0	0	0	21.00
22.00 Unit cost multiplier	0.780035	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II
	HHA CCN: 157179		Date/Time Prepared: 5/29/2012 2:55 pm
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		INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
		21.00	22.00				
1.00	Administrative and General	0	0	0	0		1.00
2.00	Skilled Nursing Care	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0		8.00
9.00	Drugs	0	0	0	0		9.00
10.00	DME	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0		13.00
14.00	Clinic	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0		19.00
20.00	Total (sum of lines 1-19)	0	0	0	0		20.00
21.00	Total cost to be allocated	0	0	0	0		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150033 HHA CCN: 157179		Period: From 01/01/2011 To 12/31/2011		Worksheet H-3 Parts I-II Date/Time Prepared: 5/29/2012 2:55 pm	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,206,727		2,206,727	9,150	1.00
2.00	Physical Therapy	3.00	1,784,475	0	1,784,475	9,170	2.00
3.00	Occupational Therapy	4.00	474,197	0	474,197	2,390	3.00
4.00	Speech Pathology	5.00	93,486	0	93,486	435	4.00
5.00	Medical Social Services	6.00	147,485		147,485	180	5.00
6.00	Home Health Aide	7.00	140,505		140,505	1,791	6.00
7.00	Total (sum of lines 1-6)		4,846,875	0	4,846,875	23,116	7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		
					Part B		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		26900	2,544	1,593		8.00
9.00	Physical Therapy		26900	3,221	1,880		9.00
10.00	Occupational Therapy		26900	985	455		10.00
11.00	Speech Pathology		26900	170	93		11.00
12.00	Medical Social Services		26900	50	43		12.00
13.00	Home Health Aide		26900	365	489		13.00
14.00	Total (sum of lines 8-13)			7,335	4,553		14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	44,392	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	16.00
Cost Center Description		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy		66.00	0.277427	0	0	1.00
1.01	Physical Therapy 1		66.01	0.699569	0	0	1.01
2.00	Occupational Therapy		67.00	0.348544	0	0	2.00
3.00	Speech Pathology		68.00	0.445195	0	0	3.00
4.00	Cost of Medical Supplies		71.00	0.216063	0	0	4.00
5.00	Cost of Drugs		73.00	0.233124	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/29/2012 2:55 pm	
		HHA CCN: 157179	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	241.17	2,544	1,593	1.00
2.00	Physical Therapy	194.60	3,221	1,880	2.00
3.00	Occupational Therapy	198.41	985	455	3.00
4.00	Speech Pathology	214.91	170	93	4.00
5.00	Medical Social Services	819.36	50	43	5.00
6.00	Home Health Aide	78.45	365	489	6.00
7.00	Total (sum of lines 1-6)		7,335	4,553	7.00
Cost Center Description					
		5.00	6.00	7.00	8.00
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
9.00	Physical Therapy				9.00
10.00	Occupational Therapy				10.00
11.00	Speech Pathology				11.00
12.00	Medical Social Services				12.00
13.00	Home Health Aide				13.00
14.00	Total (sum of lines 8-13)				14.00
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	0.000000	44,392	0	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
1.01	Physical Therapy 1	col. 2, line 2.01			1.01
2.00	Occupational Therapy	col. 2, line 3.00			2.00
3.00	Speech Pathology	col. 2, line 4.00			3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00			4.00
5.00	Cost of Drugs	col. 2, line 16.00			5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150033	Period: From 01/01/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/29/2012 2:55 pm
	HHA CCN: 157179	To 12/31/2011	
	Title XVIII	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance			
	9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	613,536	384,184		997,720	1.00
2.00	Physical Therapy	626,807	365,848		992,655	2.00
3.00	Occupational Therapy	195,434	90,277		285,711	3.00
4.00	Speech Pathology	36,535	19,987		56,522	4.00
5.00	Medical Social Services	40,968	35,232		76,200	5.00
6.00	Home Health Aide	28,634	38,362		66,996	6.00
7.00	Total (sum of lines 1-6)	1,541,914	933,890		2,475,804	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00
Cost of Services						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance			
	9.00	10.00	11.00			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0	0	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150033 HHA CCN: 157179	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/29/2012 2:55 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,440,560	804,877
12.00	Total PPS Reimbursement - Full Episodes with Outliers		7,910	19,973
13.00	Total PPS Reimbursement - LUPA Episodes		25,304	14,489
14.00	Total PPS Reimbursement - PEP Episodes		10,271	4,814
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		475	11,151
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,484,520	855,304
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,484,520	855,304
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		1,484,520	855,304
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,484,520	855,304
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		522,474	0
31.00	Subtotal (line 29 plus/minus line 30)		2,006,994	855,304
32.00	Interim payments (see instructions)		2,006,994	855,304
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet H-5
	HHA CCN: 157179	Home Health Agency I	Date/Time Prepared: 5/29/2012 2:55 pm PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		2,006,994		855,304	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)		2,006,994		855,304	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,006,994		855,304	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: 150033

Period: From 01/01/2011

Worksheet K

Hospice CCN: 151523

To 12/31/2011

Date/Time Prepared: 5/29/2012 2:55 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	746,812	224,250	0	0	860,102	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,454,199	436,663	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	486,886	146,200	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	95,961	28,815	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,783,858	835,928	0	0	860,102	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150033

Period: From 01/01/2011

Worksheet K

Hospice CCN: 151523

To 12/31/2011

Date/Time Prepared: 5/29/2012 2:55 pm

		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,831,164	0	1,831,164	-43,723	1,787,441	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,890,862	0	1,890,862	0	1,890,862	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	633,086	0	633,086	0	633,086	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	124,776	0	124,776	0	124,776	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	4,479,888	0	4,479,888	-43,723	4,436,165	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150033

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 151523

To 12/31/2011

Date/Time Prepared: 5/29/2012 2:55 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	462,460	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	1,454,199	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	486,886	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	462,460	486,886	0	1,454,199	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150033

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 151523

To 12/31/2011

Date/Time Prepared: 5/29/2012 2:55 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	284,352	746,812	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	1,454,199	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	486,886	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		95,961	0	95,961	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	95,961	284,352	2,783,858	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 150033		Period: From 01/01/2011 To 12/31/2011		Worksheet K-2	
		Hospice CCN: 151523				Date/Time Prepared: 5/29/2012 2:55 pm	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	138,866	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	436,663	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	146,200	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	138,866	146,200	0	436,663	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150033

Period: From 01/01/2011

Worksheet K-2

Hospice CCN: 151523

To 12/31/2011

Date/Time Prepared: 5/29/2012 2:55 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	85,384	224,250	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	436,663	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	146,200	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		28,815	0	28,815	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	28,815	85,384	835,928	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150033

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151523

To 12/31/2011

Part I  
Date/Time Prepared:  
5/29/2012 2:55 pm

		CAPITAL RELATED COST					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	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	1,787,441	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,890,862	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	633,086	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	124,776	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	4,436,165	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150033

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151523

To 12/31/2011

Part I  
Date/Time Prepared:  
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		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.		0			1.00
2.00	Capital Related Costs-Movable Equip.		0			2.00
3.00	Plant Operation and Maintenance		0			3.00
4.00	Transportation - Staff		0			4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	1,787,441			6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	1,890,862	1,276,012	3,166,874	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	633,086	427,226	1,060,312	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	124,776	84,203	208,979	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	2,648,724	1,787,441	4,436,165	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150033

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151523

To 12/31/2011

Part II  
Date/Time Prepared:  
5/29/2012 2:55 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150033

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151523

To 12/31/2011

Part II  
Date/Time Prepared:  
5/29/2012 2:55 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-1,787,441	2,648,724	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	1,890,862	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	633,086	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	124,776	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		1,787,441	39.00
40.00	Unit Cost Multiplier		0.674831	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150033

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151523

To 12/31/2011

Part I  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	ADMITTING		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	55,791	44,006	24,537	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	3,166,874	0	0	47,779	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	1,060,312	0	0	15,997	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	208,979	0	0	3,153	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	4,436,165	55,791	44,006	91,466	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150033

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151523

To 12/31/2011

Part I  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description		Subtotal	Hospice I				
			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.01	5.03	7.00	8.00	9.00	
1.00	Administrative and General	124,334	7,975	77,084	0	29,624	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	3,214,653	206,185	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	1,076,309	69,033	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	212,132	13,606	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	4,627,428	296,799	77,084	0	29,624	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150033

Period:

Worksheet K-5

Hospice CCN: 151523

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

Part I  
Date/Time Prepared:  
5/29/2012 2:55 pm

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	71,247	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	71,247	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: 150033

Period:

Worksheet K-5

Hospice CCN: 151523

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

Part I  
Date/Time Prepared:  
5/29/2012 2:55 pm

Hospice I

Cost Center Description	MEDICAL RECORDS & LIBRARY	INTERNS & RESIDENTS		PARAMEDICAL PRGM	EMERGENCY MEDICAL SERVICES	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		21.00	22.00			
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	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 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150033

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151523

To 12/31/2011

Part I  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description		Hospice I					Total Hospice Costs (cols. 26 ± 27)	
		Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)			
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	310,264					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	3,420,838	0	3,420,838	221,491	3,642,329	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	1,145,342	0	1,145,342	74,157	1,219,499	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	225,738	0	225,738	14,616	240,354	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)	5,102,182	0	5,102,182		5,102,182	34.00	
35.00	Unit Cost Multiplier (see instructions)				0.064747		35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150033

Period:

Worksheet K-5

Hospice CCN: 151523

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

Part II  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	ADMINISTRATIVE (GROSS CHARGES)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
1.00	Administrative and General	3,802	3,802	746,813	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	1,454,198	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	486,886	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	95,961	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)	3,802	3,802	2,783,858	0	0	34.00
35.00	Total cost to be allocated	55,791	44,006	91,466	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	14.674119	11.574435	0.032856	0.000000	0	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150033

Period:

Worksheet K-5

Hospice CCN: 151523

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

Part II  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		5.03	7.00	8.00	9.00	10.00	
1.00	Administrative and General	124,334	3,802	0	3,802	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	3,214,653	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	1,076,309	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	212,132	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	4,627,428	3,802	0	3,802	0	34.00
35.00	Total cost to be allocated	296,799	77,084	0	29,624	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.064139	20.274592	0.000000	7.791689	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150033

Hospice CCN: 151523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description		Hospice I					
		CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	91,339	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)	91,339	0	0	0	0	34.00
35.00	Total cost to be allocated	71,247	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.780028	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150033

Hospice CCN: 151523

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	EMERGENCY MEDICAL SERVICES (ASSIGNED TIME)	Hospice I	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00	23.00	23.01		
1.00 Administrative and General	0	0	0	0		1.00
2.00 Inpatient - General Care	0	0	0	0		2.00
3.00 Inpatient - Respite Care	0	0	0	0		3.00
4.00 Physician Services	0	0	0	0		4.00
5.00 Nursing Care	0	0	0	0		5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00 Physical Therapy	0	0	0	0		7.00
8.00 Occupational Therapy	0	0	0	0		8.00
9.00 Speech/ Language Pathology	0	0	0	0		9.00
10.00 Medical Social Services	0	0	0	0		10.00
11.00 Spiritual Counseling	0	0	0	0		11.00
12.00 Dietary Counseling	0	0	0	0		12.00
13.00 Counseling - Other	0	0	0	0		13.00
14.00 Home Health Aide and Homemaker	0	0	0	0		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00 Other	0	0	0	0		16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00 Analgesics	0	0	0	0		18.00
19.00 Sedatives / Hypnotics	0	0	0	0		19.00
20.00 Other - Specify	0	0	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00 Patient Transportation	0	0	0	0		22.00
23.00 Imaging Services	0	0	0	0		23.00
24.00 Labs and Diagnostics	0	0	0	0		24.00
25.00 Medical Supplies	0	0	0	0		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00 Radiation Therapy	0	0	0	0		27.00
28.00 Chemotherapy	0	0	0	0		28.00
29.00 Other	0	0	0	0		29.00
30.00 Bereavement Program Costs	0	0	0	0		30.00
31.00 Volunteer Program Costs	0	0	0	0		31.00
32.00 Fundraising	0	0	0	0		32.00
33.00 Other Program Costs	0	0	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0		34.00
35.00 Total cost to be allocated	0	0	0	0		35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150033

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151523

To 12/31/2011

Part III  
Date/Time Prepared:  
5/29/2012 2:55 pm

Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Hospice I	
				Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.277427	0	0 1.00
1.01	SPORTS MEDICINE	66.01	0.699569	0	0 1.01
2.00	OCCUPATIONAL THERAPY	67.00	0.348544	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.445195	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.233124	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.321614	0	0 6.00
6.01	BLOOD LABORATORY	60.01			6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.216063	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00			9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00			10.00
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150033

Period: From 01/01/2011

Worksheet K-6

Hospice CCN: 151523

To 12/31/2011

Date/Time Prepared: 5/29/2012 2:55 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				5,102,182	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				0	2.00
3.00	Average cost per diem (line 1 divided by line 2)				0.00	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	0				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	0				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150033	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/29/2012 2:55 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,536,669	1.00
2.00	Capital DRG outlier payments		114,627	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		109.23	3.00
4.00	Number of interns & residents (see instructions)		11.82	4.00
5.00	Indirect medical education percentage (see instructions)		3.10	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		78,637	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		10.95	8.00
9.00	Sum of lines 7 and 8		10.95	9.00
10.00	Allowable disproportionate share percentage (see instructions)		2.24	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		56,821	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,786,754	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00