

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: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet 5 Parts I-III Date/Time Prepared: 5/31/2012 9:02 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/31/2012	Time: 9:02 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 04 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

Encryption Information

ECR: Date: 5/31/2012 Time: 9:02 am
 WL6lTcQ1Bbhts9DzDuin5qx.VBjHa0
 :0D2Y0IImOYxsRSdDw0X6gEB7SQqt
 lww8lwJnP9030AWQ
 PI: Date: 5/31/2012 Time: 9:02 am
 srlDi3cn2a.udSTjkkUuix4lwvwe2
 9PfIi0otQpzGogo3zowUmpD6o2d3v2
 zrnngFQ8zP075K06

(Signed) *[Signature]*
 Officer or Administrator of Provider(s)
Chief Financial Officer
 Title
 Date *5/31/2012*

	Title V	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	225,772	133,866	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-17,555	-224	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	208,217	133,642	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.

The submitted cost report for Indiana University Health Bloomington Hospital (Provider Number 15-0051) for the cost reporting period beginning January 1, 2011 and ending December 31, 2011, contains certain costs allocated from the Corporate Home Office of Indiana University Health, Inc (Provider Number 15-H059). It is our understanding that the home office cost reporting methodology was developed by the home office in consultation with the Fiscal Intermediary. The attached Certification Statement is limited to the cost reporting data elements directly incurred by the Hospital within its local operations and excludes any certification regarding costs and other data elements allocated to Indiana University Health Bloomington Hospital through the home office cost report.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150051			Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 6/7/2012 12:51 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 601 WEST SECOND STREET			PO Box: 1149				1.00			
2.00	City: BLOOMINGTON			State: IN		Zip Code: 47402		County: MONROE			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		IU HEALTH BLOOMINGTON HOSPITAL	150051	14020	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		IU HEALTH BLOOMINGTON HOSPITAL	15T051	14020	5	10/01/2002	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	N	8.00
9.00	Hospital-Based SNF							N	N	N	9.00
10.00	Hospital-Based NF							N	N	N	10.00
11.00	Hospital-Based OLTC							N	N	N	11.00
12.00	Hospital-Based HHA		IU HEALTH BLOOMINGTON HOME HEALTH	157011	14020		07/01/1996	N	P	N	12.00
13.00	Separately Certified ASC							N	N	N	13.00
14.00	Hospital-Based Hospice		IU HEALTH BLOOMINGTON HOSPICE	151509	14020		03/13/1991				14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1							N	N	N	17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011	12/31/2011		20.00	
21.00	Type of Control (see instructions)						2		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days		
				1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.			5,084	1,606	14	0	4,562	121	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.			235	0	0	0	59	19	25.00	
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.						1		26.00		
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).						1		27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 6/7/2012 12:51 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150051

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

Worksheet S-2
Part I
Date/Time Prepared:
6/7/2012 12:51 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00	
						1.00	2.00	3.00
Inpatient Psychiatric Facility PPS								
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 6/7/2012 12:51 pm	
			1.00	2.00	3.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)		N	N 0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	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
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				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)				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	
			1.00	2.00	
			Speech	Respiratory	
			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.				109.00
			1.00	2.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		Y		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		250,000	7,500,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150051		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 6/7/2012 12:51 pm	
		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	15H059				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: IU HEALTH PARTNERS	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00130			141.00
142.00	Street: 340 WEST TENTH STREET	PO Box:					142.00
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202-3082			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	
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	Y	Y				155.00
156.00	Subprovider - IPF	N	N				156.00
157.00	Subprovider - IRF	Y	Y				157.00
158.00	SUBPROVIDER	N	N				158.00
159.00	SNF	N	N				159.00
160.00	HOME HEALTH AGENCY	Y	Y				160.00
161.00	CMHC		N				161.00
161.10	CORF		N				161.10
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.		N				165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							166.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.		N				167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00
							169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 6/7/2012 12:51 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.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/02/2012	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

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

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/02/2012	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: 150051

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

Worksheet S-3
Part I
Date/Time Prepared:
6/7/2012 12:51 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	227	82,855	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)		227	82,855	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		243	88,695	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	21	7,665			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00 NURSING FACILITY	45.00	0	0			20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	25,369			24.00
25.00 CMHC - CMHC	99.00					25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		264				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150051

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

Worksheet S-3
Part I
Date/Time Prepared:
6/7/2012 12:51 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	21,778	7,343	45,939		1.00
2.00 HMO		2,685	0			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		152	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	21,778	7,343	45,939		7.00
8.00 INTENSIVE CARE UNIT	0	1,954	641	3,789		8.00
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		2,787	5,057		13.00
14.00 Total (see instructions)	0	23,732	10,771	54,785		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	3,889	313	5,815		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0		0	0		20.00
21.00 OTHER LONG TERM CARE				0		21.00
22.00 HOME HEALTH AGENCY	0	15,810	2,537	24,930		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		22,892	703	25,369		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		605	2,310		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			616	1,118		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150051

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

Worksheet S-3
Part I
Date/Time Prepared:
6/7/2012 12:51 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	4,945	1.00
2.00 HMO					601	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	2,174.15	0.00	0	4,945	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	28.68	0.00	0	329	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	77.42	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	40.48	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	2,320.73	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150051

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

Worksheet S-3
Part I
Date/Time Prepared:
6/7/2012 12:51 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)	3,273	12,662		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)	3,273	12,662		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	0	475		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150051

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

Worksheet S-3
Part II
Date/Time Prepared:
6/7/2012 12:51 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	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	121,409,429	2,199,391	123,608,820	4,827,136.00 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A		75,889	0	75,889	730.00 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		1,899,902	0	1,899,902	23,490.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00 9.00
10.00	Excluded area salaries (see instructions)		13,978,655	372,684	14,351,339	558,015.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		331,158	0	331,158	5,470.00 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		782,553	0	782,553	7,273.00 13.00
14.00	Home office salaries & wage-related costs		8,273,801	0	8,273,801	163,156.00 14.00
15.00	Home office: physician Part A		0	0	0	0.00 15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		33,416,232	0	33,416,232	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	18.00
19.00	Excluded areas		4,470,172	0	4,470,172	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		23,638	0	23,638	22.00
23.00	Physician Part B		591,784	0	591,784	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	1,710,234	39,949	1,750,183	59,031.00 26.00
27.00	Administrative & General	5.00	21,041,968	-191,227	20,850,741	768,968.00 27.00
28.00	Administrative & General under contract (see inst.)		54,879	0	54,879	1,316.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	2,753,179	64,311	2,817,490	121,247.00 30.00
31.00	Laundry & Linen Service	8.00	669,960	15,649	685,609	47,999.00 31.00
32.00	Housekeeping	9.00	1,683,962	39,335	1,723,297	147,901.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	2,327,465	-840,139	1,487,326	96,447.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	43,705	895,526	939,231	67,254.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	3,410,170	79,657	3,489,827	122,268.00 38.00
39.00	Central Services and Supply	14.00	473,265	11,055	484,320	31,473.00 39.00
40.00	Pharmacy	15.00	4,692,259	-4,692,259	0	0.00 40.00
41.00	Medical Records & Medical Records Library	16.00	2,332,426	54,483	2,386,909	131,289.00 41.00
42.00	Social Service	17.00	0	0	0	0.00 42.00
43.00	Other General Service	18.00	428,541	10,010	438,551	25,205.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150051

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

Worksheet S-3
Part II
Date/Time Prepared:
6/7/2012 12:51 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	25.61	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	103.96	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	80.88	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	25.72	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	60.54	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	107.60	13.00
14.00	Home office salaries & wage-related costs	50.71	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	29.65	26.00
27.00	Administrative & General	27.12	27.00
28.00	Administrative & General under contract (see inst.)	41.70	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	23.24	30.00
31.00	Laundry & Linen Service	14.28	31.00
32.00	Housekeeping	11.65	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	15.42	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	13.97	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	28.54	38.00
39.00	Central Services and Supply	15.39	39.00
40.00	Pharmacy	0.00	40.00
41.00	Medical Records & Medical Records Library	18.18	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	17.40	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150051

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

Worksheet S-3
Part III
Date/Time Prepared:
6/7/2012 12:51 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	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	119,564,406	2,199,391	121,763,797	4,804,962.00	1.00
2.00	Excluded area salaries (see instructions)	13,978,655	372,684	14,351,339	558,015.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	105,585,751	1,826,707	107,412,458	4,246,947.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,387,512	0	9,387,512	175,899.00	4.00
5.00	Subtotal wage-related costs (see inst.)	33,439,870	0	33,439,870	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	148,413,133	1,826,707	150,239,840	4,422,846.00	6.00
7.00	Total overhead cost (see instructions)	41,622,013	-4,513,650	37,108,363	1,620,398.00	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 6/7/2012 12:51 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	25.34	1.00
2.00	Excluded area salaries (see instructions)	25.72	2.00
3.00	Subtotal salaries (line 1 minus line 2)	25.29	3.00
4.00	Subtotal other wages & related costs (see inst.)	53.37	4.00
5.00	Subtotal wage-related costs (see inst.)	31.13	5.00
6.00	Total (sum of lines 3 thru 5)	33.97	6.00
7.00	Total overhead cost (see instructions)	22.90	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 6/7/2012 12:51 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	4,956,221	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	3,027,829	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	12,165	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	97,500	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	18,164,358	8.00
9.00	Prescription Drug Plan	40,018	9.00
10.00	Dental, Hearing and Vision Plan	572,750	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	191,661	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)	637,022	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	972,354	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	8,573,361	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	138,308	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	879,333	22.00
23.00	Tuition Reimbursement	238,946	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	38,501,826	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part V Date/Time Prepared: 6/7/2012 12:51 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		331,158	0 1.00
2.00	Hospital		331,158	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00			0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150051 Component CCN: 157011		Period: From 01/01/2011 To 12/31/2011		Worksheet S-4 Date/Time Prepared: 6/7/2012 12:51 pm	
				Home Health Agency I		PPS	
							1.00
0.00	County	MONROE					0.00
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	3,104	6,132	1,555	10,791	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	639.00	67.00	672.00	1,378.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.99	0.00	0.99	4.00
5.00	Other Administrative Personnel			5.98	0.00	5.98	5.00
6.00	Direct Nursing Service			21.24	0.00	21.24	6.00
7.00	Nursing Supervisor			1.00	0.00	1.00	7.00
8.00	Physical Therapy Service			6.67	0.00	6.67	8.00
9.00	Physical Therapy Supervisor			0.99	0.00	0.99	9.00
10.00	Occupational Therapy Service			2.67	0.00	2.67	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.21	0.00	0.21	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.18	0.00	0.18	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			4.99	0.00	4.99	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	NONREIMBURSEABLE			32.50	0.00	32.50	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.			3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	14020					20.00
20.01		99915					20.01
20.02		26900					20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	7,023	880	136	186	8,225	21.00
22.00	Skilled Nursing Visit Charges	784,211	98,193	15,156	20,744	918,304	22.00
23.00	Physical Therapy Visits	4,452	52	51	74	4,629	23.00
24.00	Physical Therapy Visit Charges	547,778	6,365	6,210	9,019	569,372	24.00
25.00	Occupational Therapy Visits	1,733	17	10	34	1,794	25.00
26.00	Occupational Therapy Visit Charges	213,054	2,091	1,229	4,176	220,550	26.00
27.00	Speech Pathology Visits	131	0	0	1	132	27.00
28.00	Speech Pathology Visit Charges	17,389	0	0	132	17,521	28.00
29.00	Medical Social Service Visits	125	4	0	5	134	29.00
30.00	Medical Social Service Visit Charges	22,364	714	0	892	23,970	30.00
31.00	Home Health Aide Visits	811	57	1	27	896	31.00
32.00	Home Health Aide Visit Charges	41,030	2,886	50	1,361	45,327	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,275	1,010	198	327	15,810	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,625,826	110,249	22,645	36,324	1,795,044	35.00
36.00	Total Number of Episodes (standard/non outlier)	744		73	22	839	36.00
37.00	Total Number of Outlier Episodes		19		1	20	37.00
38.00	Total Non-Routine Medical Supply Charges	1,146	27	41	7	1,221	38.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 150051	Period: From 01/01/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 6/7/2012 12:51 pm
	Component CCN: 151509	To 12/31/2011	

	Unduplicated Days					All Other	
	Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			
	1.00	2.00	3.00	4.00	5.00		
PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	70	0	7	0	25	1.00
2.00	Routine Home Care	22,697	693	6,311	263	1,743	2.00
3.00	Inpatient Respite Care	44	0	44	0	0	3.00
4.00	General Inpatient Care	81	10	0	0	6	4.00
5.00	Total Hospice Days	22,892	703	6,362	263	1,774	5.00
Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	366	14	123	6	52	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	1,680.00		168.00			7.00
8.00	Average Length of Stay (line 5/line 6)	62.55	50.21	51.72	43.83	34.12	8.00
9.00	Unduplicated Census Count	310	13	102	5	47	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150051 Component CCN: 151509	Period: From 01/01/2011 To 12/31/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 6/7/2012 12:51 pm
		Hospice I		

		Unduplicated Days	
		Total (sum of cols. 1, 2 & 5)	
		6.00	
PART I - ENROLLMENT DAYS			
1.00	Continuous Home Care	95	1.00
2.00	Routine Home Care	25,133	2.00
3.00	Inpatient Respite Care	44	3.00
4.00	General Inpatient Care	97	4.00
5.00	Total Hospice Days	25,369	5.00
Part II - CENSUS DATA			
6.00	Number of Patients Receiving Hospice Care	432	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare		7.00
8.00	Average Length of Stay (line 5/line 6)	58.72	8.00
9.00	Unduplicated Census Count	370	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 6/7/2012 12:51 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.393559		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		12,944,931		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		76,574,921		6.00
7.00	Medicaid cost (line 1 times line 6)		30,136,749		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)		17,191,818		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		2,026,575		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		8,109,053		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		3,191,391		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)		1,164,816		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		1,660,404		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		18,356,634		19.00
				1.00	
				1.00	
				2.00	
				3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	25,861,639	5,368,955	31,230,594	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	10,178,081	2,113,001	12,291,082	21.00
22.00	Partial payment by patients approved for charity care	107,175	79,588	186,763	22.00
23.00	Cost of charity care (line 21 minus line 22)	10,070,906	2,033,413	12,104,319	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)		22,937,017		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,449,084		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		21,487,933		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		8,456,769		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		20,561,088		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		38,917,722		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150051

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

Worksheet A
Date/Time Prepared:
6/7/2012 12:51 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	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT		0	0	0	0	1.00
1.01 CAP REL COSTS-1947 BUILDING		33,133	33,133	247	33,380	1.01
1.02 CAP REL COSTS-1965 BUILDING		2,991,730	2,991,730	844,390	3,836,120	1.02
1.03 CAP REL COSTS-1983 BUILDING		212,398	212,398	5,352	217,750	1.03
1.04 CAP REL COSTS-MEDICAL ARTS		44,564	44,564	0	44,564	1.04
1.05 CAP REL COSTS-UTILITIES		32,557	32,557	622	33,179	1.05
1.06 CAP REL COSTS-WEGMILLER		10,897	10,897	495	11,392	1.06
1.07 CAP REL COSTS-CANCER		156,275	156,275	4,998	161,273	1.07
1.08 CAP REL COSTS-PHNA BUILDING		48,957	48,957	0	48,957	1.08
1.09 CAP REL COSTS-PAIN MANAGEMENT		33,073	33,073	0	33,073	1.09
1.10 CAP REL COSTS-WEST PROMPTCARE		45,565	45,565	0	45,565	1.10
2.00 CAP REL COSTS-MVBLE EQUIP		13,727,260	13,727,260	4,079,869	17,807,129	2.00
3.00 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	1,710,234	38,480,238	40,190,472	-2,412,325	37,778,147	4.00
4.01 CHILD CARE	0	879,333	879,333	-8,457	870,876	4.01
5.00 ADMINISTRATIVE & GENERAL	21,041,968	27,651,133	48,693,101	-4,366,888	44,326,213	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	2,753,179	7,218,440	9,971,619	-249,424	9,722,195	7.00
8.00 LAUNDRY & LINEN SERVICE	669,960	488,863	1,158,823	4,709	1,163,532	8.00
9.00 HOUSEKEEPING	1,683,962	349,603	2,033,565	15,580	2,049,145	9.00
10.00 DIETARY	2,327,465	2,218,819	4,546,284	-1,733,668	2,812,616	10.00
11.00 CAFETERIA	43,705	76,403	120,108	1,761,095	1,881,203	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	3,410,170	510,003	3,920,173	-78,946	3,841,227	13.00
14.00 CENTRAL SERVICES & SUPPLY	473,265	462,038	935,303	-366,982	568,321	14.00
15.00 PHARMACY	4,692,259	13,582,704	18,274,963	-18,274,963	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,332,426	359,330	2,691,756	36,865	2,728,621	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01 CENTRAL STERILIZATION	428,541	235,173	663,714	-141,991	521,723	18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	21,372,927	2,153,888	23,526,815	-611,032	22,915,783	30.00
31.00 INTENSIVE CARE UNIT	2,696,918	412,017	3,108,935	-196,825	2,912,110	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - I/RF	1,390,887	695,409	2,086,296	-35,139	2,051,157	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,665,180	187,116	1,852,296	-65,940	1,786,356	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	5,243,295	16,554,990	21,798,285	-14,324,468	7,473,817	50.00
50.01 CV SURGERY	633,062	591,639	1,224,701	-381,047	843,654	50.01
51.00 RECOVERY ROOM	879,368	44,571	923,939	-8,357	915,582	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,533,820	579,542	3,113,362	-371,256	2,742,106	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,426,217	2,147,089	5,573,306	-1,473,140	4,100,166	54.00
55.00 RADIOLOGY-THERAPEUTIC	2,125,553	1,860,450	3,986,003	-189,926	3,796,077	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	540,023	453,204	993,227	-46,487	946,740	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	293,056	177,581	470,637	2,091	472,728	58.00
59.00 CARDIAC CATHETERIZATION	928,148	6,028,238	6,956,386	-5,690,721	1,265,665	59.00
60.00 LABORATORY	4,550,170	7,082,587	11,632,757	80,183	11,712,940	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	47,411	47,411	64.00
65.00 RESPIRATORY THERAPY	1,905,907	444,787	2,350,694	-289,695	2,060,999	65.00
66.00 PHYSICAL THERAPY	7,580,125	1,542,852	9,122,977	-874,158	8,248,819	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	758,281	379,561	1,137,842	3,906	1,141,748	69.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150051

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

Worksheet A
Date/Time Prepared:
6/7/2012 12:51 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	
70.00 ELECTROENCEPHALOGRAPHY	878,621	135,896	1,014,517	-10,960	1,003,557	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	22,928,417	22,928,417	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,677,370	3,677,370	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	18,265,876	18,265,876	73.00
74.00 RENAL DIALYSIS	0	784,039	784,039	-19,413	764,626	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,395,752	195,804	1,591,556	-148,332	1,443,224	75.01
75.02 CARDIAC REHABILITATION	745,650	84,847	830,497	-6,804	823,693	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	718,971	96,339	815,310	-29,696	785,614	90.00
91.00 EMERGENCY	4,992,596	1,234,456	6,227,052	-611,636	5,615,416	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	2,137,098	640,161	2,777,259	-83,135	2,694,124	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	4,222,470	1,404,631	5,627,101	-112,378	5,514,723	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	2,494,257	2,494,257	-803,762	1,690,495	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	2,214,621	1,401,180	3,615,801	-207,906	3,407,895	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	117,395,850	159,655,620	277,051,470	-2,466,381	274,585,089	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 PROMPTCARE	3,165,702	919,593	4,085,295	-82,988	4,002,307	190.01
190.02 RENTAL PROPERTIES	0	1,314	1,314	318,971	320,285	190.02
190.03 OLCOTT	237,271	58,430	295,701	-36,863	258,838	190.03
190.04 PHYSICIAN RECRUITMENT	0	0	0	897,217	897,217	190.04
190.05 FOUNDATION	459,785	142,809	602,594	-30,361	572,233	190.05
190.06 MARKETING	0	0	0	1,350,335	1,350,335	190.06
190.07 HME STORE	150,821	1,222,177	1,372,998	3,523	1,376,521	190.07
190.08 UNUSED SPACE	0	0	0	46,547	46,547	190.08
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 TOTAL (SUM OF LINES 118-199)	121,409,429	161,999,943	283,409,372	0	283,409,372	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150051

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

Worksheet A
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	CAP REL COSTS-1947 BUI LDI NG	-247	33,133	1.01
1.02	CAP REL COSTS-1965 BUI LDI NG	47,227	3,883,347	1.02
1.03	CAP REL COSTS-1983 BUI LDI NG	-9,320	208,430	1.03
1.04	CAP REL COSTS-MEDICAL ARTS	0	44,564	1.04
1.05	CAP REL COSTS-UTILIT IES	-622	32,557	1.05
1.06	CAP REL COSTS-WEGMI LLER	-838	10,554	1.06
1.07	CAP REL COSTS-CANCER	-4,998	156,275	1.07
1.08	CAP REL COSTS-PHNA BUI LDI NG	22,859	71,816	1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT	0	33,073	1.09
1.10	CAP REL COSTS-WEST PROMPTCARE	0	45,565	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	1,409,970	19,217,099	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	3,035,891	40,814,038	4.00
4.01	CHILD CARE	-466,963	403,913	4.01
5.00	ADMINISTRATIVE & GENERAL	1,802,181	46,128,394	5.00
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	1,230,643	10,952,838	7.00
8.00	LAUNDRY & LINEN SERVICE	-353,080	810,452	8.00
9.00	HOUSEKEEPING	311,419	2,360,564	9.00
10.00	DIETARY	-667,427	2,145,189	10.00
11.00	CAFETERIA	-1,603,318	277,885	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	-100	3,841,127	13.00
14.00	CENTRAL SERVICES & SUPPLY	-923	567,398	14.00
15.00	PHARMACY	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	-152,471	2,576,150	16.00
17.00	SOCIAL SERVICE	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
18.01	CENTRAL STERILIZATION	0	521,723	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	NURSING SCHOOL	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-985,102	21,930,681	30.00
31.00	INTENSIVE CARE UNIT	0	2,912,110	31.00
32.00	CORONARY CARE UNIT	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	0	2,051,157	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	-4,066	1,782,290	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
45.00	NURSING FACILITY	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-131,280	7,342,537	50.00
50.01	CV SURGERY	0	843,654	50.01
51.00	RECOVERY ROOM	-2,657	912,925	51.00
52.00	DELIVERY ROOM & LABOR ROOM	-17,120	2,724,986	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-20,146	4,080,020	54.00
55.00	RADIOLOGY-THERAPEUTIC	-146,039	3,650,038	55.00
56.00	RADIOISOTOPE	0	0	56.00
57.00	CT SCAN	0	946,740	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	472,728	58.00
59.00	CARDIAC CATHETERIZATION	0	1,265,665	59.00
60.00	LABORATORY	270,953	11,983,893	60.00
60.01	BLOOD LABORATORY	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	47,411	64.00
65.00	RESPIRATORY THERAPY	-690	2,060,309	65.00
66.00	PHYSICAL THERAPY	-232,737	8,016,082	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	-270,640	871,108	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,003,557	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,928,417	71.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150051

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

Worksheet A
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	3,677,370	72.00
73.00	DRUGS CHARGED TO PATIENTS	-69,409	18,196,467	73.00
74.00	RENAL DIALYSIS	0	764,626	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-731,196	712,028	75.01
75.02	CARDIAC REHABILITATION	0	823,693	75.02
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	CLINIC	-12,920	772,694	90.00
91.00	EMERGENCY	0	5,615,416	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	AMBULANCE SERVICES	-139,510	2,554,614	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	CMHC	0	0	99.00
99.10	CORF	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	HOME HEALTH AGENCY	-21	5,514,702	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	0	0	105.00
106.00	HEART ACQUISITION	0	0	106.00
107.00	LIVER ACQUISITION	0	0	107.00
108.00	LUNG ACQUISITION	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	-1,690,495	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	HOSPICE	-31,255	3,376,640	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	385,553	274,970,642	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	PROMPTCARE	0	4,002,307	190.01
190.02	RENTAL PROPERTIES	0	320,285	190.02
190.03	OLCOTT	0	258,838	190.03
190.04	PHYSICIAN RECRUITMENT	0	897,217	190.04
190.05	FOUNDATION	0	572,233	190.05
190.06	MARKETING	0	1,350,335	190.06
190.07	HME STORE	0	1,376,521	190.07
190.08	UNUSED SPACE	0	46,547	190.08
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	NONPAID WORKERS	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	385,553	283,794,925	200.00

RECLASSIFICATIONS

Provider CCN: 150051

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

Worksheet A-6
Date/Time Prepared:
6/7/2012 12:51 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - PROPERTY TAX RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	27,059	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
TOTALS			0	27,059	
C - INSURANCE RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	294,155	1.00
TOTALS			0	294,155	
D - LICENSE FEE RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,312,222	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
TOTALS			0	1,312,222	
E - INTEREST RECLASS					
1.00	CAP REL COSTS-1965 BUILDING	1.02	0	842,659	1.00
2.00	CAP REL COSTS-CANCER	1.07	0	4,998	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	17,847	3.00
4.00	CAP REL COSTS-WEGMILLER	1.06	0	495	4.00
5.00	CAP REL COSTS-1947 BUILDING	1.01	0	247	5.00
6.00	CAP REL COSTS-1965 BUILDING	1.02	0	1,731	6.00
7.00	CAP REL COSTS-1983 BUILDING	1.03	0	5,352	7.00
8.00	CAP REL COSTS-UTILITIES	1.05	0	622	8.00
9.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,111	9.00
TOTALS			0	875,062	
F - MISC INTEREST EXP RECLASS					
1.00	INTEREST EXPENSE	113.00	0	71,300	1.00
TOTALS			0	71,300	
G - EQUIPMENT RENT RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,609,709	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
TOTALS			0	2,609,709	
I - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	4,692,259	13,582,426	1.00
TOTALS			4,692,259	13,582,426	
J - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	26,608,152	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00

RECLASSIFICATIONS

Provider CCN: 150051

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

Worksheet A-6

Date/Time Prepared:
6/7/2012 12:51 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
TOTALS			0	26,608,152		
K - IV THERAPY SOLUTION RECLASS						
1.00	INTRAVENOUS THERAPY	64.00	0	47,411	1.00	
2.00		0.00	0	0	2.00	
TOTALS			0	47,411		
L - PHYSICIAN RECRUITING RECLASS						
1.00	PHYSICIAN RECRUITMENT	190.04	103,102	793,971	1.00	
TOTALS			103,102	793,971		
M - BONUS AND PTO ACCRUAL RECLASS						
1.00	EMPLOYEE BENEFITS	4.00	39,949	0	1.00	
2.00	OPERATION OF PLANT	7.00	64,311	0	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	15,649	0	3.00	
4.00	HOUSEKEEPING	9.00	39,335	0	4.00	
5.00	DIETARY	10.00	33,949	0	5.00	
6.00	CAFETERIA	11.00	21,438	0	6.00	
7.00	NURSING ADMINISTRATION	13.00	79,657	0	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	11,055	0	8.00	
9.00	CENTRAL STERILIZATION	18.01	10,010	0	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	54,483	0	10.00	
11.00	ADULTS & PEDIATRICS	30.00	499,247	0	11.00	
12.00	INTENSIVE CARE UNIT	31.00	62,997	0	12.00	
13.00	SUBPROVIDER - IRF	41.00	32,489	0	13.00	
14.00	NURSERY	43.00	38,897	0	14.00	
15.00	OPERATING ROOM	50.00	122,477	0	15.00	
16.00	CV SURGERY	50.01	14,788	0	16.00	
17.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	32,603	0	17.00	
18.00	RECOVERY ROOM	51.00	20,541	0	18.00	
19.00	DELIVERY ROOM & LABOR ROOM	52.00	59,187	0	19.00	
20.00	RADIOLOGY-DIAGNOSTIC	54.00	80,032	0	20.00	
21.00	RADIOLOGY-THERAPEUTIC	55.00	49,650	0	21.00	
22.00	CT SCAN	57.00	12,614	0	22.00	
23.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	6,845	0	23.00	
24.00	CARDIAC CATHETERIZATION	59.00	21,680	0	24.00	
25.00	LABORATORY	60.00	106,286	0	25.00	
26.00	RESPIRATORY THERAPY	65.00	44,520	0	26.00	
27.00	PHYSICAL THERAPY	66.00	177,062	0	27.00	
28.00	ELECTROCARDIOLOGY	69.00	17,712	0	28.00	
29.00	ELECTROENCEPHALOGRAPHY	70.00	20,523	0	29.00	
30.00	DRUGS CHARGED TO PATIENTS	73.00	109,605	0	30.00	
31.00	CARDIAC REHABILITATION	75.02	17,417	0	31.00	
32.00	CLINIC	90.00	16,794	0	32.00	
33.00	EMERGENCY	91.00	116,621	0	33.00	
34.00	AMBULANCE SERVICES	95.00	49,920	0	34.00	
35.00	HOME HEALTH AGENCY	101.00	98,525	0	35.00	
36.00	HOSPICE	116.00	50,483	0	36.00	
37.00	FOUNDATION	190.05	10,740	0	37.00	
38.00	PHYSICIAN RECRUITMENT	190.04	2,408	0	38.00	

RECLASSIFICATIONS

Provider CCN: 150051

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

Worksheet A-6

Date/Time Prepared:
6/7/2012 12:51 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
39.00	PROMPTCARE	190.01	73,947	0	39.00
40.00	OLCOTT	190.03	5,542	0	40.00
41.00	HME STORE	190.07	3,731	0	41.00
	TOTALS		2,345,719	0	
N - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	874,088	865,721	1.00
	TOTALS		874,088	865,721	
O - RENTAL PROPERTY DEPR RECLASS					
1.00	RENTAL PROPERTIES	190.02	0	318,971	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	318,971	
P - UTILITIES RECLASS					
1.00	OPERATION OF PLANT	7.00	0	290,804	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		0	290,804	
Q - ADVERTISING RECLASS					
1.00	MARKETING	190.06	0	1,350,335	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
	TOTALS		0	1,350,335	
R - BCC DEPRECIATION RECLASS					
1.00	UNUSED SPACE	190.08	0	46,547	1.00
	TOTALS		0	46,547	
S - IMPLANTABLE DEVICES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,677,370	1.00
	TOTALS		0	3,677,370	
T - SEVERANCE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	52,047	1.00
2.00	HOSPICE	116.00	0	53,437	2.00
3.00	HOME HEALTH AGENCY	101.00	0	4,558	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	13,392	4.00
	TOTALS		0	123,434	
500.00	Grand Total: Increases		8,015,168	52,894,649	500.00

RECLASSIFICATIONS

Provider CCN: 150051

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 - PROPERTY TAX RECLASS							
1.00	OPERATION OF PLANT	7.00	0	16,359	13		1.00
2.00	OPERATING ROOM	50.00	0	150	13		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	491	13		3.00
4.00	RESPIRATORY THERAPY	65.00	0	586	13		4.00
5.00	PHYSICAL THERAPY	66.00	0	9,473	13		5.00
	TOTALS		0	27,059			
C - INSURANCE RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	294,155	12		1.00
	TOTALS		0	294,155			
D - LICENSE FEE RECLASS							
1.00	PROMPTCARE	190.01	0	1,083	14		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	68,956	14		2.00
3.00	HOME HEALTH AGENCY	101.00	0	4,995	14		3.00
4.00	LABORATORY	60.00	0	2,869	14		4.00
5.00	OPERATION OF PLANT	7.00	0	2,015	14		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	0	1,232,304	14		6.00
	TOTALS		0	1,312,222			
E - INTEREST RECLASS							
1.00	INTEREST EXPENSE	113.00	0	875,062	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
4.00		0.00	0	0	11		4.00
5.00		0.00	0	0	11		5.00
6.00		0.00	0	0	11		6.00
7.00		0.00	0	0	11		7.00
8.00		0.00	0	0	11		8.00
9.00		0.00	0	0	11		9.00
	TOTALS		0	875,062			
F - MISC INTEREST EXP RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	71,300	11		1.00
	TOTALS		0	71,300			
G - EQUIPMENT RENT RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	119,604	10		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	505,555	10		2.00
3.00	OPERATION OF PLANT	7.00	0	394,627	10		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	8,403	10		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	371,184	10		5.00
6.00	PHARMACY	15.00	0	278	10		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	10,342	10		7.00
8.00	CV SURGERY	50.01	0	54	10		8.00
9.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	180,331	10		9.00
10.00	RADIOLOGY-THERAPEUTIC	55.00	0	550	10		10.00
11.00	CARDIAC CATHETERIZATION	59.00	0	1,053	10		11.00
12.00	LABORATORY	60.00	0	23,234	10		12.00
13.00	RESPIRATORY THERAPY	65.00	0	12,512	10		13.00
14.00	PHYSICAL THERAPY	66.00	0	549,865	10		14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	472	10		15.00
16.00	CARDIAC REHABILITATION	75.02	0	12,965	10		16.00
17.00	CLINIC	90.00	0	34,716	10		17.00
18.00	AMBULANCE SERVICES	95.00	0	40,372	10		18.00
19.00	HOME HEALTH AGENCY	101.00	0	30,247	10		19.00
20.00	HOSPICE	116.00	0	144,002	10		20.00
21.00	FOUNDATION	190.05	0	32,312	10		21.00
22.00	PROMPTCARE	190.01	0	137,031	10		22.00
	TOTALS		0	2,609,709			
I - PHARMACY RECLASS							
1.00	PHARMACY	15.00	4,692,259	13,582,426	0		1.00
	TOTALS		4,692,259	13,582,426			
J - MEDICAL SUPPLIES RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	3,636	0		1.00
2.00	CHILD CARE	4.01	0	8,457	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	24,668	0		3.00
4.00	OPERATION OF PLANT	7.00	0	8,254	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	2,537	0		5.00
6.00	HOUSEKEEPING	9.00	0	23,755	0		6.00
7.00	DIETARY	10.00	0	27,808	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	158,603	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	6,853	0		9.00
10.00	CENTRAL STERILIZATION	18.01	0	152,001	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	552	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	1,099,937	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	259,822	0		13.00

RECLASSIFICATIONS

Provider CCN: 150051

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

Worksheet A-6
Date/Time Prepared:
6/7/2012 12:51 pm

		Decreases			Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other			
6.00	7.00	8.00	9.00	10.00		
14.00	SUBPROVIDER - IRF	41.00	0	67,628	0	14.00
15.00	NURSERY	43.00	0	104,837	0	15.00
16.00	OPERATING ROOM	50.00	0	14,446,795	0	16.00
17.00	CV SURGERY	50.01	0	395,781	0	17.00
18.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01	0	604	0	18.00
19.00	RECOVERY ROOM	51.00	0	28,898	0	19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	430,443	0	20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,553,172	0	21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	27,690	0	22.00
23.00	CT SCAN	57.00	0	59,101	0	23.00
24.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	4,754	0	24.00
25.00	CARDIAC CATHETERIZATION	59.00	0	5,710,857	0	25.00
26.00	RESPIRATORY THERAPY	65.00	0	321,117	0	26.00
27.00	PHYSICAL THERAPY	66.00	0	457,227	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	0	13,806	0	28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	0	31,011	0	29.00
30.00	DRUGS CHARGED TO PATIENTS	73.00	0	73,368	0	30.00
31.00	RENAL DIALYSIS	74.00	0	19,413	0	31.00
32.00	CARDIAC REHABILITATION	75.02	0	11,256	0	32.00
33.00	CLINIC	90.00	0	11,774	0	33.00
34.00	EMERGENCY	91.00	0	728,257	0	34.00
35.00	AMBULANCE SERVICES	95.00	0	83,851	0	35.00
36.00	HOME HEALTH AGENCY	101.00	0	138,513	0	36.00
37.00	HOSPICE	116.00	0	110,964	0	37.00
38.00	CAFETERIA	11.00	0	152	0	38.00
	TOTALS		0	26,608,152		
K - IV THERAPY SOLUTION RECLASS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,365	0	1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	45,046	0	2.00
	TOTALS		0	47,411		
L - PHYSICIAN RECRUITING RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	103,102	793,971	0	1.00
	TOTALS		103,102	793,971		
M - BONUS AND PTO ACCRUAL RECLASS						
1.00	EMPLOYEE BENEFITS	4.00	0	2,322,825	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	22,686	0	0	2.00
3.00	HME STORE	190.07	208	0	0	3.00
4.00		0.00	0	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
27.00		0.00	0	0	0	27.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00

RECLASSIFICATIONS

Provider CCN: 150051

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

Worksheet A-6

Date/Time Prepared:
6/7/2012 12:51 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
40.00		0.00	0	0	0		40.00
41.00		0.00	0	0	0		41.00
	TOTALS		22,894	2,322,825			
N - CAFETERIA RECLASS							
1.00	DIETARY	10.00	874,088	865,721	0		1.00
	TOTALS		874,088	865,721			
O - RENTAL PROPERTY DEPR RECLASS							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	135,687	9		1.00
2.00	OPERATION OF PLANT	7.00	0	183,284	0		2.00
	TOTALS		0	318,971			
P - UTILITIES RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	6,209	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	30,837	0		2.00
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	17,066	0		3.00
4.00	RADIOLOGY-THERAPEUTIC	55.00	0	142,380	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	30,779	0		5.00
6.00	AMBULANCE SERVICES	95.00	0	8,817	0		6.00
7.00	HOME HEALTH AGENCY	101.00	0	26,908	0		7.00
8.00	HOSPICE	116.00	0	3,423	0		8.00
9.00	FOUNDATION	190.05	0	5,564	0		9.00
10.00	PROMPTCARE	190.01	0	18,821	0		10.00
	TOTALS		0	290,804			
Q - ADVERTISING RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,288,310	0		1.00
2.00	PHYSICAL THERAPY	66.00	0	3,876	0		2.00
3.00	AMBULANCE SERVICES	95.00	0	15	0		3.00
4.00	HOME HEALTH AGENCY	101.00	0	10,240	0		4.00
5.00	FOUNDATION	190.05	0	3,225	0		5.00
6.00	OLCOTT	190.03	0	42,405	0		6.00
7.00	PHYSICIAN RECRUITMENT	190.04	0	2,264	0		7.00
	TOTALS		0	1,350,335			
R - BCC DEPRECIATION RECLASS							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	46,547	9		1.00
	TOTALS		0	46,547			
S - IMPLANTABLE DEVICES RECLASS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,677,370	0		1.00
	TOTALS		0	3,677,370			
T - SEVERANCE EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	52,047	0	0		1.00
2.00	HOSPICE	116.00	53,437	0	0		2.00
3.00	HOME HEALTH AGENCY	101.00	4,558	0	0		3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	13,392	0	0		4.00
	TOTALS		123,434	0	0		
500.00	Grand Total: Decreases		5,815,777	55,094,040			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150051

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
6/7/2012 12:51 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	14,453,925	1,487,971	0	1,487,971	0	1.00
2.00	Land Improvements	2,032,955	14,250	0	14,250	0	2.00
3.00	Buildings and Fixtures	231,097,568	5,189,436	0	5,189,436	26,820	3.00
4.00	Building Improvements	2,218,596	77,449	0	77,449	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	95,136,877	6,453,166	0	6,453,166	713,868	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	344,939,921	13,222,272	0	13,222,272	740,688	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	344,939,921	13,222,272	0	13,222,272	740,688	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-1947 BUILDING	33,133	0	0	0	0	1.01
1.02	CAP REL COSTS-1965 BUILDING	2,991,730	0	0	0	0	1.02
1.03	CAP REL COSTS-1983 BUILDING	212,398	0	0	0	0	1.03
1.04	CAP REL COSTS-MEDICAL ARTS	44,564	0	0	0	0	1.04
1.05	CAP REL COSTS-UTILITIES	32,557	0	0	0	0	1.05
1.06	CAP REL COSTS-WEGMI LLER	10,897	0	0	0	0	1.06
1.07	CAP REL COSTS-CANCER	156,275	0	0	0	0	1.07
1.08	CAP REL COSTS-PHNA BUILDING	48,957	0	0	0	0	1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT	33,073	0	0	0	0	1.09
1.10	CAP REL COSTS-WEST PROMPTCARE	45,565	0	0	0	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	13,727,260	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	17,336,409	0	0	0	0	3.00
COMPUTATION OF RATIOS							
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	0	1.00
1.01	CAP REL COSTS-1947 BUILDING	2,481,765	0	2,481,765	0.007268	0	1.01
1.02	CAP REL COSTS-1965 BUILDING	94,350,299	0	94,350,299	0.276298	0	1.02
1.03	CAP REL COSTS-1983 BUILDING	26,508,765	0	26,508,765	0.077629	0	1.03
1.04	CAP REL COSTS-MEDICAL ARTS	2,415,660	0	2,415,660	0.007074	0	1.04
1.05	CAP REL COSTS-UTILITIES	1,481,506	0	1,481,506	0.004338	0	1.05
1.06	CAP REL COSTS-WEGMI LLER	1,517,356	0	1,517,356	0.004443	0	1.06
1.07	CAP REL COSTS-CANCER	4,100,754	0	4,100,754	0.012009	0	1.07
1.08	CAP REL COSTS-PHNA BUILDING	1,721,890	0	1,721,890	0.005042	0	1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT	723,796	0	723,796	0.002120	0	1.09
1.10	CAP REL COSTS-WEST PROMPTCARE	1,070,516	0	1,070,516	0.003135	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	205,107,301	0	205,107,301	0.600644	0	2.00
3.00	Total (sum of lines 1-2)	341,479,608	0	341,479,608	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150051

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			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	15,941,896	0		1.00	
2.00	Land Improvements	2,047,205	0		2.00	
3.00	Buildings and Fixtures	236,260,184	0		3.00	
4.00	Building Improvements	2,296,045	0		4.00	
5.00	Fixed Equipment	0	0		5.00	
6.00	Movable Equipment	100,876,175	0		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	357,421,505	0		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	357,421,505	0		10.00	
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0		1.00	
1.01	CAP REL COSTS-1947 BUI LDI NG	0	33,133		1.01	
1.02	CAP REL COSTS-1965 BUI LDI NG	0	2,991,730		1.02	
1.03	CAP REL COSTS-1983 BUI LDI NG	0	212,398		1.03	
1.04	CAP REL COSTS-MEDICAL ARTS	0	44,564		1.04	
1.05	CAP REL COSTS-UTI LI TIES	0	32,557		1.05	
1.06	CAP REL COSTS-WEGMI LLER	0	10,897		1.06	
1.07	CAP REL COSTS-CANCER	0	156,275		1.07	
1.08	CAP REL COSTS-PHNA BUI LDI NG	0	48,957		1.08	
1.09	CAP REL COSTS-PAI N MANAGEMENT	0	33,073		1.09	
1.10	CAP REL COSTS-WEST PROMPTCARE	0	45,565		1.10	
2.00	CAP REL COSTS-MVBLE EQUIP	0	13,727,260		2.00	
3.00	Total (sum of lines 1-2)	0	17,336,409		3.00	
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.00
1.01	CAP REL COSTS-1947 BUI LDI NG	0	0	0	33,133	1.01
1.02	CAP REL COSTS-1965 BUI LDI NG	0	0	0	2,932,002	1.02
1.03	CAP REL COSTS-1983 BUI LDI NG	0	0	0	208,430	1.03
1.04	CAP REL COSTS-MEDICAL ARTS	0	0	0	44,564	1.04
1.05	CAP REL COSTS-UTI LI TIES	0	0	0	32,557	1.05
1.06	CAP REL COSTS-WEGMI LLER	0	0	0	10,554	1.06
1.07	CAP REL COSTS-CANCER	0	0	0	156,275	1.07
1.08	CAP REL COSTS-PHNA BUI LDI NG	0	0	0	71,816	1.08
1.09	CAP REL COSTS-PAI N MANAGEMENT	0	0	0	33,073	1.09
1.10	CAP REL COSTS-WEST PROMPTCARE	0	0	0	45,565	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	14,973,954	2,609,709
3.00	Total (sum of lines 1-2)	0	0	0	18,541,923	2,609,709

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150051

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
		11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00	
1.01	CAP REL COSTS-1947 BUI LDING	0	0	0	0	33,133	1.01	
1.02	CAP REL COSTS-1965 BUI LDING	0	0	0	951,345	3,883,347	1.02	
1.03	CAP REL COSTS-1983 BUI LDING	0	0	0	0	208,430	1.03	
1.04	CAP REL COSTS-MEDI CAL ARTS	0	0	0	0	44,564	1.04	
1.05	CAP REL COSTS-UTI LI TIES	0	0	0	0	32,557	1.05	
1.06	CAP REL COSTS-WEGMI LLER	0	0	0	0	10,554	1.06	
1.07	CAP REL COSTS-CANCER	0	0	0	0	156,275	1.07	
1.08	CAP REL COSTS-PHNA BUI LDING	0	0	0	0	71,816	1.08	
1.09	CAP REL COSTS-PAI N MANAGEMENT	0	0	0	0	33,073	1.09	
1.10	CAP REL COSTS-WEST PROMPTCARE	0	0	0	0	45,565	1.10	
2.00	CAP REL COSTS-MVBLE EQUIP	0	294,155	27,059	1,312,222	19,217,099	2.00	
3.00	Total (sum of lines 1-2)	0	294,155	27,059	2,263,567	23,736,413	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 150051

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

Worksheet A-8

Date/Time Prepared:
6/7/2012 12:51 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
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00	1.00
1.01 Investment income - CAP REL COSTS-1947 BUILDING (chapter 2)			OCAP REL COSTS-1947 BUILDING	1.01	1.01
1.02 Investment income - CAP REL COSTS-1965 BUILDING (chapter 2)			OCAP REL COSTS-1965 BUILDING	1.02	1.02
1.03 Investment income - CAP REL COSTS-1983 BUILDING (chapter 2)			OCAP REL COSTS-1983 BUILDING	1.03	1.03
1.04 Investment income - CAP REL COSTS-MEDICAL ARTS (chapter 2)			OCAP REL COSTS-MEDICAL ARTS	1.04	1.04
1.05 Investment income - CAP REL COSTS-UTILITIES (chapter 2)			OCAP REL COSTS-UTILITIES	1.05	1.05
1.06 Investment income - CAP REL COSTS-WEGMI LLER (chapter 2)			OCAP REL COSTS-WEGMI LLER	1.06	1.06
1.07 Investment income - CAP REL COSTS-CANCER (chapter 2)			OCAP REL COSTS-CANCER	1.07	1.07
1.08 Investment income - CAP REL COSTS-PHNA BUILDING (chapter 2)			OCAP REL COSTS-PHNA BUILDING	1.08	1.08
1.09 Investment income - CAP REL COSTS-PAIN MANAGEMENT (chapter 2)			OCAP REL COSTS-PAIN MANAGEMENT	1.09	1.09
1.10 Investment income - CAP REL COSTS-WEST PROMPTCARE (chapter 2)			OCAP REL COSTS-WEST PROMPTCARE	1.10	1.10
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)		0		0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-687,933	ADMINISTRATIVE & GENERAL	5.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	7.00
8.00 Television and radio service (chapter 21)		0		0.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-7,750,130			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-20,146	RADIOLOGY-DIAGNOSTIC	54.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	15,396,190			12.00
13.00 Laundry and linen service	A	-353,080	LAUNDRY & LINEN SERVICE	8.00	13.00
14.00 Cafeteria-employees and guests	B	-571,058	CAFETERIA	11.00	14.00
15.00 Rental of quarters to employee and others		0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts	A	-152,471	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines	A	-378,595	DIETARY	10.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	B	-21,103	ADMINISTRATIVE & GENERAL	5.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT	1.00	26.00
26.01 Depreciation - CAP REL COSTS-1947 BUILDING			OCAP REL COSTS-1947 BUILDING	1.01	26.01
26.02 Depreciation - CAP REL COSTS-1965 BUILDING			OCAP REL COSTS-1965 BUILDING	1.02	26.02
26.03 Depreciation - CAP REL COSTS-1983 BUILDING			OCAP REL COSTS-1983 BUILDING	1.03	26.03
26.04 Depreciation - CAP REL COSTS-MEDICAL ARTS			OCAP REL COSTS-MEDICAL ARTS	1.04	26.04
26.05 Depreciation - CAP REL COSTS-UTILITIES			OCAP REL COSTS-UTILITIES	1.05	26.05
26.06 Depreciation - CAP REL COSTS-WEGMI LLER			OCAP REL COSTS-WEGMI LLER	1.06	26.06
26.07 Depreciation - CAP REL COSTS-CANCER			OCAP REL COSTS-CANCER	1.07	26.07
26.08 Depreciation - CAP REL COSTS-PHNA BUILDING			OCAP REL COSTS-PHNA BUILDING	1.08	26.08
26.09 Depreciation - CAP REL COSTS-PAIN MANAGEMENT			OCAP REL COSTS-PAIN MANAGEMENT	1.09	26.09

ADJUSTMENTS TO EXPENSES

Provider CCN: 150051

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

Worksheet A-8

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			3.00	4.00
26.10 Depreciation - CAP REL COSTS-WEST PROMPTCARE			OCAP REL COSTS-WEST PROMPTCARE	1.10 26.10
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00 Physicians' assistant			0	0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00		0		0.00 33.00
33.01 INTEREST INCOME	B	-495	CAP REL COSTS-WEGMI LLER	1.06 33.01
33.02 INTEREST INCOME	B	-247	CAP REL COSTS-1947 BUI LDI NG	1.01 33.02
33.03 INTEREST INCOME	B	-1,731	CAP REL COSTS-1965 BUI LDI NG	1.02 33.03
33.04 INTEREST INCOME	B	-5,352	CAP REL COSTS-1983 BUI LDI NG	1.03 33.04
33.05 INTEREST INCOME	B	-622	CAP REL COSTS-UTI LI TIES	1.05 33.05
33.06 INTEREST INCOME	B	-1,111	CAP REL COSTS-MVBLE EQUI P	2.00 33.06
33.07 INTEREST INCOME	B	-842,659	CAP REL COSTS-1965 BUI LDI NG	1.02 33.07
33.08 INTEREST INCOME	B	-4,998	CAP REL COSTS-CANCER	1.07 33.08
33.09 INTEREST INCOME	B	-17,847	CAP REL COSTS-MVBLE EQUI P	2.00 33.09
33.10 INTEREST EXP-UNNECESSARY BORROWING	A	-1,690,495	INTEREST EXPENSE	113.00 33.10
33.11 GAIN/LOSS ON SALE OF TRADE-INS	A	872	CAP REL COSTS-MVBLE EQUI P	2.00 33.11
33.12 GUEST MEALS	A	-879,375	CAFETERIA	11.00 33.12
33.13 MEALS ON WHEELS	A	-265,010	DIETARY	10.00 33.13
33.14 PATIENT TELEPHONES	A	-121,659	ADMINISTRATIVE & GENERAL	5.00 33.14
33.15		0		0.00 33.15
33.16 LAB UBI TAX OFFSET	A	290,473	LABORATORY	60.00 33.16
33.17 PHYSICIAN BILLING OFFSET	A	-170,305	ELECTROCARDIOLOGY	69.00 33.17
33.18 WEGMI LLER CAPITALIZED INTEREST	A	-343	CAP REL COSTS-WEGMI LLER	1.06 33.18
33.19 1983 BUILDING CAPITALIZED INTEREST	A	-3,968	CAP REL COSTS-1983 BUI LDI NG	1.03 33.19
33.20 HHA USEFUL LIFE	A	22,859	CAP REL COSTS-PHNA BUI LDI NG	1.08 33.20
33.21 GENERAL CONT PLUMBING-1993 BLDG	A	-64,835	CAP REL COSTS-1965 BUI LDI NG	1.02 33.21
33.22 UNAMORT DISC/PREM-BOND REFUNDING	A	951,345	CAP REL COSTS-1965 BUI LDI NG	1.02 33.22
33.23 RENTAL REIMBURSEMENT	B	-18,992	ADMINISTRATIVE & GENERAL	5.00 33.23
33.24 OUTSIDE CATERING	B	-12,123	CAFETERIA	11.00 33.24
33.25 COFFEE CART REVENUE	B	-144,121	CAFETERIA	11.00 33.25
33.26 FOOD SERVICES-CTR FOR BEH HEALTH	B	-34,263	CAFETERIA	11.00 33.26
33.27 SENIOR HEALTH	B	-1,399	ADMINISTRATIVE & GENERAL	5.00 33.27
33.28 PARAMEDIC ED PROGRAM	B	-300	OPERATING ROOM	50.00 33.28
33.29 PRENATAL TRAINING	B	-100	NURSING ADMINISTRATION	13.00 33.29
33.30 PRENATAL TRAINING	B	-17,120	DELIVERY ROOM & LABOR ROOM	52.00 33.30
33.31 CAPITALIZED INTEREST-1965 BUI LDI NG	A	5,112	CAP REL COSTS-1965 BUI LDI NG	1.02 33.31
33.32 E&T REVENUE	B	-38,211	ADMINISTRATIVE & GENERAL	5.00 33.32
33.33 E&T REVENUE	B	-8,070	CLINIC	90.00 33.33
33.34 E&T REVENUE	B	-1,015	ELECTROCARDIOLOGY	69.00 33.34
33.35 E&T REVENUE	B	-2,375	ADULTS & PEDIATRICS	30.00 33.35
33.36 PUMP TRAINING REVENUE	B	-4,850	CLINIC	90.00 33.36
33.37 CHILD CARE REVENUE	B	-466,963	CHILD CARE	4.01 33.37
33.38 SAFE ROUTES TO SCHOOL	B	-15,633	ADMINISTRATIVE & GENERAL	5.00 33.38
33.39 BABY PHOTOGRAPH REVENUE	B	-4,066	NURSERY	43.00 33.39
33.40 AMBULANCE-EVENT SERVICES	B	-139,510	AMBULANCE SERVICES	95.00 33.40
33.41 SUNDRY	B	-72,507	ADMINISTRATIVE & GENERAL	5.00 33.41
33.42 REHAB SCHOOL CONTRACTS	B	-24,871	PHYSICAL THERAPY	66.00 33.42
33.43 SPECIAL PROJECTS	B	-26,404	ADMINISTRATIVE & GENERAL	5.00 33.43
33.44 MISCELLANEOUS SALES	B	-13,138	ADULTS & PEDIATRICS	30.00 33.44
33.45 MISCELLANEOUS SALES	B	-1,100	PHYSICAL THERAPY	66.00 33.45
33.46 MISCELLANEOUS SALES	B	-350	ADMINISTRATIVE & GENERAL	5.00 33.46
33.47 MISCELLANEOUS SALES	B	-30,919	DRUGS CHARGED TO PATIENTS	73.00 33.47
33.48 MEDICAL STAFF APPLICATION FEE	B	-72,541	ADMINISTRATIVE & GENERAL	5.00 33.48
33.49 PT ACCTS COPY	B	-22	ADMINISTRATIVE & GENERAL	5.00 33.49
33.50 CASH SHORT AND OVER	B	39	ADMINISTRATIVE & GENERAL	5.00 33.50
33.51 CASH SHORT AND OVER	B	16	DRUGS CHARGED TO PATIENTS	73.00 33.51
33.52 CASH SHORT AND OVER	B	2,539	DIETARY	10.00 33.52
33.53 I.S. SERVICE AGREEMENT	B	-505,499	ADMINISTRATIVE & GENERAL	5.00 33.53
33.54 OS SERVICE CONTRACTS	B	-658	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	75.01 33.54
33.55 OS SERVICE CONTRACTS	B	-17,595	PHYSICAL THERAPY	66.00 33.55
33.56 OS SERVICE CONTRACTS	B	-690	RESPIRATORY THERAPY	65.00 33.56

ADJUSTMENTS TO EXPENSES

Provider CCN: 150051

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
33.57 OS SERVICE CONTRACTS	B	-7,576	RADIOLOGY-THERAPEUTIC	55.00 33.57
33.58 OS SERVICE CONTRACTS	B	-412	HOSPICE	116.00 33.58
33.59 OS SERVICE CONTRACTS	B	-114,050	EMPLOYEE BENEFITS	4.00 33.59
33.60 OS SERVICE CONTRACTS	B	-1,440	ADMINISTRATIVE & GENERAL	5.00 33.60
33.61 OS SERVICE CONTRACTS	B	-89	ADMINISTRATIVE & GENERAL	5.00 33.61
33.62 OS SERVICE CONTRACTS	B	-625	LABORATORY	60.00 33.62
33.63 OS SERVICE CONTRACTS	B	-54,959	OPERATION OF PLANT	7.00 33.63
33.64 OS SERVICE CONTRACTS	B	359,966	ADMINISTRATIVE & GENERAL	5.00 33.64
33.65 OUTSIDE SALARY REVENUE	B	-21	HOME HEALTH AGENCY	101.00 33.65
33.66 MISCELLANEOUS SALES	B	-713	EMPLOYEE BENEFITS	4.00 33.66
33.67 MISCELLANEOUS SALES	B	-12,633	ADMINISTRATIVE & GENERAL	5.00 33.67
33.68 SALARY REVENUE-REIMBURSEMENT	B	-130,980	OPERATING ROOM	50.00 33.68
33.69 SALARY REVENUE-REIMBURSEMENT	B	-3,040	ADULTS & PEDIATRICS	30.00 33.69
33.70 SALARY REVENUE-REIMBURSEMENT	B	-2,657	RECOVERY ROOM	51.00 33.70
33.71 SALARY REVENUE-REIMBURSEMENT	B	-78,695	PHYSICAL THERAPY	66.00 33.71
33.72 LITIGATION SETTLEMENT	A	-85,431	ADMINISTRATIVE & GENERAL	5.00 33.72
33.73 SALARY REVENUE-REIMBURSEMENT	B	-207,709	ADMINISTRATIVE & GENERAL	5.00 33.73
33.74 SALARY REVENUE-REIMBURSEMENT	B	-30,843	HOSPICE	116.00 33.74
33.75 SALARY REVENUE-REIMBURSEMENT	B	-4,042	HOUSEKEEPING	9.00 33.75
33.76 SALARY REVENUE-REIMBURSEMENT	B	-923	CENTRAL SERVICES & SUPPLY	14.00 33.76
33.77 DIETARY REVENUE	B	-26,361	DIETARY	10.00 33.77
33.78 DONATIONS	A	-5,000	ADMINISTRATIVE & GENERAL	5.00 33.78
33.79 UNALLOCATED REVENUE OFFSETS	A	-179,278	ADMINISTRATIVE & GENERAL	5.00 33.79
33.80 TRUSTEE INTEREST INCOME OFFSET	B	-5	CAP REL COSTS-1965 BUILDING	1.02 33.80
33.81 IHA LOBBYING DUES OFFSET	A	-5,671	ADMINISTRATIVE & GENERAL	5.00 33.81
33.82 AHA LOBBYING DUES OFFSET	A	-9,732	ADMINISTRATIVE & GENERAL	5.00 33.82
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		385,553		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150051

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

Worksheet A-8

Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
1.01	Investment income - CAP REL COSTS-1947 BUILDING (chapter 2)	0	1.01
1.02	Investment income - CAP REL COSTS-1965 BUILDING (chapter 2)	0	1.02
1.03	Investment income - CAP REL COSTS-1983 BUILDING (chapter 2)	0	1.03
1.04	Investment income - CAP REL COSTS-MEDICAL ARTS (chapter 2)	0	1.04
1.05	Investment income - CAP REL COSTS-UTILITIES (chapter 2)	0	1.05
1.06	Investment income - CAP REL COSTS-WEGMILLER (chapter 2)	0	1.06
1.07	Investment income - CAP REL COSTS-CANCER (chapter 2)	0	1.07
1.08	Investment income - CAP REL COSTS-PHNA BUILDING (chapter 2)	0	1.08
1.09	Investment income - CAP REL COSTS-PAIN MANAGEMENT (chapter 2)	0	1.09
1.10	Investment income - CAP REL COSTS-WEST PROMPTCARE (chapter 2)	0	1.10
2.00	Investment income - 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 - CAP REL COSTS-BLDG & FIXT	0	26.00
26.01	Depreciation - CAP REL COSTS-1947 BUILDING	0	26.01
26.02	Depreciation - CAP REL COSTS-1965 BUILDING	0	26.02
26.03	Depreciation - CAP REL COSTS-1983 BUILDING	0	26.03
26.04	Depreciation - CAP REL COSTS-MEDICAL ARTS	0	26.04
26.05	Depreciation - CAP REL COSTS-UTILITIES	0	26.05
26.06	Depreciation - CAP REL COSTS-WEGMILLER	0	26.06
26.07	Depreciation - CAP REL COSTS-CANCER	0	26.07
26.08	Depreciation - CAP REL COSTS-PHNA BUILDING	0	26.08
26.09	Depreciation - CAP REL COSTS-PAIN MANAGEMENT	0	26.09
26.10	Depreciation - CAP REL COSTS-WEST PROMPTCARE	0	26.10
27.00	Depreciation - 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

ADJUSTMENTS TO EXPENSES

Provider CCN: 150051

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

Worksheet A-8

Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00		0	33.00
33.01	INTEREST INCOME	11	33.01
33.02	INTEREST INCOME	11	33.02
33.03	INTEREST INCOME	11	33.03
33.04	INTEREST INCOME	11	33.04
33.05	INTEREST INCOME	11	33.05
33.06	INTEREST INCOME	11	33.06
33.07	INTEREST INCOME	11	33.07
33.08	INTEREST INCOME	11	33.08
33.09	INTEREST INCOME	11	33.09
33.10	INTEREST EXP-UNNECESSARY BORROWING	0	33.10
33.11	GAIN/LOSS ON SALE OF TRADE-INS	9	33.11
33.12	GUEST MEALS	0	33.12
33.13	MEALS ON WHEELS	0	33.13
33.14	PATIENT TELEPHONES	0	33.14
33.15		0	33.15
33.16	LAB UBI TAX OFFSET	0	33.16
33.17	PHYSICIAN BILLING OFFSET	0	33.17
33.18	WEGMILLER CAPITALIZED INTEREST	9	33.18
33.19	1983 BUILDING CAPITALIZED INTEREST	9	33.19
33.20	HHA USEFUL LIFE	9	33.20
33.21	GENERAL CONT PLUMBING-1993 BLDG	9	33.21
33.22	UNAMORT DISC/PREM-BOND REFUNDING	14	33.22
33.23	RENTAL REIMBURSEMENT	0	33.23
33.24	OUTSIDE CATERING	0	33.24
33.25	COFFEE CART REVENUE	0	33.25
33.26	FOOD SERVICES-CTR FOR BEH HEALTH	0	33.26
33.27	SENIOR HEALTH	0	33.27
33.28	PARAMEDIC ED PROGRAM	0	33.28
33.29	PRENATAL TRAINING	0	33.29
33.30	PRENATAL TRAINING	0	33.30
33.31	CAPITALIZED INTEREST-1965 BUILDING	9	33.31
33.32	E&T REVENUE	0	33.32
33.33	E&T REVENUE	0	33.33
33.34	E&T REVENUE	0	33.34
33.35	E&T REVENUE	0	33.35
33.36	PUMP TRAINING REVENUE	0	33.36
33.37	CHILD CARE REVENUE	0	33.37
33.38	SAFE ROUTES TO SCHOOL	0	33.38
33.39	BABY PHOTOGRAPH REVENUE	0	33.39
33.40	AMBULANCE-EVENT SERVICES	0	33.40
33.41	SUNDRY	0	33.41
33.42	REHAB SCHOOL CONTRACTS	0	33.42
33.43	SPECIAL PROJECTS	0	33.43
33.44	MISCELLANEOUS SALES	0	33.44
33.45	MISCELLANEOUS SALES	0	33.45
33.46	MISCELLANEOUS SALES	0	33.46
33.47	MISCELLANEOUS SALES	0	33.47
33.48	MEDICAL STAFF APPLICATION FEE	0	33.48
33.49	PT ACCTS COPY	0	33.49
33.50	CASH SHORT AND OVER	0	33.50
33.51	CASH SHORT AND OVER	0	33.51
33.52	CASH SHORT AND OVER	0	33.52
33.53	I.S. SERVICE AGREEMENT	0	33.53
33.54	OS SERVICE CONTRACTS	0	33.54
33.55	OS SERVICE CONTRACTS	0	33.55
33.56	OS SERVICE CONTRACTS	0	33.56
33.57	OS SERVICE CONTRACTS	0	33.57
33.58	OS SERVICE CONTRACTS	0	33.58
33.59	OS SERVICE CONTRACTS	0	33.59
33.60	OS SERVICE CONTRACTS	0	33.60
33.61	OS SERVICE CONTRACTS	0	33.61
33.62	OS SERVICE CONTRACTS	0	33.62
33.63	OS SERVICE CONTRACTS	0	33.63
33.64	OS SERVICE CONTRACTS	0	33.64
33.65	OUTSIDE SALARY REVENUE	0	33.65
33.66	MISCELLANEOUS SALES	0	33.66
33.67	MISCELLANEOUS SALES	0	33.67
33.68	SALARY REVENUE-REIMBURSEMENT	0	33.68
33.69	SALARY REVENUE-REIMBURSEMENT	0	33.69
33.70	SALARY REVENUE-REIMBURSEMENT	0	33.70
33.71	SALARY REVENUE-REIMBURSEMENT	0	33.71
33.72	LITIGATION SETTLEMENT	0	33.72

ADJUSTMENTS TO EXPENSES

Provider CCN: 150051

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

Worksheet A-8

Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.73	SALARY REVENUE-REIMBURSEMENT	0	33.73
33.74	SALARY REVENUE-REIMBURSEMENT	0	33.74
33.75	SALARY REVENUE-REIMBURSEMENT	0	33.75
33.76	SALARY REVENUE-REIMBURSEMENT	0	33.76
33.77	DIETARY REVENUE	0	33.77
33.78	DONATIONS	0	33.78
33.79	UNALLOCATED REVENUE OFFSETS	0	33.79
33.80	TRUSTEE INTEREST INCOME OFFSET	9	33.80
33.81	IHA LOBBYING DUES OFFSET	0	33.81
33.82	AHA LOBBYING DUES OFFSET	0	33.82
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: 150051

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

Worksheet A-8-1

Date/Time Prepared:
6/7/2012 12:51 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	2.00	CAP REL COSTS-MVBLE EQUIP	MGMT SVC FEE EXPENSE	1.00
2.00	4.00	EMPLOYEE BENEFITS	MGMT SVC FEE EXPENSE	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	MGMT SVC FEE EXPENSE	3.00
4.00	73.00	DRUGS CHARGED TO PATIENTS	RELATED PARTY PHARMACY SERVICE	4.00
4.01	2.00	CAP REL COSTS-MVBLE EQUIP	IU HEALTH HOME OFFICE EXP ALLOCATION	4.01
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	IU HEALTH HOME OFFICE EXP ALLOCATION	4.02
4.03	4.00	EMPLOYEE BENEFITS	IU HEALTH HOME OFFICE EXP ALLOCATION	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	IU HEALTH HOME OFFICE EXP ALLOCATION	4.04
4.05	7.00	OPERATION OF PLANT	IU HEALTH HOME OFFICE EXP ALLOCATION	4.05
4.06	9.00	HOUSEKEEPING	IU HEALTH HOME OFFICE EXP ALLOCATION	4.06
4.07	11.00	CAFETERIA	IU HEALTH HOME OFFICE EXP ALLOCATION	4.07
4.08	0.00			4.08
4.09	0.00			4.09
4.10	0.00			4.10
4.11	0.00			4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	C		0.00	6.00
7.00	C		0.00	7.00
8.00	B	IU HEALTH	100.00	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: 150051

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

Worksheet A-8-1

Date/Time Prepared: 6/7/2012 12:51 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	0	459,363	-459,363	9	1.00
2.00	0	66,681	-66,681	0	2.00
3.00	0	816,008	-816,008	0	3.00
4.00	0	38,506	-38,506	0	4.00
4.01	1,887,419	0	1,887,419	9	4.01
4.02	106,520	106,520	0	11	4.02
4.03	3,217,335	0	3,217,335	0	4.03
4.04	11,663,967	1,630,658	10,033,309	0	4.04
4.05	1,285,602	0	1,285,602	0	4.05
4.06	315,461	0	315,461	0	4.06
4.07	37,622	0	37,622	0	4.07
4.08	0	0	0	0	4.08
4.09	0	0	0	0	4.09
4.10	0	0	0	0	4.10
4.11	0	0	0	0	4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	18,513,926	3,117,736	15,396,190	5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

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

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

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

6.00	IU HEALTH SIP	100.00	PHYSICIAN GROUP	6.00
7.00	IU HEALTH PAOLI	100.00	HOSPITAL	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: 150051

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

Worksheet A-8-2

Date/Time Prepared:
6/7/2012 12:51 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	1,752,030	1,752,030	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	350,000	350,000	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	702,934	702,934	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	931,850	931,850	4.00
5.00	5.00	ADMINISTRATIVE & GENERAL	12,500	12,500	5.00
6.00	5.00	ADMINISTRATIVE & GENERAL	798,900	798,900	6.00
7.00	5.00	ADMINISTRATIVE & GENERAL	26,000	26,000	7.00
8.00	55.00	RADIOLOGY-THERAPEUTIC	138,463	138,463	8.00
9.00	5.00	ADMINISTRATIVE & GENERAL	500,000	500,000	9.00
10.00	5.00	ADMINISTRATIVE & GENERAL	600,000	600,000	10.00
11.00	5.00	ADMINISTRATIVE & GENERAL	11,675	11,675	11.00
12.00	60.00	LABORATORY	308,568	0	12.00
13.00	30.00	ADULTS & PEDIATRICS	455,726	421,710	13.00
14.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	560,993	519,120	14.00
15.00	30.00	ADULTS & PEDIATRICS	533,294	533,294	15.00
16.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	98,168	98,168	16.00
17.00	75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	98,918	98,918	17.00
18.00	60.00	LABORATORY	18,895	18,895	18.00
19.00	66.00	PHYSICAL THERAPY	110,476	110,476	19.00
20.00	69.00	ELECTROCARDIOLOGY	99,320	99,320	20.00
200.00			8,108,710	7,724,253	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150051

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

Worksheet A-8-2

Date/Time Prepared:
6/7/2012 12:51 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	171,400	0	0	0	1.00
2.00	0	204,100	0	0	0	2.00
3.00	0	204,100	0	0	0	3.00
4.00	0	171,400	0	0	0	4.00
5.00	0	152,100	0	0	0	5.00
6.00	0	200,300	0	0	0	6.00
7.00	0	171,400	0	0	0	7.00
8.00	0	231,100	0	0	0	8.00
9.00	0	231,100	0	0	0	9.00
10.00	0	171,400	0	0	0	10.00
11.00	0	171,400	0	0	0	11.00
12.00	308,568	219,500	3,929	414,623	20,731	12.00
13.00	34,016	142,500	328	22,471	1,124	13.00
14.00	41,873	142,500	402	27,541	1,377	14.00
15.00	0	171,400	0	0	0	15.00
16.00	0	142,500	0	0	0	16.00
17.00	0	142,500	0	0	0	17.00
18.00	0	219,500	0	0	0	18.00
19.00	0	171,400	0	0	0	19.00
20.00	0	142,500	0	0	0	20.00
200.00	384,457		4,659	464,635	23,232	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150051

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

Worksheet A-8-2

Date/Time Prepared:
6/7/2012 12:51 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	414,623	12.00
13.00	0	0	0	0	22,471	13.00
14.00	0	0	0	0	27,541	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	0	18.00
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
200.00	0	0	0	0	464,635	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150051

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

Worksheet A-8-2

Date/Time Prepared:
6/7/2012 12:51 pm

	RCE		Adjustment	
	Disallowance			
	17.00		18.00	
1.00		0	1,752,030	1.00
2.00		0	350,000	2.00
3.00		0	702,934	3.00
4.00		0	931,850	4.00
5.00		0	12,500	5.00
6.00		0	798,900	6.00
7.00		0	26,000	7.00
8.00		0	138,463	8.00
9.00		0	500,000	9.00
10.00		0	600,000	10.00
11.00		0	11,675	11.00
12.00		0	0	12.00
13.00		11,545	433,255	13.00
14.00		14,332	533,452	14.00
15.00		0	533,294	15.00
16.00		0	98,168	16.00
17.00		0	98,918	17.00
18.00		0	18,895	18.00
19.00		0	110,476	19.00
20.00		0	99,320	20.00
200.00		25,877	7,750,130	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				1983 BUILDING	
		BLDG & FIXT	1947 BUILDING	1965 BUILDING			
	0	1.00	1.01	1.02	1.03		
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	CAP REL COSTS-1947 BUILDING	33,133	0	33,133	0	0	1.01
1.02	CAP REL COSTS-1965 BUILDING	3,883,347	0	0	3,883,347	0	1.02
1.03	CAP REL COSTS-1983 BUILDING	208,430	0	0	0	208,430	1.03
1.04	CAP REL COSTS-MEDICAL ARTS	44,564	0	0	0	0	1.04
1.05	CAP REL COSTS-UTILITIES	32,557	0	0	0	0	1.05
1.06	CAP REL COSTS-WEGMI LLER	10,554	0	0	0	0	1.06
1.07	CAP REL COSTS-CANCER	156,275	0	0	0	0	1.07
1.08	CAP REL COSTS-PHNA BUILDING	71,816	0	0	0	0	1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT	33,073	0	0	0	0	1.09
1.10	CAP REL COSTS-WEST PROMPTCARE	45,565	0	0	0	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP	19,217,099	0	0	0	0	2.00
4.00	EMPLOYEE BENEFITS	40,814,038	0	0	0	0	4.00
4.01	CHILD CARE	403,913	0	0	0	0	4.01
5.00	ADMINISTRATIVE & GENERAL	46,128,394	0	30,251	451,912	45,169	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	10,952,838	0	468	527,609	45,617	7.00
8.00	LAUNDRY & LINEN SERVICE	810,452	0	0	0	0	8.00
9.00	HOUSEKEEPING	2,360,564	0	955	20,950	185	9.00
10.00	DIETARY	2,145,189	0	0	81,256	0	10.00
11.00	CAFETERIA	277,885	0	0	50,999	291	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	3,841,127	0	1,003	64,141	1,415	13.00
14.00	CENTRAL SERVICES & SUPPLY	567,398	0	0	0	6,416	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,576,150	0	0	5,490	8,343	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	CENTRAL STERILIZATION	521,723	0	0	0	5,489	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	21,930,681	0	0	1,032,078	10,922	30.00
31.00	INTENSIVE CARE UNIT	2,912,110	0	0	0	18,137	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	2,051,157	0	0	105,980	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	1,782,290	0	0	51,862	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	7,342,537	0	0	226,287	31,397	50.00
50.01	CV SURGERY	843,654	0	0	43,731	0	50.01
51.00	RECOVERY ROOM	912,925	0	0	0	6,116	51.00
52.00	DELIVERY ROOM & LABOR ROOM	2,724,986	0	0	301,513	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,080,020	0	0	147,367	5,923	54.00
55.00	RADIOLOGY-THERAPEUTIC	3,650,038	0	0	91,749	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	946,740	0	0	11,756	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	472,728	0	0	0	3,426	58.00
59.00	CARDIAC CATHETERIZATION	1,265,665	0	0	56,454	0	59.00
60.00	LABORATORY	11,983,893	0	456	131,131	724	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	47,411	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	2,060,309	0	0	9,700	365	65.00
66.00	PHYSICAL THERAPY	8,016,082	0	0	0	10,399	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS				1983 BUILDING	
		BLDG & FIXT	1947 BUILDING	1965 BUILDING			
	0	1.00	1.01	1.02	1.03		
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	871,108	0	0	21,377	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,003,557	0	0	27,844	439	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,928,417	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	3,677,370	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	18,196,467	0	0	46,955	0	0	73.00
74.00 RENAL DIALYSIS	764,626	0	0	0	1,391	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	712,028	0	0	0	0	0	75.01
75.02 CARDIAC REHABILITATION	823,693	0	0	32,759	0	0	75.02
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	772,694	0	0	0	0	0	90.00
91.00 EMERGENCY	5,615,416	0	0	230,749	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	2,554,614	0	0	57,544	6,266	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	5,514,702	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 HOSPICE	3,376,640	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	274,970,642	0	33,133	3,829,193	208,430	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	8,218	0	0	190.00
190.01 PROMPTCARE	4,002,307	0	0	0	0	0	190.01
190.02 RENTAL PROPERTIES	320,285	0	0	22,031	0	0	190.02
190.03 OLCOTT	258,838	0	0	0	0	0	190.03
190.04 PHYSICIAN RECRUITMENT	897,217	0	0	0	0	0	190.04
190.05 FOUNDATION	572,233	0	0	0	0	0	190.05
190.06 MARKETING	1,350,335	0	0	0	0	0	190.06
190.07 HME STORE	1,376,521	0	0	0	0	0	190.07
190.08 UNUSED SPACE	46,547	0	0	23,905	0	0	190.08
191.00 RESEARCH	0	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	283,794,925	0	33,133	3,883,347	208,430	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

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Cost Center Description		CAPITAL RELATED COSTS				PHNA BUILDING	
		MEDICAL ARTS	UTILITIES	WEGMI LLER	CANCER		
		1.04	1.05	1.06	1.07		
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-1947 BUILDING						1.01
1.02	CAP REL COSTS-1965 BUILDING						1.02
1.03	CAP REL COSTS-1983 BUILDING						1.03
1.04	CAP REL COSTS-MEDICAL ARTS	44,564					1.04
1.05	CAP REL COSTS-UTILITIES	0	32,557				1.05
1.06	CAP REL COSTS-WEGMI LLER	0	0	10,554			1.06
1.07	CAP REL COSTS-CANCER	0	0	0	156,275		1.07
1.08	CAP REL COSTS-PHNA BUILDING	0	0	0	0	71,816	1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT	0	0	0	0	0	1.09
1.10	CAP REL COSTS-WEST PROMPTCARE	0	0	0	0	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	1,974	0	0	0	0	4.00
4.01	CHILD CARE	0	0	0	0	0	4.01
5.00	ADMINISTRATIVE & GENERAL	15,693	15,106	9,360	0	0	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	0	1,834	184	30,859	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	15,617	0	0	0	8.00
9.00	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	DIETARY	0	0	0	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,060	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	CENTRAL STERILIZATION	0	0	0	0	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
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
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	1,010	0	0	50.00
50.01	CV SURGERY	0	0	0	0	0	50.01
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,861	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	125,416	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	652	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	815	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	408	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
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Cost Center Description	CAPITAL RELATED COSTS					PHNA BUILDING 1.08	
	MEDICAL ARTS 1.04	UTILITIES 1.05	WEGMI LLER 1.06	CANCER 1.07			
	72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		
73.00	DRUGS CHARGED TO PATIENTS	880	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
75.02	CARDIAC REHABILITATION	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	71,660	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	7,819	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	32,162	32,557	10,554	156,275	71,660	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	PROMPTCARE	0	0	0	0	0	190.01
190.02	RENTAL PROPERTIES	5,869	0	0	0	0	190.02
190.03	OLCOTT	4,185	0	0	0	0	190.03
190.04	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	FOUNDATION	0	0	0	0	0	190.05
190.06	MARKETING	0	0	0	0	0	190.06
190.07	HME STORE	0	0	0	0	0	190.07
190.08	UNUSED SPACE	2,348	0	0	0	156	190.08
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	44,564	32,557	10,554	156,275	71,816	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	CHILD CARE	
	PAIN MANAGEMENT	WEST PROMPTCARE	MVBLE EQUIP			
	1.09	1.10	2.00			
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-1947 BUILDING						1.01
1.02 CAP REL COSTS-1965 BUILDING						1.02
1.03 CAP REL COSTS-1983 BUILDING						1.03
1.04 CAP REL COSTS-MEDICAL ARTS						1.04
1.05 CAP REL COSTS-UTILITIES						1.05
1.06 CAP REL COSTS-WEGMILLER						1.06
1.07 CAP REL COSTS-CANCER						1.07
1.08 CAP REL COSTS-PHNA BUILDING						1.08
1.09 CAP REL COSTS-PAIN MANAGEMENT	33,073					1.09
1.10 CAP REL COSTS-WEST PROMPTCARE	0	45,565				1.10
2.00 CAP REL COSTS-MVBLE EQUIP			19,217,099			2.00
4.00 EMPLOYEE BENEFITS	0	0	301,633	41,117,645		4.00
4.01 CHILD CARE	0	0	290,064	0	693,977	4.01
5.00 ADMINISTRATIVE & GENERAL	0	0	4,361,525	7,035,480	93,420	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	0	0	2,302,997	950,680	0	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	283,391	231,339	0	8.00
9.00 HOUSEKEEPING	0	0	71,056	581,477	0	9.00
10.00 DIETARY	0	0	257,313	501,855	6,673	10.00
11.00 CAFETERIA	0	0	132,081	316,916	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	0	0	394,530	1,177,541	13,346	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	79,793	163,420	0	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	303,806	805,393	0	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01 CENTRAL STERILIZATION	0	0	68,268	147,976	0	18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	2,735,503	7,380,110	113,437	30.00
31.00 INTENSIVE CARE UNIT	0	0	225,571	931,253	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	0	266,950	480,277	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	130,632	574,991	20,019	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	974,132	1,810,524	40,037	50.00
50.01 CV SURGERY	0	0	110,152	218,598	6,673	50.01
51.00 RECOVERY ROOM	0	0	76,061	303,648	40,037	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	759,471	874,935	13,346	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	483,389	1,183,082	33,364	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	502,136	733,959	40,037	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	29,612	186,471	6,673	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	42,607	101,193	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	142,200	320,492	13,346	59.00
60.00 LABORATORY	0	0	358,047	1,571,186	40,037	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	49,171	658,115	26,691	65.00
66.00 PHYSICAL THERAPY	33,073	0	818,015	2,617,438	53,383	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	59,334	261,837	20,019	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	75,600	303,390	0	70.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	CHILD CARE	
	PAI N MANAGEMENT	WEST PROMPTCARE	MVBLE EQUIP			
	1. 09	1. 10	2. 00			
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,620,250	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	154,274	0	73,401	73.00
74.00 RENAL DIALYSIS	0	0	17,298	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	167,708	481,957	13,346	75.01
75.02 CARDIAC REHABILITATION	0	0	101,612	257,475	0	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	111,908	248,263	0	90.00
91.00 EMERGENCY	0	0	581,226	1,723,957	6,673	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	310,677	737,946	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	363,623	1,456,456	6,673	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	116,034	746,263	13,346	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	33,073	0	18,609,400	39,696,143	693,977	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	20,700	0	0	190.00
190.01 PROMPTCARE	0	45,565	215,518	1,093,126	0	190.01
190.02 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03 OLCOTT	0	0	56,349	81,931	0	190.03
190.04 PHYSICIAN RECRUITMENT	0	0	0	35,601	0	190.04
190.05 FOUNDATION	0	0	141,520	158,765	0	190.05
190.06 MARKETING	0	0	0	0	0	190.06
190.07 HME STORE	0	0	91,822	52,079	0	190.07
190.08 UNUSED SPACE	0	0	81,790	0	0	190.08
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	33,073	45,565	19,217,099	41,117,645	693,977	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A.01	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-1947 BUILDING						1.01
1.02	CAP REL COSTS-1965 BUILDING						1.02
1.03	CAP REL COSTS-1983 BUILDING						1.03
1.04	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	CAP REL COSTS-UTILITIES						1.05
1.06	CAP REL COSTS-WEGMI LLER						1.06
1.07	CAP REL COSTS-CANCER						1.07
1.08	CAP REL COSTS-PHNA BUILDING						1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.01	CHILD CARE						4.01
5.00	ADMINISTRATIVE & GENERAL	58,186,310	58,186,310				5.00
6.00	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	OPERATION OF PLANT	14,813,086	3,820,413	0	18,633,499		7.00
8.00	LAUNDRY & LINEN SERVICE	1,340,799	345,803	0	444,526	2,131,128	8.00
9.00	HOUSEKEEPING	3,035,187	782,799	0	111,459	0	9.00
10.00	DIETARY	2,992,286	771,734	0	403,620	12,635	10.00
11.00	CAFETERIA	778,172	200,697	0	207,182	10,097	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	5,493,103	1,416,715	0	618,859	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	817,027	210,718	0	125,163	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,700,242	954,322	0	476,549	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	CENTRAL STERILIZATION	743,456	191,743	0	107,086	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	33,202,731	8,563,296	0	4,290,899	862,112	30.00
31.00	INTENSIVE CARE UNIT	4,087,071	1,054,088	0	353,830	104,106	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	2,904,364	749,059	0	418,736	70,644	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	2,559,794	660,191	0	204,909	47,284	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	10,425,924	2,688,929	0	1,528,020	348,454	50.00
50.01	CV SURGERY	1,222,808	315,372	0	172,783	0	50.01
51.00	RECOVERY ROOM	1,338,787	345,284	0	119,309	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,674,251	1,205,527	0	1,191,303	80,255	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	5,936,006	1,530,943	0	758,243	98,787	54.00
55.00	RADIOLOGY-THERAPEUTIC	5,143,335	1,326,507	0	787,648	22,805	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	1,181,252	304,654	0	46,450	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	619,954	159,891	0	66,834	0	58.00
59.00	CARDIAC CATHETERIZATION	1,798,157	463,759	0	223,055	36,909	59.00
60.00	LABORATORY	14,086,126	3,632,925	0	561,632	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	47,411	12,228	0	0	0	64.00
65.00	RESPIRATORY THERAPY	2,805,166	723,475	0	77,129	0	65.00
66.00	PHYSICAL THERAPY	11,548,390	2,978,422	0	1,283,135	70,808	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	1,234,083	318,280	0	93,072	32,271	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,410,830	363,864	0	118,586	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,548,667	6,331,298	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	3,677,370	948,423	0	0	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	4A. 01	5. 00	6. 00	7. 00	8. 00	
73.00 DRUGS CHARGED TO PATIENTS	18,471,977	4,764,071	0	241,993	0	73.00
74.00 RENAL DIALYSIS	783,315	202,023	0	27,133	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,375,039	354,634	0	263,066	0	75.01
75.02 CARDIAC REHABILITATION	1,215,539	313,497	0	159,389	0	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	1,132,865	292,175	0	175,538	1,009	90.00
91.00 EMERGENCY	8,158,021	2,104,019	0	911,709	272,092	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	3,667,047	945,761	0	487,326	49,221	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	7,413,114	1,911,901	0	570,378	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	4,260,102	1,098,714	0	182,011	2,028	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	272,829,164	55,358,154	0	17,808,560	2,121,517	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,918	7,458	0	32,470	0	190.00
190.01 PROMPTCARE	5,356,516	1,381,488	0	338,060	9,611	190.01
190.02 RENTAL PROPERTIES	348,185	89,800	0	0	0	190.02
190.03 OLCOTT	401,303	103,499	0	88,389	0	190.03
190.04 PHYSICIAN RECRUITMENT	932,818	240,581	0	0	0	190.04
190.05 FOUNDATION	872,518	225,029	0	221,988	0	190.05
190.06 MARKETING	1,350,335	348,262	0	0	0	190.06
190.07 HME STORE	1,520,422	392,129	0	144,032	0	190.07
190.08 UNUSED SPACE	154,746	39,910	0	0	0	190.08
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	283,794,925	58,186,310	0	18,633,499	2,131,128	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-1947 BUILDING						1.01
1.02	CAP REL COSTS-1965 BUILDING						1.02
1.03	CAP REL COSTS-1983 BUILDING						1.03
1.04	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	CAP REL COSTS-UTILITIES						1.05
1.06	CAP REL COSTS-WEGMILLER						1.06
1.07	CAP REL COSTS-CANCER						1.07
1.08	CAP REL COSTS-PHNA BUILDING						1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.01	CHILD CARE						4.01
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING	3,929,445					9.00
10.00	DIETARY	18,779	4,199,054				10.00
11.00	CAFETERIA	9,543	0	1,205,691			11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	NURSING ADMINISTRATION	0	0	43,288		7,571,965	13.00
14.00	CENTRAL SERVICES & SUPPLY	9,851	0	11,143	0	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	6,157	0	46,482	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	CENTRAL STERILIZATION	8,620	0	8,924	0	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,534,957	3,473,488	302,115	0	3,441,876	30.00
31.00	INTENSIVE CARE UNIT	161,931	286,254	34,797	0	396,424	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	137,611	439,312	21,125	0	240,666	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	243,512	0	17,238	0	196,383	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	250,593	0	71,927	0	819,429	50.00
50.01	CV SURGERY	28,323	0	6,700	0	76,332	50.01
51.00	RECOVERY ROOM	19,703	0	10,839	0	123,487	51.00
52.00	DELIVERY ROOM & LABOR ROOM	440,231	0	30,368	0	345,966	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	174,861	0	46,789	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	24,664	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	9,851	0	6,797	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	24,013	0	4,372	0	0	58.00
59.00	CARDIAC CATHETERIZATION	96,050	0	11,693	0	0	59.00
60.00	LABORATORY	26,783	0	79,010	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	22,165	0	22,521	0	0	65.00
66.00	PHYSICAL THERAPY	49,257	0	96,521	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	40,021	0	10,606	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	25,860	0	11,287	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
	9.00	10.00	11.00	12.00	13.00	
73.00 DRUGS CHARGED TO PATIENTS	108,365	0	49,441	0	0	73.00
74.00 RENAL DIALYSIS	2,463	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	14,067	0	160,260	75.01
75.02 CARDIAC REHABILITATION	616	0	9,280	0	0	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	8,542	0	0	90.00
91.00 EMERGENCY	474,095	0	68,644	0	782,031	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	40,471	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	57,010	0	649,489	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	924	0	29,811	0	339,622	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,925,135	4,199,054	1,196,472	0	7,571,965	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,310	0	0	0	0	190.00
190.01 PROMPTCARE	0	0	0	0	0	190.01
190.02 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03 OLCOTT	0	0	2,969	0	0	190.03
190.04 PHYSICIAN RECRUITMENT	0	0	739	0	0	190.04
190.05 FOUNDATION	0	0	5,511	0	0	190.05
190.06 MARKETING	0	0	0	0	0	190.06
190.07 HME STORE	0	0	0	0	0	190.07
190.08 UNUSED SPACE	0	0	0	0	0	190.08
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,929,445	4,199,054	1,205,691	0	7,571,965	202.00

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
1.01	CAP REL COSTS-1947 BUI LDI NG					1.01
1.02	CAP REL COSTS-1965 BUI LDI NG					1.02
1.03	CAP REL COSTS-1983 BUI LDI NG					1.03
1.04	CAP REL COSTS-MEDICAL ARTS					1.04
1.05	CAP REL COSTS-UTI LI TI ES					1.05
1.06	CAP REL COSTS-WEGMI LLER					1.06
1.07	CAP REL COSTS-CANCER					1.07
1.08	CAP REL COSTS-PHNA BUI LDI NG					1.08
1.09	CAP REL COSTS-PAI N MANAGEMENT					1.09
1.10	CAP REL COSTS-WEST PROMPTCARE					1.10
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
4.01	CHI LD CARE					4.01
5.00	ADMI NI STRATI VE & GENERAL					5.00
6.00	MAI NTENANCE & REPAI RS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LI NEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DI ETARY					10.00
11.00	CAFETERIA					11.00
12.00	MAI NTENANCE OF PERSONNEL					12.00
13.00	NURSI NG ADMI NI STRATION					13.00
14.00	CENTRAL SERVI CES & SUPPLY	1,173,902				14.00
15.00	PHARMACY	0	0			15.00
16.00	MEDI CAL RECORDS & LI BRARY	0	0	5,183,752		16.00
17.00	SOCI AL SERVICE	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
18.01	CENTRAL STERI LI ZATION	0	0	0	0	18.01
19.00	NONPHYSI CI AN ANESTHETI STS	0	0	0	0	19.00
20.00	NURSI NG SCHOOL	0	0	0	0	20.00
21.00	I & R SERVI CES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I & R SERVI CES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDI ATRI CS	0	0	496,107	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	59,437	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	SURGI CAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	SUBPROVI DER - I PF	0	0	0	0	40.00
41.00	SUBPROVI DER - I RF	0	0	46,132	0	41.00
42.00	SUBPROVI DER	0	0	0	0	42.00
43.00	NURSERY	0	0	45,341	0	43.00
44.00	SKI LLED NURSI NG FACI LI TY	0	0	0	0	44.00
45.00	NURSI NG FACI LI TY	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATI NG ROOM	0	0	390,925	0	50.00
50.01	CV SURGERY	0	0	26,002	0	50.01
51.00	RECOVERY ROOM	0	0	58,635	0	51.00
52.00	DELI VERY ROOM & LABOR ROOM	0	0	102,576	0	52.00
53.00	ANESTHESI OLOGY	0	0	0	0	53.00
54.00	RADI OLOGY-DI AGNOSTI C	0	0	222,717	0	54.00
55.00	RADI OLOGY-THERAPEUTI C	0	0	204,894	0	55.00
56.00	RADI OI SOTOPE	0	0	0	0	56.00
57.00	CT SCAN	0	0	254,443	0	57.00
58.00	MAGNETI C RESONANCE IMAGING (MRI)	0	0	76,481	0	58.00
59.00	CARDI AC CATHETERI ZATION	0	0	229,611	0	59.00
60.00	LABORATORY	14,207	0	490,803	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
61.00	PBP CLI NI CAL LAB SERVI CES-PRGM ONLY	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	BLOOD STORI NG, PROCESSI NG & TRANS.	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	2,063	0	2,895	0	64.00
65.00	RESPI RATORY THERAPY	0	0	56,435	0	65.00
66.00	PHYSI CAL THERAPY	0	0	199,344	0	66.00
67.00	OCCUPATI ONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDI OLOGY	0	0	96,887	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	59,451	0	70.00
71.00	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	997,641	0	966,068	0	71.00

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
	14.00	15.00	16.00	17.00		
72.00 IMPL. DEV. CHARGED TO PATIENTS	159,991	0	118,885	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	520,632	0		73.00
74.00 RENAL DIALYSIS	0	0	11,966	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		75.01
75.02 CARDIAC REHABILITATION	0	0	12,098	0		75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 CLINIC	0	0	6,200	0		90.00
91.00 EMERGENCY	0	0	371,152	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	57,635	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00 CMHC	0	0	0	0		99.00
99.10 CORF	0	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0		111.00
113.00 INTEREST EXPENSE	0	0	0	0		113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,173,902	0	5,183,752	0		118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01 PROMPTCARE	0	0	0	0		190.01
190.02 RENTAL PROPERTIES	0	0	0	0		190.02
190.03 OLCOTT	0	0	0	0		190.03
190.04 PHYSICIAN RECRUITMENT	0	0	0	0		190.04
190.05 FOUNDATION	0	0	0	0		190.05
190.06 MARKETING	0	0	0	0		190.06
190.07 HME STORE	0	0	0	0		190.07
190.08 UNUSED SPACE	0	0	0	0		190.08
191.00 RESEARCH	0	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0	0		193.00
200.00 Cross Foot Adjustments	0	0	0	0		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	1,173,902	0	5,183,752	0		202.00

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Cost Center Description	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	(SPECIFY)	CENTRAL STERILIZATION			
	18.00	18.01			
GENERAL SERVICE COST CENTERS					
1.00 CAP REL COSTS-BLDG & FIXT					1.00
1.01 CAP REL COSTS-1947 BUILDING					1.01
1.02 CAP REL COSTS-1965 BUILDING					1.02
1.03 CAP REL COSTS-1983 BUILDING					1.03
1.04 CAP REL COSTS-MEDICAL ARTS					1.04
1.05 CAP REL COSTS-UTILITIES					1.05
1.06 CAP REL COSTS-WEGMILLER					1.06
1.07 CAP REL COSTS-CANCER					1.07
1.08 CAP REL COSTS-PHNA BUILDING					1.08
1.09 CAP REL COSTS-PAIN MANAGEMENT					1.09
1.10 CAP REL COSTS-WEST PROMPTCARE					1.10
2.00 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
4.01 CHILD CARE					4.01
5.00 ADMINISTRATIVE & GENERAL					5.00
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0				18.00
18.01 CENTRAL STERILIZATION	0	1,059,829			18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00 NURSING SCHOOL	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	0	7,542	0	0	30.00
31.00 INTENSIVE CARE UNIT	0	606	0	0	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	0	943	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	42.00
43.00 NURSERY	0	842	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	1,027,172	0	0	50.00
50.01 CV SURGERY	0	16,632	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	168	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	370	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	2,289	0	0	59.00
60.00 LABORATORY	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	2,491	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00

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Cost Center Description	OTHER GENERAL SERVICE				NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	(SPECIFY)	CENTRAL STERILIZATION					
	18.00	18.01	19.00	20.00			
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENTS	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	
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01	
75.02 CARDIAC REHABILITATION	0	0	0	0	0	75.02	
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 CLINIC	0	0	0	0	0	90.00	
91.00 EMERGENCY	0	168	0	0	0	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00 CMHC	0	0	0	0	0	99.00	
99.10 CORF	0	0	0	0	0	99.10	
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 INTEREST EXPENSE						113.00	
114.00 UTILIZATION REVIEW-SNF						114.00	
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 HOSPICE	0	0	0	0	0	116.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	1,059,223	0	0	0	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
190.01 PROMPTCARE	0	606	0	0	0	190.01	
190.02 RENTAL PROPERTIES	0	0	0	0	0	190.02	
190.03 OLCOTT	0	0	0	0	0	190.03	
190.04 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04	
190.05 FOUNDATION	0	0	0	0	0	190.05	
190.06 MARKETING	0	0	0	0	0	190.06	
190.07 HME STORE	0	0	0	0	0	190.07	
190.08 UNUSED SPACE	0	0	0	0	0	190.08	
191.00 RESEARCH	0	0	0	0	0	191.00	
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00 NONPAID WORKERS	0	0	0	0	0	193.00	
200.00 Cross Foot Adjustments			0	0	0	200.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00	
202.00 TOTAL (sum lines 118-201)	0	1,059,829	0	0	0	202.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
1.01	CAP REL COSTS-1947 BUILDING					1.01
1.02	CAP REL COSTS-1965 BUILDING					1.02
1.03	CAP REL COSTS-1983 BUILDING					1.03
1.04	CAP REL COSTS-MEDICAL ARTS					1.04
1.05	CAP REL COSTS-UTILITIES					1.05
1.06	CAP REL COSTS-WEGMI LLER					1.06
1.07	CAP REL COSTS-CANCER					1.07
1.08	CAP REL COSTS-PHNA BUILDING					1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT					1.09
1.10	CAP REL COSTS-WEST PROMPTCARE					1.10
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
4.01	CHILD CARE					4.01
5.00	ADMINISTRATIVE & GENERAL					5.00
6.00	MAINTENANCE & REPAIRS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
12.00	MAINTENANCE OF PERSONNEL					12.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
17.00	SOCIAL SERVICE					17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01	CENTRAL STERILIZATION					18.01
19.00	NONPHYSICIAN ANESTHETISTS					19.00
20.00	NURSING SCHOOL					20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	0	0	56,175,123	0 30.00
31.00	INTENSIVE CARE UNIT	0	0	0	6,538,544	0 31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	SUBPROVIDER - 1PF	0	0	0	0	0 40.00
41.00	SUBPROVIDER - 1RF	0	0	0	5,028,592	0 41.00
42.00	SUBPROVIDER	0	0	0	0	0 42.00
43.00	NURSERY	0	0	0	3,975,494	0 43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	NURSING FACILITY	0	0	0	0	0 45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	0	0	17,551,373	0 50.00
50.01	CV SURGERY	0	0	0	1,864,952	0 50.01
51.00	RECOVERY ROOM	0	0	0	2,016,044	0 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	8,070,645	0 52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	8,768,716	0 54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	7,509,853	0 55.00
56.00	RADIOISOTOPE	0	0	0	0	0 56.00
57.00	CT SCAN	0	0	0	1,803,447	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	951,545	0 58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	2,861,523	0 59.00
60.00	LABORATORY	0	0	0	18,891,486	0 60.00
60.01	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	INTRAVENOUS THERAPY	0	0	0	64,597	0 64.00
65.00	RESPIRATORY THERAPY	0	0	0	3,709,382	0 65.00
66.00	PHYSICAL THERAPY	0	0	0	16,225,877	0 66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

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Part I
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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	1,825,220	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	1,989,878	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	32,843,674	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	4,904,669	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	24,156,479	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	1,026,900	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	2,167,066	0	75.01
75.02 CARDIAC REHABILITATION	0	0	0	0	1,710,419	0	75.02
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	1,616,329	0	90.00
91.00 EMERGENCY	0	0	0	0	13,141,931	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	5,247,461	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	10,601,892	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	5,913,212	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	269,152,323	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	73,156	0	190.00
190.01 PROMPTCARE	0	0	0	0	7,086,281	0	190.01
190.02 RENTAL PROPERTIES	0	0	0	0	437,985	0	190.02
190.03 OLCOTT	0	0	0	0	596,160	0	190.03
190.04 PHYSICIAN RECRUITMENT	0	0	0	0	1,174,138	0	190.04
190.05 FOUNDATION	0	0	0	0	1,325,046	0	190.05
190.06 MARKETING	0	0	0	0	1,698,597	0	190.06
190.07 HME STORE	0	0	0	0	2,056,583	0	190.07
190.08 UNUSED SPACE	0	0	0	0	194,656	0	190.08
191.00 RESEARCH	0	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	283,794,925	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
1.01	CAP REL COSTS-1947 BUILDING		1.01
1.02	CAP REL COSTS-1965 BUILDING		1.02
1.03	CAP REL COSTS-1983 BUILDING		1.03
1.04	CAP REL COSTS-MEDICAL ARTS		1.04
1.05	CAP REL COSTS-UTILITIES		1.05
1.06	CAP REL COSTS-WEGMI LLER		1.06
1.07	CAP REL COSTS-CANCER		1.07
1.08	CAP REL COSTS-PHNA BUILDING		1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT		1.09
1.10	CAP REL COSTS-WEST PROMPTCARE		1.10
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
4.01	CHILD CARE		4.01
5.00	ADMINISTRATIVE & GENERAL		5.00
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
12.00	MAINTENANCE OF PERSONNEL		12.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)		18.00
18.01	CENTRAL STERILIZATION		18.01
19.00	NONPHYSICIAN ANESTHETISTS		19.00
20.00	NURSING SCHOOL		20.00
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-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	56,175,123	30.00
31.00	INTENSIVE CARE UNIT	6,538,544	31.00
32.00	CORONARY CARE UNIT	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	SUBPROVIDER - IPF	0	40.00
41.00	SUBPROVIDER - IRF	5,028,592	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	3,975,494	43.00
44.00	SKILLED NURSING FACILITY	0	44.00
45.00	NURSING FACILITY	0	45.00
46.00	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	17,551,373	50.00
50.01	CV SURGERY	1,864,952	50.01
51.00	RECOVERY ROOM	2,016,044	51.00
52.00	DELIVERY ROOM & LABOR ROOM	8,070,645	52.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,768,716	54.00
55.00	RADIOLOGY-THERAPEUTIC	7,509,853	55.00
56.00	RADIOISOTOPE	0	56.00
57.00	CT SCAN	1,803,447	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	951,545	58.00
59.00	CARDIAC CATHETERIZATION	2,861,523	59.00
60.00	LABORATORY	18,891,486	60.00
60.01	BLOOD LABORATORY	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	INTRAVENOUS THERAPY	64,597	64.00
65.00	RESPIRATORY THERAPY	3,709,382	65.00
66.00	PHYSICAL THERAPY	16,225,877	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	1,825,220	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,989,878	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,843,674	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	4,904,669	72.00
73.00	DRUGS CHARGED TO PATIENTS	24,156,479	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150051

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

Worksheet B
Part I
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Cost Center Description		Total	
		26.00	
74.00	RENAL DIALYSIS	1,026,900	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,167,066	75.01
75.02	CARDIAC REHABILITATION	1,710,419	75.02
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	1,616,329	90.00
91.00	EMERGENCY	13,141,931	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0	94.00
95.00	AMBULANCE SERVICES	5,247,461	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	CMHC	0	99.00
99.10	CORF	0	99.10
100.00	I & R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	HOME HEALTH AGENCY	10,601,892	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	0	105.00
106.00	HEART ACQUISITION	0	106.00
107.00	LIVER ACQUISITION	0	107.00
108.00	LUNG ACQUISITION	0	108.00
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE		113.00
114.00	UTILIZATION REVIEW-SNF		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	HOSPICE	5,913,212	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	269,152,323	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	73,156	190.00
190.01	PROMPTCARE	7,086,281	190.01
190.02	RENTAL PROPERTIES	437,985	190.02
190.03	OLCOTT	596,160	190.03
190.04	PHYSICIAN RECRUITMENT	1,174,138	190.04
190.05	FOUNDATION	1,325,046	190.05
190.06	MARKETING	1,698,597	190.06
190.07	HME STORE	2,056,583	190.07
190.08	UNUSED SPACE	194,656	190.08
191.00	RESEARCH	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	NONPAID WORKERS	0	193.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	283,794,925	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				1983 BUILDING	
		BLDG & FIXT	1947 BUILDING	1965 BUILDING			
		1.00	1.01	1.02	1.03		
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-1947 BUILDING						1.01
1.02	CAP REL COSTS-1965 BUILDING						1.02
1.03	CAP REL COSTS-1983 BUILDING						1.03
1.04	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	CAP REL COSTS-UTILITIES						1.05
1.06	CAP REL COSTS-WEGMILLER						1.06
1.07	CAP REL COSTS-CANCER						1.07
1.08	CAP REL COSTS-PHNA BUILDING						1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
4.01	CHILD CARE	0	0	0	0	0	4.01
5.00	ADMINISTRATIVE & GENERAL	0	0	30,251	451,912	45,169	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	0	0	468	527,609	45,617	7.00
8.00	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	HOUSEKEEPING	0	0	955	20,950	185	9.00
10.00	DIETARY	0	0	0	81,256	0	10.00
11.00	CAFETERIA	0	0	0	50,999	291	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	1,003	64,141	1,415	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	6,416	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	0	5,490	8,343	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	CENTRAL STERILIZATION	0	0	0	0	5,489	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	1,032,078	10,922	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	18,137	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - I RF	0	0	0	105,980	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	51,862	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	226,287	31,397	50.00
50.01	CV SURGERY	0	0	0	43,731	0	50.01
51.00	RECOVERY ROOM	0	0	0	0	6,116	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	301,513	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	147,367	5,923	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	91,749	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	11,756	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	3,426	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	56,454	0	59.00
60.00	LABORATORY	0	0	456	131,131	724	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	9,700	365	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	10,399	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				1983 BUILDING	
		BLDG & FIXT	1947 BUILDING	1965 BUILDING			
		1.00	1.01	1.02	1.03		
69.00 ELECTROCARDIOLOGY	0	0	0	21,377	0	69.00	
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	27,844	439	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	46,955	0	73.00	
74.00 RENAL DIALYSIS	0	0	0	0	1,391	74.00	
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01	
75.02 CARDIAC REHABILITATION	0	0	0	32,759	0	75.02	
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 CLINIC	0	0	0	0	0	90.00	
91.00 EMERGENCY	0	0	0	230,749	0	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 AMBULANCE SERVICES	0	0	0	57,544	6,266	95.00	
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00 CMHC	0	0	0	0	0	99.00	
99.10 CORF	0	0	0	0	0	99.10	
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 HOSPICE	0	0	0	0	0	116.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	33,133	3,829,193	208,430	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	8,218	0	190.00	
190.01 PROMPTCARE	0	0	0	0	0	190.01	
190.02 RENTAL PROPERTIES	0	0	0	22,031	0	190.02	
190.03 OLCOTT	0	0	0	0	0	190.03	
190.04 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04	
190.05 FOUNDATION	0	0	0	0	0	190.05	
190.06 MARKETING	0	0	0	0	0	190.06	
190.07 HME STORE	0	0	0	0	0	190.07	
190.08 UNUSED SPACE	0	0	0	23,905	0	190.08	
191.00 RESEARCH	0	0	0	0	0	191.00	
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00 NONPAID WORKERS	0	0	0	0	0	193.00	
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00	
202.00 TOTAL (sum lines 118-201)	0	0	33,133	3,883,347	208,430	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

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Cost Center Description		CAPITAL RELATED COSTS					PHNA BUILDING 1.08
		MEDICAL ARTS	UTILITIES	WEGMI LLER	CANCER		
		1.04	1.05	1.06	1.07		
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-1947 BUILDING						1.01
1.02	CAP REL COSTS-1965 BUILDING						1.02
1.03	CAP REL COSTS-1983 BUILDING						1.03
1.04	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	CAP REL COSTS-UTILITIES						1.05
1.06	CAP REL COSTS-WEGMI LLER						1.06
1.07	CAP REL COSTS-CANCER						1.07
1.08	CAP REL COSTS-PHNA BUILDING						1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	1,974	0	0	0	0	4.00
4.01	CHILD CARE	0	0	0	0	0	4.01
5.00	ADMINISTRATIVE & GENERAL	15,693	15,106	9,360	0	0	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	0	1,834	184	30,859	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	15,617	0	0	0	8.00
9.00	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	DIETARY	0	0	0	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,060	0	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	CENTRAL STERILIZATION	0	0	0	0	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
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
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	1,010	0	0	50.00
50.01	CV SURGERY	0	0	0	0	0	50.01
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,861	0	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	125,416	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	652	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	815	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	408	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

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Part II
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Cost Center Description	CAPITAL RELATED COSTS					PHNA BUILDING 1.08	
	MEDICAL ARTS 1.04	UTILITIES 1.05	WEGMI LLER 1.06	CANCER 1.07			
	72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		
73.00	DRUGS CHARGED TO PATIENTS	880	0	0	0	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
75.02	CARDIAC REHABILITATION	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	0	0	0	0	0	90.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	0	0	0	0	71,660	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	7,819	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	32,162	32,557	10,554	156,275	71,660	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	PROMPTCARE	0	0	0	0	0	190.01
190.02	RENTAL PROPERTIES	5,869	0	0	0	0	190.02
190.03	OLCOTT	4,185	0	0	0	0	190.03
190.04	PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05	FOUNDATION	0	0	0	0	0	190.05
190.06	MARKETING	0	0	0	0	0	190.06
190.07	HME STORE	0	0	0	0	0	190.07
190.08	UNUSED SPACE	2,348	0	0	0	156	190.08
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	44,564	32,557	10,554	156,275	71,816	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

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Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			Subtotal	EMPLOYEE BENEFITS	
	PAI N MANAGEMENT	WEST PROMPTCARE	MVBLE EQUIP			
	1.09	1.10	2.00			
			2A	4.00		
GENERAL SERVICE COST CENTERS						
1.00						1.00
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08						1.08
1.09						1.09
1.10						1.10
2.00						2.00
4.00						4.00
4.01						4.01
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
18.01						18.01
19.00						19.00
20.00						20.00
21.00						21.00
22.00						22.00
23.00						23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00						30.00
31.00						31.00
32.00						32.00
33.00						33.00
34.00						34.00
40.00						40.00
41.00						41.00
42.00						42.00
43.00						43.00
44.00						44.00
45.00						45.00
46.00						46.00
ANCILLARY SERVICE COST CENTERS						
50.00						50.00
50.01						50.01
51.00						51.00
52.00						52.00
53.00						53.00
54.00						54.00
55.00						55.00
56.00						56.00
57.00						57.00
58.00						58.00
59.00						59.00
60.00						60.00
60.01						60.01
61.00						61.00
62.00						62.00
63.00						63.00
64.00						64.00
65.00						65.00
66.00						66.00
67.00						67.00
68.00						68.00
69.00						69.00
70.00						70.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

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Cost Center Description	CAPITAL RELATED COSTS			Subtotal 2A	EMPLOYEE BENEFITS 4.00	
	PAI N MANAGEMENT 1.09	WEST PROMPTCARE 1.10	MVBLE EQUIP 2.00			
	71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	154,274	202,109	0	73.00
74.00 RENAL DIALYSIS	0	0	17,298	18,689	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	167,708	167,708	3,558	75.01
75.02 CARDIAC REHABILITATION	0	0	101,612	134,371	1,901	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	111,908	111,908	1,833	90.00
91.00 EMERGENCY	0	0	581,226	811,975	12,727	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)				0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	310,677	374,487	5,448	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	363,623	435,283	10,752	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	116,034	123,853	5,509	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	33,073	0	18,609,400	23,016,437	293,113	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	20,700	28,918	0	190.00
190.01 PROMPTCARE	0	45,565	215,518	261,083	8,070	190.01
190.02 RENTAL PROPERTIES	0	0	0	27,900	0	190.02
190.03 OLCOTT	0	0	56,349	60,534	605	190.03
190.04 PHYSICIAN RECRUITMENT	0	0	0	0	263	190.04
190.05 FOUNDATION	0	0	141,520	141,520	1,172	190.05
190.06 MARKETING	0	0	0	0	0	190.06
190.07 HME STORE	0	0	91,822	91,822	384	190.07
190.08 UNUSED SPACE	0	0	81,790	108,199	0	190.08
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
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)	33,073	45,565	19,217,099	23,736,413	303,607	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150051		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 6/7/2012 12:51 pm	
Cost Center Description		CHILD CARE	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.01	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-1947 BUILDING						1.01
1.02	CAP REL COSTS-1965 BUILDING						1.02
1.03	CAP REL COSTS-1983 BUILDING						1.03
1.04	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	CAP REL COSTS-UTILITIES						1.05
1.06	CAP REL COSTS-WEGMILLER						1.06
1.07	CAP REL COSTS-CANCER						1.07
1.08	CAP REL COSTS-PHNA BUILDING						1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.01	CHILD CARE	290,064					4.01
5.00	ADMINISTRATIVE & GENERAL	39,047	5,020,002				5.00
6.00	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	OPERATION OF PLANT	0	329,606	0	3,246,192		7.00
8.00	LAUNDRY & LINEN SERVICE	0	29,834	0	77,442	407,992	8.00
9.00	HOUSEKEEPING	0	67,536	0	19,418	0	9.00
10.00	DIETARY	2,789	66,581	0	70,316	2,419	10.00
11.00	CAFETERIA	0	17,315	0	36,094	1,933	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	5,578	122,227	0	107,813	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	18,180	0	21,805	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	82,334	0	83,021	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	CENTRAL STERILIZATION	0	16,543	0	18,656	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	47,418	738,782	0	747,532	165,047	30.00
31.00	INTENSIVE CARE UNIT	0	90,941	0	61,642	19,931	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	64,625	0	72,949	13,524	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	8,367	56,958	0	35,698	9,052	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	16,734	231,987	0	266,200	66,710	50.00
50.01	CV SURGERY	2,789	27,209	0	30,101	0	50.01
51.00	RECOVERY ROOM	16,734	29,789	0	20,785	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,578	104,007	0	207,540	15,364	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	13,945	132,082	0	132,095	18,912	54.00
55.00	RADIOLOGY-THERAPEUTIC	16,734	114,444	0	137,218	4,366	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	2,789	26,284	0	8,092	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	13,795	0	11,643	0	58.00
59.00	CARDIAC CATHETERIZATION	5,578	40,011	0	38,859	7,066	59.00
60.00	LABORATORY	16,734	313,430	0	97,843	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	1,055	0	0	0	64.00
65.00	RESPIRATORY THERAPY	11,156	62,418	0	13,437	0	65.00
66.00	PHYSICAL THERAPY	22,313	256,963	0	223,538	13,556	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	8,367	27,460	0	16,214	6,178	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	31,392	0	20,659	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	546,232	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	81,825	0	0	0	72.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

Worksheet B
Part II
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	CHILD CARE	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	4.01	5.00	6.00	7.00	8.00	
73.00 DRUGS CHARGED TO PATIENTS	30,680	411,020	0	42,158	0	73.00
74.00 RENAL DIALYSIS	0	17,430	0	4,727	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,578	30,596	0	45,829	0	75.01
75.02 CARDIAC REHABILITATION	0	27,047	0	27,768	0	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	25,207	0	30,581	193	90.00
91.00 EMERGENCY	2,789	181,524	0	158,831	52,090	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	81,595	0	84,898	9,423	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	2,789	164,949	0	99,367	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	5,578	94,792	0	31,709	388	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	290,064	4,776,005	0	3,102,478	406,152	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	643	0	5,657	0	190.00
190.01 PROMPTCARE	0	119,188	0	58,894	1,840	190.01
190.02 RENTAL PROPERTIES	0	7,747	0	0	0	190.02
190.03 OLCOTT	0	8,929	0	15,398	0	190.03
190.04 PHYSICIAN RECRUITMENT	0	20,756	0	0	0	190.04
190.05 FOUNDATION	0	19,414	0	38,673	0	190.05
190.06 MARKETING	0	30,046	0	0	0	190.06
190.07 HME STORE	0	33,831	0	25,092	0	190.07
190.08 UNUSED SPACE	0	3,443	0	0	0	190.08
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	290,064	5,020,002	0	3,246,192	407,992	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

Worksheet B
Part II
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-1947 BUILDING						1.01
1.02	CAP REL COSTS-1965 BUILDING						1.02
1.03	CAP REL COSTS-1983 BUILDING						1.03
1.04	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	CAP REL COSTS-UTILITIES						1.05
1.06	CAP REL COSTS-WEGMILLER						1.06
1.07	CAP REL COSTS-CANCER						1.07
1.08	CAP REL COSTS-PHNA BUILDING						1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.01	CHILD CARE						4.01
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING	184,393					9.00
10.00	DIETARY	881	485,260				10.00
11.00	CAFETERIA	448	0	241,501			11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00	NURSING ADMINISTRATION	0	0	8,671	0	714,071	13.00
14.00	CENTRAL SERVICES & SUPPLY	462	0	2,232	0	0	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	289	0	9,310	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	CENTRAL STERILIZATION	404	0	1,787	0	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	72,031	401,410	60,514	0	324,584	30.00
31.00	INTENSIVE CARE UNIT	7,599	33,081	6,970	0	37,385	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	6,458	50,769	4,231	0	22,696	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	11,427	0	3,453	0	18,520	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	11,759	0	14,407	0	77,276	50.00
50.01	CV SURGERY	1,329	0	1,342	0	7,199	50.01
51.00	RECOVERY ROOM	925	0	2,171	0	11,645	51.00
52.00	DELIVERY ROOM & LABOR ROOM	20,658	0	6,083	0	32,626	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,206	0	9,372	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	4,940	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	462	0	1,361	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,127	0	876	0	0	58.00
59.00	CARDIAC CATHETERIZATION	4,507	0	2,342	0	0	59.00
60.00	LABORATORY	1,257	0	15,826	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	1,040	0	4,511	0	0	65.00
66.00	PHYSICAL THERAPY	2,311	0	19,333	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	1,878	0	2,124	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,213	0	2,261	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

Worksheet B
Part II
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
	9.00	10.00	11.00	12.00	13.00	
73.00 DRUGS CHARGED TO PATIENTS	5,085	0	9,903	0	0	73.00
74.00 RENAL DIALYSIS	116	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	2,818	0	15,113	75.01
75.02 CARDIAC REHABILITATION	29	0	1,859	0	0	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	1,711	0	0	90.00
91.00 EMERGENCY	22,247	0	13,750	0	73,749	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	8,106	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	11,419	0	61,250	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	43	0	5,971	0	32,028	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	184,191	485,260	239,654	0	714,071	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	202	0	0	0	0	190.00
190.01 PROMPTCARE	0	0	0	0	0	190.01
190.02 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03 OLCOTT	0	0	595	0	0	190.03
190.04 PHYSICIAN RECRUITMENT	0	0	148	0	0	190.04
190.05 FOUNDATION	0	0	1,104	0	0	190.05
190.06 MARKETING	0	0	0	0	0	190.06
190.07 HME STORE	0	0	0	0	0	190.07
190.08 UNUSED SPACE	0	0	0	0	0	190.08
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	184,393	485,260	241,501	0	714,071	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

Worksheet B
Part II
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
1.01	CAP REL COSTS-1947 BUI LDI NG					1.01
1.02	CAP REL COSTS-1965 BUI LDI NG					1.02
1.03	CAP REL COSTS-1983 BUI LDI NG					1.03
1.04	CAP REL COSTS-MEDICAL ARTS					1.04
1.05	CAP REL COSTS-UTI LI TI ES					1.05
1.06	CAP REL COSTS-WEGMI LLER					1.06
1.07	CAP REL COSTS-CANCER					1.07
1.08	CAP REL COSTS-PHNA BUI LDI NG					1.08
1.09	CAP REL COSTS-PAI N MANAGEMENT					1.09
1.10	CAP REL COSTS-WEST PROMPTCARE					1.10
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
4.01	CHI LD CARE					4.01
5.00	ADMI NI STRATI VE & GENERAL					5.00
6.00	MAI NTENANCE & REPAI RS					6.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LI NEN SERVI CE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DI ETARY					10.00
11.00	CAFETERIA					11.00
12.00	MAI NTENANCE OF PERSONNEL					12.00
13.00	NURSI NG ADMI NI STRATION					13.00
14.00	CENTRAL SERVI CES & SUPPLY	130,094				14.00
15.00	PHARMACY	0	0			15.00
16.00	MEDI CAL RECORDS & LI BRARY	0	0	499,599		16.00
17.00	SOCI AL SERVI CE	0	0	0	0	17.00
18.00	OTHER GENERAL SERVI CE (SPECI FY)	0	0	0	0	18.00
18.01	CENTRAL STERI LI ZATION	0	0	0	0	18.01
19.00	NONPHYSI CI AN ANESTHETI STS	0	0	0	0	19.00
20.00	NURSI NG SCHOOL	0	0	0	0	20.00
21.00	I & R SERVI CES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	I & R SERVI CES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECI FY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDI ATRI CS	0	0	47,809	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	5,728	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	SURGI CAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	SUBPROVI DER - I PF	0	0	0	0	40.00
41.00	SUBPROVI DER - I RF	0	0	4,446	0	41.00
42.00	SUBPROVI DER	0	0	0	0	42.00
43.00	NURSERY	0	0	4,369	0	43.00
44.00	SKI LLED NURSI NG FACI LI TY	0	0	0	0	44.00
45.00	NURSI NG FACI LI TY	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATI NG ROOM	0	0	37,673	0	50.00
50.01	CV SURGERY	0	0	2,506	0	50.01
51.00	RECOVERY ROOM	0	0	5,651	0	51.00
52.00	DELI VERY ROOM & LABOR ROOM	0	0	9,885	0	52.00
53.00	ANESTHESI OLOGY	0	0	0	0	53.00
54.00	RADI OLOGY-DI AGNOSTI C	0	0	21,463	0	54.00
55.00	RADI OLOGY-THERAPEUTI C	0	0	19,745	0	55.00
56.00	RADI OI SOTOPE	0	0	0	0	56.00
57.00	CT SCAN	0	0	24,520	0	57.00
58.00	MAGNETI C RESONANCE IMAGI NG (MRI)	0	0	7,370	0	58.00
59.00	CARDI AC CATHETERI ZATION	0	0	22,127	0	59.00
60.00	LABORATORY	1,574	0	47,298	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
61.00	PBP CLI NI CAL LAB SERVI CES-PRGM ONLY	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	BLOOD STORI NG, PROCESSI NG & TRANS.	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	229	0	279	0	64.00
65.00	RESPI RATORY THERAPY	0	0	5,439	0	65.00
66.00	PHYSI CAL THERAPY	0	0	19,210	0	66.00
67.00	OCCUPATI ONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDI OLOGY	0	0	9,337	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	5,729	0	70.00
71.00	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	110,562	0	93,148	0	71.00

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
	14.00	15.00	16.00	17.00		
72.00 IMPL. DEV. CHARGED TO PATIENTS	17,729	0	11,457	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	50,172	0		73.00
74.00 RENAL DIALYSIS	0	0	1,153	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0		75.01
75.02 CARDIAC REHABILITATION	0	0	1,166	0		75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 CLINIC	0	0	598	0		90.00
91.00 EMERGENCY	0	0	35,767	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	5,554	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00 CMHC	0	0	0	0		99.00
99.10 CORF	0	0	0	0		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0		105.00
106.00 HEART ACQUISITION	0	0	0	0		106.00
107.00 LIVER ACQUISITION	0	0	0	0		107.00
108.00 LUNG ACQUISITION	0	0	0	0		108.00
109.00 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0		111.00
113.00 INTEREST EXPENSE	0	0	0	0		113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	130,094	0	499,599	0		118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01 PROMPTCARE	0	0	0	0		190.01
190.02 RENTAL PROPERTIES	0	0	0	0		190.02
190.03 OLCOTT	0	0	0	0		190.03
190.04 PHYSICIAN RECRUITMENT	0	0	0	0		190.04
190.05 FOUNDATION	0	0	0	0		190.05
190.06 MARKETING	0	0	0	0		190.06
190.07 HME STORE	0	0	0	0		190.07
190.08 UNUSED SPACE	0	0	0	0		190.08
191.00 RESEARCH	0	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00 NONPAID WORKERS	0	0	0	0		193.00
200.00 Cross Foot Adjustments	0	0	0	0		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	130,094	0	499,599	0		202.00

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Cost Center Description	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
	(SPECIFY)	CENTRAL STERILIZATION			
	18.00	18.01			
GENERAL SERVICE COST CENTERS					
1.00 CAP REL COSTS-BLDG & FIXT					1.00
1.01 CAP REL COSTS-1947 BUILDING					1.01
1.02 CAP REL COSTS-1965 BUILDING					1.02
1.03 CAP REL COSTS-1983 BUILDING					1.03
1.04 CAP REL COSTS-MEDICAL ARTS					1.04
1.05 CAP REL COSTS-UTILITIES					1.05
1.06 CAP REL COSTS-WEGMILLER					1.06
1.07 CAP REL COSTS-CANCER					1.07
1.08 CAP REL COSTS-PHNA BUILDING					1.08
1.09 CAP REL COSTS-PAIN MANAGEMENT					1.09
1.10 CAP REL COSTS-WEST PROMPTCARE					1.10
2.00 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
4.01 CHILD CARE					4.01
5.00 ADMINISTRATIVE & GENERAL					5.00
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE					17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0				18.00
18.01 CENTRAL STERILIZATION	0	112,239			18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
20.00 NURSING SCHOOL	0	0		0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0			21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	0	799			30.00
31.00 INTENSIVE CARE UNIT	0	64			31.00
32.00 CORONARY CARE UNIT	0	0			32.00
33.00 BURN INTENSIVE CARE UNIT	0	0			33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0			34.00
40.00 SUBPROVIDER - IPF	0	0			40.00
41.00 SUBPROVIDER - IRF	0	100			41.00
42.00 SUBPROVIDER	0	0			42.00
43.00 NURSERY	0	89			43.00
44.00 SKILLED NURSING FACILITY	0	0			44.00
45.00 NURSING FACILITY	0	0			45.00
46.00 OTHER LONG TERM CARE	0	0			46.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	108,781			50.00
50.01 CV SURGERY	0	1,761			50.01
51.00 RECOVERY ROOM	0	0			51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	18			52.00
53.00 ANESTHESIOLOGY	0	0			53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	39			54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00 RADIOISOTOPE	0	0			56.00
57.00 CT SCAN	0	0			57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00 CARDIAC CATHETERIZATION	0	242			59.00
60.00 LABORATORY	0	0			60.00
60.01 BLOOD LABORATORY	0	0			60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0			61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00 INTRAVENOUS THERAPY	0	0			64.00
65.00 RESPIRATORY THERAPY	0	264			65.00
66.00 PHYSICAL THERAPY	0	0			66.00
67.00 OCCUPATIONAL THERAPY	0	0			67.00
68.00 SPEECH PATHOLOGY	0	0			68.00
69.00 ELECTROCARDIOLOGY	0	0			69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0			70.00

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Cost Center Description	OTHER GENERAL SERVICE					
	(SPECIFY)	CENTRAL STERILIZATION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
	18.00	18.01	19.00	20.00		
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0				73.00
74.00 RENAL DIALYSIS	0	0				74.00
75.00 ASC (NON-DISTINCT PART)	0	0				75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0				75.01
75.02 CARDIAC REHABILITATION	0	0				75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0				88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00 CLINIC	0	0				90.00
91.00 EMERGENCY	0	18				91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0				94.00
95.00 AMBULANCE SERVICES	0	0				95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0				96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0				97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0				98.00
99.00 CMHC	0	0				99.00
99.10 CORF	0	0				99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00 HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0				105.00
106.00 HEART ACQUISITION	0	0				106.00
107.00 LIVER ACQUISITION	0	0				107.00
108.00 LUNG ACQUISITION	0	0				108.00
109.00 PANCREAS ACQUISITION	0	0				109.00
110.00 INTESTINAL ACQUISITION	0	0				110.00
111.00 ISLET ACQUISITION	0	0				111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
116.00 HOSPICE	0	0				116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	112,175	0	0		118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01 PROMPTCARE	0	64				190.01
190.02 RENTAL PROPERTIES	0	0				190.02
190.03 OLCOTT	0	0				190.03
190.04 PHYSICIAN RECRUITMENT	0	0				190.04
190.05 FOUNDATION	0	0				190.05
190.06 MARKETING	0	0				190.06
190.07 HME STORE	0	0				190.07
190.08 UNUSED SPACE	0	0				190.08
191.00 RESEARCH	0	0				191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
193.00 NONPAID WORKERS	0	0				193.00
200.00 Cross Foot Adjustments			0	0		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	0	112,239	0	0		202.00

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-1947 BUILDING						1.01
1.02	CAP REL COSTS-1965 BUILDING						1.02
1.03	CAP REL COSTS-1983 BUILDING						1.03
1.04	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	CAP REL COSTS-UTILITIES						1.05
1.06	CAP REL COSTS-WEGMI LLER						1.06
1.07	CAP REL COSTS-CANCER						1.07
1.08	CAP REL COSTS-PHNA BUILDING						1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.01	CHILD CARE						4.01
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY						10.00
11.00	CAFETERIA						11.00
12.00	MAINTENANCE OF PERSONNEL						12.00
13.00	NURSING ADMINISTRATION						13.00
14.00	CENTRAL SERVICES & SUPPLY						14.00
15.00	PHARMACY						15.00
16.00	MEDICAL RECORDS & LIBRARY						16.00
17.00	SOCIAL SERVICE						17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	CENTRAL STERILIZATION						18.01
19.00	NONPHYSICIAN ANESTHETISTS						19.00
20.00	NURSING SCHOOL						20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00	PARAMED PRGM-(SPECIFY)			0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS				6,438,970	0	30.00
31.00	INTENSIVE CARE UNIT				513,924	0	31.00
32.00	CORONARY CARE UNIT				0	0	32.00
33.00	BURN INTENSIVE CARE UNIT				0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT				0	0	34.00
40.00	SUBPROVIDER - I PF				0	0	40.00
41.00	SUBPROVIDER - I RF				616,274	0	41.00
42.00	SUBPROVIDER				0	0	42.00
43.00	NURSERY				334,672	0	43.00
44.00	SKILLED NURSING FACILITY				0	0	44.00
45.00	NURSING FACILITY				0	0	45.00
46.00	OTHER LONG TERM CARE				0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM				2,077,719	0	50.00
50.01	CV SURGERY				229,733	0	50.01
51.00	RECOVERY ROOM				172,119	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM				1,469,202	0	52.00
53.00	ANESTHESIOLOGY				0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC				984,388	0	54.00
55.00	RADIOLOGY-THERAPEUTIC				1,022,166	0	55.00
56.00	RADIOISOTOPE				0	0	56.00
57.00	CT SCAN				106,253	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)				81,591	0	58.00
59.00	CARDIAC CATHETERIZATION				321,752	0	59.00
60.00	LABORATORY				996,571	0	60.00
60.01	BLOOD LABORATORY				0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS				0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.				0	0	63.00
64.00	INTRAVENOUS THERAPY				1,563	0	64.00
65.00	RESPIRATORY THERAPY				163,175	0	65.00
66.00	PHYSICAL THERAPY				1,438,034	0	66.00
67.00	OCCUPATIONAL THERAPY				0	0	67.00

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Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS					
	21.00	22.00	23.00				
			24.00	25.00			
68.00	SPEECH PATHOLOGY				0	0	68.00
69.00	ELECTROCARDIOLOGY				154,610	0	69.00
70.00	ELECTROENCEPHALOGRAPHY				167,377	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS				761,903	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS				111,011	0	72.00
73.00	DRUGS CHARGED TO PATIENTS				751,127	0	73.00
74.00	RENAL DIALYSIS				42,115	0	74.00
75.00	ASC (NON-DISTINCT PART)				0	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				271,200	0	75.01
75.02	CARDIAC REHABILITATION				194,141	0	75.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC				0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				0	0	89.00
90.00	CLINIC				172,031	0	90.00
91.00	EMERGENCY				1,365,467	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)				0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS				0	0	94.00
95.00	AMBULANCE SERVICES				569,511	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED				0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD				0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS				0	0	98.00
99.00	CMHC				0	0	99.00
99.10	CORF				0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM				0	0	100.00
101.00	HOME HEALTH AGENCY				785,809	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION				0	0	105.00
106.00	HEART ACQUISITION				0	0	106.00
107.00	LIVER ACQUISITION				0	0	107.00
108.00	LUNG ACQUISITION				0	0	108.00
109.00	PANCREAS ACQUISITION				0	0	109.00
110.00	INTESTINAL ACQUISITION				0	0	110.00
111.00	ISLET ACQUISITION				0	0	111.00
113.00	INTEREST EXPENSE				0	0	113.00
114.00	UTILIZATION REVIEW-SNF				0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)				0	0	115.00
116.00	HOSPICE				299,871	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	22,614,279	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN				35,420	0	190.00
190.01	PROMPTCARE				449,139	0	190.01
190.02	RENTAL PROPERTIES				35,647	0	190.02
190.03	OLCOTT				86,061	0	190.03
190.04	PHYSICIAN RECRUITMENT				21,167	0	190.04
190.05	FOUNDATION				201,883	0	190.05
190.06	MARKETING				30,046	0	190.06
190.07	HME STORE				151,129	0	190.07
190.08	UNUSED SPACE				111,642	0	190.08
191.00	RESEARCH				0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES				0	0	192.00
193.00	NONPAID WORKERS				0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	0	23,736,413	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

Worksheet B
Part II
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	CAP REL COSTS-BLDG & FIXT		1.00
1.01	CAP REL COSTS-1947 BUILDING		1.01
1.02	CAP REL COSTS-1965 BUILDING		1.02
1.03	CAP REL COSTS-1983 BUILDING		1.03
1.04	CAP REL COSTS-MEDICAL ARTS		1.04
1.05	CAP REL COSTS-UTILITIES		1.05
1.06	CAP REL COSTS-WEGMI LLER		1.06
1.07	CAP REL COSTS-CANCER		1.07
1.08	CAP REL COSTS-PHNA BUILDING		1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT		1.09
1.10	CAP REL COSTS-WEST PROMPTCARE		1.10
2.00	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	EMPLOYEE BENEFITS		4.00
4.01	CHILD CARE		4.01
5.00	ADMINISTRATIVE & GENERAL		5.00
6.00	MAINTENANCE & REPAIRS		6.00
7.00	OPERATION OF PLANT		7.00
8.00	LAUNDRY & LINEN SERVICE		8.00
9.00	HOUSEKEEPING		9.00
10.00	DIETARY		10.00
11.00	CAFETERIA		11.00
12.00	MAINTENANCE OF PERSONNEL		12.00
13.00	NURSING ADMINISTRATION		13.00
14.00	CENTRAL SERVICES & SUPPLY		14.00
15.00	PHARMACY		15.00
16.00	MEDICAL RECORDS & LIBRARY		16.00
17.00	SOCIAL SERVICE		17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)		18.00
18.01	CENTRAL STERILIZATION		18.01
19.00	NONPHYSICIAN ANESTHETISTS		19.00
20.00	NURSING SCHOOL		20.00
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-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	6,438,970	30.00
31.00	INTENSIVE CARE UNIT	513,924	31.00
32.00	CORONARY CARE UNIT	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	SUBPROVIDER - IPF	0	40.00
41.00	SUBPROVIDER - IRF	616,274	41.00
42.00	SUBPROVIDER	0	42.00
43.00	NURSERY	334,672	43.00
44.00	SKILLED NURSING FACILITY	0	44.00
45.00	NURSING FACILITY	0	45.00
46.00	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	2,077,719	50.00
50.01	CV SURGERY	229,733	50.01
51.00	RECOVERY ROOM	172,119	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,469,202	52.00
53.00	ANESTHESIOLOGY	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	984,388	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,022,166	55.00
56.00	RADIOISOTOPE	0	56.00
57.00	CT SCAN	106,253	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	81,591	58.00
59.00	CARDIAC CATHETERIZATION	321,752	59.00
60.00	LABORATORY	996,571	60.00
60.01	BLOOD LABORATORY	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	INTRAVENOUS THERAPY	1,563	64.00
65.00	RESPIRATORY THERAPY	163,175	65.00
66.00	PHYSICAL THERAPY	1,438,034	66.00
67.00	OCCUPATIONAL THERAPY	0	67.00
68.00	SPEECH PATHOLOGY	0	68.00
69.00	ELECTROCARDIOLOGY	154,610	69.00
70.00	ELECTROENCEPHALOGRAPHY	167,377	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	761,903	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	111,011	72.00
73.00	DRUGS CHARGED TO PATIENTS	751,127	73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150051

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

Worksheet B
Part II
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		Total	
		26.00	
74.00	RENAL DIALYSIS	42,115	74.00
75.00	ASC (NON-DISTINCT PART)	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	271,200	75.01
75.02	CARDIAC REHABILITATION	194,141	75.02
OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	CLINIC	172,031	90.00
91.00	EMERGENCY	1,365,467	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	HOME PROGRAM DIALYSIS	0	94.00
95.00	AMBULANCE SERVICES	569,511	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	CMHC	0	99.00
99.10	CORF	0	99.10
100.00	I & R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	HOME HEALTH AGENCY	785,809	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	KIDNEY ACQUISITION	0	105.00
106.00	HEART ACQUISITION	0	106.00
107.00	LIVER ACQUISITION	0	107.00
108.00	LUNG ACQUISITION	0	108.00
109.00	PANCREAS ACQUISITION	0	109.00
110.00	INTESTINAL ACQUISITION	0	110.00
111.00	ISLET ACQUISITION	0	111.00
113.00	INTEREST EXPENSE		113.00
114.00	UTILIZATION REVIEW-SNF		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	HOSPICE	299,871	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	22,614,279	118.00
NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,420	190.00
190.01	PROMPTCARE	449,139	190.01
190.02	RENTAL PROPERTIES	35,647	190.02
190.03	OLCOTT	86,061	190.03
190.04	PHYSICIAN RECRUITMENT	21,167	190.04
190.05	FOUNDATION	201,883	190.05
190.06	MARKETING	30,046	190.06
190.07	HME STORE	151,129	190.07
190.08	UNUSED SPACE	111,642	190.08
191.00	RESEARCH	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	NONPAID WORKERS	0	193.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	23,736,413	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	CAPITAL RELATED COSTS					MEDICAL ARTS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	1947 BUI LDING (SQUARE FEET)	1965 BUI LDING (SQUARE FEET)	1983 BUI LDING (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04		
GENERAL SERVICE COST CENTERS							
1.00 CAP REL COSTS-BLDG & FIXT	0						1.00
1.01 CAP REL COSTS-1947 BUI LDING	0	21,795					1.01
1.02 CAP REL COSTS-1965 BUI LDING	0	0	445,606				1.02
1.03 CAP REL COSTS-1983 BUI LDING	0	0	0	118,094			1.03
1.04 CAP REL COSTS-MEDICAL ARTS	0	0	0	0	27,334		1.04
1.05 CAP REL COSTS-UTILITIES	0	0	0	0	0		1.05
1.06 CAP REL COSTS-WEGMI LLER	0	0	0	0	0		1.06
1.07 CAP REL COSTS-CANCER	0	0	0	0	0		1.07
1.08 CAP REL COSTS-PHNA BUI LDING	0	0	0	0	0		1.08
1.09 CAP REL COSTS-PAI N MANAGEMENT	0	0	0	0	0		1.09
1.10 CAP REL COSTS-WEST PROMPTCARE	0	0	0	0	0		1.10
2.00 CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0		2.00
4.00 EMPLOYEE BENEFITS	0	0	0	0	1,211		4.00
4.01 CHIL D CARE	0	0	0	0	0		4.01
5.00 ADMINI STRATIVE & GENERAL	0	19,899	51,856	25,592	9,625		5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0		6.00
7.00 OPERATION OF PLANT	0	308	60,542	25,847	0		7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	0		8.00
9.00 HOUSEKEEPING	0	628	2,404	105	0		9.00
10.00 DIETARY	0	0	9,324	0	0		10.00
11.00 CAFETERIA	0	0	5,852	165	0		11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0		12.00
13.00 NURSING ADMINI STRATION	0	660	7,360	802	0		13.00
14.00 CENTRAL SERVI CES & SUPPLY	0	0	0	3,635	0		14.00
15.00 PHARMACY	0	0	0	0	0		15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	630	4,727	650		16.00
17.00 SOCIAL SERVICE	0	0	0	0	0		17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0		18.00
18.01 CENTRAL STERIL IZATION	0	0	0	3,110	0		18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0		19.00
20.00 NURSING SCHOOL	0	0	0	0	0		20.00
21.00 I&R SERVI CES-SALARY & FRINGES APPRVD	0	0	0	0	0		21.00
22.00 I&R SERVI CES-OTHER PRGM COSTS APPRVD	0	0	0	0	0		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	0	0	118,429	6,188	0		30.00
31.00 INTENSIVE CARE UNIT	0	0	0	10,276	0		31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0		34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0	12,161	0	0		41.00
42.00 SUBPROVIDER	0	0	0	0	0		42.00
43.00 NURSERY	0	0	5,951	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0		44.00
45.00 NURSING FACILITY	0	0	0	0	0		45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	25,966	17,789	0		50.00
50.01 CV SURGERY	0	0	5,018	0	0		50.01
51.00 RECOVERY ROOM	0	0	0	3,465	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	34,598	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	16,910	3,356	1,755		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	10,528	0	0		55.00
56.00 RADIO SOTOPE	0	0	0	0	0		56.00
57.00 CT SCAN	0	0	1,349	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1,941	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	6,478	0	0		59.00
60.00 LABORATORY	0	300	15,047	410	400		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0	1,113	207	500		65.00
66.00 PHYSICAL THERAPY	0	0	0	5,892	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	2,453	0	250		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	3,195	249	0		70.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	CAPITAL RELATED COSTS					MEDICAL ARTS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	1947 BUILDING (SQUARE FEET)	1965 BUILDING (SQUARE FEET)	1983 BUILDING (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04		
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	5,388	0	540	0	73.00
74.00 RENAL DIALYSIS	0	0	0	788	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	75.01
75.02 CARDIAC REHABILITATION	0	0	3,759	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	26,478	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	6,603	3,550	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	4,796	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	21,795	439,392	118,094	19,727	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	943	0	0	0	190.00
190.01 PROMPTCARE	0	0	0	0	0	0	190.01
190.02 RENTAL PROPERTIES	0	0	2,528	0	3,600	0	190.02
190.03 OLCOTT	0	0	0	0	2,567	0	190.03
190.04 PHYSICIAN RECRUITMENT	0	0	0	0	0	0	190.04
190.05 FOUNDATION	0	0	0	0	0	0	190.05
190.06 MARKETING	0	0	0	0	0	0	190.06
190.07 HME STORE	0	0	0	0	0	0	190.07
190.08 UNUSED SPACE	0	0	2,743	0	1,440	0	190.08
191.00 RESEARCH	0	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	33,133	3,883,347	208,430	44,564	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	1.520211	8.714755	1.764950	1.630350	0	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)							204.00
205.00 Unit cost multiplier (Wkst. B, Part II)							205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	CAPITAL RELATED COSTS					PAIN MANAGEMENT (SQUARE FEET)	
	UTILITIES (SQUARE FEET)	WEGMI LLER (SQUARE FEET)	CANCER (SQUARE FEET)	PHNA BUI LDING (SQUARE FEET)			
	1.05	1.06	1.07	1.08	1.09		
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-1947 BUI LDING						1.01
1.02	CAP REL COSTS-1965 BUI LDING						1.02
1.03	CAP REL COSTS-1983 BUI LDING						1.03
1.04	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	CAP REL COSTS-UT I L I T I E S	26,914					1.05
1.06	CAP REL COSTS-WEGMI LLER	0	6,497				1.06
1.07	CAP REL COSTS-CANCER	0	0	15,385			1.07
1.08	CAP REL COSTS-PHNA BUI LDING	0	0	0	15,158		1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT	0	0	0	0	3,000	1.09
1.10	CAP REL COSTS-WEST PROMPTCARE	0	0	0	0	0	1.10
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
4.01	CHI LD CARE	0	0	0	0	0	4.01
5.00	ADM I N I S T R A T I V E & G E N E R A L	12,488	5,762	0	0	0	5.00
6.00	MA I N T E N A N C E & R E P A I R S	0	0	0	0	0	6.00
7.00	OPERATION OF PLANT	1,516	113	3,038	0	0	7.00
8.00	LAUNDRY & L I N E N S E R V I C E	12,910	0	0	0	0	8.00
9.00	H O U S E K E E P I N G	0	0	0	0	0	9.00
10.00	D I E T A R Y	0	0	0	0	0	10.00
11.00	C A F E T E R I A	0	0	0	0	0	11.00
12.00	M A I N T E N A N C E O F P E R S O N N E L	0	0	0	0	0	12.00
13.00	N U R S I N G A D M I N I S T R A T I O N	0	0	0	0	0	13.00
14.00	C E N T R A L S E R V I C E S & S U P P L Y	0	0	0	0	0	14.00
15.00	P H A R M A C Y	0	0	0	0	0	15.00
16.00	M E D I C A L R E C O R D S & L I B R A R Y	0	0	0	0	0	16.00
17.00	S O C I A L S E R V I C E	0	0	0	0	0	17.00
18.00	O T H E R G E N E R A L S E R V I C E (S P E C I F Y)	0	0	0	0	0	18.00
18.01	C E N T R A L S T E R I L I Z A T I O N	0	0	0	0	0	18.01
19.00	N O N P H Y S I C I A N A N E S T H E T I S T S	0	0	0	0	0	19.00
20.00	N U R S I N G S C H O O L	0	0	0	0	0	20.00
21.00	I & R S E R V I C E S - S A L A R Y & F R I N G E S A P P R V D	0	0	0	0	0	21.00
22.00	I & R S E R V I C E S - O T H E R P R G M C O S T S A P P R V D	0	0	0	0	0	22.00
23.00	P A R A M E D E D P R G M - (S P E C I F Y)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	A D U L T S & P E D I A T R I C S	0	0	0	0	0	30.00
31.00	I N T E N S I V E C A R E U N I T	0	0	0	0	0	31.00
32.00	C O R O N A R Y C A R E U N I T	0	0	0	0	0	32.00
33.00	B U R N I N T E N S I V E C A R E U N I T	0	0	0	0	0	33.00
34.00	S U R G I C A L I N T E N S I V E C A R E U N I T	0	0	0	0	0	34.00
40.00	S U B P R O V I D E R - I P F	0	0	0	0	0	40.00
41.00	S U B P R O V I D E R - I R F	0	0	0	0	0	41.00
42.00	S U B P R O V I D E R	0	0	0	0	0	42.00
43.00	N U R S E R Y	0	0	0	0	0	43.00
44.00	S K I L L E D N U R S I N G F A C I L I T Y	0	0	0	0	0	44.00
45.00	N U R S I N G F A C I L I T Y	0	0	0	0	0	45.00
46.00	O T H E R L O N G T E R M C A R E	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	622	0	0	0	50.00
50.01	C V S U R G E R Y	0	0	0	0	0	50.01
51.00	R E C O V E R Y R O O M	0	0	0	0	0	51.00
52.00	D E L I V E R Y R O O M & L A B O R R O O M	0	0	0	0	0	52.00
53.00	A N E S T H E S I O L O G Y	0	0	0	0	0	53.00
54.00	R A D I O L O G Y - D I A G N O S T I C	0	0	0	0	0	54.00
55.00	R A D I O L O G Y - T H E R A P E U T I C	0	0	12,347	0	0	55.00
56.00	R A D I O I S O T O P E	0	0	0	0	0	56.00
57.00	C T S C A N	0	0	0	0	0	57.00
58.00	M A G N E T I C R E S O N A N C E I M A G I N G (M R I)	0	0	0	0	0	58.00
59.00	C A R D I A C C A T H E T E R I Z A T I O N	0	0	0	0	0	59.00
60.00	L A B O R A T O R Y	0	0	0	0	0	60.00
60.01	B L O O D L A B O R A T O R Y	0	0	0	0	0	60.01
61.00	P B P C L I N I C A L L A B S E R V I C E S - P R G M O N L Y	0	0	0	0	0	61.00
62.00	W H O L E B L O O D & P A C K E D R E D B L O O D C E L L S	0	0	0	0	0	62.00
63.00	B L O O D S T O R I N G , P R O C E S S I N G & T R A N S .	0	0	0	0	0	63.00
64.00	I N T R A V E N O U S T H E R A P Y	0	0	0	0	0	64.00
65.00	R E S P I R A T O R Y T H E R A P Y	0	0	0	0	0	65.00
66.00	P H Y S I C A L T H E R A P Y	0	0	0	0	3,000	66.00
67.00	O C C U P A T I O N A L T H E R A P Y	0	0	0	0	0	67.00
68.00	S P E E C H P A T H O L O G Y	0	0	0	0	0	68.00
69.00	E L E C T R O C A R D I O L O G Y	0	0	0	0	0	69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	CAPITAL RELATED COSTS					PAIN MANAGEMENT (SQUARE FEET)	
	UTILITIES (SQUARE FEET)	WEGMILLER (SQUARE FEET)	CANCER (SQUARE FEET)	PHNA BUILDING (SQUARE FEET)			
	1.05	1.06	1.07	1.08	1.09		
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	75.01
75.02 CARDIAC REHABILITATION	0	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	15,125	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE							113.00
114.00 UTILIZATION REVIEW-SNF							114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	26,914	6,497	15,385	15,125	3,000		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
190.01 PROMPTCARE	0	0	0	0	0	0	190.01
190.02 RENTAL PROPERTIES	0	0	0	0	0	0	190.02
190.03 OLCOTT	0	0	0	0	0	0	190.03
190.04 PHYSICIAN RECRUITMENT	0	0	0	0	0	0	190.04
190.05 FOUNDATION	0	0	0	0	0	0	190.05
190.06 MARKETING	0	0	0	0	0	0	190.06
190.07 HME STORE	0	0	0	0	0	0	190.07
190.08 UNUSED SPACE	0	0	0	33	0	0	190.08
191.00 RESEARCH	0	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	32,557	10,554	156,275	71,816	33,073		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.209668	1.624442	10.157621	4.737828	11.024333		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)							204.00
205.00 Unit cost multiplier (Wkst. B, Part II)							205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	CHILD CARE (NUMBER OF CHILDREN)	Reconciliation	
	WEST PROMPTCARE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1. 10	2. 00				
GENERAL SERVICE COST CENTERS						
1.00						1.00
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08						1.08
1.09						1.09
1.10						1.10
2.00						2.00
4.00		875,443				4.00
4.01			121,858,639			4.01
5.00				104		5.00
6.00					-58,186,310	6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00						15.00
16.00						16.00
17.00						17.00
18.00						18.00
18.01						18.01
19.00						19.00
20.00						20.00
21.00						21.00
22.00						22.00
23.00						23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00		124,617	21,872,171	17		30.00
31.00		10,276	2,759,914			31.00
32.00						32.00
33.00						33.00
34.00						34.00
40.00						40.00
41.00		12,161	1,423,376			41.00
42.00						42.00
43.00		5,951	1,704,076	3		43.00
44.00						44.00
45.00						45.00
46.00						46.00
ANCILLARY SERVICE COST CENTERS						
50.00		44,377	5,365,772	6		50.00
50.01		5,018	647,850	1		50.01
51.00		3,465	899,909	6		51.00
52.00		34,598	2,593,007	2		52.00
53.00						53.00
54.00		22,021	3,506,249	5		54.00
55.00		22,875	2,175,203	6		55.00
56.00						56.00
57.00		1,349	552,637	1		57.00
58.00		1,941	299,902			58.00
59.00		6,478	949,828	2		59.00
60.00		16,311	4,656,456	6		60.00
60.01						60.01
61.00						61.00
62.00						62.00
63.00						63.00
64.00						64.00
65.00		2,240	1,950,426	4		65.00
66.00		37,265	7,757,187	8		66.00
67.00						67.00
68.00						68.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	CHILD CARE (NUMBER OF CHILDREN)	Reconciliation	
	WEST PROMPTCARE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1. 10	2. 00	4. 00	4. 01				
69.00 ELECTROCARDIOLOGY	0	2,703	775,994	3	0	0	69.00	
70.00 ELECTROENCEPHALOGRAPHY	0	3,444	899,145	0	0	0	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,801,864	0	0	0	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	7,028	0	11	0	0	73.00	
74.00 RENAL DIALYSIS	0	788	0	0	0	0	74.00	
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00	
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	7,640	1,428,355	2	0	0	75.01	
75.02 CARDIAC REHABILITATION	0	4,629	763,067	0	0	0	75.02	
OUTPATIENT SERVICE COST CENTERS								
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00	
90.00 CLINIC	0	5,098	735,765	0	0	0	90.00	
91.00 EMERGENCY	0	26,478	5,109,217	1	0	0	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)							92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00	
95.00 AMBULANCE SERVICES	0	14,153	2,187,018	0	0	0	95.00	
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00	
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00	
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00	
99.00 CMHC	0	0	0	0	0	0	99.00	
99.10 CORF	0	0	0	0	0	0	99.10	
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00	
101.00 HOME HEALTH AGENCY	0	16,565	4,316,437	1	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
105.00 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00	
106.00 HEART ACQUISITION	0	0	0	0	0	0	106.00	
107.00 LIVER ACQUISITION	0	0	0	0	0	0	107.00	
108.00 LUNG ACQUISITION	0	0	0	0	0	0	108.00	
109.00 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00	
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00	
111.00 ISLET ACQUISITION	0	0	0	0	0	0	111.00	
113.00 INTEREST EXPENSE							113.00	
114.00 UTILIZATION REVIEW-SNF							114.00	
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00	
116.00 HOSPICE	0	5,286	2,211,666	2	0	0	116.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	847,759	117,645,797	104	-58,186,310		118.00	
NONREIMBURSABLE COST CENTERS								
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	943	0	0	0	0	190.00	
190.01 PROMPTCARE	8,568	9,818	3,239,649	0	0	0	190.01	
190.02 RENTAL PROPERTIES	0	0	0	0	0	0	190.02	
190.03 OLCOTT	0	2,567	242,814	0	0	0	190.03	
190.04 PHYSICIAN RECRUITMENT	0	0	105,510	0	0	0	190.04	
190.05 FOUNDATION	0	6,447	470,525	0	0	0	190.05	
190.06 MARKETING	0	0	0	0	0	0	190.06	
190.07 HME STORE	0	4,183	154,344	0	0	0	190.07	
190.08 UNUSED SPACE	0	3,726	0	0	0	0	190.08	
191.00 RESEARCH	0	0	0	0	0	0	191.00	
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00	
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00	
200.00 Cross Foot Adjustments							200.00	
201.00 Negative Cost Centers							201.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	45,565	19,217,099	41,117,645	693,977			202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	5.318044	21.951285	0.337421	6,672.855769			203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			303,607	290,064			204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002491	2,789.076923			205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
	5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-1947 BUILDING						1.01
1.02 CAP REL COSTS-1965 BUILDING						1.02
1.03 CAP REL COSTS-1983 BUILDING						1.03
1.04 CAP REL COSTS-MEDICAL ARTS						1.04
1.05 CAP REL COSTS-UTILITIES						1.05
1.06 CAP REL COSTS-WEGMILLER						1.06
1.07 CAP REL COSTS-CANCER						1.07
1.08 CAP REL COSTS-PHNA BUILDING						1.08
1.09 CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10 CAP REL COSTS-WEST PROMPTCARE						1.10
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
4.01 CHILD CARE						4.01
5.00 ADMINISTRATIVE & GENERAL	225,608,615					5.00
6.00 MAINTENANCE & REPAIRS	0	0				6.00
7.00 OPERATION OF PLANT	14,813,086	0	541,157			7.00
8.00 LAUNDRY & LINEN SERVICE	1,340,799	0	12,910	2,286,582		8.00
9.00 HOUSEKEEPING	3,035,187	0	3,237	0	12,764	9.00
10.00 DIETARY	2,992,286	0	11,722	13,557	61	10.00
11.00 CAFETERIA	778,172	0	6,017	10,834	31	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	5,493,103	0	17,973	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	817,027	0	3,635	0	32	14.00
15.00 PHARMACY	0	0	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,700,242	0	13,840	0	20	16.00
17.00 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01 CENTRAL STERILIZATION	743,456	0	3,110	0	28	18.01
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	33,202,731	0	124,617	924,998	4,986	30.00
31.00 INTENSIVE CARE UNIT	4,087,071	0	10,276	111,700	526	31.00
32.00 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 SUBPROVIDER - IRF	2,904,364	0	12,161	75,797	447	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	2,559,794	0	5,951	50,733	791	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 NURSING FACILITY	0	0	0	0	0	45.00
46.00 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	10,425,924	0	44,377	373,872	814	50.00
50.01 CV SURGERY	1,222,808	0	5,018	0	92	50.01
51.00 RECOVERY ROOM	1,338,787	0	3,465	0	64	51.00
52.00 DELIVERY ROOM & LABOR ROOM	4,674,251	0	34,598	86,109	1,430	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,936,006	0	22,021	105,993	568	54.00
55.00 RADIOLOGY-THERAPEUTIC	5,143,335	0	22,875	24,469	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	1,181,252	0	1,349	0	32	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	619,954	0	1,941	0	78	58.00
59.00 CARDIAC CATHETERIZATION	1,798,157	0	6,478	39,601	312	59.00
60.00 LABORATORY	14,086,126	0	16,311	0	87	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	47,411	0	0	411	0	64.00
65.00 RESPIRATORY THERAPY	2,805,166	0	2,240	0	72	65.00
66.00 PHYSICAL THERAPY	11,548,390	0	37,265	75,973	160	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	1,234,083	0	2,703	34,625	130	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,410,830	0	3,444	0	84	70.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
	5.00	6.00	7.00	8.00	9.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	24,548,667	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	3,677,370	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	18,471,977	0	7,028	0	352	73.00
74.00 RENAL DIALYSIS	783,315	0	788	0	8	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,375,039	0	7,640	0	0	75.01
75.02 CARDIAC REHABILITATION	1,215,539	0	4,629	0	2	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	1,132,865	0	5,098	1,083	0	90.00
91.00 EMERGENCY	8,158,021	0	26,478	291,939	1,540	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	3,667,047	0	14,153	52,811	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	7,413,114	0	16,565	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	4,260,102	0	5,286	2,176	3	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	214,642,854	0	517,199	2,276,270	12,750	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	28,918	0	943	0	14	190.00
190.01 PROMPTCARE	5,356,516	0	9,818	10,312	0	190.01
190.02 RENTAL PROPERTIES	348,185	0	0	0	0	190.02
190.03 OLCOTT	401,303	0	2,567	0	0	190.03
190.04 PHYSICIAN RECRUITMENT	932,818	0	0	0	0	190.04
190.05 FOUNDATION	872,518	0	6,447	0	0	190.05
190.06 MARKETING	1,350,335	0	0	0	0	190.06
190.07 HME STORE	1,520,422	0	4,183	0	0	190.07
190.08 UNUSED SPACE	154,746	0	0	0	0	190.08
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	58,186,310	0	18,633,499	2,131,128	3,929,445	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.257908	0.000000	34.432704	0.932015	307.853729	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	5,020,002	0	3,246,192	407,992	184,393	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.022251	0.000000	5.998614	0.178429	14.446333	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (TIME SPENT)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-1947 BUILDING						1.01
1.02	CAP REL COSTS-1965 BUILDING						1.02
1.03	CAP REL COSTS-1983 BUILDING						1.03
1.04	CAP REL COSTS-MEDICAL ARTS						1.04
1.05	CAP REL COSTS-UTILITIES						1.05
1.06	CAP REL COSTS-WEGMILLER						1.06
1.07	CAP REL COSTS-CANCER						1.07
1.08	CAP REL COSTS-PHNA BUILDING						1.08
1.09	CAP REL COSTS-PAIN MANAGEMENT						1.09
1.10	CAP REL COSTS-WEST PROMPTCARE						1.10
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.01	CHILD CARE						4.01
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE						8.00
9.00	HOUSEKEEPING						9.00
10.00	DIETARY	238,488					10.00
11.00	CAFETERIA	0	3,405,520				11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	NURSING ADMINISTRATION	0	122,268	0	1,877,308		13.00
14.00	CENTRAL SERVICES & SUPPLY	0	31,473	0	0	26,982,107	14.00
15.00	PHARMACY	0	0	0	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	131,289	0	0	0	16.00
17.00	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	CENTRAL STERILIZATION	0	25,205	0	0	0	18.01
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	197,279	853,340	0	853,340	0	30.00
31.00	INTENSIVE CARE UNIT	16,258	98,285	0	98,285	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	24,951	59,668	0	59,668	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	48,689	0	48,689	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
46.00	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	203,160	0	203,160	0	50.00
50.01	CV SURGERY	0	18,925	0	18,925	0	50.01
51.00	RECOVERY ROOM	0	30,616	0	30,616	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	85,775	0	85,775	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	132,157	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	69,664	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	0	19,199	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	12,348	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	33,028	0	0	0	59.00
60.00	LABORATORY	0	223,167	0	0	326,544	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	47,411	64.00
65.00	RESPIRATORY THERAPY	0	63,612	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	272,627	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	29,957	0	0	0	69.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (TIME SPENT)	
	10.00	11.00	12.00	13.00	14.00	
70.00 ELECTROENCEPHALOGRAPHY	0	31,880	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	22,930,782	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,677,370	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	139,649	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	39,733	0	39,733	0	75.01
75.02 CARDIAC REHABILITATION	0	26,213	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	24,128	0	0	0	90.00
91.00 EMERGENCY	0	193,888	0	193,888	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	114,311	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	161,027	0	161,027	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	84,202	0	84,202	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	238,488	3,379,483	0	1,877,308	26,982,107	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 PROMPTCARE	0	0	0	0	0	190.01
190.02 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03 OLCOTT	0	8,385	0	0	0	190.03
190.04 PHYSICIAN RECRUITMENT	0	2,086	0	0	0	190.04
190.05 FOUNDATION	0	15,566	0	0	0	190.05
190.06 MARKETING	0	0	0	0	0	190.06
190.07 HOME STORE	0	0	0	0	0	190.07
190.08 UNUSED SPACE	0	0	0	0	0	190.08
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,199,054	1,205,691	0	7,571,965	1,173,902	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	17.606982	0.354040	0.000000	4.033416	0.043507	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	485,260	241,501	0	714,071	130,094	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	2.034736	0.070915	0.000000	0.380370	0.004821	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		
				(SPECIFY) (TIME SPENT)	CENTRAL STERILIZATION (TIME SPENT)	
				15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
1.01						1.01
1.02						1.02
1.03						1.03
1.04						1.04
1.05						1.05
1.06						1.06
1.07						1.07
1.08						1.08
1.09						1.09
1.10						1.10
2.00						2.00
4.00						4.00
4.01						4.01
5.00						5.00
6.00						6.00
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
12.00						12.00
13.00						13.00
14.00						14.00
15.00	100					15.00
16.00	0	679,662,187				16.00
17.00	0	0	0			17.00
18.00	0	0	0	0		18.00
18.01	0	0	0	0	31,479	18.01
19.00	0	0	0	0	0	19.00
20.00	0	0	0	0	0	20.00
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
23.00	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	0	65,046,159	0	0	224	30.00
31.00	0	7,793,020	0	0	18	31.00
32.00	0	0	0	0	0	32.00
33.00	0	0	0	0	0	33.00
34.00	0	0	0	0	0	34.00
40.00	0	0	0	0	0	40.00
41.00	0	6,048,455	0	0	28	41.00
42.00	0	0	0	0	0	42.00
43.00	0	5,944,828	0	0	25	43.00
44.00	0	0	0	0	0	44.00
45.00	0	0	0	0	0	45.00
46.00	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	0	51,255,427	0	0	30,509	50.00
50.01	0	3,409,265	0	0	494	50.01
51.00	0	7,687,868	0	0	0	51.00
52.00	0	13,449,079	0	0	5	52.00
53.00	0	0	0	0	0	53.00
54.00	0	29,201,152	0	0	11	54.00
55.00	0	26,864,349	0	0	0	55.00
56.00	0	0	0	0	0	56.00
57.00	0	33,360,873	0	0	0	57.00
58.00	0	10,027,655	0	0	0	58.00
59.00	0	30,104,958	0	0	68	59.00
60.00	0	64,350,676	0	0	0	60.00
60.01	0	0	0	0	0	60.01
61.00	0	0	0	0	0	61.00
62.00	0	0	0	0	0	62.00
63.00	0	0	0	0	0	63.00
64.00	0	379,522	0	0	0	64.00
65.00	0	7,399,366	0	0	74	65.00
66.00	0	26,136,684	0	0	0	66.00
67.00	0	0	0	0	0	67.00
68.00	0	0	0	0	0	68.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		
				(SPECIFY) (TIME SPENT)	CENTRAL STERILIZATION (TIME SPENT)	
				15.00	16.00	
69.00 ELECTROCARDIOLOGY	0	12,703,145	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	7,794,871	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	126,667,928	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	15,587,378	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	100	68,261,760	0	0	0	73.00
74.00 RENAL DIALYSIS	0	1,568,934	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
75.02 CARDIAC REHABILITATION	0	1,586,268	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	812,950	0	0	0	90.00
91.00 EMERGENCY	0	48,662,959	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	7,556,658	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	100	679,662,187	0	0	31,461	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 PROMPTCARE	0	0	0	0	18	190.01
190.02 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03 OLCOTT	0	0	0	0	0	190.03
190.04 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 FOUNDATION	0	0	0	0	0	190.05
190.06 MARKETING	0	0	0	0	0	190.06
190.07 HME STORE	0	0	0	0	0	190.07
190.08 UNUSED SPACE	0	0	0	0	0	190.08
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	5,183,752	0	0	1,059,829	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.007627	0.000000	0.000000	33.667810	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	499,599	0	0	112,239	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000735	0.000000	0.000000	3.565520	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
1.01	CAP REL COSTS-1947 BUI LDI NG					1.01
1.02	CAP REL COSTS-1965 BUI LDI NG					1.02
1.03	CAP REL COSTS-1983 BUI LDI NG					1.03
1.04	CAP REL COSTS-MEDI CAL ARTS					1.04
1.05	CAP REL COSTS-UTI LI TIES					1.05
1.06	CAP REL COSTS-WEGMI LLER					1.06
1.07	CAP REL COSTS-CANCER					1.07
1.08	CAP REL COSTS-PHNA BUI LDI NG					1.08
1.09	CAP REL COSTS-PAI N MANAGEMENT					1.09
1.10	CAP REL COSTS-WEST PROMPTCARE					1.10
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
4.01	CHILD CARE					4.01
5.00	ADM NI STRATI VE & GENERAL					5.00
6.00	MAI NTENANCE & REPAI RS					6.00
7.00	OPERATI ON OF PLANT					7.00
8.00	LAUNDRY & LI NEN SERVI CE					8.00
9.00	HOUSEKEEPI NG					9.00
10.00	DI ETARY					10.00
11.00	CAFETERIA					11.00
12.00	MAI NTENANCE OF PERSONNEL					12.00
13.00	NURSI NG ADM NI STRATI ON					13.00
14.00	CENTRAL SERVI CES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDI CAL RECORDS & LI BRARY					16.00
17.00	SOCI AL SERVI CE					17.00
18.00	OTHER GENERAL SERVI CE (SPECI FY)					18.00
18.01	CENTRAL STERI LI ZATI ON					18.01
19.00	NONPHYSI CI AN ANESTHETI STS	0				19.00
20.00	NURSI NG SCHOOL		0			20.00
21.00	I & R SERVI CES-SALARY & FRINGES APPRVD			0		21.00
22.00	I & R SERVI CES-OTHER PRGM COSTS APPRVD				0	22.00
23.00	PARAMED PRGM-(SPECI FY)					0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDI ATRI CS		0	0	0	0 30.00
31.00	INTENSIVE CARE UNIT		0	0	0	0 31.00
32.00	CORONARY CARE UNIT		0	0	0	0 32.00
33.00	BURN INTENSIVE CARE UNIT		0	0	0	0 33.00
34.00	SURGI CAL INTENSIVE CARE UNIT		0	0	0	0 34.00
40.00	SUBPROVI DER - I PF		0	0	0	0 40.00
41.00	SUBPROVI DER - I RF		0	0	0	0 41.00
42.00	SUBPROVI DER		0	0	0	0 42.00
43.00	NURSERY		0	0	0	0 43.00
44.00	SKI LLED NURSI NG FACI LI TY		0	0	0	0 44.00
45.00	NURSI NG FACI LI TY		0	0	0	0 45.00
46.00	OTHER LONG TERM CARE		0	0	0	0 46.00
ANCI LLARY SERVI CE COST CENTERS						
50.00	OPERATI NG ROOM	0	0	0	0	0 50.00
50.01	CV SURGERY	0	0	0	0	0 50.01
51.00	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	DELI VERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	ANESTHESI OLOGY	0	0	0	0	0 53.00
54.00	RADI OLOGY-DI AGNOSTI C	0	0	0	0	0 54.00
55.00	RADI OLOGY-THERAPEUTI C	0	0	0	0	0 55.00
56.00	RADI OI SOTOPE	0	0	0	0	0 56.00
57.00	CT SCAN	0	0	0	0	0 57.00
58.00	MAGNETI C RESONANCE IMAGI NG (MRI)	0	0	0	0	0 58.00
59.00	CARDI AC CATHETERI ZATI ON	0	0	0	0	0 59.00
60.00	LABORATORY	0	0	0	0	0 60.00
60.01	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	PBP CLI NI CAL LAB SERVI CES-PRGM ONLY					61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00	BLOOD STORI NG, PROCESSI NG & TRANS.	0	0	0	0	0 63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00	RESPI RATORY THERAPY	0	0	0	0	0 65.00
66.00	PHYSI CAL THERAPY	0	0	0	0	0 66.00
67.00	OCCUPATI ONAL THERAPY	0	0	0	0	0 67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0 68.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

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

Worksheet B-1

Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00		
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 PATIENTS	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
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
75.02 CARDIAC REHABILITATION	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 CMHC	0	0	0	0	0	99.00
99.10 CORF	0	0	0	0	0	99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 PROMPTCARE	0	0	0	0	0	190.01
190.02 RENTAL PROPERTIES	0	0	0	0	0	190.02
190.03 OLCOTT	0	0	0	0	0	190.03
190.04 PHYSICIAN RECRUITMENT	0	0	0	0	0	190.04
190.05 FOUNDATION	0	0	0	0	0	190.05
190.06 MARKETING	0	0	0	0	0	190.06
190.07 HME STORE	0	0	0	0	0	190.07
190.08 UNUSED SPACE	0	0	0	0	0	190.08
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051

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

Worksheet C Part I Date/Time Prepared: 6/7/2012 12:51 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	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		56,175,123	11,545	56,186,668	30.00
31.00	INTENSIVE CARE UNIT		6,538,544	0	6,538,544	31.00
32.00	CORONARY CARE UNIT		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	SUBPROVIDER - I PF		0	0	0	40.00
41.00	SUBPROVIDER - I RF		5,028,592	0	5,028,592	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		3,975,494	0	3,975,494	43.00
44.00	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	NURSING FACILITY		0	0	0	45.00
46.00	OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		17,551,373	0	17,551,373	50.00
50.01	CV SURGERY		1,864,952	0	1,864,952	50.01
51.00	RECOVERY ROOM		2,016,044	0	2,016,044	51.00
52.00	DELIVERY ROOM & LABOR ROOM		8,070,645	0	8,070,645	52.00
53.00	ANESTHESIOLOGY		0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC		8,768,716	0	8,768,716	54.00
55.00	RADIOLOGY-THERAPEUTIC		7,509,853	0	7,509,853	55.00
56.00	RADIOISOTOPE		0	0	0	56.00
57.00	CT SCAN		1,803,447	0	1,803,447	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		951,545	0	951,545	58.00
59.00	CARDIAC CATHETERIZATION		2,861,523	0	2,861,523	59.00
60.00	LABORATORY		18,891,486	0	18,891,486	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	INTRAVENOUS THERAPY		64,597	0	64,597	64.00
65.00	RESPIRATORY THERAPY	0	3,709,382	0	3,709,382	65.00
66.00	PHYSICAL THERAPY	0	16,225,877	0	16,225,877	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY		1,825,220	0	1,825,220	69.00
70.00	ELECTROENCEPHALOGRAPHY		1,989,878	0	1,989,878	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		32,843,674	0	32,843,674	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS		4,904,669	0	4,904,669	72.00
73.00	DRUGS CHARGED TO PATIENTS		24,156,479	0	24,156,479	73.00
74.00	RENAL DIALYSIS		1,026,900	0	1,026,900	74.00
75.00	ASC (NON-DISTINCT PART)		0	0	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		2,167,066	14,332	2,181,398	75.01
75.02	CARDIAC REHABILITATION		1,710,419	0	1,710,419	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	CLINIC		1,616,329	0	1,616,329	90.00
91.00	EMERGENCY		13,141,931	0	13,141,931	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,690,018	0	2,690,018	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	AMBULANCE SERVICES		5,247,461	0	5,247,461	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
99.00	CMHC		0	0	0	99.00
99.10	CORF		0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	HOME HEALTH AGENCY		10,601,892	0	10,601,892	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION		0	0	0	105.00
106.00	HEART ACQUISITION		0	0	0	106.00
107.00	LIVER ACQUISITION		0	0	0	107.00
108.00	LUNG ACQUISITION		0	0	0	108.00
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
113.00	INTEREST EXPENSE		0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF		0	0	0	114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051

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

Worksheet C
Part I
Date/Time Prepared:
6/7/2012 12:51 pm

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	
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00 HOSPICE	5,913,212		5,913,212		5,913,212	116.00
200.00 Subtotal (see instructions)	271,842,341	0	271,842,341	25,877	271,868,218	200.00
201.00 Less Observation Beds	2,690,018		2,690,018		2,690,018	201.00
202.00 Total (see instructions)	269,152,323	0	269,152,323	25,877	269,178,200	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 6/7/2012 12:51 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
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	62,525,866		62,525,866		30.00
31.00	INTENSIVE CARE UNIT	7,793,020		7,793,020		31.00
32.00	CORONARY CARE UNIT	0		0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - 1PF	0		0		40.00
41.00	SUBPROVIDER - 1RF	6,048,455		6,048,455		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	5,944,828		5,944,828		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	20,782,339	30,473,088	51,255,427	0.342430	50.00
50.01	CV SURGERY	3,365,245	44,020	3,409,265	0.547025	50.01
51.00	RECOVERY ROOM	2,509,910	5,177,958	7,687,868	0.262237	51.00
52.00	DELIVERY ROOM & LABOR ROOM	12,229,289	1,219,790	13,449,079	0.600089	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,027,336	21,173,816	29,201,152	0.300287	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,533,619	25,330,730	26,864,349	0.279547	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	CT SCAN	8,202,449	25,158,424	33,360,873	0.054059	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,702,365	7,325,290	10,027,655	0.094892	58.00
59.00	CARDIAC CATHETERIZATION	15,041,742	15,063,216	30,104,958	0.095052	59.00
60.00	LABORATORY	25,452,556	38,898,120	64,350,676	0.293571	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	270,834	108,688	379,522	0.170206	64.00
65.00	RESPIRATORY THERAPY	6,646,322	753,044	7,399,366	0.501311	65.00
66.00	PHYSICAL THERAPY	8,008,087	18,128,597	26,136,684	0.620809	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	ELECTROCARDIOLOGY	4,392,314	8,310,831	12,703,145	0.143683	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,711,454	6,083,417	7,794,871	0.255280	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	81,147,435	45,520,493	126,667,928	0.259290	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	7,074,465	8,512,913	15,587,378	0.314656	72.00
73.00	DRUGS CHARGED TO PATIENTS	35,968,693	32,293,067	68,261,760	0.353880	73.00
74.00	RENAL DIALYSIS	1,568,934	0	1,568,934	0.654521	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	784,896	784,896	2.760959	75.01
75.02	CARDIAC REHABILITATION	407,419	1,178,849	1,586,268	1.078266	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	CLINIC	69,607	743,343	812,950	1.988227	90.00
91.00	EMERGENCY	10,103,657	38,559,302	48,662,959	0.270060	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,520,293	2,520,293	1.067343	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	7,556,658	7,556,658	0.694416	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	CMHC	0	0	0		99.00
99.10	CORF	0	0	0		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00	HOME HEALTH AGENCY	0	5,936,526	5,936,526		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0		115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 6/7/2012 12:51 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	
116.00 HOSPICE	0	4,345,093	4,345,093			116.00
200.00 Subtotal (see instructions)	339,528,240	351,200,462	690,728,702			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	339,528,240	351,200,462	690,728,702			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 6/7/2012 12:51 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.342430		50.00
50.01	CV SURGERY	0.547025		50.01
51.00	RECOVERY ROOM	0.262237		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.600089		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.300287		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.279547		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.054059		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.094892		58.00
59.00	CARDIAC CATHETERIZATION	0.095052		59.00
60.00	LABORATORY	0.293571		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.170206		64.00
65.00	RESPIRATORY THERAPY	0.501311		65.00
66.00	PHYSICAL THERAPY	0.620809		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.143683		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.255280		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.259290		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.314656		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.353880		73.00
74.00	RENAL DIALYSIS	0.654521		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.779219		75.01
75.02	CARDIAC REHABILITATION	1.078266		75.02
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	CLINIC	1.988227		90.00
91.00	EMERGENCY	0.270060		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.067343		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.694416		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 6/7/2012 12:51 pm
		Title XVIII	Hospital	PPS
Cost Center Description	PPS Inpatient Ratio			
	11.00			
201.00 Less Observation Beds				
202.00 Total (see instructions)				
				201.00
				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051

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

Worksheet C
Part I
Date/Time Prepared:
6/7/2012 12:51 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		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	56,175,123		56,175,123	11,545	56,186,668	30.00
31.00	INTENSIVE CARE UNIT	6,538,544		6,538,544	0	6,538,544	31.00
32.00	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	SUBPROVIDER - IRF	5,028,592		5,028,592	0	5,028,592	41.00
42.00	SUBPROVIDER	0		0	0	0	42.00
43.00	NURSERY	3,975,494		3,975,494	0	3,975,494	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	NURSING FACILITY	0		0	0	0	45.00
46.00	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	17,551,373		17,551,373	0	17,551,373	50.00
50.01	CV SURGERY	1,864,952		1,864,952	0	1,864,952	50.01
51.00	RECOVERY ROOM	2,016,044		2,016,044	0	2,016,044	51.00
52.00	DELIVERY ROOM & LABOR ROOM	8,070,645		8,070,645	0	8,070,645	52.00
53.00	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,768,716		8,768,716	0	8,768,716	54.00
55.00	RADIOLOGY-THERAPEUTIC	7,509,853		7,509,853	0	7,509,853	55.00
56.00	RADIOISOTOPE	0		0	0	0	56.00
57.00	CT SCAN	1,803,447		1,803,447	0	1,803,447	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	951,545		951,545	0	951,545	58.00
59.00	CARDIAC CATHETERIZATION	2,861,523		2,861,523	0	2,861,523	59.00
60.00	LABORATORY	18,891,486		18,891,486	0	18,891,486	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	INTRAVENOUS THERAPY	64,597		64,597	0	64,597	64.00
65.00	RESPIRATORY THERAPY	3,709,382	0	3,709,382	0	3,709,382	65.00
66.00	PHYSICAL THERAPY	16,225,877	0	16,225,877	0	16,225,877	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	1,825,220		1,825,220	0	1,825,220	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,989,878		1,989,878	0	1,989,878	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,843,674		32,843,674	0	32,843,674	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	4,904,669		4,904,669	0	4,904,669	72.00
73.00	DRUGS CHARGED TO PATIENTS	24,156,479		24,156,479	0	24,156,479	73.00
74.00	RENAL DIALYSIS	1,026,900		1,026,900	0	1,026,900	74.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,167,066		2,167,066	14,332	2,181,398	75.01
75.02	CARDIAC REHABILITATION	1,710,419		1,710,419	0	1,710,419	75.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	CLINIC	1,616,329		1,616,329	0	1,616,329	90.00
91.00	EMERGENCY	13,141,931		13,141,931	0	13,141,931	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,690,018		2,690,018	0	2,690,018	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	AMBULANCE SERVICES	5,247,461		5,247,461	0	5,247,461	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	CMHC	0		0	0	0	99.00
99.10	CORF	0		0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	HOME HEALTH AGENCY	10,601,892		10,601,892	0	10,601,892	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	HEART ACQUISITION	0		0	0	0	106.00
107.00	LIVER ACQUISITION	0		0	0	0	107.00
108.00	LUNG ACQUISITION	0		0	0	0	108.00
109.00	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	ISLET ACQUISITION	0		0	0	0	111.00
113.00	INTEREST EXPENSE	0		0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0		0	0	0	114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150051

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

Worksheet C
Part I
Date/Time Prepared:
6/7/2012 12:51 pm

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	
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00 HOSPICE	5,913,212		5,913,212		5,913,212	116.00
200.00 Subtotal (see instructions)	271,842,341	0	271,842,341	25,877	271,868,218	200.00
201.00 Less Observation Beds	2,690,018		2,690,018		2,690,018	201.00
202.00 Total (see instructions)	269,152,323	0	269,152,323	25,877	269,178,200	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 6/7/2012 12:51 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				
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	62,525,866		62,525,866		30.00
31.00	INTENSIVE CARE UNIT	7,793,020		7,793,020		31.00
32.00	CORONARY CARE UNIT	0		0		32.00
33.00	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	SUBPROVIDER - 1PF	0		0		40.00
41.00	SUBPROVIDER - 1RF	6,048,455		6,048,455		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	5,944,828		5,944,828		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
45.00	NURSING FACILITY	0		0		45.00
46.00	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	20,782,339	30,473,088	51,255,427	0.342430	50.00
50.01	CV SURGERY	3,365,245	44,020	3,409,265	0.547025	50.01
51.00	RECOVERY ROOM	2,509,910	5,177,958	7,687,868	0.262237	51.00
52.00	DELIVERY ROOM & LABOR ROOM	12,229,289	1,219,790	13,449,079	0.600089	52.00
53.00	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,027,336	21,173,816	29,201,152	0.300287	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,533,619	25,330,730	26,864,349	0.279547	55.00
56.00	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	CT SCAN	8,202,449	25,158,424	33,360,873	0.054059	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	2,702,365	7,325,290	10,027,655	0.094892	58.00
59.00	CARDIAC CATHETERIZATION	15,041,742	15,063,216	30,104,958	0.095052	59.00
60.00	LABORATORY	25,452,556	38,898,120	64,350,676	0.293571	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	INTRAVENOUS THERAPY	270,834	108,688	379,522	0.170206	64.00
65.00	RESPIRATORY THERAPY	6,646,322	753,044	7,399,366	0.501311	65.00
66.00	PHYSICAL THERAPY	8,008,087	18,128,597	26,136,684	0.620809	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	ELECTROCARDIOLOGY	4,392,314	8,310,831	12,703,145	0.143683	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,711,454	6,083,417	7,794,871	0.255280	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	81,147,435	45,520,493	126,667,928	0.259290	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	7,074,465	8,512,913	15,587,378	0.314656	72.00
73.00	DRUGS CHARGED TO PATIENTS	35,968,693	32,293,067	68,261,760	0.353880	73.00
74.00	RENAL DIALYSIS	1,568,934	0	1,568,934	0.654521	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	784,896	784,896	2.760959	75.01
75.02	CARDIAC REHABILITATION	407,419	1,178,849	1,586,268	1.078266	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	CLINIC	69,607	743,343	812,950	1.988227	90.00
91.00	EMERGENCY	10,103,657	38,559,302	48,662,959	0.270060	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,520,293	2,520,293	1.067343	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	AMBULANCE SERVICES	0	7,556,658	7,556,658	0.694416	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	CMHC	0	0	0	0.000000	99.00
99.10	CORF	0	0	0	0.000000	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	100.00
101.00	HOME HEALTH AGENCY	0	5,936,526	5,936,526		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0		105.00
106.00	HEART ACQUISITION	0	0	0		106.00
107.00	LIVER ACQUISITION	0	0	0		107.00
108.00	LUNG ACQUISITION	0	0	0		108.00
109.00	PANCREAS ACQUISITION	0	0	0		109.00
110.00	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	ISLET ACQUISITION	0	0	0		111.00
113.00	INTEREST EXPENSE	0	0	0		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0		114.00
115.00	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0		115.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 6/7/2012 12:51 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	
116.00 HOSPICE	0	4,345,093	4,345,093			116.00
200.00 Subtotal (see instructions)	339,528,240	351,200,462	690,728,702			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	339,528,240	351,200,462	690,728,702			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 6/7/2012 12:51 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
32.00	CORONARY CARE UNIT			32.00
33.00	BURN INTENSIVE CARE UNIT			33.00
34.00	SURGICAL INTENSIVE CARE UNIT			34.00
40.00	SUBPROVIDER - IPF			40.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
45.00	NURSING FACILITY			45.00
46.00	OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.342430		50.00
50.01	CV SURGERY	0.547025		50.01
51.00	RECOVERY ROOM	0.262237		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.600089		52.00
53.00	ANESTHESIOLOGY	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.300287		54.00
55.00	RADIOLOGY-THERAPEUTIC	0.279547		55.00
56.00	RADIOISOTOPE	0.000000		56.00
57.00	CT SCAN	0.054059		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.094892		58.00
59.00	CARDIAC CATHETERIZATION	0.095052		59.00
60.00	LABORATORY	0.293571		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	INTRAVENOUS THERAPY	0.170206		64.00
65.00	RESPIRATORY THERAPY	0.501311		65.00
66.00	PHYSICAL THERAPY	0.620809		66.00
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.143683		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.255280		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.259290		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.314656		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.353880		73.00
74.00	RENAL DIALYSIS	0.654521		74.00
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.779219		75.01
75.02	CARDIAC REHABILITATION	1.078266		75.02
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	CLINIC	1.988227		90.00
91.00	EMERGENCY	0.270060		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.067343		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	AMBULANCE SERVICES	0.694416		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	CMHC			99.00
99.10	CORF			99.10
100.00	I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION			105.00
106.00	HEART ACQUISITION			106.00
107.00	LIVER ACQUISITION			107.00
108.00	LUNG ACQUISITION			108.00
109.00	PANCREAS ACQUISITION			109.00
110.00	INTESTINAL ACQUISITION			110.00
111.00	ISLET ACQUISITION			111.00
113.00	INTEREST EXPENSE			113.00
114.00	UTILIZATION REVIEW-SNF			114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 6/7/2012 12:51 pm
		Title XIX	Hospital	PPS
Cost Center Description	PPS Inpatient Ratio			
	11.00			
201.00 Less Observation Beds				
202.00 Total (see instructions)				
				201.00
				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150051		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part II Date/Time Prepared: 6/7/2012 12:51 pm	
Cost Center Description		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	17,551,373	2,077,719	15,473,654	0	0	50.00
50.01	CV SURGERY	1,864,952	229,733	1,635,219	0	0	50.01
51.00	RECOVERY ROOM	2,016,044	172,119	1,843,925	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	8,070,645	1,469,202	6,601,443	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,768,716	984,388	7,784,328	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	7,509,853	1,022,166	6,487,687	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	CT SCAN	1,803,447	106,253	1,697,194	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	951,545	81,591	869,954	0	0	58.00
59.00	CARDIAC CATHETERIZATION	2,861,523	321,752	2,539,771	0	0	59.00
60.00	LABORATORY	18,891,486	996,571	17,894,915	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	64,597	1,563	63,034	0	0	64.00
65.00	RESPIRATORY THERAPY	3,709,382	163,175	3,546,207	0	0	65.00
66.00	PHYSICAL THERAPY	16,225,877	1,438,034	14,787,843	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	1,825,220	154,610	1,670,610	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	1,989,878	167,377	1,822,501	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,843,674	761,903	32,081,771	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	4,904,669	111,011	4,793,658	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	24,156,479	751,127	23,405,352	0	0	73.00
74.00	RENAL DIALYSIS	1,026,900	42,115	984,785	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,167,066	271,200	1,895,866	0	0	75.01
75.02	CARDIAC REHABILITATION	1,710,419	194,141	1,516,278	0	0	75.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	CLINIC	1,616,329	172,031	1,444,298	0	0	90.00
91.00	EMERGENCY	13,141,931	1,365,467	11,776,464	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,690,018	308,276	2,381,742	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	5,247,461	569,511	4,677,950	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	CMHC	0	0	0	0	0	99.00
99.10	CORF	0	0	0	0	0	99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	HOME HEALTH AGENCY	10,601,892	785,809	9,816,083	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	HOSPICE	5,913,212	299,871	5,613,341	0	0	116.00
200.00	Subtotal (sum of lines 50 thru 199)	200,124,588	15,018,715	185,105,873	0	0	200.00
201.00	Less Observation Beds	2,690,018	308,276	2,381,742	0	0	201.00
202.00	Total (line 200 minus line 201)	197,434,570	14,710,439	182,724,131	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part II Date/Time Prepared: 6/7/2012 12:51 pm
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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)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	17,551,373	51,255,427	0.342430		50.00
50.01	CV SURGERY	1,864,952	3,409,265	0.547025		50.01
51.00	RECOVERY ROOM	2,016,044	7,687,868	0.262237		51.00
52.00	DELIVERY ROOM & LABOR ROOM	8,070,645	13,449,079	0.600089		52.00
53.00	ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	RADIOLOGY-DIAGNOSTIC	8,768,716	29,201,152	0.300287		54.00
55.00	RADIOLOGY-THERAPEUTIC	7,509,853	26,864,349	0.279547		55.00
56.00	RADIOISOTOPE	0	0	0.000000		56.00
57.00	CT SCAN	1,803,447	33,360,873	0.054059		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	951,545	10,027,655	0.094892		58.00
59.00	CARDIAC CATHETERIZATION	2,861,523	30,104,958	0.095052		59.00
60.00	LABORATORY	18,891,486	64,350,676	0.293571		60.00
60.01	BLOOD LABORATORY	0	0	0.000000		60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000		63.00
64.00	INTRAVENOUS THERAPY	64,597	379,522	0.170206		64.00
65.00	RESPIRATORY THERAPY	3,709,382	7,399,366	0.501311		65.00
66.00	PHYSICAL THERAPY	16,225,877	26,136,684	0.620809		66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	ELECTROCARDIOLOGY	1,825,220	12,703,145	0.143683		69.00
70.00	ELECTROENCEPHALOGRAPHY	1,989,878	7,794,871	0.255280		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	32,843,674	126,667,928	0.259290		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	4,904,669	15,587,378	0.314656		72.00
73.00	DRUGS CHARGED TO PATIENTS	24,156,479	68,261,760	0.353880		73.00
74.00	RENAL DIALYSIS	1,026,900	1,568,934	0.654521		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,167,066	784,896	2.760959		75.01
75.02	CARDIAC REHABILITATION	1,710,419	1,586,268	1.078266		75.02
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	CLINIC	1,616,329	812,950	1.988227		90.00
91.00	EMERGENCY	13,141,931	48,662,959	0.270060		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	2,690,018	2,520,293	1.067343		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	AMBULANCE SERVICES	5,247,461	7,556,658	0.694416		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
99.00	CMHC	0	0	0.000000		99.00
99.10	CORF	0	0	0.000000		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	HOME HEALTH AGENCY	10,601,892	5,936,526	1.785875		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	HEART ACQUISITION	0	0	0.000000		106.00
107.00	LIVER ACQUISITION	0	0	0.000000		107.00
108.00	LUNG ACQUISITION	0	0	0.000000		108.00
109.00	PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	ISLET ACQUISITION	0	0	0.000000		111.00
113.00	INTEREST EXPENSE	0	0	0.000000		113.00
114.00	UTILIZATION REVIEW-SNF	0	0	0.000000		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	HOSPICE	5,913,212	4,345,093	1.360894		116.00
200.00	Subtotal (sum of lines 50 thru 199)	200,124,588	0			200.00
201.00	Less Observation Beds	2,690,018	0			201.00
202.00	Total (line 200 minus line 201)	197,434,570	608,416,533			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 6/7/2012 12:51 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,438,970	0	6,438,970	48,249	133.45	30.00
31.00 INTENSIVE CARE UNIT	513,924		513,924	3,789	135.64	31.00
32.00 CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00 SUBPROVIDER - IRF	616,274	0	616,274	5,815	105.98	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	334,672		334,672	5,057	66.18	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00 NURSING FACILITY	0		0	0	0.00	45.00
200.00 Total (lines 30-199)	7,903,840		7,903,840	62,910		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 6/7/2012 12:51 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	21,778	2,906,274	30.00
31.00 INTENSIVE CARE UNIT	1,954	265,041	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	3,889	412,156	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
45.00 NURSING FACILITY	0	0	45.00
200.00 Total (lines 30-199)	27,621	3,583,471	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150051		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 6/7/2012 12:51 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,077,719	51,255,427	0.040537	9,926,046	402,372	50.00
50.01	CV SURGERY	229,733	3,409,265	0.067385	1,747,988	117,788	50.01
51.00	RECOVERY ROOM	172,119	7,687,868	0.022388	1,221,280	27,342	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,469,202	13,449,079	0.109242	43,234	4,723	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	984,388	29,201,152	0.033711	4,825,844	162,684	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,022,166	26,864,349	0.038049	933,369	35,514	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	106,253	33,360,873	0.003185	4,840,301	15,416	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	81,591	10,027,655	0.008137	1,411,223	11,483	58.00
59.00	CARDIAC CATHETERIZATION	321,752	30,104,958	0.010688	7,631,488	81,565	59.00
60.00	LABORATORY	996,571	64,350,676	0.015487	12,268,904	190,009	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	1,563	379,522	0.004118	77,803	320	64.00
65.00	RESPIRATORY THERAPY	163,175	7,399,366	0.022053	3,956,518	87,253	65.00
66.00	PHYSICAL THERAPY	1,438,034	26,136,684	0.055020	2,290,751	126,037	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	154,610	12,703,145	0.012171	2,592,946	31,559	69.00
70.00	ELECTROENCEPHALOGRAPHY	167,377	7,794,871	0.021473	1,005,290	21,587	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	761,903	126,667,928	0.006015	40,018,792	240,713	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	111,011	15,587,378	0.007122	4,071,123	28,995	72.00
73.00	DRUGS CHARGED TO PATIENTS	751,127	68,261,760	0.011004	16,940,586	186,414	73.00
74.00	RENAL DIALYSIS	42,115	1,568,934	0.026843	846,991	22,736	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	271,200	784,896	0.345523	0	0	75.01
75.02	CARDIAC REHABILITATION	194,141	1,586,268	0.122389	246,933	30,222	75.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	172,031	812,950	0.211613	33,171	7,019	90.00
91.00	EMERGENCY	1,365,467	48,662,959	0.028060	4,981,509	139,781	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	308,276	2,520,293	0.122318	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (Lines 50-199)	13,363,524	590,578,256		121,912,090	1,971,532	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150051		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 6/7/2012 12:51 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
32.00	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 6/7/2012 12:51 pm
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Title XVIII		Hospital		PSA Adj. Nursing School	PPS
			Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
	6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 ADULTS & PEDIATRICS	48,249	0.00	21,778	0	0	0	30.00	
31.00 INTENSIVE CARE UNIT	3,789	0.00	1,954	0	0	0	31.00	
32.00 CORONARY CARE UNIT	0	0.00	0	0	0	0	32.00	
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	0	33.00	
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	0	34.00	
40.00 SUBPROVIDER - IPF	0	0.00	0	0	0	0	40.00	
41.00 SUBPROVIDER - IRF	5,815	0.00	3,889	0	0	0	41.00	
42.00 SUBPROVIDER	0	0.00	0	0	0	0	42.00	
43.00 NURSERY	5,057	0.00	0	0	0	0	43.00	
44.00 SKILLED NURSING FACILITY	0	0.00	0	0	0	0	44.00	
45.00 NURSING FACILITY	0	0.00	0	0	0	0	45.00	
200.00 Total (lines 30-199)	62,910		27,621	0	0	0	200.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 6/7/2012 12:51 pm
Title XVIII		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/7/2012 12:51 pm
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Cost Center Description	Title XVIII				Hospital PPS	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0 50.00	
50.01 CV SURGERY	0	0	0	0	0 50.01	
51.00 RECOVERY ROOM	0	0	0	0	0 51.00	
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00	
53.00 ANESTHESIOLOGY	0	0	0	0	0 53.00	
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00	
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00	
56.00 RADIOISOTOPE	0	0	0	0	0 56.00	
57.00 CT SCAN	0	0	0	0	0 57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00	
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00	
60.00 LABORATORY	0	0	0	0	0 60.00	
60.01 BLOOD LABORATORY	0	0	0	0	0 60.01	
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00	
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00	
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00	
64.00 INTRAVENOUS THERAPY	0	0	0	0	0 64.00	
65.00 RESPIRATORY THERAPY	0	0	0	0	0 65.00	
66.00 PHYSICAL THERAPY	0	0	0	0	0 66.00	
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0 67.00	
68.00 SPEECH PATHOLOGY	0	0	0	0	0 68.00	
69.00 ELECTROCARDIOLOGY	0	0	0	0	0 69.00	
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 PATIENTS	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	
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00	
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 75.01	
75.02 CARDIAC REHABILITATION	0	0	0	0	0 75.02	
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0 88.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00	
90.00 CLINIC	0	0	0	0	0 90.00	
91.00 EMERGENCY	0	0	0	0	0 91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00	
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00	
95.00 AMBULANCE SERVICES	0	0	0	0	0 95.00	
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00	
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00	
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00	
200.00 Total (lines 50-199)	0	0	0	0	0 200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/7/2012 12:51 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	51,255,427	0.000000	0.000000	9,926,046	50.00
50.01 CV SURGERY	0	3,409,265	0.000000	0.000000	1,747,988	50.01
51.00 RECOVERY ROOM	0	7,687,868	0.000000	0.000000	1,221,280	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	13,449,079	0.000000	0.000000	43,234	52.00
53.00 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	29,201,152	0.000000	0.000000	4,825,844	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	26,864,349	0.000000	0.000000	933,369	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	33,360,873	0.000000	0.000000	4,840,301	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	10,027,655	0.000000	0.000000	1,411,223	58.00
59.00 CARDIAC CATHETERIZATION	0	30,104,958	0.000000	0.000000	7,631,488	59.00
60.00 LABORATORY	0	64,350,676	0.000000	0.000000	12,268,904	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	379,522	0.000000	0.000000	77,803	64.00
65.00 RESPIRATORY THERAPY	0	7,399,366	0.000000	0.000000	3,956,518	65.00
66.00 PHYSICAL THERAPY	0	26,136,684	0.000000	0.000000	2,290,751	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	12,703,145	0.000000	0.000000	2,592,946	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	7,794,871	0.000000	0.000000	1,005,290	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	126,667,928	0.000000	0.000000	40,018,792	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	15,587,378	0.000000	0.000000	4,071,123	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	68,261,760	0.000000	0.000000	16,940,586	73.00
74.00 RENAL DIALYSIS	0	1,568,934	0.000000	0.000000	846,991	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	784,896	0.000000	0.000000	0	75.01
75.02 CARDIAC REHABILITATION	0	1,586,268	0.000000	0.000000	246,933	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	812,950	0.000000	0.000000	33,171	90.00
91.00 EMERGENCY	0	48,662,959	0.000000	0.000000	4,981,509	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,520,293	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (Lines 50-199)	0	590,578,256			121,912,090	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/7/2012 12:51 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	7,887,679	0	0	0	50.00
50.01 CV SURGERY	0	16,362	0	0	0	50.01
51.00 RECOVERY ROOM	0	366,131	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	7,664,039	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	11,131,698	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	6,229,418	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	1,763,442	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	6,422,612	0	0	0	59.00
60.00 LABORATORY	0	2,091,740	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	22,951	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	201,033	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	2,447,078	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	2,533,230	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,675,733	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,987,419	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	4,506,992	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	9,809,798	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	283,202	0	0	0	75.01
75.02 CARDIAC REHABILITATION	0	437,611	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	308,362	0	0	0	90.00
91.00 EMERGENCY	0	7,349,251	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,211,645	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES						95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	87,347,426	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/7/2012 12:51 pm
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Cost Center Description	PSA Adj .	PSA Adj . All	Hospital	PPS
	Allied Health	Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
50.01 CV SURGERY	0	0		50.01
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 RADIOISOTOPE	0	0		56.00
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
60.01 BLOOD LABORATORY	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		75.01
75.02 CARDIAC REHABILITATION	0	0		75.02
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 CLINIC	0	0		90.00
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 AMBULANCE SERVICES	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 6/7/2012 12:51 pm		
		Title VIII	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		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.342430	7,887,679	0	0	50.00
50.01	CV SURGERY	0.547025	16,362	0	0	50.01
51.00	RECOVERY ROOM	0.262237	366,131	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.600089	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.300287	7,664,039	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.279547	11,131,698	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	CT SCAN	0.054059	6,229,418	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.094892	1,763,442	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.095052	6,422,612	0	0	59.00
60.00	LABORATORY	0.293571	2,091,740	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.170206	22,951	0	0	64.00
65.00	RESPIRATORY THERAPY	0.501311	201,033	0	0	65.00
66.00	PHYSICAL THERAPY	0.620809	2,447,078	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.143683	2,533,230	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.255280	1,675,733	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.259290	12,987,419	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.314656	4,506,992	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.353880	9,809,798	0	131,034	73.00
74.00	RENAL DIALYSIS	0.654521	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.760959	283,202	0	0	75.01
75.02	CARDIAC REHABILITATION	1.078266	437,611	0	0	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	1.988227	308,362	0	0	90.00
91.00	EMERGENCY	0.270060	7,349,251	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.067343	1,211,645	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	AMBULANCE SERVICES	0.694416		0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		87,347,426	0	131,034	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		87,347,426	0	131,034	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 6/7/2012 12:51 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		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	2,700,978	0	0		50.00
50.01 CV SURGERY	8,950	0	0		50.01
51.00 RECOVERY ROOM	96,013	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,301,411	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	3,111,833	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	336,756	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	167,337	0	0		58.00
59.00 CARDIAC CATHETERIZATION	610,482	0	0		59.00
60.00 LABORATORY	614,074	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	3,906	0	0		64.00
65.00 RESPIRATORY THERAPY	100,780	0	0		65.00
66.00 PHYSICAL THERAPY	1,519,168	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	363,982	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	427,781	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,367,508	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	1,418,152	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	3,471,491	0	46,370		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	781,909	0	0		75.01
75.02 CARDIAC REHABILITATION	471,861	0	0		75.02
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	613,094	0	0		90.00
91.00 EMERGENCY	1,984,739	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,293,241	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	25,765,446	0	46,370		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	25,765,446	0	46,370		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150051 Component CCN: 15T051		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 6/7/2012 12:51 pm	
		Title XVIIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,077,719	51,255,427	0.040537	28,321	1,148	50.00
50.01	CV SURGERY	229,733	3,409,265	0.067385	0	0	50.01
51.00	RECOVERY ROOM	172,119	7,687,868	0.022388	3,080	69	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,469,202	13,449,079	0.109242	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	984,388	29,201,152	0.033711	93,428	3,150	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,022,166	26,864,349	0.038049	22,300	848	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	106,253	33,360,873	0.003185	126,460	403	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	81,591	10,027,655	0.008137	41,911	341	58.00
59.00	CARDIAC CATHETERIZATION	321,752	30,104,958	0.010688	0	0	59.00
60.00	LABORATORY	996,571	64,350,676	0.015487	804,113	12,453	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	1,563	379,522	0.004118	364	1	64.00
65.00	RESPIRATORY THERAPY	163,175	7,399,366	0.022053	135,180	2,981	65.00
66.00	PHYSICAL THERAPY	1,438,034	26,136,684	0.055020	2,906,529	159,917	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	154,610	12,703,145	0.012171	50,467	614	69.00
70.00	ELECTROENCEPHALOGRAPHY	167,377	7,794,871	0.021473	59,314	1,274	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	761,903	126,667,928	0.006015	330,938	1,991	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	111,011	15,587,378	0.007122	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	751,127	68,261,760	0.011004	1,051,181	11,567	73.00
74.00	RENAL DIALYSIS	42,115	1,568,934	0.026843	73,310	1,968	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	271,200	784,896	0.345523	0	0	75.01
75.02	CARDIAC REHABILITATION	194,141	1,586,268	0.122389	24,181	2,959	75.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	172,031	812,950	0.211613	0	0	90.00
91.00	EMERGENCY	1,365,467	48,662,959	0.028060	17,450	490	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	308,276	2,520,293	0.122318	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	13,363,524	590,578,256		5,768,527	202,174	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/7/2012 12:51 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	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 CV SURGERY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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 PATIENTS	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
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
75.02 CARDIAC REHABILITATION	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES						95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/7/2012 12:51 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	51,255,427	0.000000	0.000000	28,321	50.00
50.01 CV SURGERY	0	3,409,265	0.000000	0.000000	0	50.01
51.00 RECOVERY ROOM	0	7,687,868	0.000000	0.000000	3,080	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	13,449,079	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	29,201,152	0.000000	0.000000	93,428	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	26,864,349	0.000000	0.000000	22,300	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	33,360,873	0.000000	0.000000	126,460	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	10,027,655	0.000000	0.000000	41,911	58.00
59.00 CARDIAC CATHETERIZATION	0	30,104,958	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	64,350,676	0.000000	0.000000	804,113	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	379,522	0.000000	0.000000	364	64.00
65.00 RESPIRATORY THERAPY	0	7,399,366	0.000000	0.000000	135,180	65.00
66.00 PHYSICAL THERAPY	0	26,136,684	0.000000	0.000000	2,906,529	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	12,703,145	0.000000	0.000000	50,467	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	7,794,871	0.000000	0.000000	59,314	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	126,667,928	0.000000	0.000000	330,938	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	15,587,378	0.000000	0.000000	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	68,261,760	0.000000	0.000000	1,051,181	73.00
74.00 RENAL DIALYSIS	0	1,568,934	0.000000	0.000000	73,310	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	784,896	0.000000	0.000000	0	75.01
75.02 CARDIAC REHABILITATION	0	1,586,268	0.000000	0.000000	24,181	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	812,950	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	48,662,959	0.000000	0.000000	17,450	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,520,293	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (lines 50-199)	0	590,578,256			5,768,527	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/7/2012 12:51 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 CV SURGERY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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 PATIENTS	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	420	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
75.02 CARDIAC REHABILITATION	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES						95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	420	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/7/2012 12:51 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
50.01 CV SURGERY	0	0	50.01
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
75.02 CARDIAC REHABILITATION	0	0	75.02
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00 Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 6/7/2012 12:51 pm		
		Component CCN: 15T051	Title XVIII	Subprovider - IRF	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		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.342430	0	0	0	50.00
50.01	CV SURGERY	0.547025	0	0	0	50.01
51.00	RECOVERY ROOM	0.262237	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.600089	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.300287	0	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.279547	0	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
57.00	CT SCAN	0.054059	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.094892	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.095052	0	0	0	59.00
60.00	LABORATORY	0.293571	0	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.170206	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.501311	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.620809	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.143683	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.255280	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.259290	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.314656	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.353880	420	0	2,229	73.00
74.00	RENAL DIALYSIS	0.654521	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.760959	0	0	0	75.01
75.02	CARDIAC REHABILITATION	1.078266	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	CLINIC	1.988227	0	0	0	90.00
91.00	EMERGENCY	0.270060	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.067343	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00	AMBULANCE SERVICES	0.694416		0		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		420	0	2,229	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		420	0	2,229	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 6/7/2012 12:51 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
50.01 CV SURGERY	0	0	0		50.01
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
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
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 PATIENTS	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	149	0	789		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		75.01
75.02 CARDIAC REHABILITATION	0	0	0		75.02
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 HOME PROGRAM DIALYSIS		0	0		94.00
95.00 AMBULANCE SERVICES		0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00 Subtotal (see instructions)	149	0	789		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	149	0	789		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 6/7/2012 12:51 pm
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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	6,438,970	0	6,438,970	48,249	133.45	30.00
31.00 INTENSIVE CARE UNIT	513,924		513,924	3,789	135.64	31.00
32.00 CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00 SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00 SUBPROVIDER - IRF	616,274	0	616,274	5,815	105.98	41.00
42.00 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 NURSERY	334,672		334,672	5,057	66.18	43.00
44.00 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00 NURSING FACILITY	0		0	0	0.00	45.00
200.00 Total (lines 30-199)	7,903,840		7,903,840	62,910		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 6/7/2012 12:51 pm
		Title XIX	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	7,343	979,923	30.00
31.00 INTENSIVE CARE UNIT	641	86,945	31.00
32.00 CORONARY CARE UNIT	0	0	32.00
33.00 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00 SUBPROVIDER - IPF	0	0	40.00
41.00 SUBPROVIDER - IRF	313	33,172	41.00
42.00 SUBPROVIDER	0	0	42.00
43.00 NURSERY	2,787	184,444	43.00
44.00 SKILLED NURSING FACILITY	0	0	44.00
45.00 NURSING FACILITY	0	0	45.00
200.00 Total (lines 30-199)	11,084	1,284,484	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150051		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 6/7/2012 12:51 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,077,719	51,255,427	0.040537	1,319,148	53,474	50.00
50.01	CV SURGERY	229,733	3,409,265	0.067385	98,370	6,629	50.01
51.00	RECOVERY ROOM	172,119	7,687,868	0.022388	162,067	3,628	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,469,202	13,449,079	0.109242	4,947,491	540,474	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	984,388	29,201,152	0.033711	844,835	28,480	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,022,166	26,864,349	0.038049	185,538	7,060	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	106,253	33,360,873	0.003185	812,901	2,589	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	81,591	10,027,655	0.008137	328,324	2,672	58.00
59.00	CARDIAC CATHETERIZATION	321,752	30,104,958	0.010688	375,658	4,015	59.00
60.00	LABORATORY	996,571	64,350,676	0.015487	3,236,812	50,129	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	1,563	379,522	0.004118	54,549	225	64.00
65.00	RESPIRATORY THERAPY	163,175	7,399,366	0.022053	739,707	16,313	65.00
66.00	PHYSICAL THERAPY	1,438,034	26,136,684	0.055020	278,630	15,330	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	154,610	12,703,145	0.012171	327,255	3,983	69.00
70.00	ELECTROENCEPHALOGRAPHY	167,377	7,794,871	0.021473	161,006	3,457	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	761,903	126,667,928	0.006015	5,020,584	30,199	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	111,011	15,587,378	0.007122	62,906	448	72.00
73.00	DRUGS CHARGED TO PATIENTS	751,127	68,261,760	0.011004	4,778,859	52,587	73.00
74.00	RENAL DIALYSIS	42,115	1,568,934	0.026843	126,313	3,391	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	271,200	784,896	0.345523	0	0	75.01
75.02	CARDIAC REHABILITATION	194,141	1,586,268	0.122389	25,464	3,117	75.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	172,031	812,950	0.211613	6,889	1,458	90.00
91.00	EMERGENCY	1,365,467	48,662,959	0.028060	1,032,372	28,968	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	308,276	2,520,293	0.122318	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	13,363,524	590,578,256		24,925,678	858,626	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150051		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 6/7/2012 12:51 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	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00
32.00	CORONARY CARE UNIT	0	0	0	0	0	0	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
45.00	NURSING FACILITY	0	0	0	0	0	0	45.00
200.00	Total (lines 30-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 6/7/2012 12:51 pm
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Cost Center Description	Title XIX					Hospital		PPS	
	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School				
	6.00	7.00	8.00	9.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00 ADULTS & PEDIATRICS	48,249	0.00	7,343	0	0	0	30.00		
31.00 INTENSIVE CARE UNIT	3,789	0.00	641	0	0	0	31.00		
32.00 CORONARY CARE UNIT	0	0.00	0	0	0	0	32.00		
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	0	33.00		
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	0	34.00		
40.00 SUBPROVIDER - IPF	0	0.00	0	0	0	0	40.00		
41.00 SUBPROVIDER - IRF	5,815	0.00	313	0	0	0	41.00		
42.00 SUBPROVIDER	0	0.00	0	0	0	0	42.00		
43.00 NURSERY	5,057	0.00	2,787	0	0	0	43.00		
44.00 SKILLED NURSING FACILITY	0	0.00	0	0	0	0	44.00		
45.00 NURSING FACILITY	0	0.00	0	0	0	0	45.00		
200.00 Total (lines 30-199)	62,910		11,084	0	0	0	200.00		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 6/7/2012 12:51 pm
Title XIX		Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	0	0		30.00
31.00 INTENSIVE CARE UNIT	0	0		31.00
32.00 CORONARY CARE UNIT	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 SUBPROVIDER - IPF	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
45.00 NURSING FACILITY	0	0		45.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/7/2012 12:51 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	
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 CV SURGERY	0	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	75.01
75.02 CARDIAC REHABILITATION	0	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/7/2012 12:51 pm
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Cost Center Description	Title XIX					
	Hospital			PPS		
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	51,255,427	0.000000	0.000000	1,319,148	50.00
50.01 CV SURGERY	0	3,409,265	0.000000	0.000000	98,370	50.01
51.00 RECOVERY ROOM	0	7,687,868	0.000000	0.000000	162,067	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	13,449,079	0.000000	0.000000	4,947,491	52.00
53.00 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	29,201,152	0.000000	0.000000	844,835	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	26,864,349	0.000000	0.000000	185,538	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	33,360,873	0.000000	0.000000	812,901	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	10,027,655	0.000000	0.000000	328,324	58.00
59.00 CARDIAC CATHETERIZATION	0	30,104,958	0.000000	0.000000	375,658	59.00
60.00 LABORATORY	0	64,350,676	0.000000	0.000000	3,236,812	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	379,522	0.000000	0.000000	54,549	64.00
65.00 RESPIRATORY THERAPY	0	7,399,366	0.000000	0.000000	739,707	65.00
66.00 PHYSICAL THERAPY	0	26,136,684	0.000000	0.000000	278,630	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	12,703,145	0.000000	0.000000	327,255	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	7,794,871	0.000000	0.000000	161,006	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	126,667,928	0.000000	0.000000	5,020,584	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	15,587,378	0.000000	0.000000	62,906	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	68,261,760	0.000000	0.000000	4,778,859	73.00
74.00 RENAL DIALYSIS	0	1,568,934	0.000000	0.000000	126,313	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	784,896	0.000000	0.000000	0	75.01
75.02 CARDIAC REHABILITATION	0	1,586,268	0.000000	0.000000	25,464	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	812,950	0.000000	0.000000	6,889	90.00
91.00 EMERGENCY	0	48,662,959	0.000000	0.000000	1,032,372	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,520,293	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (Lines 50-199)	0	590,578,256			24,925,678	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/7/2012 12:51 pm
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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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
	11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 CV SURGERY	0	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	75.01
75.02 CARDIAC REHABILITATION	0	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS							
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES							95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/7/2012 12:51 pm
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Cost Center Description	PSA Adj .	PSA Adj . All	Hospital	PPS
	Allied Health	Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0		50.00
50.01 CV SURGERY	0	0		50.01
51.00 RECOVERY ROOM	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 ANESTHESIOLOGY	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 RADIOISOTOPE	0	0		56.00
57.00 CT SCAN	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0		59.00
60.00 LABORATORY	0	0		60.00
60.01 BLOOD LABORATORY	0	0		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0		64.00
65.00 RESPIRATORY THERAPY	0	0		65.00
66.00 PHYSICAL THERAPY	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 RENAL DIALYSIS	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		75.01
75.02 CARDIAC REHABILITATION	0	0		75.02
OUTPATIENT SERVICE COST CENTERS				
88.00 RURAL HEALTH CLINIC	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 CLINIC	0	0		90.00
91.00 EMERGENCY	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 AMBULANCE SERVICES	0	0		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150051 Component CCN: 15T051		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 6/7/2012 12:51 pm	
		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	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,077,719	51,255,427	0.040537	1,730	70	50.00
50.01	CV SURGERY	229,733	3,409,265	0.067385	0	0	50.01
51.00	RECOVERY ROOM	172,119	7,687,868	0.022388	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,469,202	13,449,079	0.109242	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	984,388	29,201,152	0.033711	930	31	54.00
55.00	RADIOLOGY-THERAPEUTIC	1,022,166	26,864,349	0.038049	0	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	CT SCAN	106,253	33,360,873	0.003185	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	81,591	10,027,655	0.008137	8,451	69	58.00
59.00	CARDIAC CATHETERIZATION	321,752	30,104,958	0.010688	0	0	59.00
60.00	LABORATORY	996,571	64,350,676	0.015487	15,704	243	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	1,563	379,522	0.004118	123	1	64.00
65.00	RESPIRATORY THERAPY	163,175	7,399,366	0.022053	3,653	81	65.00
66.00	PHYSICAL THERAPY	1,438,034	26,136,684	0.055020	185,050	10,181	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	154,610	12,703,145	0.012171	189	2	69.00
70.00	ELECTROENCEPHALOGRAPHY	167,377	7,794,871	0.021473	1,347	29	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	761,903	126,667,928	0.006015	11,373	68	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	111,011	15,587,378	0.007122	143	1	72.00
73.00	DRUGS CHARGED TO PATIENTS	751,127	68,261,760	0.011004	25,431	280	73.00
74.00	RENAL DIALYSIS	42,115	1,568,934	0.026843	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	271,200	784,896	0.345523	0	0	75.01
75.02	CARDIAC REHABILITATION	194,141	1,586,268	0.122389	15	2	75.02
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	CLINIC	172,031	812,950	0.211613	0	0	90.00
91.00	EMERGENCY	1,365,467	48,662,959	0.028060	89	2	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	308,276	2,520,293	0.122318	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	13,363,524	590,578,256		254,228	11,060	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/7/2012 12:51 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	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 CV SURGERY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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 PATIENTS	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
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
75.02 CARDIAC REHABILITATION	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES						95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/7/2012 12:51 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	51,255,427	0.000000	0.000000	1,730	50.00
50.01 CV SURGERY	0	3,409,265	0.000000	0.000000	0	50.01
51.00 RECOVERY ROOM	0	7,687,868	0.000000	0.000000	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	13,449,079	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	29,201,152	0.000000	0.000000	930	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	26,864,349	0.000000	0.000000	0	55.00
56.00 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 CT SCAN	0	33,360,873	0.000000	0.000000	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	10,027,655	0.000000	0.000000	8,451	58.00
59.00 CARDIAC CATHETERIZATION	0	30,104,958	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	64,350,676	0.000000	0.000000	15,704	60.00
60.01 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 INTRAVENOUS THERAPY	0	379,522	0.000000	0.000000	123	64.00
65.00 RESPIRATORY THERAPY	0	7,399,366	0.000000	0.000000	3,653	65.00
66.00 PHYSICAL THERAPY	0	26,136,684	0.000000	0.000000	185,050	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00 ELECTROCARDIOLOGY	0	12,703,145	0.000000	0.000000	189	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	7,794,871	0.000000	0.000000	1,347	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	126,667,928	0.000000	0.000000	11,373	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	15,587,378	0.000000	0.000000	143	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	68,261,760	0.000000	0.000000	25,431	73.00
74.00 RENAL DIALYSIS	0	1,568,934	0.000000	0.000000	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	784,896	0.000000	0.000000	0	75.01
75.02 CARDIAC REHABILITATION	0	1,586,268	0.000000	0.000000	15	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 CLINIC	0	812,950	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	48,662,959	0.000000	0.000000	89	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,520,293	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (lines 50-199)	0	590,578,256			254,228	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/7/2012 12:51 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
50.01 CV SURGERY	0	0	0	0	0	50.01
51.00 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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 PATIENTS	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
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	75.01
75.02 CARDIAC REHABILITATION	0	0	0	0	0	75.02
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 AMBULANCE SERVICES						95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 6/7/2012 12:51 pm
	Component CCN: 15T051	Title XIX	Subprovider - IRF PPS

Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0	0	50.00
50.01 CV SURGERY	0	0	50.01
51.00 RECOVERY ROOM	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 RADIOISOTOPE	0	0	56.00
57.00 CT SCAN	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	0	0	60.00
60.01 BLOOD LABORATORY	0	0	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 RENAL DIALYSIS	0	0	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	75.00
75.01 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	75.01
75.02 CARDIAC REHABILITATION	0	0	75.02
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 CLINIC	0	0	90.00
91.00 EMERGENCY	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 AMBULANCE SERVICES	0	0	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00 Total (Lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 6/7/2012 12:51 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,249	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,249	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		32,512	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		15,737	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)		21,778	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		56,186,668	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)		56,186,668	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		54,624,923	28.00
29.00	Private room charges (excluding swing-bed charges)		37,069,980	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		17,554,943	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.028590	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,140.19	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,115.52	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		24.67	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		25.38	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		825,155	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		55,361,513	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,164.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		25,360,699	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)		25,360,699	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 6/7/2012 12:51 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,538,544	3,789	1,725.66	1,954	3,371,940	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					35,066,495	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					63,799,134	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)					3,171,315	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,971,532	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,142,847	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					58,656,287	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)					2,310	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,164.51	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,690,018	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 6/7/2012 12:51 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	6,438,970	56,186,668	0.114600	2,690,018	308,276	90.00
91.00	Nursing School cost	0	56,186,668	0.000000	2,690,018	0	91.00
92.00	Allied health cost	0	56,186,668	0.000000	2,690,018	0	92.00
93.00	All other Medical Education	0	56,186,668	0.000000	2,690,018	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T051		Date/Time Prepared: 6/7/2012 12:51 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,815	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,815	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		1,617	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,198	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,889	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,028,592	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)		5,028,592	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		5,751,170	28.00
29.00	Private room charges (excluding swing-bed charges)		1,637,130	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,114,040	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.874360	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,012.45	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		980.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		32.45	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		28.37	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		45,874	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,982,718	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		864.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,363,052	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)		3,363,052	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T051				Date/Time Prepared: 6/7/2012 12:51 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)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,722,864		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,085,916		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)					412,156		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					202,174		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					614,330		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,471,586		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: 150051 Component CCN: 15T051		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 6/7/2012 12:51 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	616,274	5,028,592	0.122554	0	0	90.00
91.00	Nursing School cost	0	5,028,592	0.000000	0	0	91.00
92.00	Allied health cost	0	5,028,592	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,028,592	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 6/7/2012 12:51 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		48,249	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		48,249	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		32,512	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		15,737	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)		7,343	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)		5,057	15.00
16.00	Nursery days (title V or XIX only)		2,787	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		56,186,668	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)		56,186,668	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		54,624,923	28.00
29.00	Private room charges (excluding swing-bed charges)		37,069,980	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		17,554,943	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.028590	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,140.19	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,115.52	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		24.67	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		25.38	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		825,155	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		55,361,513	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,164.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,550,997	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)		8,550,997	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 6/7/2012 12:51 pm		
Cost Center Description			Title XIX	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	3,975,494	5,057	786.14	2,787	2,190,972	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,538,544	3,789	1,725.66	641	1,106,148	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					8,940,125	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					20,788,242	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,251,312	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					858,626	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,109,938	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					18,678,304	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)					2,310	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,164.51	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,690,018	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 6/7/2012 12:51 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	6,438,970	56,186,668	0.114600	2,690,018	308,276	90.00
91.00	Nursing School cost	0	56,186,668	0.000000	2,690,018	0	91.00
92.00	Allied health cost	0	56,186,668	0.000000	2,690,018	0	92.00
93.00	All other Medical Education	0	56,186,668	0.000000	2,690,018	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T051		Date/Time Prepared: 6/7/2012 12:51 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,815	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,815	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		1,617	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,198	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)		313	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)		5,057	15.00
16.00	Nursery days (title V or XIX only)		2,787	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,028,592	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)		5,028,592	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		5,751,170	28.00
29.00	Private room charges (excluding swing-bed charges)		1,637,130	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,114,040	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.874360	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,012.45	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		980.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		32.45	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		28.37	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		45,874	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,982,718	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		864.76	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		270,670	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)		270,670	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150051		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T051		Title XIX		Subprovider - IRF	
						Date/Time Prepared: 6/7/2012 12:51 pm	
						PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					135,421	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					406,091	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)					33,172	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					11,060	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					44,232	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					361,859	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: 150051 Component CCN: 15T051		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 6/7/2012 12:51 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	616,274	5,028,592	0.122554	0	0	90.00
91.00	Nursing School cost	0	5,028,592	0.000000	0	0	91.00
92.00	Allied health cost	0	5,028,592	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,028,592	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title VIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		27,816,419		30.00
31.00	INTENSIVE CARE UNIT		3,999,086		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - I PF		0		40.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.342430	9,926,046	3,398,976	50.00
50.01	CV SURGERY	0.547025	1,747,988	956,193	50.01
51.00	RECOVERY ROOM	0.262237	1,221,280	320,265	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.600089	43,234	25,944	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.300287	4,825,844	1,449,138	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.279547	933,369	260,921	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.054059	4,840,301	261,662	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.094892	1,411,223	133,914	58.00
59.00	CARDIAC CATHETERIZATION	0.095052	7,631,488	725,388	59.00
60.00	LABORATORY	0.293571	12,268,904	3,601,794	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.170206	77,803	13,243	64.00
65.00	RESPIRATORY THERAPY	0.501311	3,956,518	1,983,446	65.00
66.00	PHYSICAL THERAPY	0.620809	2,290,751	1,422,119	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.143683	2,592,946	372,562	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.255280	1,005,290	256,630	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.259290	40,018,792	10,376,473	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.314656	4,071,123	1,281,003	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.353880	16,940,586	5,994,935	73.00
74.00	RENAL DIALYSIS	0.654521	846,991	554,373	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.779219	0	0	75.01
75.02	CARDIAC REHABILITATION	1.078266	246,933	266,259	75.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	1.988227	33,171	65,951	90.00
91.00	EMERGENCY	0.270060	4,981,509	1,345,306	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.067343	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		121,912,090	35,066,495	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)		121,912,090		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T051		Date/Time Prepared: 6/7/2012 12:51 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		3,871,637		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.342430	28,321	9,698	50.00
50.01	CV SURGERY	0.547025	0	0	50.01
51.00	RECOVERY ROOM	0.262237	3,080	808	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.600089	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.300287	93,428	28,055	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.279547	22,300	6,234	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.054059	126,460	6,836	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.094892	41,911	3,977	58.00
59.00	CARDIAC CATHETERIZATION	0.095052	0	0	59.00
60.00	LABORATORY	0.293571	804,113	236,064	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.170206	364	62	64.00
65.00	RESPIRATORY THERAPY	0.501311	135,180	67,767	65.00
66.00	PHYSICAL THERAPY	0.620809	2,906,529	1,804,399	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.143683	50,467	7,251	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.255280	59,314	15,142	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.259290	330,938	85,809	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.314656	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.353880	1,051,181	371,992	73.00
74.00	RENAL DIALYSIS	0.654521	73,310	47,983	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.779219	0	0	75.01
75.02	CARDIAC REHABILITATION	1.078266	24,181	26,074	75.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	CLINIC	1.988227	0	0	90.00
91.00	EMERGENCY	0.270060	17,450	4,713	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.067343	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		5,768,527	2,722,864	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)		5,768,527		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Title XIX	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		8,162,135		30.00
31.00	INTENSIVE CARE UNIT		1,101,286		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - I PF		0		40.00
41.00	SUBPROVIDER - I RF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		2,927,850		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.342430	1,319,148	451,716	50.00
50.01	CV SURGERY	0.547025	98,370	53,811	50.01
51.00	RECOVERY ROOM	0.262237	162,067	42,500	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.600089	4,947,491	2,968,935	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.300287	844,835	253,693	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.279547	185,538	51,867	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.054059	812,901	43,945	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.094892	328,324	31,155	58.00
59.00	CARDIAC CATHETERIZATION	0.095052	375,658	35,707	59.00
60.00	LABORATORY	0.293571	3,236,812	950,234	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.170206	54,549	9,285	64.00
65.00	RESPIRATORY THERAPY	0.501311	739,707	370,823	65.00
66.00	PHYSICAL THERAPY	0.620809	278,630	172,976	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.143683	327,255	47,021	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.255280	161,006	41,102	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.259290	5,020,584	1,301,787	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.314656	62,906	19,794	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.353880	4,778,859	1,691,143	73.00
74.00	RENAL DIALYSIS	0.654521	126,313	82,675	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.779219	0	0	75.01
75.02	CARDIAC REHABILITATION	1.078266	25,464	27,457	75.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	1.988227	6,889	13,697	90.00
91.00	EMERGENCY	0.270060	1,032,372	278,802	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.067343	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		24,925,678	8,940,125	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)		24,925,678		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15T051		Date/Time Prepared: 6/7/2012 12:51 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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
32.00	CORONARY CARE UNIT		0		32.00
33.00	BURN INTENSIVE CARE UNIT		0		33.00
34.00	SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	SUBPROVIDER - IPF		0		40.00
41.00	SUBPROVIDER - IRF		333,637		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.342430	1,730	592	50.00
50.01	CV SURGERY	0.547025	0	0	50.01
51.00	RECOVERY ROOM	0.262237	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.600089	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.300287	930	279	54.00
55.00	RADIOLOGY-THERAPEUTIC	0.279547	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
57.00	CT SCAN	0.054059	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.094892	8,451	802	58.00
59.00	CARDIAC CATHETERIZATION	0.095052	0	0	59.00
60.00	LABORATORY	0.293571	15,704	4,610	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.170206	123	21	64.00
65.00	RESPIRATORY THERAPY	0.501311	3,653	1,831	65.00
66.00	PHYSICAL THERAPY	0.620809	185,050	114,881	66.00
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.143683	189	27	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.255280	1,347	344	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.259290	11,373	2,949	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.314656	143	45	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.353880	25,431	9,000	73.00
74.00	RENAL DIALYSIS	0.654521	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2.779219	0	0	75.01
75.02	CARDIAC REHABILITATION	1.078266	15	16	75.02
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	CLINIC	1.988227	0	0	90.00
91.00	EMERGENCY	0.270060	89	24	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.067343	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES				95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		254,228	135,421	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)		254,228		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 6/7/2012 12:51 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		39,085,534	1.00
2.00	Outlier payments for discharges. (see instructions)		2,339,046	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		236.67	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.20	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		20.37	31.00
32.00	Sum of lines 30 and 31		25.57	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.31	33.00
34.00	Disproportionate share adjustment (see instructions)		4,029,719	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		45,454,299	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)		45,454,299	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,546,193	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 6/7/2012 12:51 pm
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			49,000,492 59.00
60.00	Primary payer payments			24,352 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			48,976,140 61.00
62.00	Deductibles billed to program beneficiaries			4,063,034 62.00
63.00	Coinsurance billed to program beneficiaries			104,331 63.00
64.00	Allowable bad debts (see instructions)			1,024,494 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			717,146 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			773,939 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			45,525,921 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)			45,525,921 71.00
72.00	Interim payments			45,300,149 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)			225,772 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			303,376 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 6/7/2012 12:51 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		46,370	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		25,765,446	2.00
3.00	PPS payments		19,239,805	3.00
4.00	Outlier payment (see instructions)		274,113	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.878	5.00
6.00	Line 2 times line 5		22,622,062	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		86.26	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)		46,370	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		131,034	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)		131,034	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		46,370	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)		19,513,918	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,173,868	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)		15,377,146	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)		15,377,146	30.00
31.00	Primary payer payments		4,814	31.00
32.00	Subtotal (line 30 minus line 31)		15,372,332	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,045,626	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		731,938	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		731,938	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		16,104,270	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)		16,104,270	40.00
41.00	Interim payments		15,970,404	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)		133,866	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 6/7/2012 12:51 pm
		Title XVIII	Hospital
			PPS
			Overrides
			1.00
112.00	WORKSHEET OVERRIDE VALUES Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 6/7/2012 12:51 pm
		Component CCN:	Title XVIII	Subprovider - IPF
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150051 Component CCN:	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 6/7/2012 12:51 pm
	Title XVIII	Subprovider - IPF	
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 6/7/2012 12:51 pm
		Component CCN: 15T051	Title XVIII	Subprovider - IRF PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		789	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		149	2.00
3.00	PPS payments		302	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)		789	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		2,229	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)		2,229	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		789	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)		302	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		933	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)		933	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		933	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		933	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)		933	40.00
41.00	Interim payments		1,157	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)		-224	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150051 Component CCN: 15T051	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 6/7/2012 12:51 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150051

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

Worksheet E-1
Part I
Date/Time Prepared:
6/7/2012 12:51 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		45,164,452		15,992,755	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/16/2011	135,697		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0	08/16/2011	22,351	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)		135,697		-22,351	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)		45,300,149		15,970,404	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		225,772		133,866	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		45,525,921		16,104,270	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: 150051

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

Worksheet E-1
Part I
Date/Time Prepared:
6/7/2012 12:51 pm

Component CCN:

Title XVIII

Subprovider -
IPF

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150051
Component CCN: 15T051

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

Worksheet E-1
Part I
Date/Time Prepared:
6/7/2012 12:51 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		5,123,006		1,157	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	08/16/2011	5,360		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)		-5,360		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)		5,117,646		1,157	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		17,555		224	6.02
7.00	Total Medicare program liability (see instructions)		5,100,091		933	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: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet E-1 Part II Date/Time Prepared: 6/7/2012 12:51 pm
		Title XVIII	Hospital	PPS
				1.00
DATA COLLECTION NEEDED FOR THE HIT CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			12,662 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			23,732 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2			2,685 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			49,728 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			690,728,702 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			31,230,594 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
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial /interim HIT payment(s)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30, plus or minus line 31)			0 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part II Date/Time Prepared: 6/7/2012 12:51 pm
		Title XVII	Subprovider - IPF	
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		0	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		0.000000	9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		0	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		0	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		0	18.00
19.00	Deductibles		0	19.00
20.00	Subtotal (line 18 minus line 19)		0	20.00
21.00	Coinurance		0	21.00
22.00	Subtotal (line 20 minus line 21)		0	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		0	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		0	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		0	31.00
32.00	Interim payments		0	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 6/7/2012 12:51 pm
		Component CCN: 15T051	Title XVIII	Subprovider - IRF
				PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		4,642,362	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0127	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		140,000	3.00
4.00	Outlier Payments		417,030	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)		15.931507	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)		5,199,392	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)		5,199,392	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		5,199,392	19.00
20.00	Deductibles		65,624	20.00
21.00	Subtotal (line 19 minus line 20)		5,133,768	21.00
22.00	Coinsurance		33,677	22.00
23.00	Subtotal (line 21 minus line 22)		5,100,091	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	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)		5,100,091	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		5,100,091	32.00
33.00	Interim payments		5,117,646	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)		-17,555	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 6/7/2012 12:51 pm
		Title XIX	Hospital	PPS
		1.00		
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
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
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		24,925,678	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)		24,925,678	12.00
CUSTOMARY CHRGES				
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)		24,925,678	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		24,925,678	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
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
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)		0	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)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	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)		0	40.00
41.00	Interim payments		0	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: 150051 Component CCN: 15T051	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 6/7/2012 12:51 pm
		Title XIX	Subprovider - IRF	PPS
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
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
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		254,228	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)		254,228	12.00
CUSTOMARY CHRGES				
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)		254,228	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		254,228	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
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
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)		0	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)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	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)		0	40.00
41.00	Interim payments		0	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

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

Provider CCN: 150051

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

Worksheet G

Date/Time Prepared:
6/7/2012 12:51 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	51,252,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	39,027,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,420,000	0	0	0	7.00
8.00	Prepaid expenses	9,587,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	105,286,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	357,423,000	0	0	0	15.00
16.00	Accumulated depreciation	-240,265,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	4,722,000	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	121,880,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	100,660,000	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	11,452,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	112,112,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	339,278,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	7,733,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	22,151,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,922,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	5,262,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	37,068,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	44,166,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	24,766,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	68,932,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	106,000,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	233,278,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	233,278,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	339,278,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150051

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

Worksheet G-1

Date/Time Prepared:
6/7/2012 12:51 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		227,017,000		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		28,457,523			2.00
3.00	Total (sum of line 1 and line 2)		255,474,523		0	3.00
4.00	SHARE OF CHANGE-FOUNDATION	3,320,000		0		4.00
5.00	NONCONTROLLING GOODWILL-AQC	1,650,000		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)		4,970,000		0	10.00
11.00	Subtotal (line 3 plus line 10)		260,444,523		0	11.00
12.00	CHANGE IN PENSION OBLIGATION	13,272,000		0		12.00
13.00	ASSETS TRANSFERRED TO AFFILIATES	284,000		0		13.00
14.00	ADDITIONAL PAID IN CAPITAL	12,868,000		0		14.00
15.00	CHANGE IN INT IN FOUNDATION	742,000		0		15.00
16.00	ROUNDING VARIANCE	523		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		27,166,523		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		233,278,000		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150051

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

Worksheet G-1

Date/Time Prepared:
6/7/2012 12:51 pm

	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: 150051

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

Worksheet G-2 Parts

Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	68,470,694		68,470,694	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	6,048,455		6,048,455	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	74,519,149		74,519,149	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,793,020		7,793,020	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,793,020		7,793,020	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	82,312,169		82,312,169	17.00
18.00	Ancillary services	257,216,071	330,841,893	588,057,964	18.00
19.00	Outpatient services	0	2,520,293	2,520,293	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	0	5,936,526	5,936,526	22.00
23.00	AMBULANCE SERVICES	0	7,556,658	7,556,658	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	4,345,093	4,345,093	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
27.01	PROMPTCARE CHARGES	0	5,554,492	5,554,492	27.01
27.02	A&P AND PARTIAL PHYSICIAN CHARGES	0	5,887,400	5,887,400	27.02
27.03	HME STORE CHARGES	0	2,224,014	2,224,014	27.03
27.04	DIETARY REVENUE - OFFSET VIA A-8	0	26,361	26,361	27.04
27.05	UNALLOCATED REVENUE - OFFSET VIA A-8	0	179,278	179,278	27.05
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	339,528,240	365,072,008	704,600,248	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		283,409,372		29.00
30.00	BAD DEBT EXPENSE	22,937,017			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)		22,937,017		36.00
37.00	NON-OPERATING EXPENSES	5,209			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)		5,209		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		306,341,180		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150051

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

Worksheet G-3

Date/Time Prepared:
6/7/2012 12:51 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	704,600,248	1.00
2.00	Less contractual allowances and discounts on patients' accounts	375,628,001	2.00
3.00	Net patient revenues (line 1 minus line 2)	328,972,247	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	306,341,180	4.00
5.00	Net income from service to patients (line 3 minus line 4)	22,631,067	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	-28,377	6.00
7.00	Income from investments	-1,527,652	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	687,933	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	221,801	13.00
14.00	Revenue from meals sold to employees and guests	1,557,780	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	778,354	22.00
23.00	Governmental appropriations	1,660,404	23.00
24.00	KIDS CLUB PROGRAM REVENUE	466,963	24.00
24.01	ALL OTHER REVENUE	2,009,250	24.01
25.00	Total other income (sum of lines 6-24)	5,826,456	25.00
26.00	Total (line 5 plus line 25)	28,457,523	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	28,457,523	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150051

Period: From 01/01/2011

Worksheet H

HHA CCN: 157011

To 12/31/2011

Date/Time Prepared: 6/7/2012 12:51 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	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures		0		0	1.00
2.00	Capital Related - Movable Equipment		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	304,930	0	201,894	0	1,178,835 5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,253,848	0	0	0	6.00
7.00	Physical Therapy	612,638	0	0	0	7.00
8.00	Occupational Therapy	207,584	0	0	0	8.00
9.00	Speech Pathology	16,160	0	0	0	9.00
10.00	Medical Social Services	8,735	0	0	0	10.00
11.00	Home Health Aide	163,793	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Other	1,654,782	0	23,902	0	23.00
24.00	Total (sum of lines 1-23)	4,222,470	0	225,796	0	1,178,835 24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150051

Period: From 01/01/2011

Worksheet H

HHA CCN: 157011

To 12/31/2011

Date/Time Prepared: 6/7/2012 12:51 pm

Home Health Agency I

PPS

	Total (sum of col. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
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	1,685,659	-204,157	1,481,502	-21	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,253,848	29,257	1,283,105	0	6.00
7.00	Physical Therapy	612,638	14,295	626,933	0	7.00
8.00	Occupational Therapy	207,584	4,844	212,428	0	8.00
9.00	Speech Pathology	16,160	377	16,537	0	9.00
10.00	Medical Social Services	8,735	572	9,307	0	10.00
11.00	Home Health Aide	163,793	3,822	167,615	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Other	1,678,684	38,612	1,717,296	0	23.00
24.00	Total (sum of lines 1-23)	5,627,101	-112,378	5,514,723	-21	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST	Provider CCN: 150051	Period: From 01/01/2011	Worksheet H-1 Part I Date/Time Prepared: 6/7/2012 12:51 pm
	HHA CCN: 157011	To 12/31/2011	
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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			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	1,481,481	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,283,105	0	0	0	6.00
7.00	Physical Therapy	626,933	0	0	0	7.00
8.00	Occupational Therapy	212,428	0	0	0	8.00
9.00	Speech Pathology	16,537	0	0	0	9.00
10.00	Medical Social Services	9,307	0	0	0	10.00
11.00	Home Health Aide	167,615	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Other	1,717,296	0	0	0	23.00
24.00	Total (sum of lines 1-23)	5,514,702	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150051	Period: From 01/01/2011	Worksheet H-1 Part I Date/Time Prepared: 6/7/2012 12:51 pm
		HHA CCN: 157011	To 12/31/2011	
			Home Health Agency I	PPS

	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	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	1,481,481	1,481,481	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	1,283,105	471,310	1,754,415
7.00	Physical Therapy	626,933	230,285	857,218
8.00	Occupational Therapy	212,428	78,029	290,457
9.00	Speech Pathology	16,537	6,074	22,611
10.00	Medical Social Services	9,307	3,419	12,726
11.00	Home Health Aide	167,615	61,568	229,183
12.00	Supplies (see instructions)	0	0	0
13.00	Drugs	0	0	0
14.00	DME	0	0	0
HHA NONREIMBURSABLE SERVICES				
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 Other	1,717,296	630,796	2,348,092
24.00	Total (sum of lines 1-23)	4,033,221		5,514,702

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150051 HHA CCN: 157011		Period: From 01/01/2011 To 12/31/2011		Worksheet H-1 Part II Date/Time Prepared: 6/7/2012 12:51 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	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-1,481,481	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Other	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-1,481,481	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: 150051	Period: From 01/01/2011	Worksheet H-1 Part II Date/Time Prepared: 6/7/2012 12:51 pm
	HHA CCN: 157011	To 12/31/2011	
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		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	4,033,221	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,283,105	6.00
7.00	Physical Therapy	626,933	7.00
8.00	Occupational Therapy	212,428	8.00
9.00	Speech Pathology	16,537	9.00
10.00	Medical Social Services	9,307	10.00
11.00	Home Health Aide	167,615	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Other	1,717,296	23.00
24.00	Total (sum of lines 1-23)	4,033,221	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	1,481,481	25.00
26.00	Unit Cost Multiplier	0.367320	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150051	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 157011	To 12/31/2011	Part I
			Home Health Agency I	Date/Time Prepared: 6/7/2012 12:51 pm
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		HHA Trial Balance (1)	CAPITAL RELATED COSTS				1983 BUILDING	
			BLDG & FIXT	1947 BUILDING	1965 BUILDING			
			1.00	1.01	1.02	1.03		
1.00	Administrative and General	0	0	0	0	0	1.00	
2.00	Skilled Nursing Care	1,754,415	0	0	0	0	2.00	
3.00	Physical Therapy	857,218	0	0	0	0	3.00	
4.00	Occupational Therapy	290,457	0	0	0	0	4.00	
5.00	Speech Pathology	22,611	0	0	0	0	5.00	
6.00	Medical Social Services	12,726	0	0	0	0	6.00	
7.00	Home Health Aide	229,183	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 Other	2,348,092	0	0	0	0	19.00	
20.00	Total (sum of lines 1-19) (2)	5,514,702	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: 150051

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157011

To 12/31/2011

Part I
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		CAPITAL RELATED COSTS						
		MEDICAL ARTS	UTILITIES	WEGMI LLER	CANCER	PHNA BUILDING		
		1.04	1.05	1.06	1.07	1.08		
1.00	Administrative and General	0	0	0	0	34,440	1.00	
2.00	Skilled Nursing Care	0	0	0	0	5,733	2.00	
3.00	Physical Therapy	0	0	0	0	284	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	1,042	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 Other	0	0	0	0	30,161	19.00	
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	71,660	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: 150051	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 157011	To 12/31/2011	Part I
			Home Health Agency I	Date/Time Prepared: 6/7/2012 12:51 pm
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		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	CHILD CARE	
		PAI N MANAGEMENT	WEST PROMPTCARE	MVBLE EQUIP			
		1. 09	1. 10	2. 00			
1.00	Administrative and General	0	0	159,564	99,837	0	1.00
2.00	Skilled Nursing Care	0	0	26,561	432,947	0	2.00
3.00	Physical Therapy	0	0	1,317	211,540	0	3.00
4.00	Occupational Therapy	0	0	0	71,677	0	4.00
5.00	Speech Pathology	0	0	0	5,580	0	5.00
6.00	Medical Social Services	0	0	0	8,470	0	6.00
7.00	Home Health Aide	0	0	4,829	56,557	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 Other	0	0	171,352	569,848	6,673	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	363,623	1,456,456	6,673	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: 150051 HHA CCN: 157011		Period: From 01/01/2011 To 12/31/2011		Worksheet H-2 Part I Date/Time Prepared: 6/7/2012 12:51 pm	
				Home Health Agency I		PPS	
		Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A.01	5.00	6.00	7.00	8.00	
1.00	Administrative and General	293,841	75,784	0	250,291	0	1.00
2.00	Skilled Nursing Care	2,219,656	572,467	0	41,664	0	2.00
3.00	Physical Therapy	1,070,359	276,054	0	2,066	0	3.00
4.00	Occupational Therapy	362,134	93,397	0	0	0	4.00
5.00	Speech Pathology	28,191	7,271	0	0	0	5.00
6.00	Medical Social Services	21,196	5,467	0	0	0	6.00
7.00	Home Health Aide	291,611	75,209	0	7,575	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 Other	3,126,126	806,252	0	268,782	0	19.00
20.00	Total (sum of lines 1-19) (2)	7,413,114	1,911,901	0	570,378	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.	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: 150051 HHA CCN: 157011		Period: From 01/01/2011 To 12/31/2011		Worksheet H-2 Part I Date/Time Prepared: 6/7/2012 12:51 pm	
		Home Health Agency I		PPS			
		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	0	0	5,137	0	58,521	1.00
2.00	Skilled Nursing Care	0	0	16,376	0	186,570	2.00
3.00	Physical Therapy	0	0	5,637	0	64,224	3.00
4.00	Occupational Therapy	0	0	1,968	0	22,418	4.00
5.00	Speech Pathology	0	0	157	0	1,791	5.00
6.00	Medical Social Services	0	0	136	0	1,549	6.00
7.00	Home Health Aide	0	0	3,677	0	41,895	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 Other	0	0	23,922	0	272,521	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	57,010	0	649,489	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: 150051

Period:

Worksheet H-2

HHA CCN: 157011

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

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		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	15.00	16.00	17.00		
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 Other	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: 150051	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 157011	To 12/31/2011	Part I
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		OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
		(SPECIFY)	CENTRAL STERILIZATION				
		18.00	18.01				
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 Other	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: 150051	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 157011	To 12/31/2011	Part I
				Date/Time Prepared: 6/7/2012 12:51 pm
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		INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		21.00	22.00	23.00	24.00	25.00	
1.00	Administrative and General	0	0	0	683,574	0	1.00
2.00	Skilled Nursing Care	0	0	0	3,036,733	0	2.00
3.00	Physical Therapy	0	0	0	1,418,340	0	3.00
4.00	Occupational Therapy	0	0	0	479,917	0	4.00
5.00	Speech Pathology	0	0	0	37,410	0	5.00
6.00	Medical Social Services	0	0	0	28,348	0	6.00
7.00	Home Health Aide	0	0	0	419,967	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 Other	0	0	0	4,497,603	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	10,601,892	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: 150051	Period: From 01/01/2011	Worksheet H-2 Part I Date/Time Prepared: 6/7/2012 12:51 pm
		HHA CCN: 157011	To 12/31/2011	
			Home Health Agency I	PPS

		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		26.00	27.00	28.00	
1.00	Administrative and General	683,574			1.00
2.00	Skilled Nursing Care	3,036,733	209,292	3,246,025	2.00
3.00	Physical Therapy	1,418,340	97,752	1,516,092	3.00
4.00	Occupational Therapy	479,917	33,076	512,993	4.00
5.00	Speech Pathology	37,410	2,578	39,988	5.00
6.00	Medical Social Services	28,348	1,954	30,302	6.00
7.00	Home Health Aide	419,967	28,944	448,911	7.00
8.00	Supplies (see instructions)	0	0	0	8.00
9.00	Drugs	0	0	0	9.00
10.00	DME	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	13.00
14.00	Clinic	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	15.00
16.00	Day Care Program	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	17.00
18.00	Homemaker Service	0	0	0	18.00
19.00	All Other	4,497,603	309,978	4,807,581	19.00
20.00	Total (sum of lines 1-19) (2)	10,601,892	683,574	10,601,892	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.		0.068920		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: 150051	Period: From 01/01/2011	Worksheet H-2 Part II Date/Time Prepared: 6/7/2012 12:51 pm
	HHA CCN: 157011	To 12/31/2011	
		Home Health Agency I	PPS

		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	1947 BUILDING (SQUARE FEET)	1965 BUILDING (SQUARE FEET)	1983 BUILDING (SQUARE FEET)	MEDICAL ARTS (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Other	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150051	Period: From 01/01/2011	Worksheet H-2 Part II Date/Time Prepared: 6/7/2012 12:51 pm
	HHA CCN: 157011	To 12/31/2011	
		Home Health Agency I	PPS

		CAPITAL RELATED COSTS				PAIN MANAGEMENT (SQUARE FEET)	
		UTILITIES (SQUARE FEET)	WEGMILLER (SQUARE FEET)	CANCER (SQUARE FEET)	PHNA BUILDING (SQUARE FEET)		
		1.05	1.06	1.07	1.08		
1.00	Administrative and General	0	0	0	7,269	0	1.00
2.00	Skilled Nursing Care	0	0	0	1,210	0	2.00
3.00	Physical Therapy	0	0	0	60	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	220	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 Other	0	0	0	6,366	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	15,125	0	20.00
21.00	Total cost to be allocated	0	0	0	71,660	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	4.737851	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150051
HHA CCN: 157011

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

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	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	CHILD CARE (NUMBER OF CHILDREN)	Reconciliation	
	WEST PROMPTCARE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.10	2.00	4.00	4.01				
1.00	Administrative and General	0	7,269	295,884	0	0	1.00	
2.00	Skilled Nursing Care	0	1,210	1,283,105	0	0	2.00	
3.00	Physical Therapy	0	60	626,933	0	0	3.00	
4.00	Occupational Therapy	0	0	212,427	0	0	4.00	
5.00	Speech Pathology	0	0	16,537	0	0	5.00	
6.00	Medical Social Services	0	0	25,101	0	0	6.00	
7.00	Home Health Aide	0	220	167,615	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 Other	0	7,806	1,688,835	1	0	19.00	
20.00	Total (sum of lines 1-19)	0	16,565	4,316,437	1	0	20.00	
21.00	Total cost to be allocated	0	363,623	1,456,456	6,673	0	21.00	
22.00	Unit cost multiplier	0.000000	21.951283	0.337421	6,673.000000	0	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 6/7/2012 12:51 pm PPS
		Home Health Agency I	

	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
	5.00	6.00	7.00	8.00	9.00	
1.00 Administrative and General	293,841	0	7,269	0	0	1.00
2.00 Skilled Nursing Care	2,219,656	0	1,210	0	0	2.00
3.00 Physical Therapy	1,070,359	0	60	0	0	3.00
4.00 Occupational Therapy	362,134	0	0	0	0	4.00
5.00 Speech Pathology	28,191	0	0	0	0	5.00
6.00 Medical Social Services	21,196	0	0	0	0	6.00
7.00 Home Health Aide	291,611	0	220	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 Other	3,126,126	0	7,806	0	0	19.00
20.00 Total (sum of lines 1-19)	7,413,114	0	16,565	0	0	20.00
21.00 Total cost to be allocated	1,911,901	0	570,378	0	0	21.00
22.00 Unit cost multiplier	0.257908	0.000000	34.432720	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 6/7/2012 12:51 pm
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		Home Health Agency I		PPS			
	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (TIME SPENT)		
	10.00	11.00	12.00	13.00	14.00		
1.00	Administrative and General	0	14,509	0	14,509	0	1.00
2.00	Skilled Nursing Care	0	46,256	0	46,256	0	2.00
3.00	Physical Therapy	0	15,923	0	15,923	0	3.00
4.00	Occupational Therapy	0	5,558	0	5,558	0	4.00
5.00	Speech Pathology	0	444	0	444	0	5.00
6.00	Medical Social Services	0	384	0	384	0	6.00
7.00	Home Health Aide	0	10,387	0	10,387	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 Other	0	67,566	0	67,566	0	19.00
20.00	Total (sum of lines 1-19)	0	161,027	0	161,027	0	20.00
21.00	Total cost to be allocated	0	57,010	0	649,489	0	21.00
22.00	Unit cost multiplier	0.000000	0.354040	0.000000	4.033417	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150051
HHA CCN: 157011

Period:
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Worksheet H-2
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	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE			
				(SPECIFY) (TIME SPENT)	CENTRAL STERILIZATION (TIME SPENT)		
				15.00	16.00		17.00
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Other	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150051
HHA CCN: 157011

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

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

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 6/7/2012 12:51 pm		
		HHA CCN: 157011	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	3,246,025	3,246,025	12,677	1.00
2.00	Physical Therapy	3.00	1,516,092	0	6,443	2.00
3.00	Occupational Therapy	4.00	512,993	0	2,299	3.00
4.00	Speech Pathology	5.00	39,988	0	204	4.00
5.00	Medical Social Services	6.00	30,302		192	5.00
6.00	Home Health Aide	7.00	448,911		3,115	6.00
7.00	Total (sum of lines 1-6)		5,794,311	0	24,930	7.00
Program Visits						
Part B						
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles
		0	1.00	2.00	3.00	4.00
Limitation Cost Computation						
8.00	Skilled Nursing Care		14020	3,656	3,457	8.00
8.01	Skilled Nursing Care		99915	573	256	8.01
8.02	Skilled Nursing Care		26900	149	134	8.02
9.00	Physical Therapy		14020	2,286	1,802	9.00
9.01	Physical Therapy		99915	202	128	9.01
9.02	Physical Therapy		26900	139	72	9.02
10.00	Occupational Therapy		14020	872	682	10.00
10.01	Occupational Therapy		99915	55	79	10.01
10.02	Occupational Therapy		26900	69	37	10.02
11.00	Speech Pathology		14020	70	27	11.00
11.01	Speech Pathology		99915	11	3	11.01
11.02	Speech Pathology		26900	20	1	11.02
12.00	Medical Social Services		14020	61	57	12.00
12.01	Medical Social Services		99915	3	5	12.01
12.02	Medical Social Services		26900	5	3	12.02
13.00	Home Health Aide		14020	366	450	13.00
13.01	Home Health Aide		99915	23	52	13.01
13.02	Home Health Aide		26900	4	1	13.02
14.00	Total (sum of lines 8-13)			8,564	7,246	14.00
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	8.00	0	317	317	15.00
16.00	Cost of Drugs	9.00	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	0.620809	0	1.00
2.00	Occupational Therapy		67.00	0.000000	0	2.00
3.00	Speech Pathology		68.00	0.000000	0	3.00
4.00	Cost of Medical Supplies		71.00	0.259290	1,221	4.00
5.00	Cost of Drugs		73.00	0.353880	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 6/7/2012 12:51 pm		
		Title XVII I	Home Health Agency I	PPS		
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	256.06	4,378	3,847	1.00	
2.00	Physical Therapy	235.31	2,627	2,002	2.00	
3.00	Occupational Therapy	223.14	996	798	3.00	
4.00	Speech Pathology	196.02	101	31	4.00	
5.00	Medical Social Services	157.82	69	65	5.00	
6.00	Home Health Aide	144.11	393	503	6.00	
7.00	Total (sum of lines 1-6)		8,564	7,246	7.00	
Cost Center Description		5.00	6.00	7.00	8.00	9.00
Limitation Cost Computation						
8.00	Skilled Nursing Care				8.00	
8.01	Skilled Nursing Care				8.01	
8.02	Skilled Nursing Care				8.02	
9.00	Physical Therapy				9.00	
9.01	Physical Therapy				9.01	
9.02	Physical Therapy				9.02	
10.00	Occupational Therapy				10.00	
10.01	Occupational Therapy				10.01	
10.02	Occupational Therapy				10.02	
11.00	Speech Pathology				11.00	
11.01	Speech Pathology				11.01	
11.02	Speech Pathology				11.02	
12.00	Medical Social Services				12.00	
12.01	Medical Social Services				12.01	
12.02	Medical Social Services				12.02	
13.00	Home Health Aide				13.00	
13.01	Home Health Aide				13.01	
13.02	Home Health Aide				13.02	
14.00	Total (sum of lines 8-13)				14.00	
Cost Center Description		5.00	6.00	7.00	8.00	
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0.164675	0	791	430	15.00
16.00	Cost of Drugs	0.000000	0	0	0	16.00
Cost Center Description			Transfer to Part I as Indicated			
			4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy		col. 2, line 2.00		1.00	
2.00	Occupational Therapy		col. 2, line 3.00		2.00	
3.00	Speech Pathology		col. 2, line 4.00		3.00	
4.00	Cost of Medical Supplies		col. 2, line 15.00		4.00	
5.00	Cost of Drugs		col. 2, line 16.00		5.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150051

Period: From 01/01/2011

Worksheet H-3

HHA CCN: 157011

To 12/31/2011

Parts I-III
Date/Time Prepared:
6/7/2012 12:51 pm

Title XVIII

Home Health Agency I

PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	1,121,031	985,063		2,106,094	1.00
2.00	Physical Therapy	618,159	471,091		1,089,250	2.00
3.00	Occupational Therapy	222,247	178,066		400,313	3.00
4.00	Speech Pathology	19,798	6,077		25,875	4.00
5.00	Medical Social Services	10,890	10,258		21,148	5.00
6.00	Home Health Aide	56,635	72,487		129,122	6.00
7.00	Total (sum of lines 1-6)	2,048,760	1,723,042		3,771,802	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
14.00	Total (sum of lines 8-13)					14.00
Cost of Services						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0	130	71		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150051 HHA CCN: 157011	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 6/7/2012 12:51 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,256,410	1,013,861
12.00	Total PPS Reimbursement - Full Episodes with Outliers		14,409	33,385
13.00	Total PPS Reimbursement - LUPA Episodes		12,300	12,401
14.00	Total PPS Reimbursement - PEP Episodes		10,797	14,185
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		7,403	14,823
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	42
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
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,301,319	1,088,697
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,301,319	1,088,697
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		1,301,319	1,088,697
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)		1,301,319	1,088,697
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		1,301,319	1,088,697
32.00	Interim payments (see instructions)		1,301,319	1,088,697
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: 150051	Period: From 01/01/2011	Worksheet H-5
	HHA CCN: 157011	To 12/31/2011	Date/Time Prepared: 6/7/2012 12:51 pm
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,301,319		1,088,697	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		1,301,319		1,088,697	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)		1,301,319		1,088,697	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: 150051

Period: From 01/01/2011

Worksheet K

Hospice CCN: 151509

To 12/31/2011

Date/Time Prepared: 6/7/2012 12:51 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	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	268,079	0	114,012	704,776	582,392	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,302,080	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	4,711	0	0	0	0	12.00
13.00	Occupational Therapy	814	0	0	0	0	13.00
14.00	Speech/ Language Pathology	90	0	0	0	0	14.00
15.00	Medical Social Services	418,886	0	0	0	0	15.00
16.00	Spiritual Counseling	80,730	0	0	0	0	16.00
17.00	Dietary Counseling	2,108	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	137,123	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,214,621	0	114,012	704,776	582,392	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150051

Period: From 01/01/2011

Worksheet K

Hospice CCN: 151509

To 12/31/2011

Date/Time Prepared: 6/7/2012 12:51 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,669,259	-252,278	1,416,981	-31,255	1,385,726	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,302,080	29,681	1,331,761	0	1,331,761	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	4,711	107	4,818	0	4,818	12.00
13.00	Occupational Therapy	814	19	833	0	833	13.00
14.00	Speech/ Language Pathology	90	2	92	0	92	14.00
15.00	Medical Social Services	418,886	9,549	428,435	0	428,435	15.00
16.00	Spiritual Counseling	80,730	1,840	82,570	0	82,570	16.00
17.00	Dietary Counseling	2,108	48	2,156	0	2,156	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	137,123	3,126	140,249	0	140,249	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,615,801	-207,906	3,407,895	-31,255	3,376,640	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150051

Period:

Worksheet K-1

Hospice CCN: 151509

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

Date/Time Prepared:
6/7/2012 12:51 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	140,937	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	69,286	1,232,794	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	80,730	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	221,667	0	69,286	1,232,794	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150051

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 151509

To 12/31/2011

Date/Time Prepared: 6/7/2012 12:51 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	127,142	268,079	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	1,302,080	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	4,711	0	0	4,711	12.00
13.00	Occupational Therapy	814	0	0	814	13.00
14.00	Speech/ Language Pathology	90	0	0	90	14.00
15.00	Medical Social Services		0	418,886	418,886	15.00
16.00	Spiritual Counseling		0	0	80,730	16.00
17.00	Dietary Counseling		0	2,108	2,108	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		137,123	0	137,123	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	5,615	137,123	548,136	2,214,621	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet K-3
		Hospice CCN: 151509		Date/Time Prepared: 6/7/2012 12:51 pm

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150051	Period: From 01/01/2011	Worksheet K-3
		Hospice CCN: 151509	To 12/31/2011	Date/Time Prepared: 6/7/2012 12:51 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	704,776	704,776	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	704,776	704,776	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150051

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151509

To 12/31/2011

Part I
Date/Time Prepared:
6/7/2012 12:51 pm

		CAPITAL RELATED COST					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	1,385,726	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,331,761	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	4,818	0	0	0	0	12.00
13.00	Occupational Therapy	833	0	0	0	0	13.00
14.00	Speech/ Language Pathology	92	0	0	0	0	14.00
15.00	Medical Social Services	428,435	0	0	0	0	15.00
16.00	Spiritual Counseling	82,570	0	0	0	0	16.00
17.00	Dietary Counseling	2,156	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	140,249	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,376,640	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150051	Period: From 01/01/2011	Worksheet K-4 Part I Date/Time Prepared: 6/7/2012 12:51 pm
		Hospice CCN: 151509	To 12/31/2011	

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.		0			1.00
2.00	Capital Related Costs-Movable Equip.		0			2.00
3.00	Plant Operation and Maintenance		0			3.00
4.00	Transportation - Staff		0			4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	1,385,726			6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	1,331,761	926,939	2,258,700	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	4,818	3,353	8,171	12.00
13.00	Occupational Therapy	0	833	580	1,413	13.00
14.00	Speech/ Language Pathology	0	92	64	156	14.00
15.00	Medical Social Services	0	428,435	298,201	726,636	15.00
16.00	Spiritual Counseling	0	82,570	57,471	140,041	16.00
17.00	Dietary Counseling	0	2,156	1,501	3,657	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	140,249	97,617	237,866	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,990,914	1,385,726	3,376,640	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150051

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151509

To 12/31/2011

Part II
Date/Time Prepared:
6/7/2012 12:51 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	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	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: 150051

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151509

To 12/31/2011

Part II
Date/Time Prepared:
6/7/2012 12:51 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-1,385,726	1,990,914	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	1,331,761	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	4,818	12.00
13.00	Occupational Therapy	0	833	13.00
14.00	Speech/ Language Pathology	0	92	14.00
15.00	Medical Social Services	0	428,435	15.00
16.00	Spiritual Counseling	0	82,570	16.00
17.00	Dietary Counseling	0	2,156	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	140,249	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		1,385,726	39.00
40.00	Unit Cost Multiplier		0.696025	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150051

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151509

To 12/31/2011

Part I
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS				1983 BUI LDING	
		BLDG & FIXT	1947 BUI LDING	1965 BUI LDING			
		1.00	1.01	1.02	1.03		
1.00 Administrative and General	0	0	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	2,258,700	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	8,171	0	0	0	0	0	7.00
8.00 Occupational Therapy	1,413	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	156	0	0	0	0	0	9.00
10.00 Medical Social Services	726,636	0	0	0	0	0	10.00
11.00 Spiritual Counseling	140,041	0	0	0	0	0	11.00
12.00 Dietary Counseling	3,657	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	237,866	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)	3,376,640	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: 150051

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151509

To 12/31/2011

Part I
Date/Time Prepared:
6/7/2012 12:51 pm

Hospice I

Cost Center Description	CAPITAL RELATED COSTS				PHNA BUILDING	
	MEDICAL ARTS	UTILITIES	WEGMI LLER	CANCER		
	1.04	1.05	1.06	1.07		
1.00 Administrative and General	7,819	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)	7,819	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: 150051

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151509

To 12/31/2011

Part I
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	CHILD CARE	
	PAI N MANAGEMENT	WEST PROMPTCARE	MVBLE EQUIP			
	1.09	1.10	2.00			
1.00 Administrative and General	0	0	116,034	74,486	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	449,365	13,346	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	1,626	0	7.00
8.00 Occupational Therapy	0	0	0	281	0	8.00
9.00 Speech/ Language Pathology	0	0	0	31	0	9.00
10.00 Medical Social Services	0	0	0	144,563	0	10.00
11.00 Spiritual Counseling	0	0	0	27,861	0	11.00
12.00 Dietary Counseling	0	0	0	727	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	47,323	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	116,034	746,263	13,346	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150051

Period:

Worksheet K-5

Hospice CCN: 151509

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

Part I
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		Hospice I					
		Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A.01	5.00	6.00	7.00	8.00	
1.00	Administrative and General	198,339	51,153	0	182,011	2,028	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	2,721,411	701,873	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	9,797	2,527	0	0	0	7.00
8.00	Occupational Therapy	1,694	437	0	0	0	8.00
9.00	Speech/ Language Pathology	187	48	0	0	0	9.00
10.00	Medical Social Services	871,199	224,689	0	0	0	10.00
11.00	Spiritual Counseling	167,902	43,303	0	0	0	11.00
12.00	Dietary Counseling	4,384	1,131	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	285,189	73,553	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 - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	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)	4,260,102	1,098,714	0	182,011	2,028	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150051

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151509

To 12/31/2011

Part I
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		Hospice I					
		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
1.00	Administrative and General	924	0	4,011	0	45,695	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	15,610	0	177,854	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	45	0	508	7.00
8.00	Occupational Therapy	0	0	8	0	89	8.00
9.00	Speech/ Language Pathology	0	0	1	0	8	9.00
10.00	Medical Social Services	0	0	5,287	0	60,227	10.00
11.00	Spiritual Counseling	0	0	1,102	0	12,556	11.00
12.00	Dietary Counseling	0	0	26	0	298	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	3,721	0	42,387	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)	924	0	29,811	0	339,622	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150051

Period:

Worksheet K-5

Hospice CCN: 151509

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

Part I
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		Hospice I					
		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		
		14.00	15.00	16.00	17.00		
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	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150051

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151509

To 12/31/2011

Part I
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	OTHER GENERAL SERVICE				NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
	(SPECIFY)	CENTRAL STERILIZATION						
	18.00	18.01	19.00	20.00				
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: 150051

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151509

To 12/31/2011

Part I
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00	23.00	24.00	25.00	
1.00 Administrative and General	0	0	0	484,161		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	3,616,748	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	12,877	0	7.00
8.00 Occupational Therapy	0	0	0	2,228	0	8.00
9.00 Speech/ Language Pathology	0	0	0	244	0	9.00
10.00 Medical Social Services	0	0	0	1,161,402	0	10.00
11.00 Spiritual Counseling	0	0	0	224,863	0	11.00
12.00 Dietary Counseling	0	0	0	5,839	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	404,850	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	5,913,212	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150051	Period: From 01/01/2011	Worksheet K-5
		Hospice CCN: 151509	To 12/31/2011	Part I
				Date/Time Prepared: 6/7/2012 12:51 pm

Cost Center Description		Subtotal (col s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col s. 26 ± 27)	Hospice I	
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	0	0	0		4.00
5.00	Nursing Care	3,616,748	322,539	3,939,287		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	12,877	1,148	14,025		7.00
8.00	Occupational Therapy	2,228	199	2,427		8.00
9.00	Speech/ Language Pathology	244	22	266		9.00
10.00	Medical Social Services	1,161,402	103,574	1,264,976		10.00
11.00	Spiritual Counseling	224,863	20,053	244,916		11.00
12.00	Dietary Counseling	5,839	521	6,360		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	404,850	36,105	440,955		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	0	0	0		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	5,913,212		5,913,212		34.00
35.00	Unit Cost Multiplier (see instructions)		0.089180			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051
Hospice CCN: 151509

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

Worksheet K-5
Part II
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	CAPITAL RELATED COSTS					MEDICAL ARTS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	1947 BUILDING (SQUARE FEET)	1965 BUILDING (SQUARE FEET)	1983 BUILDING (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04		
1.00 Administrative and General	0	0	0	0	4,796	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	4,796	34.00	
35.00 Total cost to be allocated	0	0	0	0	7,819	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	1.630317	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051

Period:

Worksheet K-5

Hospice CCN: 151509

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

Part II
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	CAPITAL RELATED COSTS					PAIN MANAGEMENT (SQUARE FEET)	
	UTILITIES (SQUARE FEET)	WEGMI LLER (SQUARE FEET)	CANCER (SQUARE FEET)	PHNA BUILDING (SQUARE FEET)			
	1.05	1.06	1.07	1.08	1.09		
1.00 Administrative and General	0	0	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	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151509

To 12/31/2011

Part II
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	CHILD CARE (NUMBER OF CHILDREN)	Reconciliation	
		WEST PROMPTCARE (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
		1.10	2.00	4.00				
1.00	Administrative and General	0	5,286	220,751	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	1,331,762	2	0	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	4,819	0	0	7.00	
8.00	Occupational Therapy	0	0	833	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	92	0	0	9.00	
10.00	Medical Social Services	0	0	428,434	0	0	10.00	
11.00	Spiritual Counseling	0	0	82,570	0	0	11.00	
12.00	Dietary Counseling	0	0	2,156	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	0	0	140,249	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	5,286	2,211,666	2	0	34.00	
35.00	Total cost to be allocated	0	116,034	746,263	13,346	0	35.00	
36.00	Unit Cost Multiplier (see instructions)	0.000000	21.951192	0.337421	6,673.000000	0	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051

Period:

Worksheet K-5

Hospice CCN: 151509

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

Part II
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.00	6.00	7.00	8.00	9.00	
1.00	Administrative and General	198,339	0	5,286	2,176	3	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	2,721,411	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	9,797	0	0	0	0	7.00
8.00	Occupational Therapy	1,694	0	0	0	0	8.00
9.00	Speech/ Language Pathology	187	0	0	0	0	9.00
10.00	Medical Social Services	871,199	0	0	0	0	10.00
11.00	Spiritual Counseling	167,902	0	0	0	0	11.00
12.00	Dietary Counseling	4,384	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	285,189	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)	4,260,102	0	5,286	2,176	3	34.00
35.00	Total cost to be allocated	1,098,714	0	182,011	2,028	924	35.00
36.00	Unit Cost Multiplier (see instructions)	0.257908	0.000000	34.432652	0.931985	308.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051

Period:

Worksheet K-5

Hospice CCN: 151509

From 01/01/2011

Part II

To 12/31/2011

Date/Time Prepared:

6/7/2012 12:51 pm

Cost Center Description		Hospice I					
		DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (TIME SPENT)	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	11,329	0	11,329	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	44,095	0	44,095	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	126	0	126	0	7.00
8.00	Occupational Therapy	0	22	0	22	0	8.00
9.00	Speech/ Language Pathology	0	2	0	2	0	9.00
10.00	Medical Social Services	0	14,932	0	14,932	0	10.00
11.00	Spiritual Counseling	0	3,113	0	3,113	0	11.00
12.00	Dietary Counseling	0	74	0	74	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	10,509	0	10,509	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	84,202	0	84,202	0	34.00
35.00	Total cost to be allocated	0	29,811	0	339,622	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.354041	0.000000	4.033420	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051

Period:

Worksheet K-5

Hospice CCN: 151509

From 01/01/2011

Part II

To 12/31/2011

Date/Time Prepared:
6/7/2012 12:51 pm

Hospice I

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		
				(SPECIFY) (TIME SPENT)	CENTRAL STERILIZATION (TIME SPENT)	
	15.00	16.00	17.00	18.00	18.01	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150051

Period:

Worksheet K-5

Hospice CCN: 151509

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

Part II
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description	Hospice I					PARAMED PRGM (ASSIGNED TIME)	
	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS				
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
19.00	20.00	21.00	22.00	23.00			
1.00 Administrative and General	0	0	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	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150051

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151509

To 12/31/2011

Part III
Date/Time Prepared:
6/7/2012 12:51 pm

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.620809	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.000000	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.353880	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0 5.00
6.00	LABORATORY	60.00	0.293571	0	0 6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0 6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.259290	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.279547	0	0 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: 150051

Period: From 01/01/2011

Worksheet K-6

Hospice CCN: 151509

To 12/31/2011

Date/Time Prepared: 6/7/2012 12:51 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				5,913,212	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				25,369	2.00
3.00	Average cost per diem (line 1 divided by line 2)				233.09	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	22,892				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	5,335,896				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		703			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		163,862			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	6,362				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	1,482,919				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		263			10.00
11.00	Aggregate NF cost (line 3 times line 10)		61,303			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,774		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			413,502		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150051	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 6/7/2012 12:51 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,162,887	1.00
2.00	Capital DRG outlier payments		215,357	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		136.24	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.20	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		20.37	8.00
9.00	Sum of lines 7 and 8		25.57	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.31	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		167,949	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,546,193	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00