

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).
 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

FORM APPROVED
 OMB NO. 0938-0050
 Worksheet 5
 Parts I-III
 Date/Time Prepared:
 5/24/2012 4:25 pm

Provider CCN: 150026

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

PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

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

Date: 5/24/2012 Time: 4:25 pm

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 GOSHEN HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information

ECR: Date: 5/24/2012 Time: 4:25 pm
 yThFascn:OWaSiRlUvWqHbxg0FafCf0
 TwoJI0BHsp1z:vv7Chbg5M9tsa8J8:
 45P112du9E04agBr
 PI: Date: 5/24/2012 Time: 4:25 pm
 .:BAePhbXRZ0xEBGZ4S5W5P9RK0U31
 yeMNB0gj54YlytyMS.f5k13.59BpIa
 J8d0CjCgka0y9ogX

(Signed)

Amy Fle
 Officer or Administrator of Provider(s)
 CFO

Title

5/30/12

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-7,335	87,375	0	1,970,019	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	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	-7,335	87,375	0	1,970,019	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.

	1.00	2.00	3.00	4.00							
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 200 HIGH PARK AVENUE		PO Box:		Zip Code: 46526		County: ELKHART		1.00		
2.00	City: GOSHEN		State: IN						2.00		
	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)	V	XVIII	XIX		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	IU HEALTH GOSHEN HOSPITAL	150026	21140	1	07/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF									5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF						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									11.00	
12.00	Hospital-Based HHA	CARE AT HOME SERVICES	157174	21140		04/17/1986	N	P	N	12.00	
13.00	Separately Certified ASC						N	N	N	13.00	
14.00	Hospital-Based Hospice	CARE AT HOME HOSPICE SERVICES	151527	21140		04/17/1986				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.	1,896	678	9	26	1,396	0	24.00			
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0	25.00			
						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: 150026	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 4:22 pm		
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.		0		37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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)	Y			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)		0.00		62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)		0.00		62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
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	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

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

		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.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(ii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
		1.00			
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.	N		80.00	
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N		85.00	
86.00	Did this facility establish a new other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.	N		86.00	
		V	XIX		
		1.00	2.00		
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			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	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00
		1.00		2.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.	N		115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N		116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y		117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.	250,000	750,000		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	

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		1.00	2.00				
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	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	Contractor's Name: NGS		Contractor's Number: 08101		141.00	
142.00	Street: I65 @ 21ST STREET	PO Box:				142.00	
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46202		143.00	
					1.00		
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	N				145.00	
					1.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
				Part A	Part B		
				1.00	2.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N			155.00	
156.00	Subprovider - IPF	N	N			156.00	
157.00	Subprovider - IRF	N	N			157.00	
158.00	SUBPROVIDER	N	N			158.00	
159.00	SNF	N	N			159.00	
160.00	HOME HEALTH AGENCY	N	N			160.00	
161.00	CMHC	N	N			161.00	
161.10	CORF	N	N			161.10	
					1.00		
Multicampus							
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
							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)						168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	169.00

		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "v" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	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)	Y	03/31/2012	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)	N		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

	Description	Part A		
		Y/N	Date	
	0	1.00	2.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	31.00
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.		N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N	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.		Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N	35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.		Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.		N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.		N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.		N	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)	Y	03/31/2012	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)	N		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

Worksheet A Line Number	Cost Center Description	No. of Beds	Bed Days Available	CAH Hours	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	111	40,515	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)	111	40,515	0.00	7.00
8.00	INTENSIVE CARE UNIT	12	4,380	0.00	8.00
9.00	CORONARY CARE UNIT	0	0	0.00	9.00
10.00	BURN INTENSIVE CARE UNIT	0	0	0.00	10.00
11.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	11.00
12.00	OTHER SPECIAL CARE (SPECIFY)				12.00
13.00	NURSERY				13.00
14.00	Total (see instructions)	123	44,895	0.00	14.00
15.00	CAH visits				15.00
16.00	SUBPROVIDER - IPF	0	0		16.00
17.00	SUBPROVIDER - IRF	0	0		17.00
18.00	SUBPROVIDER	0	0		18.00
19.00	SKILLED NURSING FACILITY	0	0		19.00
20.00	NURSING FACILITY	0	0		20.00
21.00	OTHER LONG TERM CARE	0	0		21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00	HOSPICE	0	0		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)	123			27.00
28.00	Observation Bed Days				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				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

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	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	7,423	1,188	16,792	1.00	
2.00 HMO		2,067	2,325		2.00	
3.00 HMO IPF		0	0		3.00	
4.00 HMO IRF		0	0		4.00	
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0	5.00	
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0	6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	7,423	1,188	16,792	7.00	
8.00 INTENSIVE CARE UNIT	0	1,113	0	2,351	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		349	1,931	13.00	
14.00 Total (see instructions)	0	8,536	1,537	21,074	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	0	0	0	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	0	0	8,744	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00	
24.00 HOSPICE		0	0	0	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		315	1,530	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)			143	255	32.00	
33.00 LTCH non-covered days		0			33.00	

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	2,251	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	934.00	0.00	0	2,251	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	0.00	0.00	0	0	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	25.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	12.00	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	971.00	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

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)	1,166	7,148		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)	1,166	7,148		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0		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

	Worksheet A Line Number	Amount Reported	Reclassificati 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	58,317,330	0	58,317,330	2,019,562.00 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		790,520	0	790,520	6,327.15 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		6,517,016	0	6,517,016	29,495.89 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)		3,793,346	630,874	4,424,220	164,254.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		172,116	0	172,116	2,724.31 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		322,960	0	322,960	2,455.35 13.00
14.00	Home office salaries & wage-related costs		4,903,791	0	4,903,791	94,323.00 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		15,247,483	0	15,247,483	17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0	18.00
19.00	Excluded areas		1,224,975	0	1,224,975	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		255,281	0	255,281	22.00
23.00	Physician Part B		2,104,523	0	2,104,523	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	635,661	0	635,661	25,271.00 26.00
27.00	Administrative & General	5.00	10,964,700	-630,874	10,333,826	286,867.00 27.00
28.00	Administrative & General under contract (see inst.)		1,308,633	0	1,308,633	11,888.96 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	754,171	0	754,171	34,202.00 30.00
31.00	Laundry & Linen Service	8.00	31,626	0	31,626	2,894.00 31.00
32.00	Housekeeping	9.00	887,619	0	887,619	69,335.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	705,527	-543,088	162,439	14,181.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	543,088	543,088	47,413.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	1,301,214	0	1,301,214	39,382.00 38.00
39.00	Central Services and Supply	14.00	194,509	0	194,509	12,426.00 39.00
40.00	Pharmacy	15.00	1,090,866	0	1,090,866	30,524.00 40.00
41.00	Medical Records & Medical Records Library	16.00	1,204,480	0	1,204,480	56,224.00 41.00
42.00	Social Service	17.00	350,036	0	350,036	14,245.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

		Average Hourly Wage (col. 4 + col. 5) 6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	28.88	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	124.94	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	220.95	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)	26.94	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	63.18	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	131.53	13.00
14.00	Home office salaries & wage-related costs	51.99	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	25.15	26.00
27.00	Administrative & General	36.02	27.00
28.00	Administrative & General under contract (see inst.)	110.07	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	22.05	30.00
31.00	Laundry & Linen Service	10.93	31.00
32.00	Housekeeping	12.80	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	11.45	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	11.45	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	33.04	38.00
39.00	Central Services and Supply	15.65	39.00
40.00	Pharmacy	35.74	40.00
41.00	Medical Records & Medical Records Library	21.42	41.00
42.00	Social Service	24.57	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CGN: 150026

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2012 4:22 pm

	Worksheet A Line Number	Amount Reported	Reclassificati 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)	53,108,947	0	53,108,947	2,001,955.07	1.00
2.00	Excluded area salaries (see instructions)	3,793,346	630,874	4,424,220	164,254.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	49,315,601	-630,874	48,684,727	1,837,701.07	3.00
4.00	Subtotal other wages & related costs (see inst.)	5,398,867	0	5,398,867	99,502.66	4.00
5.00	Subtotal wage-related costs (see inst.)	15,502,764	0	15,502,764	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	70,217,232	-630,874	69,586,358	1,937,203.73	6.00
7.00	Total overhead cost (see instructions)	19,429,042	-630,874	18,798,168	644,852.96	7.00

Provider CCN: 150026

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2012 4:22 pm

		Average Hourly Wage (col. 4 + col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	26.53	1.00
2.00	Excluded area salaries (see instructions)	26.94	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26.49	3.00
4.00	Subtotal other wages & related costs (see inst.)	54.26	4.00
5.00	Subtotal wage-related costs (see inst.)	31.84	5.00
6.00	Total (sum of lines 3 thru 5)	35.92	6.00
7.00	Total overhead cost (see instructions)	29.15	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	668,971	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	2,935,536	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	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)	10,587,042	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	338,801	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	72,386	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)	217,960	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	-1,049	14.00
15.00	'Workers' Compensation Insurance	217,124	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	0	17.00
18.00	Medicare Taxes - Employers Portion Only	3,518,941	18.00
19.00	Unemployment Insurance	126,822	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	52,503	22.00
23.00	Tuition Reimbursement	97,225	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	18,832,262	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: 150026

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

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2012 4:22 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	1,579,099	0	1.00
2.00	Hospital	1,579,099	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	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: 150026

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

worksheet S-4

Component CCN: 157174

Date/Time Prepared: 5/24/2012 4:22 pm

Home Health Agency I

PPS

						1.00												
0.00	County	ELKHART								0.00								
		Title V	Title XVIII	Title XIX	Other	Total												
		1.00	2.00	3.00	4.00	5.00												
HOME HEALTH AGENCY STATISTICAL DATA																		
1.00	Home Health Aide Hours	0	1,084	8	14	1,106		1.00										
2.00	Unduplicated Census Count (see instructions)	0.00	436.00	37.00	116.00	589.00		2.00										
Number of Employees (Full Time Equivalent)																		
Enter the number of hours in your normal work week																		
<table border="1"> <thead> <tr> <th></th> <th>Staff</th> <th>Contract</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td></td> <td>0</td> <td>1.00</td> <td>2.00</td> </tr> </tbody> </table>												Staff	Contract	Total		0	1.00	2.00
	Staff	Contract	Total															
	0	1.00	2.00															
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)			0.05	0.00	0.05		4.00										
5.00	Other Administrative Personnel			0.95	0.00	0.95		5.00										
6.00	Direct Nursing Service			12.72	0.00	12.72		6.00										
7.00	Nursing Supervisor			0.00	0.00	0.00		7.00										
8.00	Physical Therapy Service			2.52	0.00	2.52		8.00										
9.00	Physical Therapy Supervisor			0.00	0.00	0.00		9.00										
10.00	Occupational Therapy Service			1.06	0.00	1.06		10.00										
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00		11.00										
12.00	Speech Pathology Service			0.37	0.00	0.37		12.00										
13.00	Speech Pathology Supervisor			0.00	0.00	0.00		13.00										
14.00	Medical Social Service			2.59	0.00	2.59		14.00										
15.00	Medical Social Service Supervisor			0.00	0.00	0.00		15.00										
16.00	Home Health Aide			4.23	0.00	4.23		16.00										
17.00	Home Health Aide Supervisor			0.00	0.00	0.00		17.00										
18.00	Other (specify)			0.00	0.00	0.00		18.00										
HOME HEALTH AGENCY CBSA CODES																		
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2					19.00									
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			21140					20.00									
20.01				99915					20.01									
Full Episodes																		
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)												
		1.00	2.00	3.00	4.00	5.00												
PPS ACTIVITY DATA																		
21.00	Skilled Nursing Visits	2,313	36	141	10	2,500		21.00										
22.00	Skilled Nursing Visit Charges	329,955	5,580	19,805	1,550	356,890		22.00										
23.00	Physical Therapy Visits	1,149	0	17	2	1,168		23.00										
24.00	Physical Therapy Visit Charges	178,140	0	2,645	340	181,125		24.00										
25.00	Occupational Therapy Visits	424	0	5	1	430		25.00										
26.00	Occupational Therapy Visit Charges	64,540	0	780	170	65,490		26.00										
27.00	Speech Pathology Visits	93	0	0	0	93		27.00										
28.00	Speech Pathology Visit Charges	15,140	0	0	0	15,140		28.00										
29.00	Medical Social Service Visits	33	0	0	0	33		29.00										
30.00	Medical Social Service Visit Charges	6,825	0	0	0	6,825		30.00										
31.00	Home Health Aide Visits	947	0	4	0	951		31.00										
32.00	Home Health Aide Visit Charges	70,570	0	290	0	70,860		32.00										
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,959	36	167	13	5,175		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)	665,170	5,580	23,520	2,060	696,330		35.00										
36.00	Total Number of Episodes (standard/non outlier)	294		60	2	356		36.00										
37.00	Total Number of Outlier Episodes		0		0	0		37.00										
38.00	Total Non-Routine Medical Supply Charges	56,193	1,338	4,327	0	61,858		38.00										

Provider CCN: 150026
Component CCN: 151527
Period: From 01/01/2011 To 12/31/2011
Worksheet S-9
Parts I & II
Date/Time Prepared: 5/24/2012 4:22 pm

		Unduplicated Days					
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	
		1.00	2.00	3.00	4.00	5.00	
PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	1.00
2.00	Routine Home Care	13,077	0	0	0	1,147	2.00
3.00	Inpatient Respite Care	52	0	0	0	12	3.00
4.00	General Inpatient Care	199	0	0	0	66	4.00
5.00	Total Hospice Days	13,328	0	0	0	1,225	5.00
Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	308	15	0	0	32	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	32.00		0.00			7.00
8.00	Average Length of Stay (line 5/line 6)	43.27	0.00	0.00	0.00	38.28	8.00
9.00	Unduplicated Census Count	304	14	0	0	32	9.00

Provider CCN: 150026	Period: From 01/01/2011 To 12/31/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 5/24/2012 4:22 pm
Component CCN: 151527	Hospice I	

		Unduplicated Days	
		Total (sum of cols. 1, 2 & 5)	
		6.00	
PART I - ENROLLMENT DAYS			
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	14,224	2.00
3.00	Inpatient Respite Care	64	3.00
4.00	General Inpatient Care	265	4.00
5.00	Total Hospice Days	14,553	5.00
Part II - CENSUS DATA			
6.00	Number of Patients Receiving Hospice Care	355	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)	40.99	8.00
9.00	Unduplicated Census count	350	9.00

		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)	0.378034	1.00	
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid	0	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	39,758,293	6.00	
7.00	Medicaid cost (line 1 times line 6)	15,029,987	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)	15,029,987	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)				
9.00	Net revenue from stand-alone SCHIP	0	9.00	
10.00	Stand-alone SCHIP charges	0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00	
Other state or local government indigent care program (see instructions for each line)				
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00	
Uncompensated care (see instructions for each line)				
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	15,029,987	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)
		1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	9,245,434	0	9,245,434
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,495,088	0	3,495,088
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	3,495,088	0	3,495,088
		1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		17,017,971	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		491,833	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		16,526,138	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		6,247,442	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		9,742,530	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		24,772,517	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150026

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

Worksheet A

Date/Time Prepared:
5/24/2012 4:22 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		10,382,796	10,382,796	-4,453,030	5,929,766	1.00
2.00		0	0	6,492,920	6,492,920	2.00
3.00		0	0	0	0	3.00
4.00	635,661	15,967,018	16,602,679	189,157	16,791,836	4.00
5.01	745,013	583,990	1,329,003	0	1,329,003	5.01
5.02	10,219,687	15,615,486	25,835,173	95,690	25,930,863	5.02
6.00	0	0	0	0	0	6.00
7.00	754,171	2,070,942	2,825,113	-224	2,824,889	7.00
8.00	31,626	497,061	528,687	0	528,687	8.00
9.00	887,619	399,284	1,286,903	-201	1,286,702	9.00
10.00	705,527	993,850	1,699,377	-1,326,622	372,755	10.00
11.00	0	0	0	1,308,117	1,308,117	11.00
12.00	0	0	0	0	0	12.00
13.00	1,301,214	191,942	1,493,156	-438	1,492,718	13.00
14.00	194,509	240,955	435,464	-626	434,838	14.00
15.00	1,090,866	5,416,483	6,507,349	-5,133,802	1,373,547	15.00
16.00	1,204,480	1,284,555	2,489,035	-14	2,489,021	16.00
17.00	350,036	5,920	355,956	0	355,956	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
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
23.00	0	0	0	180,167	180,167	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	5,707,293	663,911	6,371,204	551,477	6,922,681	30.00
31.00	1,399,515	250,560	1,650,075	-181,080	1,468,995	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	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	2,263,915	375,234	2,639,149	-2,408,528	230,621	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	3,989,109	14,444,705	18,433,814	-10,912,296	7,521,518	50.00
51.00	435,008	53,118	488,126	-41,643	446,483	51.00
52.00	0	0	0	1,235,711	1,235,711	52.00
53.00	0	0	0	0	0	53.00
53.01	844,268	1,352,282	2,196,550	-13,776	2,182,774	53.01
54.00	12,559,986	29,073,070	41,633,056	-13,122,359	28,510,697	54.00
55.00	62,971	9,257	72,228	-39	72,189	55.00
56.00	0	0	0	0	0	56.00
56.01	828,178	2,122,206	2,950,384	-2,113,167	837,217	56.01
57.00	0	0	0	0	0	57.00
58.00	0	0	0	0	0	58.00
59.00	0	0	0	0	0	59.00
60.00	2,349,567	3,019,957	5,369,524	-860,367	4,509,157	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	0	0	0	0	64.00
65.00	1,046,657	172,310	1,218,967	-32,135	1,186,832	65.00
66.00	1,653,918	382,064	2,035,982	-9,709	2,026,273	66.00
67.00	356,909	30,632	387,541	-4,535	383,006	67.00
68.00	246,751	11,293	258,044	-2,683	255,361	68.00
69.00	102,075	86,130	188,205	-2,500	185,705	69.00
70.00	0	0	0	0	0	70.00
71.00	0	0	0	6,796,956	6,796,956	71.00
72.00	0	0	0	9,245,060	9,245,060	72.00
73.00	0	0	0	16,584,754	16,584,754	73.00
74.00	0	0	0	0	0	74.00
75.00	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
90.00	257,817	131,396	389,213	-5,491	383,722	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150026

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

Worksheet A
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
90.01	WOMEN'S CENTER	0	0	0	0	0	90.01
90.02	WOUND CLINIC	0	1,333,355	1,333,355	-294,292	1,039,063	90.02
90.03	MOBILE CLINIC	140,725	129,200	269,925	-28,031	241,894	90.03
91.00	EMERGENCY	2,158,913	453,083	2,611,996	-281,314	2,330,682	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	1,431,172	188,201	1,619,373	-12,282	1,607,091	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	2,034,619	2,034,619	-2,034,619	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	617,685	541,528	1,159,213	-183,330	975,883	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	56,572,841	110,508,393	167,081,234	-779,124	166,302,110	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	678,268	373,642	1,051,910	-6,352	1,045,558	190.00
190.01	OTHER NR/CHP-GRANT I/COMMUNITY ED	424,926	112,377	537,303	-6	537,297	190.01
190.02	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03	LIFELINE	0	0	0	0	0	190.03
190.04	COMMUNITY RELATIONS	641,295	5,047,235	5,688,530	785,482	6,474,012	190.04
190.05	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	PROFESSIONAL DEVELOPMENT	0	1,358,006	1,358,006	0	1,358,006	190.06
190.07	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
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)	58,317,330	117,399,653	175,716,983	0	175,716,983	200.00

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	715,557	6,645,323	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	290,917	6,783,837	2.00
3.00	OTHER CAP REL COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	0	16,791,836	4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE	0	1,329,003	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	-2,464,529	23,466,334	5.02
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	0	2,824,889	7.00
8.00	LAUNDRY & LINEN SERVICE	0	528,687	8.00
9.00	HOUSEKEEPING	0	1,286,702	9.00
10.00	DIETARY	-39,291	333,464	10.00
11.00	CAFETERIA	-922,788	385,329	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	0	1,492,718	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	434,838	14.00
15.00	PHARMACY	0	1,373,547	15.00
16.00	MEDICAL RECORDS & LIBRARY	-54,141	2,434,880	16.00
17.00	SOCIAL SERVICE	0	355,956	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
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	-58,940	121,227	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	0	6,922,681	30.00
31.00	INTENSIVE CARE UNIT	0	1,468,995	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	230,621	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	7,521,518	50.00
51.00	RECOVERY ROOM	0	446,483	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,235,711	52.00
53.00	ANESTHESIOLOGY	0	0	53.00
53.01	PAIN MANAGEMENT	-1,609,994	572,780	53.01
54.00	RADIOLOGY-DIAGNOSTIC	-7,187,184	21,323,513	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	72,189	55.00
56.00	RADIOISOTOPE	0	0	56.00
56.01	CARDIAC CATH LAB	0	837,217	56.01
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	-800,005	3,709,152	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	1,186,832	65.00
66.00	PHYSICAL THERAPY	0	2,026,273	66.00
67.00	OCCUPATIONAL THERAPY	0	383,006	67.00
68.00	SPEECH PATHOLOGY	0	255,361	68.00
69.00	ELECTROCARDIOLOGY	0	185,705	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,796,956	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	9,245,060	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	16,584,754	73.00
74.00	RENAL DIALYSIS	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
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	-11,607	372,115	90.00
90.01	WOMEN'S CENTER	0	0	90.01
90.02	WOUND CLINIC	-3,288	1,035,775	90.02

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
90.03	MOBILE CLINIC	0	241,894	90.03
91.00	EMERGENCY	0	2,330,682	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	1,607,091	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	0	975,883	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-12,145,293	154,156,817	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,045,558	190.00
190.01	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	537,297	190.01
190.02	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.02
190.03	LIFELINE	0	0	190.03
190.04	COMMUNITY RELATIONS	0	6,474,012	190.04
190.05	PRIVATE DUTY	0	0	190.05
190.06	PROFESSIONAL DEVELOPMENT	0	1,358,006	190.06
190.07	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	190.07
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)	-12,145,293	163,571,690	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - SUPPLIES					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	74,290	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,797,682	2.00
3.00	INPL. DEV. CHARGED TO PATIENTS	72.00	0	9,245,060	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
TOTALS			0	16,117,032	
B - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	16,588,759	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
TOTALS			0	16,588,759	
C - DIETARY					
1.00	CAFETERIA	11.00	543,088	765,029	1.00
TOTALS			543,088	765,029	
D - CAPITAL INSURANCE					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	104,078	1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	55,673	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,851	3.00
4.00	EMPLOYEE BENEFITS	4.00	0	210,139	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	695,419	5.00
6.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,006	6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	189,511	7.00
TOTALS			0	1,260,677	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
E - CAPITAL INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,104,004	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	2,104,004	
F - CAPITAL DEPRECIATION					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,488,914	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	6,488,914	
G - CIRCLE OF CARE					
1.00	ADULTS & PEDIATRICS	30.00	893,567	62,589	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	1,154,823	80,888	2.00
	TOTALS		2,048,390	143,477	
H - COMMUNITY HEALTH					
1.00	COMMUNITY RELATIONS	190.04	546,912	241,255	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		546,912	241,255	
I - EMT					
1.00	PARAMED ED PRGM	23.00	83,962	96,205	1.00
	TOTALS		83,962	96,205	
500.00	Grand Total: Increases		3,222,352	43,805,352	500.00

		Decreases			Wkst. A-7 Ref.	
Cost-Center	Line #	Salary	Other			
6.00	7.00	8.00	9.00	10.00		
A - SUPPLIES						
1.00	EMPLOYEE BENEFITS	4.00	0	525	0	1.00
2.00	OPERATION OF PLANT	7.00	0	224	0	2.00
3.00	HOUSEKEEPING	9.00	0	201	0	3.00
4.00	DIETARY	10.00	0	18,505	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	438	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	626	0	6.00
7.00	PHARMACY	15.00	0	12,619	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	14	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	404,679	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	181,080	0	10.00
11.00	NURSERY	43.00	0	216,661	0	11.00
12.00	OPERATING ROOM	50.00	0	10,911,896	0	12.00
13.00	RECOVERY ROOM	51.00	0	41,643	0	13.00
14.00	PAIN MANAGEMENT	53.01	0	1,058	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	676,099	0	15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	39	0	16.00
17.00	CARDIAC CATH LAB	56.01	0	2,113,084	0	17.00
18.00	LABORATORY	60.00	0	860,309	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	32,127	0	19.00
20.00	PHYSICAL THERAPY	66.00	0	6,488	0	20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	4,535	0	21.00
22.00	SPEECH PATHOLOGY	68.00	0	2,642	0	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	2,484	0	23.00
24.00	CLINIC	90.00	0	5,491	0	24.00
25.00	WOUND CLINIC	90.02	0	289,723	0	25.00
26.00	MOBILE CLINIC	90.03	0	418	0	26.00
27.00	EMERGENCY	91.00	0	281,314	0	27.00
28.00	HOME HEALTH AGENCY	101.00	0	11,230	0	28.00
29.00	HOSPICE	116.00	0	36,838	0	29.00
30.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	1,351	0	30.00
31.00	OTHER NR/CHP-GRANT	190.01	0	6	0	31.00
32.00	I/COMMUNITY ED					
	COMMUNITY RELATIONS	190.04	0	2,685	0	32.00
	TOTALS		0	16,117,032		
B - PHARMACY						
1.00	EMPLOYEE BENEFITS	4.00	0	20,457	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	0	4,005	0	2.00
3.00	PHARMACY	15.00	0	5,121,183	0	3.00
4.00	OPERATING ROOM	50.00	0	400	0	4.00
5.00	PAIN MANAGEMENT	53.01	0	10,867	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,243,693	0	6.00
7.00	CARDIAC CATH LAB	56.01	0	83	0	7.00
8.00	LABORATORY	60.00	0	58	0	8.00
9.00	RESPIRATORY THERAPY	65.00	0	8	0	9.00
10.00	PHYSICAL THERAPY	66.00	0	3,221	0	10.00
11.00	SPEECH PATHOLOGY	68.00	0	41	0	11.00
12.00	ELECTROCARDIOLOGY	69.00	0	16	0	12.00
13.00	WOUND CLINIC	90.02	0	4,569	0	13.00
14.00	MOBILE CLINIC	90.03	0	27,613	0	14.00
15.00	HOME HEALTH AGENCY	101.00	0	1,052	0	15.00
16.00	HOSPICE	116.00	0	146,492	0	16.00
17.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	5,001	0	17.00
	TOTALS		0	16,588,759		
C - DIETARY						
1.00	DIETARY	10.00	543,088	765,029	0	1.00
	TOTALS		543,088	765,029		
D - CAPITAL INSURANCE						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	159,750	0	1.00
2.00	PAIN MANAGEMENT	53.01	0	1,851	12	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	210,139	12	3.00
4.00	CAP REL COSTS-BLDG & FIXT	1.00	0	695,419	12	4.00
5.00	CAP REL COSTS-BLDG & FIXT	1.00	0	193,518	12	5.00
6.00		0.00	0	0	12	6.00
7.00		0.00	0	0	0	7.00
	TOTALS		0	1,260,677		
E - CAPITAL INTEREST						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	69,385	11	1.00
2.00	INTEREST EXPENSE	113.00	0	2,034,619	0	2.00
	TOTALS		0	2,104,004		

Provider CCN: 150026

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

Worksheet A-6

Date/Time Prepared:
5/24/2012 4:22 pm

		Decreases					
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
F - CAPITAL DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,515,482		9	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	973,432		0	2.00
	TOTALS		0	6,488,914			
G - CIRCLE OF CARE							
1.00	NURSERY	43.00	2,048,390	143,477		0	1.00
2.00		0.00	0	0		0	2.00
	TOTALS		2,048,390	143,477			
H - COMMUNITY HEALTH							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	546,912	236,524		0	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	726		0	2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,005		0	3.00
	TOTALS		546,912	241,255			
I - EMT							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.02	83,962	96,205		0	1.00
	TOTALS		83,962	96,205			
500.00	Grand Total: Decreases		3,222,352	43,805,352			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150026

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/24/2012 4:22 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	3,883,887	0	0	0	1.00
2.00	Land Improvements	2,988,795	0	0	0	2.00
3.00	Buildings and Fixtures	84,770,264	2,525,932	0	2,525,932	3.00
4.00	Building Improvements	113,748	0	0	0	4.00
5.00	Fixed Equipment	9,172,099	364,980	0	364,980	5.00
6.00	Movable Equipment	77,686,734	8,867,163	0	8,867,163	841,183
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	178,615,527	11,758,075	0	11,758,075	841,183
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	178,615,527	11,758,075	0	11,758,075	841,183
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	10,382,796	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	10,382,796	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	103,819,705	0	103,819,705	0.547768	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	85,712,715	0	85,712,715	0.452232	2.00
3.00	Total (sum of lines 1-2)	189,532,420	0	189,532,420	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150026

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	3,883,887	0		1.00	
2.00	Land Improvements	2,988,795	196,484		2.00	
3.00	Buildings and Fixtures	87,296,196	4,418,167		3.00	
4.00	Building Improvements	113,748	76,800		4.00	
5.00	Fixed Equipment	9,537,079	3,306,441		5.00	
6.00	Movable Equipment	85,712,714	44,092,051		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	189,532,419	52,089,943		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	189,532,419	52,089,943		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	10,382,796		1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	10,382,796		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	3,901,036	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,978,436	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,879,472	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150026

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/24/2012 4:22 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	3,785,839	-1,041,552	0	0	6,645,323	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-198,605	4,006	0	0	6,783,837	2.00
3.00	Total (sum of lines 1-2)	3,587,234	-1,037,546	0	0	13,429,160	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted	
				3.00	4.00
				Cost Center	Line #
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-240,560	CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-198,605	CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00	Investment income - other (chapter 2)		0		0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-79,402	OTHER ADMINISTRATIVE AND GENERAL	5.02 4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-446,926	OTHER ADMINISTRATIVE AND GENERAL	5.02 5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-855,356	CAP REL COSTS-BLDG & FIXT	1.00 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	-9,737,156		10.00 10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	10,563,116		12.00 12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Cafeteria-employees and guests	B	-919,120	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	B	-54,141	MEDICAL RECORDS & LIBRARY	16.00 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00	Vending machines	B	-3,668	CAFETERIA	11.00 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-217,470	OTHER ADMINISTRATIVE AND GENERAL	5.02 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00 23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00 24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF	114.00 25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00 28.00
29.00	Physicians' assistant		0		0.00 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00 30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00 31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00 33.00
33.01	EMT CLASS TUITION	B	-58,940	PARAMED ED PRGM	23.00 33.01
33.02	MISC RADIOLOGY REV	B	-274,492	RADIOLOGY-DIAGNOSTIC	54.00 33.02
33.03	MISC A&G REVENUE	B	-14,002	OTHER ADMINISTRATIVE AND GENERAL	5.02 33.03
33.04	PERSONAL AUTO USAGE	A	-43,103	OTHER ADMINISTRATIVE AND GENERAL	5.02 33.04
33.05	ALCOHOLIC BEVERAGE	A	-742	OTHER ADMINISTRATIVE AND GENERAL	5.02 33.05
33.06	LOBBYING	A	-26,170	OTHER ADMINISTRATIVE AND GENERAL	5.02 33.06
33.07	SHARED A&G EXPENSE	A	-1,110,828	OTHER ADMINISTRATIVE AND GENERAL	5.02 33.07
33.08	PRIMECARE ASSESSMENT	A	-8,276,255	OTHER ADMINISTRATIVE AND GENERAL	5.02 33.08
33.09	GOODWILL	A	-110,922	CAP REL COSTS-BLDG & FIXT	1.00 33.09
33.10	FOOD SERVICES REVENUE	B	-39,291	DIETARY	10.00 33.10
33.11	MISC LAB REV	B	-1,260	LABORATORY	60.00 33.11
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-12,145,293		50.00 50.00

Cost Center Description	5.00	Wkst. A-7 Ref.	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		11	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)		9	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
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
32.00 CAH HIT Adjustment for Depreciation and Interest		0	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)		0	33.00
33.01 EMT CLASS TUITION		0	33.01
33.02 MISC RADIOLOGY REV		0	33.02
33.03 MISC A&G REVENUE		0	33.03
33.04 PERSONAL AUTO USAGE		0	33.04
33.05 ALCOHOLIC BEVERAGE		0	33.05
33.06 LOBBYING		0	33.06
33.07 SHARED A&G EXPENSE		0	33.07
33.08 PRIMECARE ASSESSMENT		0	33.08
33.09 GOODWILL		9	33.09
33.10 FOOD SERVICES REVENUE		0	33.10
33.11 MISC LAB REV		0	33.11
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: 150026

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

Worksheet A-8-1
Date/Time Prepared:
5/24/2012 4:22 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		1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE ALLOCATION	1.00
2.00		2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE ALLOCATION	2.00
3.00		5.02	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE ALLOCATION	3.00
4.00		0.00			4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.				5.00

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

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

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

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

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

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

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

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

Provider CCN: 150026

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

Worksheet A-8-1

Date/Time Prepared: 5/24/2012 4:22 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1,922,395	0	1,922,395	11	1.00
2.00	489,522	0	489,522	9	2.00
3.00	9,500,709	1,349,510	8,151,199	0	3.00
4.00	0	0	0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	1,349,510	10,563,116		5.00

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150026

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2012 4:22 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00		5.02 OTHER ADMINISTRATIVE AND GENERAL	606,757	103,000	1.00
2.00		16.00 MEDICAL RECORDS & LIBRARY	115,155	0	2.00
3.00		53.01 PAIN MANAGEMENT	1,626,887	1,590,887	3.00
4.00		54.00 RADIOLOGY-DIAGNOSTIC	7,175,679	6,825,570	4.00
5.00		60.00 LABORATORY	823,745	798,745	5.00
6.00		90.00 CLINIC	28,500	0	6.00
7.00		90.02 WOUND CLINIC	24,960	0	7.00
8.00		91.00 EMERGENCY	30,000	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
200.00			10,431,683	9,318,202	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150026

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2012 4:22 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	503,757	171,400	2,499	205,927	10,296	1.00
2.00	115,155	171,400	1,845	152,035	7,602	2.00
3.00	36,000	171,400	205	16,893	845	3.00
4.00	350,108	231,100	2,367	262,987	13,149	4.00
5.00	25,000	219,500	548	57,830	2,892	5.00
6.00	28,500	171,400	205	16,893	845	6.00
7.00	24,960	171,400	263	21,672	1,084	7.00
8.00	30,000	171,400	850	70,043	3,502	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	1,113,480		8,782	804,280	40,215	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150026

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2012 4:22 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	205,927	1.00
2.00	0	0	0	0	152,035	2.00
3.00	0	0	0	0	16,893	3.00
4.00	0	0	0	0	262,987	4.00
5.00	0	0	0	0	57,830	5.00
6.00	0	0	0	0	16,893	6.00
7.00	0	0	0	0	21,672	7.00
8.00	0	0	0	0	70,043	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	804,280	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150026

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2012 4:22 pm

	RCE Disallowance	Adjustment	
	17.00	18.00	
1.00	297,830	400,830	1.00
2.00	0	0	2.00
3.00	19,107	1,609,994	3.00
4.00	87,121	6,912,692	4.00
5.00	0	798,745	5.00
6.00	11,607	11,607	6.00
7.00	3,288	3,288	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	418,953	9,737,156	200.00

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	CASHIERING/ACCOUNTS RECEIVABLE	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	6,645,323	6,645,323			1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,783,837		6,783,837		2.00
4.00	EMPLOYEE BENEFITS	16,791,836	88,966	7,307	16,888,109	4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE	1,329,003	13,636	2,123	218,126	1,562,888
5.02	OTHER ADMINISTRATIVE AND GENERAL	23,466,334	537,548	1,672,408	2,807,422	0
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	2,824,889	556,351	65,859	220,807	0
8.00	LAUNDRY & LINEN SERVICE	528,687	36,290	2,032	9,259	0
9.00	HOUSEKEEPING	1,286,702	9,411	6,994	259,878	0
10.00	DIETARY	333,464	34,777	2,739	47,559	0
11.00	CAFETERIA	385,329	116,296	9,158	159,006	0
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	1,492,718	19,275	63,280	380,971	0
14.00	CENTRAL SERVICES & SUPPLY	434,838	50,593	85,844	56,949	0
15.00	PHARMACY	1,373,547	41,732	7,477	319,385	0
16.00	MEDICAL RECORDS & LIBRARY	2,434,880	201,961	52,641	352,649	0
17.00	SOCIAL SERVICE	355,956	12,673	1,748	102,484	0
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	NURSING SCHOOL	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	PARAMED ED PRGM	121,227	4,421	0	24,582	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	6,922,681	733,379	155,702	1,932,606	123,027
31.00	INTENSIVE CARE UNIT	1,468,995	195,693	207,764	409,751	29,066
32.00	CORONARY CARE UNIT	0	0	0	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	SUBPROVIDER - IPF	0	0	0	0	0
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	230,621	25,405	10,175	63,102	5,735
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	7,521,518	897,321	1,370,603	1,167,935	160,592
51.00	RECOVERY ROOM	446,483	62,284	16,164	127,362	14,010
52.00	DELIVERY ROOM & LABOR ROOM	1,235,711	136,141	54,515	338,110	16,629
53.00	ANESTHESIOLOGY	0	0	0	0	0
53.01	PAIN MANAGEMENT	572,780	57,568	5,289	247,186	6,472
54.00	RADIOLOGY-DIAGNOSTIC	21,323,513	1,493,967	2,190,834	3,677,337	331,442
55.00	RADIOLOGY-THERAPEUTIC	72,189	7,859	15,184	18,437	468
56.00	RADIOISOTOPE	0	0	0	0	0
56.01	CARDIAC CATH LAB	837,217	53,993	454,780	242,475	37,471
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	3,709,152	122,269	42,108	687,909	103,471
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	1,186,832	43,442	33,849	306,441	24,423
66.00	PHYSICAL THERAPY	2,026,273	225,499	72,823	484,236	25,773
67.00	OCCUPATIONAL THERAPY	383,006	13,144	353	104,496	6,837
68.00	SPEECH PATHOLOGY	255,361	12,378	0	72,244	2,996
69.00	ELECTROCARDIOLOGY	185,705	9,510	1,662	29,886	13,785
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,796,956	0	0	0	67,560
72.00	IMPL. DEV. CHARGED TO PATIENTS	9,245,060	0	0	0	94,722
73.00	DRUGS CHARGED TO PATIENTS	16,584,754	0	0	0	403,357
74.00	RENAL DIALYSIS	0	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	CASHIERING/ACCOUNTS RECEIVABLE	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	372,115	38,903	14,725	75,484	6,811	90.00
90.01 WOMEN'S CENTER	0	0	0	0	0	90.01
90.02 WOUND CLINIC	1,035,775	73,896	9,900	0	14,477	90.02
90.03 MOBILE CLINIC	241,894	0	27,614	41,202	457	90.03
91.00 EMERGENCY	2,330,682	482,494	74,879	632,089	57,092	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	1,607,091	50,358	9,863	419,020	5,362	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	975,883	50,358	0	180,846	10,853	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	154,156,817	6,509,791	6,748,396	16,217,231	1,562,888	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,045,558	77,590	6,175	198,584	0	190.00
190.01 OTHER NR/CHP-GRANT I/COMMUNITY ED	537,297	0	0	124,410	0	190.01
190.02 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03 LIFELINE	0	0	19,365	0	0	190.03
190.04 COMMUNITY RELATIONS	6,474,012	57,942	9,901	347,884	0	190.04
190.05 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 PROFESSIONAL DEVELOPMENT	1,358,006	0	0	0	0	190.06
190.07 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
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)	163,571,690	6,645,323	6,783,837	16,888,109	1,562,888	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.01	5.02	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT						1.00
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	28,483,712	28,483,712				5.02
6.00	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	OPERATION OF PLANT	3,667,906	773,389	0	4,441,295		7.00
8.00	LAUNDRY & LINEN SERVICE	576,268	121,508	0	29,579	727,355	8.00
9.00	HOUSEKEEPING	1,562,985	329,560	0	7,671	0	9.00
10.00	DIETARY	418,539	88,250	0	28,346	0	10.00
11.00	CAFETERIA	669,789	141,227	0	94,792	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	1,956,244	412,480	0	15,711	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	628,224	132,463	0	41,238	0	14.00
15.00	PHARMACY	1,742,141	367,336	0	34,016	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	3,042,131	641,442	0	164,617	0	16.00
17.00	SOCIAL SERVICE	472,861	99,704	0	10,330	0	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	150,230	31,676	0	3,603	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,867,395	2,080,570	0	597,771	167,752	30.00
31.00	INTENSIVE CARE UNIT	2,311,269	487,338	0	159,508	67,139	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	335,038	70,644	0	20,707	5,495	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	11,117,969	2,344,257	0	731,400	133,890	50.00
51.00	RECOVERY ROOM	666,303	140,492	0	50,767	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,781,106	375,552	0	110,967	29,443	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01	PAIN MANAGEMENT	889,295	187,511	0	46,924	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	29,017,093	6,118,349	0	1,217,725	118,539	54.00
55.00	RADIOLOGY-THERAPEUTIC	114,137	24,066	0	6,406	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	CARDIAC CATH LAB	1,625,936	342,833	0	44,009	0	56.01
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	4,664,909	983,610	0	99,661	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	1,594,987	336,308	0	35,409	0	65.00
66.00	PHYSICAL THERAPY	2,834,604	597,685	0	183,803	0	66.00
67.00	OCCUPATIONAL THERAPY	507,836	107,079	0	10,714	0	67.00
68.00	SPEECH PATHOLOGY	342,979	72,318	0	10,089	0	68.00
69.00	ELECTROCARDIOLOGY	240,548	50,720	0	7,751	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,864,516	1,447,404	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	9,339,782	1,969,321	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	16,988,111	3,581,994	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
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	508,038	107,121	0	31,709	0	90.00
90.01	WOMEN'S CENTER	0	0	0	0	0	90.01
90.02	WOUND CLINIC	1,134,048	239,117	0	60,232	15,072	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CGN: 150026

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

Worksheet B
Part 1
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.01	5.02	6.00	7.00	8.00	
90.03	MOBILE CLINIC	311,167	65,610	0	0	0	90.03
91.00	EMERGENCY	3,577,236	754,271	0	393,277	190,025	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	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	2,091,694	441,040	0	41,046	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	1,217,940	256,806	0	41,046	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	153,314,966	26,321,051	0	4,330,824	727,355	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,327,907	279,993	0	63,243	0	190.00
190.01	OTHER NR/CHP-GRANT I/COMMUNITY ED	661,707	139,523	0	0	0	190.01
190.02	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03	LIFELINE	19,365	4,083	0	0	0	190.03
190.04	COMMUNITY RELATIONS	6,889,739	1,452,722	0	47,228	0	190.04
190.05	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	PROFESSIONAL DEVELOPMENT	1,358,006	286,340	0	0	0	190.06
190.07	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
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)	163,571,690	28,483,712	0	4,441,295	727,355	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2012 4:22 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
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL						5.02
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	1,900,216					9.00
10.00 DIETARY	12,231	547,366				10.00
11.00 CAFETERIA	40,900	0	946,708			11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00 NURSING ADMINISTRATION	6,779	0	24,219	0	2,415,433	13.00
14.00 CENTRAL SERVICES & SUPPLY	17,793	0	7,642	0	0	14.00
15.00 PHARMACY	14,677	0	18,772	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	71,027	0	34,577	0	0	16.00
17.00 SOCIAL SERVICE	4,457	0	8,760	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	1,555	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	257,921	480,153	174,335	0	834,242	30.00
31.00 INTENSIVE CARE UNIT	68,823	67,213	30,257	0	189,947	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	8,935	0	5,474	0	25,618	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	315,578	0	93,931	0	365,779	50.00
51.00 RECOVERY ROOM	21,905	0	8,779	0	59,163	51.00
52.00 DELIVERY ROOM & LABOR ROOM	47,879	0	29,332	0	137,269	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01 PAIN MANAGEMENT	20,246	0	7,580	0	25,341	53.01
54.00 RADIOLOGY-DIAGNOSTIC	525,410	0	192,711	0	220,547	54.00
55.00 RADIOLOGY-THERAPEUTIC	2,764	0	1,349	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 CARDIAC CATH LAB	18,989	0	15,806	0	50,051	56.01
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	43,001	0	50,199	0	4,828	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	15,278	0	23,111	0	0	65.00
66.00 PHYSICAL THERAPY	79,306	0	44,195	0	0	66.00
67.00 OCCUPATIONAL THERAPY	4,623	0	7,165	0	0	67.00
68.00 SPEECH PATHOLOGY	4,353	0	4,422	0	0	68.00
69.00 ELECTROCARDIOLOGY	3,344	0	2,350	0	16,552	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
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	13,682	0	6,673	0	0	90.00
90.01 WOMEN'S CENTER	0	0	0	0	0	90.01
90.02 WOUND CLINIC	25,988	0	0	0	0	90.02
90.03 MOBILE CLINIC	0	0	3,004	0	11,077	90.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

Period:
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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	
91.00	EMERGENCY	169,688	0	51,049	0	279,551	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	17,710	0	31,335	0	92,139	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	17,710	0	15,560	0	47,763	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,852,552	547,366	892,587	0	2,359,867	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,287	0	17,084	0	35,931	190.00
190.01	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	11,043	0	19,512	190.01
190.02	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03	LIFELINE	0	0	0	0	0	190.03
190.04	COMMUNITY RELATIONS	20,377	0	25,994	0	123	190.04
190.05	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
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)	1,900,216	547,366	946,708	0	2,415,433	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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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
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL					5.02
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	827,360				14.00
15.00	PHARMACY	1,258	2,178,200			15.00
16.00	MEDICAL RECORDS & LIBRARY	1	0	3,953,795		16.00
17.00	SOCIAL SERVICE	0	0	0	596,112	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	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	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	24,531	0	311,227	516,747	30.00
31.00	INTENSIVE CARE UNIT	8,398	0	73,528	29,762	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	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	1,031	0	14,507	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	507,603	0	406,256	0	50.00
51.00	RECOVERY ROOM	1,893	0	35,442	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	5,527	0	42,066	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	PAIN MANAGEMENT	130	0	16,373	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	67,447	0	838,463	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	1,184	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	56.00
56.01	CARDIAC CATH LAB	84,658	0	94,793	0	56.01
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	77,452	0	261,756	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	3,943	0	61,783	0	65.00
66.00	PHYSICAL THERAPY	469	0	65,200	0	66.00
67.00	OCCUPATIONAL THERAPY	192	0	17,297	0	67.00
68.00	SPEECH PATHOLOGY	130	0	7,578	0	68.00
69.00	ELECTROCARDIOLOGY	253	0	34,873	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	170,911	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	239,622	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	2,178,200	1,020,480	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
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	587	0	17,230	0	90.00
90.01	WOMEN'S CENTER	0	0	0	0	90.01
90.02	WOUND CLINIC	12,739	0	36,624	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		14.00	15.00	16.00	17.00	
90.03	MOBILE CLINIC	487	0	1,155	0	90.03
91.00	EMERGENCY	13,508	0	144,428	49,603	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	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	1,236	0	13,565	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	11,859	0	27,454	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	825,332	2,178,200	3,953,795	596,112	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,898	0	0	0	190.00
190.01	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	190.01
190.02	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.02
190.03	LIFELINE	0	0	0	0	190.03
190.04	COMMUNITY RELATIONS	130	0	0	0	190.04
190.05	PRIVATE DUTY	0	0	0	0	190.05
190.06	PROFESSIONAL DEVELOPMENT	0	0	0	0	190.06
190.07	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.07
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)	827,360	2,178,200	3,953,795	596,112	202.00

Cost Center Description	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
	18.00	19.00	20.00	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
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	0					18.00
19.00	0	0				19.00
20.00	0	0	0			20.00
21.00	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	0	0	0	0	30.00
31.00	0	0	0	0	0	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	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	0	0	0	0	0	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	0	0	0	0	50.00
51.00	0	0	0	0	0	51.00
52.00	0	0	0	0	0	52.00
53.00	0	0	0	0	0	53.00
53.01	0	0	0	0	0	53.01
54.00	0	0	0	0	0	54.00
55.00	0	0	0	0	0	55.00
56.00	0	0	0	0	0	56.00
56.01	0	0	0	0	0	56.01
57.00	0	0	0	0	0	57.00
58.00	0	0	0	0	0	58.00
59.00	0	0	0	0	0	59.00
60.00	0	0	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	0	0	0	0	64.00
65.00	0	0	0	0	0	65.00
66.00	0	0	0	0	0	66.00
67.00	0	0	0	0	0	67.00
68.00	0	0	0	0	0	68.00
69.00	0	0	0	0	0	69.00
70.00	0	0	0	0	0	70.00
71.00	0	0	0	0	0	71.00
72.00	0	0	0	0	0	72.00
73.00	0	0	0	0	0	73.00
74.00	0	0	0	0	0	74.00
75.00	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
90.00	0	0	0	0	0	90.00
90.01	0	0	0	0	0	90.01

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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
	(SPECIFY)			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	
	18.00			19.00	20.00	
90.02 WOUND CLINIC	0	0	0	0	0	0 90.02
90.03 MOBILE CLINIC	0	0	0	0	0	0 90.03
91.00 EMERGENCY	0	0	0	0	0	0 91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						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	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						0 113.00
114.00 UTILIZATION REVIEW-SNF						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	0	0 116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0 190.00
190.01 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	0 190.01
190.02 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	0 190.02
190.03 LIFELINE	0	0	0	0	0	0 190.03
190.04 COMMUNITY RELATIONS	0	0	0	0	0	0 190.04
190.05 PRIVATE DUTY	0	0	0	0	0	0 190.05
190.06 PROFESSIONAL DEVELOPMENT	0	0	0	0	0	0 190.06
190.07 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	0 190.07
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						0 200.00
201.00 Negative Cost Centers	0	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	0	0 202.00

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Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00					1.00
2.00					2.00
4.00					4.00
5.01					5.01
5.02					5.02
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
19.00					19.00
20.00					20.00
21.00					21.00
22.00					22.00
23.00					23.00
		187,064			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	0	15,312,644	0	15,312,644	30.00
31.00	0	3,493,182	0	3,493,182	31.00
32.00	0	0	0	0	32.00
33.00	0	0	0	0	33.00
34.00	0	0	0	0	34.00
40.00	0	0	0	0	40.00
41.00	0	0	0	0	41.00
42.00	0	0	0	0	42.00
43.00	0	487,449	0	487,449	43.00
44.00	0	0	0	0	44.00
45.00	0	0	0	0	45.00
46.00	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	0	16,016,663	0	16,016,663	50.00
51.00	0	984,744	0	984,744	51.00
52.00	0	2,559,141	0	2,559,141	52.00
53.00	0	0	0	0	53.00
53.01	0	1,193,400	0	1,193,400	53.01
54.00	0	38,316,284	0	38,316,284	54.00
55.00	0	149,906	0	149,906	55.00
56.00	0	0	0	0	56.00
56.01	0	2,277,075	0	2,277,075	56.01
57.00	0	0	0	0	57.00
58.00	0	0	0	0	58.00
59.00	0	0	0	0	59.00
60.00	0	6,185,416	0	6,185,416	60.00
60.01	0	0	0	0	60.01
61.00	0	0	0	0	61.00
62.00	0	0	0	0	62.00
63.00	0	0	0	0	63.00
64.00	0	0	0	0	64.00
65.00	0	2,070,819	0	2,070,819	65.00
66.00	0	3,805,262	0	3,805,262	66.00
67.00	0	654,906	0	654,906	67.00
68.00	0	441,869	0	441,869	68.00
69.00	0	356,391	0	356,391	69.00
70.00	0	0	0	0	70.00
71.00	0	8,482,831	0	8,482,831	71.00
72.00	0	11,548,725	0	11,548,725	72.00
73.00	0	23,768,785	0	23,768,785	73.00
74.00	0	0	0	0	74.00
75.00	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	0	0	0	0	88.00
89.00	0	0	0	0	89.00
90.00	0	685,040	0	685,040	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150026

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

Worksheet B
Part 1
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
90.01	WOMEN'S CENTER	0	0	0	0	90.01
90.02	WOUND CLINIC	0	1,523,820	0	1,523,820	90.02
90.03	MOBILE CLINIC	0	392,500	0	392,500	90.03
91.00	EMERGENCY	187,064	5,809,700	0	5,809,700	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	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	2,729,765	0	2,729,765	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	1,636,138	0	1,636,138	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	187,064	150,882,455	0	150,882,455	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,753,343	0	1,753,343	190.00
190.01	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	831,785	0	831,785	190.01
190.02	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.02
190.03	LIFELINE	0	23,448	0	23,448	190.03
190.04	COMMUNITY RELATIONS	0	8,436,313	0	8,436,313	190.04
190.05	PRIVATE DUTY	0	0	0	0	190.05
190.06	PROFESSIONAL DEVELOPMENT	0	1,644,346	0	1,644,346	190.06
190.07	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.07
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)	187,064	163,571,690	0	163,571,690	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	88,966	7,307	96,273	96,273 4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE	0	13,636	2,123	15,759	1,243 5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	0	537,548	1,672,408	2,209,956	16,004 5.02
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00	OPERATION OF PLANT	0	556,351	65,859	622,210	1,259 7.00
8.00	LAUNDRY & LINEN SERVICE	0	36,290	2,032	38,322	53 8.00
9.00	HOUSEKEEPING	0	9,411	6,994	16,405	1,481 9.00
10.00	DIETARY	0	34,777	2,739	37,516	271 10.00
11.00	CAFETERIA	0	116,296	9,158	125,454	906 11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	NURSING ADMINISTRATION	0	19,275	63,280	82,555	2,172 13.00
14.00	CENTRAL SERVICES & SUPPLY	0	50,593	85,844	136,437	325 14.00
15.00	PHARMACY	0	41,732	7,477	49,209	1,821 15.00
16.00	MEDICAL RECORDS & LIBRARY	0	201,961	52,641	254,602	2,010 16.00
17.00	SOCIAL SERVICE	0	12,673	1,748	14,421	584 17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
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	0	4,421	0	4,421	140 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	733,379	155,702	889,081	11,017 30.00
31.00	INTENSIVE CARE UNIT	0	195,693	207,764	403,457	2,336 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	25,405	10,175	35,580	360 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	897,321	1,370,603	2,267,924	6,658 50.00
51.00	RECOVERY ROOM	0	62,284	16,164	78,448	726 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	136,141	54,515	190,656	1,927 52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0 53.00
53.01	PAIN MANAGEMENT	0	57,568	5,289	62,857	1,409 53.01
54.00	RADIOLOGY-DIAGNOSTIC	0	1,493,967	2,190,834	3,684,801	20,966 54.00
55.00	RADIOLOGY-THERAPEUTIC	0	7,859	15,184	23,043	105 55.00
56.00	RADIOISOTOPE	0	0	0	0	0 56.00
56.01	CARDIAC CATH LAB	0	53,993	454,780	508,773	1,382 56.01
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	122,269	42,108	164,377	3,921 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	43,442	33,849	77,291	1,747 65.00
66.00	PHYSICAL THERAPY	0	225,499	72,823	298,322	2,760 66.00
67.00	OCCUPATIONAL THERAPY	0	13,144	353	13,497	596 67.00
68.00	SPEECH PATHOLOGY	0	12,378	0	12,378	412 68.00
69.00	ELECTROCARDIOLOGY	0	9,510	1,662	11,172	170 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
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
90.00 CLINIC	0	38,903	14,725	53,628	430	90.00
90.01 WOMEN'S CENTER	0	0	0	0	0	90.01
90.02 WOUND CLINIC	0	73,896	9,900	83,796	0	90.02
90.03 MOBILE CLINIC	0	0	27,614	27,614	235	90.03
91.00 EMERGENCY	0	482,494	74,879	557,373	3,603	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	50,358	9,863	60,221	2,389	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	50,358	0	50,358	1,031	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	6,509,791	6,748,396	13,258,187	92,449	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	77,590	6,175	83,765	1,132	190.00
190.01 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	709	190.01
190.02 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03 LIFELINE	0	0	19,365	19,365	0	190.03
190.04 COMMUNITY RELATIONS	0	57,942	9,901	67,843	1,983	190.04
190.05 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
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	6,645,323	6,783,837	13,429,160	96,273	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	CASHIERING/ACC	OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	
	OUNTS	ADMINISTRATIVE	REPAIRS	PLANT	LINEN SERVICE	
	RECEIVABLE	AND GENERAL				
	5.01	5.02	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01	17,002					5.01
5.02	0	2,225,960				5.02
6.00	0	0	0			6.00
7.00	0	60,440	0	683,909		7.00
8.00	0	9,496	0	4,555	52,426	8.00
9.00	0	25,755	0	1,181	0	9.00
10.00	0	6,897	0	4,365	0	10.00
11.00	0	11,037	0	14,597	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	32,235	0	2,419	0	13.00
14.00	0	10,352	0	6,350	0	14.00
15.00	0	28,707	0	5,238	0	15.00
16.00	0	50,128	0	25,349	0	16.00
17.00	0	7,792	0	1,591	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
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
23.00	0	2,475	0	555	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	1,331	162,595	0	92,050	12,091	30.00
31.00	314	38,085	0	24,562	4,839	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	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	62	5,521	0	3,189	396	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	1,737	183,202	0	112,627	9,650	50.00
51.00	152	10,979	0	7,818	0	51.00
52.00	180	29,349	0	17,088	2,122	52.00
53.00	0	0	0	0	0	53.00
53.01	70	14,654	0	7,226	0	53.01
54.00	3,585	478,124	0	187,512	8,544	54.00
55.00	5	1,881	0	986	0	55.00
56.00	0	0	0	0	0	56.00
56.01	405	26,792	0	6,777	0	56.01
57.00	0	0	0	0	0	57.00
58.00	0	0	0	0	0	58.00
59.00	0	0	0	0	0	59.00
60.00	1,119	76,868	0	15,347	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	0	0	0	0	64.00
65.00	264	26,282	0	5,453	0	65.00
66.00	279	46,709	0	28,304	0	66.00
67.00	74	8,368	0	1,650	0	67.00
68.00	32	5,652	0	1,554	0	68.00
69.00	149	3,964	0	1,194	0	69.00
70.00	0	0	0	0	0	70.00
71.00	731	113,113	0	0	0	71.00
72.00	1,025	153,901	0	0	0	72.00
73.00	4,459	279,930	0	0	0	73.00
74.00	0	0	0	0	0	74.00
75.00	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
90.00	74	8,371	0	4,883	0	90.00
90.01	0	0	0	0	0	90.01
90.02	157	18,687	0	9,275	1,086	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		CASHIERING/ACC OUNTS RECEIVABLE 5.01	OTHER ADMINISTRATIVE AND GENERAL 5.02	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	
90.03	MOBILE CLINIC	5	5,127	0	0	0	90.03
91.00	EMERGENCY	618	58,946	0	60,560	13,698	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	58	34,467	0	6,321	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	117	20,069	0	6,321	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	17,002	2,056,950	0	666,897	52,426	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,881	0	9,739	0	190.00
190.01	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	10,904	0	0	0	190.01
190.02	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03	LIFELINE	0	319	0	0	0	190.03
190.04	COMMUNITY RELATIONS	0	113,529	0	7,273	0	190.04
190.05	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	PROFESSIONAL DEVELOPMENT	0	22,377	0	0	0	190.06
190.07	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
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)	17,002	2,225,960	0	683,909	52,426	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

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

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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	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL						5.02
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	44,822					9.00
10.00 DIETARY	288	49,337				10.00
11.00 CAFETERIA	965	0	152,959			11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0		12.00
13.00 NURSING ADMINISTRATION	160	0	3,913	0	123,454	13.00
14.00 CENTRAL SERVICES & SUPPLY	420	0	1,235	0	0	14.00
15.00 PHARMACY	346	0	3,033	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,675	0	5,587	0	0	16.00
17.00 SOCIAL SERVICE	105	0	1,415	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	37	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,084	43,279	28,167	0	42,641	30.00
31.00 INTENSIVE CARE UNIT	1,623	6,058	4,889	0	9,708	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	211	0	884	0	1,309	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	7,444	0	15,176	0	18,695	50.00
51.00 RECOVERY ROOM	517	0	1,418	0	3,024	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,129	0	4,739	0	7,016	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01 PAIN MANAGEMENT	478	0	1,225	0	1,295	53.01
54.00 RADIOLOGY-DIAGNOSTIC	12,391	0	31,137	0	11,272	54.00
55.00 RADIOLOGY-THERAPEUTIC	65	0	218	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 CARDIAC CATH LAB	448	0	2,554	0	2,558	56.01
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	1,014	0	8,111	0	247	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	360	0	3,734	0	0	65.00
66.00 PHYSICAL THERAPY	1,871	0	7,140	0	0	66.00
67.00 OCCUPATIONAL THERAPY	109	0	1,158	0	0	67.00
68.00 SPEECH PATHOLOGY	103	0	714	0	0	68.00
69.00 ELECTROCARDIOLOGY	79	0	380	0	846	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
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	323	0	1,078	0	0	90.00
90.01 WOMEN'S CENTER	0	0	0	0	0	90.01
90.02 WOUND CLINIC	613	0	0	0	0	90.02
90.03 MOBILE CLINIC	0	0	485	0	566	90.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:
From 01/01/2011
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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	
91.00	EMERGENCY	4,003	0	8,248	0	14,288	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	418	0	5,063	0	4,709	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	418	0	2,514	0	2,441	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	43,697	49,337	144,215	0	120,615	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	644	0	2,760	0	1,836	190.00
190.01	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	1,784	0	997	190.01
190.02	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03	LIFELINE	0	0	0	0	0	190.03
190.04	COMMUNITY RELATIONS	481	0	4,200	0	6	190.04
190.05	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
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)	44,822	49,337	152,959	0	123,454	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

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From 01/01/2011
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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
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL					5.02
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	155,119				14.00
15.00	PHARMACY	236	88,590			15.00
16.00	MEDICAL RECORDS & LIBRARY	0	0	339,351		16.00
17.00	SOCIAL SERVICE	0	0	0	25,908	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	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	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,599	0	26,709	22,459	30.00
31.00	INTENSIVE CARE UNIT	1,575	0	6,310	1,293	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	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	42.00
43.00	NURSERY	193	0	1,245	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	95,170	0	34,865	0	50.00
51.00	RECOVERY ROOM	355	0	3,042	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,036	0	3,610	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	53.00
53.01	PAIN MANAGEMENT	24	0	1,405	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	12,646	0	71,956	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	102	0	55.00
56.00	RADIOISOTOPE	0	0	0	0	56.00
56.01	CARDIAC CATH LAB	15,872	0	8,135	0	56.01
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	14,521	0	22,464	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	739	0	5,302	0	65.00
66.00	PHYSICAL THERAPY	88	0	5,595	0	66.00
67.00	OCCUPATIONAL THERAPY	36	0	1,484	0	67.00
68.00	SPEECH PATHOLOGY	24	0	650	0	68.00
69.00	ELECTROCARDIOLOGY	47	0	2,993	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	14,667	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	20,564	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	88,590	87,617	0	73.00
74.00	RENAL DIALYSIS	0	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
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	110	0	1,479	0	90.00
90.01	WOMEN'S CENTER	0	0	0	0	90.01
90.02	WOUND CLINIC	2,388	0	3,143	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		14.00	15.00	16.00	17.00	
90.03	MOBILE CLINIC	91	0	99	0	90.03
91.00	EMERGENCY	2,533	0	12,395	2,156	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	AMBULANCE SERVICES	0	0	0	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	232	0	1,164	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					113.00
114.00	UTILIZATION REVIEW-SNF					114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	HOSPICE	2,224	0	2,356	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	154,739	88,590	339,351	25,908	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	356	0	0	0	190.00
190.01	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	190.01
190.02	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.02
190.03	LIFELINE	0	0	0	0	190.03
190.04	COMMUNITY RELATIONS	24	0	0	0	190.04
190.05	PRIVATE DUTY	0	0	0	0	190.05
190.06	PROFESSIONAL DEVELOPMENT	0	0	0	0	190.06
190.07	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	190.07
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					200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	155,119	88,590	339,351	25,908	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

Period:
From 01/01/2011
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Cost Center Description	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
	18.00	19.00	20.00	SERVICES-SALARY Y & FRINGES	SERVICES-OTHER PRGM COSTS	
				21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
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	0					18.00
19.00	0	0				19.00
20.00	0		0			20.00
21.00	0			0		21.00
22.00	0				0	22.00
23.00	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	0					30.00
31.00	0					31.00
32.00	0					32.00
33.00	0					33.00
34.00	0					34.00
40.00	0					40.00
41.00	0					41.00
42.00	0					42.00
43.00	0					43.00
44.00	0					44.00
45.00	0					45.00
46.00	0					46.00
ANCILLARY SERVICE COST CENTERS						
50.00	0					50.00
51.00	0					51.00
52.00	0					52.00
53.00	0					53.00
53.01	0					53.01
54.00	0					54.00
55.00	0					55.00
56.00	0					56.00
56.01	0					56.01
57.00	0					57.00
58.00	0					58.00
59.00	0					59.00
60.00	0					60.00
60.01	0					60.01
61.00	0					61.00
62.00	0					62.00
63.00	0					63.00
64.00	0					64.00
65.00	0					65.00
66.00	0					66.00
67.00	0					67.00
68.00	0					68.00
69.00	0					69.00
70.00	0					70.00
71.00	0					71.00
72.00	0					72.00
73.00	0					73.00
74.00	0					74.00
75.00	0					75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	0					88.00
89.00	0					89.00
90.00	0					90.00
90.01	0					90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

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Cost Center Description	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOLS	INTERNS & RESIDENTS		
	18.00	19.00	20.00	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
90.02 WOUND CLINIC	0					90.02
90.03 MOBILE CLINIC	0					90.03
91.00 EMERGENCY	0					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	0					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	0					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	0					113.00
114.00 UTILIZATION REVIEW-SNF	0					114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0					115.00
116.00 HOSPICE	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					190.00
190.01 OTHER NR/CHP-GRANT I/COMMUNITY ED	0					190.01
190.02 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0					190.02
190.03 LIFELINE	0					190.03
190.04 COMMUNITY RELATIONS	0					190.04
190.05 PRIVATE DUTY	0					190.05
190.06 PROFESSIONAL DEVELOPMENT	0					190.06
190.07 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0					190.07
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	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	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	23.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT					1.00
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE					5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL					5.02
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
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	7,628				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,342,103	0	1,342,103		30.00
31.00	INTENSIVE CARE UNIT	505,049	0	505,049		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 - IPF	0	0	0		40.00
41.00	SUBPROVIDER - IRF	0	0	0		41.00
42.00	SUBPROVIDER	0	0	0		42.00
43.00	NURSERY	48,950	0	48,950		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	2,753,148	0	2,753,148		50.00
51.00	RECOVERY ROOM	106,479	0	106,479		51.00
52.00	DELIVERY ROOM & LABOR ROOM	258,852	0	258,852		52.00
53.00	ANESTHESIOLOGY	0	0	0		53.00
53.01	PAIN MANAGEMENT	90,643	0	90,643		53.01
54.00	RADIOLOGY-DIAGNOSTIC	4,522,934	0	4,522,934		54.00
55.00	RADIOLOGY-THERAPEUTIC	26,405	0	26,405		55.00
56.00	RADIOISOTOPE	0	0	0		56.00
56.01	CARDIAC CATH LAB	573,696	0	573,696		56.01
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	307,989	0	307,989		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	121,172	0	121,172		65.00
66.00	PHYSICAL THERAPY	391,068	0	391,068		66.00
67.00	OCCUPATIONAL THERAPY	26,972	0	26,972		67.00
68.00	SPEECH PATHOLOGY	21,519	0	21,519		68.00
69.00	ELECTROCARDIOLOGY	20,994	0	20,994		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	128,511	0	128,511		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	175,490	0	175,490		72.00
73.00	DRUGS CHARGED TO PATIENTS	460,596	0	460,596		73.00
74.00	RENAL DIALYSIS	0	0	0		74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
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	70,376	0	70,376		90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150026

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

Worksheet B
Part 11
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
90.01	WOMEN'S CENTER		0	0	0	90.01
90.02	WOUND CLINIC		119,145	0	119,145	90.02
90.03	MOBILE CLINIC		34,222	0	34,222	90.03
91.00	EMERGENCY		738,421	0	738,421	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			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
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		115,042	0	115,042	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
116.00	HOSPICE		87,849	0	87,849	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	13,047,625	0	13,047,625	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN		122,113	0	122,113	190.00
190.01	OTHER NR/CHP-GRANT I/COMMUNITY ED		14,394	0	14,394	190.01
190.02	GIFT, FLOWER, COFFEE SHOP, & CANTEEN		0	0	0	190.02
190.03	LIFELINE		19,684	0	19,684	190.03
190.04	COMMUNITY RELATIONS		195,339	0	195,339	190.04
190.05	PRIVATE DUTY		0	0	0	190.05
190.06	PROFESSIONAL DEVELOPMENT		22,377	0	22,377	190.06
190.07	GIFT, FLOWER, COFFEE SHOP, & CANTEEN		0	0	0	190.07
191.00	RESEARCH		0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES		0	0	0	192.00
193.00	NONPAID WORKERS		0	0	0	193.00
200.00	Cross Foot Adjustments	7,628	7,628	0	7,628	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	7,628	13,429,160	0	13,429,160	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

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

Worksheet B-1

Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	338,220				1.00
2.00	CAP REL COSTS-MVBLE EQUIP		6,488,095			2.00
4.00	EMPLOYEE BENEFITS	4,528	6,988	57,681,669		4.00
5.01	CASHIERING/ACCOUNTS RECEIVABLE	694	2,030	745,013	402,506,587	5.01
5.02	OTHER ADMINISTRATIVE AND GENERAL	27,359	1,599,500	9,588,813	0	-28,483,712
6.00	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	OPERATION OF PLANT	28,316	62,988	754,171	0	0
8.00	LAUNDRY & LINEN SERVICE	1,847	1,943	31,626	0	0
9.00	HOUSEKEEPING	479	6,689	887,619	0	0
10.00	DIETARY	1,770	2,620	162,439	0	0
11.00	CAFETERIA	5,919	8,759	543,088	0	0
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	NURSING ADMINISTRATION	981	60,521	1,301,214	0	0
14.00	CENTRAL SERVICES & SUPPLY	2,575	82,102	194,509	0	0
15.00	PHARMACY	2,124	7,151	1,090,866	0	0
16.00	MEDICAL RECORDS & LIBRARY	10,279	50,346	1,204,480	0	0
17.00	SOCIAL SERVICE	645	1,672	350,036	0	0
18.00	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	NURSING SCHOOL	0	0	0	0	0
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	PARAMED ED PRGM	225	0	83,962	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	37,326	148,914	6,600,860	31,683,518	0
31.00	INTENSIVE CARE UNIT	9,960	198,707	1,399,515	7,485,335	0
32.00	CORONARY CARE UNIT	0	0	0	0	0
33.00	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	SUBPROVIDER - IPF	0	0	0	0	0
41.00	SUBPROVIDER - IRF	0	0	0	0	0
42.00	SUBPROVIDER	0	0	0	0	0
43.00	NURSERY	1,293	9,731	215,525	1,476,852	0
44.00	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	NURSING FACILITY	0	0	0	0	0
46.00	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	45,670	1,310,852	3,989,109	41,357,666	0
51.00	RECOVERY ROOM	3,170	15,459	435,008	3,608,033	0
52.00	DELIVERY ROOM & LABOR ROOM	6,929	52,138	1,154,823	4,282,436	0
53.00	ANESTHESIOLOGY	0	0	0	0	0
53.01	PAIN MANAGEMENT	2,930	5,058	844,268	1,666,801	0
54.00	RADIOLOGY-DIAGNOSTIC	76,037	2,095,325	12,559,986	85,357,093	0
55.00	RADIOLOGY-THERAPEUTIC	400	14,522	62,971	120,512	0
56.00	RADIOISOTOPE	0	0	0	0	0
56.01	CARDIAC CATH LAB	2,748	434,954	828,178	9,650,123	0
57.00	CT SCAN	0	0	0	0	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	6,223	40,272	2,349,567	26,647,274	0
60.01	BLOOD LABORATORY	0	0	0	0	0
61.00	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	RESPIRATORY THERAPY	2,211	32,373	1,046,657	6,289,637	0
66.00	PHYSICAL THERAPY	11,477	69,648	1,653,918	6,637,485	0
67.00	OCCUPATIONAL THERAPY	669	338	356,909	1,760,828	0
68.00	SPEECH PATHOLOGY	630	0	246,751	771,454	0
69.00	ELECTROCARDIOLOGY	484	1,590	102,075	3,550,134	0
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	17,399,031	0
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	24,393,953	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	103,889,397	0
74.00	RENAL DIALYSIS	0	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

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

Worksheet B-1

Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
	BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00	4.00	5.01				
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	CLINIC	1,980	14,083	257,817	1,754,083	0	0	90.00
90.01	WOMEN'S CENTER	0	0	0	0	0	0	90.01
90.02	WOUND CLINIC	3,761	9,468	0	3,728,402	0	0	90.02
90.03	MOBILE CLINIC	0	26,410	140,725	117,579	0	0	90.03
91.00	EMERGENCY	24,557	71,615	2,158,913	14,703,091	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	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	2,563	9,433	1,431,172	1,380,990	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	2,563	0	617,685	2,794,880	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	331,322	6,454,199	55,390,268	402,506,587	-28,483,712	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,949	5,906	678,268	0	0	0	190.00
190.01	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	424,926	0	0	0	190.01
190.02	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	0	190.02
190.03	LIFELINE	0	18,521	0	0	0	0	190.03
190.04	COMMUNITY RELATIONS	2,949	9,469	1,188,207	0	0	0	190.04
190.05	PRIVATE DUTY	0	0	0	0	0	0	190.05
190.06	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	0	190.06
190.07	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	0	190.07
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)	6,645,323	6,783,837	16,888,109	1,562,888			202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	19.647930	1.045582	0.292781	0.003883			203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			96,273	17,002			204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001669	0.000042			205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

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

Worksheet B-1

Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	REPAIRS (SQUARE FEET)	PLANT (SQUARE FEET)	LINEN SERVICE (POUNDS OF LAUNDRY)	(SQUARE FEET)	
	5.02	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02	135,087,978					5.02
6.00	0	305,639				6.00
7.00	3,667,906	28,316	277,323			7.00
8.00	576,268	1,847	1,847	703,363		8.00
9.00	1,562,985	479	479	0	274,997	9.00
10.00	418,539	1,770	1,770	0	1,770	10.00
11.00	669,789	5,919	5,919	0	5,919	11.00
12.00	0	0	0	0	0	12.00
13.00	1,956,244	981	981	0	981	13.00
14.00	628,224	2,575	2,575	0	2,575	14.00
15.00	1,742,141	2,124	2,124	0	2,124	15.00
16.00	3,042,131	10,279	10,279	0	10,279	16.00
17.00	472,861	645	645	0	645	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
21.00	0	0	0	0	0	21.00
22.00	0	0	0	0	0	22.00
23.00	150,230	225	225	0	225	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	9,867,395	37,326	37,326	162,219	37,326	30.00
31.00	2,311,269	9,960	9,960	64,924	9,960	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	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	335,038	1,293	1,293	5,314	1,293	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	11,117,969	45,670	45,670	129,474	45,670	50.00
51.00	666,303	3,170	3,170	0	3,170	51.00
52.00	1,781,106	6,929	6,929	28,472	6,929	52.00
53.00	0	0	0	0	0	53.00
53.01	889,295	2,930	2,930	0	2,930	53.01
54.00	29,017,093	76,037	76,037	114,629	76,037	54.00
55.00	114,137	400	400	0	400	55.00
56.00	0	0	0	0	0	56.00
56.01	1,625,936	2,748	2,748	0	2,748	56.01
57.00	0	0	0	0	0	57.00
58.00	0	0	0	0	0	58.00
59.00	0	0	0	0	0	59.00
60.00	4,664,909	6,223	6,223	0	6,223	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	0	0	0	0	64.00
65.00	1,594,987	2,211	2,211	0	2,211	65.00
66.00	2,834,604	11,477	11,477	0	11,477	66.00
67.00	507,836	669	669	0	669	67.00
68.00	342,979	630	630	0	630	68.00
69.00	240,548	484	484	0	484	69.00
70.00	0	0	0	0	0	70.00
71.00	6,864,516	0	0	0	0	71.00
72.00	9,339,782	0	0	0	0	72.00
73.00	16,988,111	0	0	0	0	73.00
74.00	0	0	0	0	0	74.00
75.00	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00
89.00	0	0	0	0	0	89.00
90.00	508,038	1,980	1,980	0	1,980	90.00
90.01	0	0	0	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

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

Worksheet B-1

Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
	5.02	6.00	7.00	8.00	9.00	
90.02 WOUND CLINIC	1,134,048	3,761	3,761	14,575	3,761	90.02
90.03 MOBILE CLINIC	311,167	0	0	0	0	90.03
91.00 EMERGENCY	3,577,236	24,557	24,557	183,756	24,557	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	2,091,694	2,563	2,563	0	2,563	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	1,217,940	2,563	2,563	0	2,563	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	124,831,254	298,741	270,425	703,363	268,099	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,327,907	3,949	3,949	0	3,949	190.00
190.01 OTHER NR/CHP-GRANT I/COMMUNITY ED	661,707	0	0	0	0	190.01
190.02 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03 LIFELINE	-19,365	0	0	0	0	190.03
190.04 COMMUNITY RELATIONS	6,889,739	2,949	2,949	0	2,949	190.04
190.05 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 PROFESSIONAL DEVELOPMENT	1,358,006	0	0	0	0	190.06
190.07 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
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)	28,483,712	0	4,441,295	727,355	1,900,216	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	0.210853	0.000000	16.014882	1.034110	6.909952	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	2,225,960	0	683,909	52,426	44,822	204.00
205.00 Unit cost multiplier (wkst. B, Part II)	0.016478	0.000000	2.466110	0.074536	0.162991	205.00

Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS						
1.00 CAP REL COSTS-BLDG & FIXT						1.00
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE						5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL						5.02
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	59,409					10.00
11.00 CAFETERIA	0	1,539,404				11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00 NURSING ADMINISTRATION	0	39,382	0	470,772		13.00
14.00 CENTRAL SERVICES & SUPPLY	0	12,426	0	0	21,176,744	14.00
15.00 PHARMACY	0	30,524	0	0	32,195	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	56,224	0	0	23	16.00
17.00 SOCIAL SERVICE	0	14,245	0	0	0	17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	52,114	283,480	0	162,595	627,891	30.00
31.00 INTENSIVE CARE UNIT	7,295	49,199	0	37,021	214,962	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	8,901	0	4,993	26,401	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	152,737	0	71,291	12,992,282	50.00
51.00 RECOVERY ROOM	0	14,275	0	11,531	48,457	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	47,696	0	26,754	141,464	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
53.01 PAIN MANAGEMENT	0	12,325	0	4,939	3,326	53.01
54.00 RADIOLOGY-DIAGNOSTIC	0	313,362	0	42,985	1,726,368	54.00
55.00 RADIOLOGY-THERAPEUTIC	0	2,193	0	0	0	55.00
56.00 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 CARDIAC CATH LAB	0	25,701	0	9,755	2,166,886	56.01
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	81,627	0	941	1,982,443	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	37,580	0	0	100,913	65.00
66.00 PHYSICAL THERAPY	0	71,863	0	0	12,005	66.00
67.00 OCCUPATIONAL THERAPY	0	11,650	0	0	4,902	67.00
68.00 SPEECH PATHOLOGY	0	7,190	0	0	3,336	68.00
69.00 ELECTROCARDIOLOGY	0	3,821	0	3,226	6,482	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
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	10,851	0	0	15,022	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

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

Worksheet B-1

Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
90.01	WOMEN'S CENTER	0	0	0	0	0	90.01
90.02	WOUND CLINIC	0	0	0	0	326,075	90.02
90.03	MOBILE CLINIC	0	4,884	0	2,159	12,456	90.03
91.00	EMERGENCY	0	83,009	0	54,485	345,752	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	50,953	0	17,958	31,641	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	25,302	0	9,309	303,550	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	59,409	1,451,400	0	459,942	21,124,832	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,779	0	7,003	48,573	190.00
190.01	OTHER NR/CHP-GRANT I/COMMUNITY ED	0	17,957	0	3,803	12	190.01
190.02	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03	LIFELINE	0	0	0	0	0	190.03
190.04	COMMUNITY RELATIONS	0	42,268	0	24	3,327	190.04
190.05	PRIVATE DUTY	0	0	0	0	0	190.05
190.06	PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
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)	547,366	946,708	0	2,415,433	827,360	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.213520	0.614983	0.000000	5.130792	0.039069	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	49,337	152,959	0	123,454	155,119	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.830463	0.099362	0.000000	0.262237	0.007325	205.00

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
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	16,588,759					15.00
16.00	0	402,506,587				16.00
17.00	0	0	5,408			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
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	31,683,518	4,688	0	0	30.00
31.00	0	7,485,335	270	0	0	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	0	0	0	0	41.00
42.00	0	0	0	0	0	42.00
43.00	0	1,476,852	0	0	0	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	41,357,666	0	0	0	50.00
51.00	0	3,608,033	0	0	0	51.00
52.00	0	4,282,436	0	0	0	52.00
53.00	0	0	0	0	0	53.00
53.01	0	1,666,801	0	0	0	53.01
54.00	0	85,357,093	0	0	0	54.00
55.00	0	120,512	0	0	0	55.00
56.00	0	0	0	0	0	56.00
56.01	0	9,650,123	0	0	0	56.01
57.00	0	0	0	0	0	57.00
58.00	0	0	0	0	0	58.00
59.00	0	0	0	0	0	59.00
60.00	0	26,647,274	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	0	0	0	0	64.00
65.00	0	6,289,637	0	0	0	65.00
66.00	0	6,637,485	0	0	0	66.00
67.00	0	1,760,828	0	0	0	67.00
68.00	0	771,454	0	0	0	68.00
69.00	0	3,550,134	0	0	0	69.00
70.00	0	0	0	0	0	70.00
71.00	0	17,399,031	0	0	0	71.00
72.00	0	24,393,953	0	0	0	72.00
73.00	16,588,759	103,889,397	0	0	0	73.00
74.00	0	0	0	0	0	74.00
75.00	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	0	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

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

Worksheet B-1

Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	15.00	16.00	17.00	18.00	19.00	
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 CLINIC	0	1,754,083	0	0	0	90.00
90.01 WOMEN'S CENTER	0	0	0	0	0	90.01
90.02 WOUND CLINIC	0	3,728,402	0	0	0	90.02
90.03 MOBILE CLINIC	0	117,579	0	0	0	90.03
91.00 EMERGENCY	0	14,703,091	450	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	1,380,990	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	2,794,880	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	16,588,759	402,506,587	5,408	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0	0	190.01
190.02 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.02
190.03 LIFELINE	0	0	0	0	0	190.03
190.04 COMMUNITY RELATIONS	0	0	0	0	0	190.04
190.05 PRIVATE DUTY	0	0	0	0	0	190.05
190.06 PROFESSIONAL DEVELOPMENT	0	0	0	0	0	190.06
190.07 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0	0	190.07
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)	2,178,200	3,953,795	596,112	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.131306	0.009823	110.227811	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	88,590	339,351	25,908	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.005340	0.000843	4.790680	0.000000	0.000000	205.00

Cost Center Description	INTERNS & RESIDENTS				PARAMED ED PRGM (ASSIGNED TIME)		
	NURSING SCHOOL (ASSIGNED TIME)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	20.00	21.00	22.00	23.00			
GENERAL SERVICE COST CENTERS							
1.00 CAP REL COSTS-BLDG & FIXT							1.00
2.00 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS							4.00
5.01 CASHIERING/ACCOUNTS RECEIVABLE							5.01
5.02 OTHER ADMINISTRATIVE AND GENERAL							5.02
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
19.00 NONPHYSICIAN ANESTHETISTS							19.00
20.00 NURSING SCHOOL	0						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 ED PRGM				100			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	0	0	0		50.00
51.00 RECOVERY ROOM	0	0	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0		53.00
53.01 PAIN MANAGEMENT	0	0	0	0	0		53.01
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
56.01 CARDIAC CATH LAB	0	0	0	0	0		56.01
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
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

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

Worksheet B-1

Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMED ED PRGM (ASSIGNED TIME)	
	NURSING SCHOOL	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS			
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)			
	20.00	21.00	22.00	23.00		
90.00 CLINIC	0	0	0	0		90.00
90.01 WOMEN'S CENTER	0	0	0	0		90.01
90.02 WOUND CLINIC	0	0	0	0		90.02
90.03 MOBILE CLINIC	0	0	0	0		90.03
91.00 EMERGENCY	0	0	0	100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 AMBULANCE SERVICES	0	0	0	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)	0	0	0	100		118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
190.01 OTHER NR/CHP-GRANT I/COMMUNITY ED	0	0	0	0		190.01
190.02 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0		190.02
190.03 LIFELINE	0	0	0	0		190.03
190.04 COMMUNITY RELATIONS	0	0	0	0		190.04
190.05 PRIVATE DUTY	0	0	0	0		190.05
190.06 PROFESSIONAL DEVELOPMENT	0	0	0	0		190.06
190.07 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	0		190.07
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						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	187,064		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	1,870.640000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	7,628		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	76.280000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital		PPS
			Total Costs	RCE Disallowance	Total Costs		
							3.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	15,312,644		15,312,644	0	15,312,644	30.00	
31.00 INTENSIVE CARE UNIT	3,493,182		3,493,182	0	3,493,182	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		0	0	0	41.00	
42.00 SUBPROVIDER	0		0	0	0	42.00	
43.00 NURSERY	487,449		487,449	0	487,449	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	16,016,663		16,016,663	0	16,016,663	50.00	
51.00 RECOVERY ROOM	984,744		984,744	0	984,744	51.00	
52.00 DELIVERY ROOM & LABOR ROOM	2,559,141		2,559,141	0	2,559,141	52.00	
53.00 ANESTHESIOLOGY	0		0	0	0	53.00	
53.01 PAIN MANAGEMENT	1,193,400		1,193,400	19,107	1,212,507	53.01	
54.00 RADIOLOGY-DIAGNOSTIC	38,316,284		38,316,284	87,121	38,403,405	54.00	
55.00 RADIOLOGY-THERAPEUTIC	149,906		149,906	0	149,906	55.00	
56.00 RADIOISOTOPE	0		0	0	0	56.00	
56.01 CARDIAC CATH LAB	2,277,075		2,277,075	0	2,277,075	56.01	
57.00 CT SCAN	0		0	0	0	57.00	
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00	
59.00 CARDIAC CATHETERIZATION	0		0	0	0	59.00	
60.00 LABORATORY	6,185,416		6,185,416	0	6,185,416	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	2,070,819	0	2,070,819	0	2,070,819	65.00	
66.00 PHYSICAL THERAPY	3,805,262	0	3,805,262	0	3,805,262	66.00	
67.00 OCCUPATIONAL THERAPY	654,906	0	654,906	0	654,906	67.00	
68.00 SPEECH PATHOLOGY	441,869	0	441,869	0	441,869	68.00	
69.00 ELECTROCARDIOLOGY	356,391		356,391	0	356,391	69.00	
70.00 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,482,831		8,482,831	0	8,482,831	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENTS	11,548,725		11,548,725	0	11,548,725	72.00	
73.00 DRUGS CHARGED TO PATIENTS	23,768,785		23,768,785	0	23,768,785	73.00	
74.00 RENAL DIALYSIS	0		0	0	0	74.00	
75.00 ASC (NON-DISTINCT PART)	0		0	0	0	75.00	
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	685,040		685,040	11,607	696,647	90.00	
90.01 WOMEN'S CENTER	0		0	0	0	90.01	
90.02 WOUND CLINIC	1,523,820		1,523,820	3,288	1,527,108	90.02	
90.03 MOBILE CLINIC	392,500		392,500	0	392,500	90.03	
91.00 EMERGENCY	5,809,700		5,809,700	0	5,809,700	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,278,698		1,278,698	0	1,278,698	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 HOME PROGRAM DIALYSIS	0		0	0	0	94.00	
95.00 AMBULANCE SERVICES	0		0	0	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	2,729,765		2,729,765	0	2,729,765	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	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII			Total Costs
			Hospital		Total Costs	
			RCE Disallowance	Total Costs		
1.00	2.00	3.00	4.00	5.00		
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00 HOSPICE	1,636,138		1,636,138		1,636,138	116.00
200.00 Subtotal (see instructions)	152,161,153	0	152,161,153	121,123	152,282,276	200.00
201.00 Less Observation Beds	1,278,698		1,278,698		1,278,698	201.00
202.00 Total (see instructions)	150,882,455	0	150,882,455	121,123	151,003,578	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	27,237,298		27,237,298			30.00
31.00 INTENSIVE CARE UNIT	7,485,335		7,485,335			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	1,476,852		1,476,852			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	16,012,743	25,344,923	41,357,666	0.387272	0.000000	50.00
51.00 RECOVERY ROOM	1,511,479	2,096,554	3,608,033	0.272931	0.000000	51.00
52.00 DELIVERY ROOM & LABOR ROOM	4,282,436	0	4,282,436	0.597590	0.000000	52.00
53.00 ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
53.01 PAIN MANAGEMENT	0	1,666,801	1,666,801	0.715982	0.000000	53.01
54.00 RADIOLOGY-DIAGNOSTIC	10,427,007	74,930,086	85,357,093	0.448894	0.000000	54.00
55.00 RADIOLOGY-THERAPEUTIC	312	120,200	120,512	1.243909	0.000000	55.00
56.00 RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01 CARDIAC CATH LAB	5,478,816	4,171,307	9,650,123	0.235963	0.000000	56.01
57.00 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 LABORATORY	10,471,235	16,176,039	26,647,274	0.232122	0.000000	60.00
60.01 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00 RESPIRATORY THERAPY	5,337,466	952,171	6,289,637	0.329243	0.000000	65.00
66.00 PHYSICAL THERAPY	1,091,068	5,546,417	6,637,485	0.573299	0.000000	66.00
67.00 OCCUPATIONAL THERAPY	786,386	974,442	1,760,828	0.371931	0.000000	67.00
68.00 SPEECH PATHOLOGY	171,511	599,943	771,454	0.572774	0.000000	68.00
69.00 ELECTROCARDIOLOGY	1,093,460	2,456,674	3,550,134	0.100388	0.000000	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,162,723	4,236,308	17,399,031	0.487546	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	16,044,480	8,349,473	24,393,953	0.473426	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	28,646,690	75,242,707	103,889,397	0.228789	0.000000	73.00
74.00 RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
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	2,864	1,751,219	1,754,083	0.390540	0.000000	90.00
90.01 WOMEN'S CENTER	0	0	0	0.000000	0.000000	90.01
90.02 WOUND CLINIC	14,008	3,714,394	3,728,402	0.408706	0.000000	90.02
90.03 MOBILE CLINIC	0	117,579	117,579	3.338181	0.000000	90.03
91.00 EMERGENCY	2,742,793	11,960,298	14,703,091	0.395135	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,446,220	4,446,220	0.287592	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00 AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	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	1,380,990	1,380,990			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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

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

Worksheet C
Part 1
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	2,794,880	2,794,880			116.00
200.00 Subtotal (see instructions)	153,476,962	249,029,625	402,506,587			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	153,476,962	249,029,625	402,506,587			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	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	0.387272			50.00
51.00	RECOVERY ROOM	0.272931			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.597590			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
53.01	PAIN MANAGEMENT	0.727446			53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.449915			54.00
55.00	RADIOLOGY-THERAPEUTIC	1.243909			55.00
56.00	RADIOISOTOPE	0.000000			56.00
56.01	CARDIAC CATH LAB	0.235963			56.01
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.232122			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	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.329243			65.00
66.00	PHYSICAL THERAPY	0.573299			66.00
67.00	OCCUPATIONAL THERAPY	0.371931			67.00
68.00	SPEECH PATHOLOGY	0.572774			68.00
69.00	ELECTROCARDIOLOGY	0.100388			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487546			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.473426			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.228789			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	CLINIC	0.397157			90.00
90.01	WOMEN'S CENTER	0.000000			90.01
90.02	WOUND CLINIC	0.409588			90.02
90.03	MOBILE CLINIC	3.338181			90.03
91.00	EMERGENCY	0.395135			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.287592			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	AMBULANCE SERVICES	0.000000			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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Title XVIII

Hospital

PPS

Cost Center Description		PPS Inpatient Ratio	
		11.00	
116.00	HOSPICE		116.00
200.00	Subtotal (see instructions)		200.00
201.00	Less Observation Beds		201.00
202.00	Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

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

Worksheet c
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Hospital		Total Costs
			Total Costs	Costs	RCE	Disallowance	
			3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	15,312,644		15,312,644	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	3,493,182		3,493,182	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	487,449		487,449	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	16,016,663		16,016,663	0	0	0	50.00
51.00 RECOVERY ROOM	984,744		984,744	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	2,559,141		2,559,141	0	0	0	52.00
53.00 ANESTHESIOLOGY	0		0	0	0	0	53.00
53.01 PAIN MANAGEMENT	1,193,400		1,193,400	0	0	0	53.01
54.00 RADIOLOGY-DIAGNOSTIC	38,316,284		38,316,284	0	0	0	54.00
55.00 RADIOLOGY-THERAPEUTIC	149,906		149,906	0	0	0	55.00
56.00 RADIOISOTOPE	0		0	0	0	0	56.00
56.01 CARDIAC CATH LAB	2,277,075		2,277,075	0	0	0	56.01
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	6,185,416		6,185,416	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	2,070,819	0	2,070,819	0	0	0	65.00
66.00 PHYSICAL THERAPY	3,805,262	0	3,805,262	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	654,906	0	654,906	0	0	0	67.00
68.00 SPEECH PATHOLOGY	441,869	0	441,869	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	356,391		356,391	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0		0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,482,831		8,482,831	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	11,548,725		11,548,725	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	23,768,785		23,768,785	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
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	685,040		685,040	0	0	0	90.00
90.01 WOMEN'S CENTER	0		0	0	0	0	90.01
90.02 WOUND CLINIC	1,523,820		1,523,820	0	0	0	90.02
90.03 MOBILE CLINIC	392,500		392,500	0	0	0	90.03
91.00 EMERGENCY	5,809,700		5,809,700	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,278,698		1,278,698	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	2,729,765		2,729,765	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Total Costs
			Total Costs	RCE		
				Total Costs	Disallowance	
	1.00	2.00	3.00	4.00	5.00	
113.00 INTEREST EXPENSE						113.00
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0		0			0 115.00
116.00 HOSPICE	1,636,138		1,636,138			0 116.00
200.00 Subtotal (see instructions)	152,161,153	0	152,161,153	0		0 200.00
201.00 Less Observation Beds	1,278,698		1,278,698			0 201.00
202.00 Total (see instructions)	150,882,455	0	150,882,455	0		0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	27,237,298		27,237,298			30.00
31.00 INTENSIVE CARE UNIT	7,485,335		7,485,335			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	1,476,852		1,476,852			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	16,012,743	25,344,923	41,357,666	0.387272	0.000000	50.00
51.00 RECOVERY ROOM	1,511,479	2,096,554	3,608,033	0.272931	0.000000	51.00
52.00 DELIVERY ROOM & LABOR ROOM	4,282,436	0	4,282,436	0.597590	0.000000	52.00
53.00 ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
53.01 PAIN MANAGEMENT	0	1,666,801	1,666,801	0.715982	0.000000	53.01
54.00 RADIOLOGY-DIAGNOSTIC	10,427,007	74,930,086	85,357,093	0.448894	0.000000	54.00
55.00 RADIOLOGY-THERAPEUTIC	312	120,200	120,512	1.243909	0.000000	55.00
56.00 RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
56.01 CARDIAC CATH LAB	5,478,816	4,171,307	9,650,123	0.235963	0.000000	56.01
57.00 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 LABORATORY	10,471,235	16,176,039	26,647,274	0.232122	0.000000	60.00
60.01 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00 RESPIRATORY THERAPY	5,337,466	952,171	6,289,637	0.329243	0.000000	65.00
66.00 PHYSICAL THERAPY	1,091,068	5,546,417	6,637,485	0.573299	0.000000	66.00
67.00 OCCUPATIONAL THERAPY	786,386	974,442	1,760,828	0.371931	0.000000	67.00
68.00 SPEECH PATHOLOGY	171,511	599,943	771,454	0.572774	0.000000	68.00
69.00 ELECTROCARDIOLOGY	1,093,460	2,456,674	3,550,134	0.100388	0.000000	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,162,723	4,236,308	17,399,031	0.487546	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	16,044,480	8,349,473	24,393,953	0.473426	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	28,646,690	75,242,707	103,889,397	0.228789	0.000000	73.00
74.00 RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00 CLINIC	2,864	1,751,219	1,754,083	0.390540	0.000000	90.00
90.01 WOMEN'S CENTER	0	0	0	0.000000	0.000000	90.01
90.02 WOUND CLINIC	14,008	3,714,394	3,728,402	0.408706	0.000000	90.02
90.03 MOBILE CLINIC	0	117,579	117,579	3.338181	0.000000	90.03
91.00 EMERGENCY	2,742,793	11,960,298	14,703,091	0.395135	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,446,220	4,446,220	0.287592	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00 AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00 OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	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	1,380,990	1,380,990			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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

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

Worksheet C
Part 1
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	Cost
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
114.00 UTILIZATION REVIEW-SNF						114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 HOSPICE	0	2,794,880	2,794,880			116.00
200.00 Subtotal (see instructions)	153,476,962	249,029,625	402,506,587			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	153,476,962	249,029,625	402,506,587			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
32.00	CORONARY CARE UNIT				32.00
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	0.000000			50.00
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
53.01	PAIN MANAGEMENT	0.000000			53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	RADIOISOTOPE	0.000000			56.00
56.01	CARDIAC CATH LAB	0.000000			56.01
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			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	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	RENAL DIALYSIS	0.000000			74.00
75.00	ASC (NON-DISTINCT PART)	0.000000			75.00
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	0.000000			90.00
90.01	WOMEN'S CENTER	0.000000			90.01
90.02	WOUND CLINIC	0.000000			90.02
90.03	MOBILE CLINIC	0.000000			90.03
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	AMBULANCE SERVICES	0.000000			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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150026

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

Worksheet C
Part 1
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150026

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

Worksheet D
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Hospital Total Patient Days	Per Diem (col. 3 / col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,342,103	0	1,342,103	18,322	73.25	30.00
31.00	INTENSIVE CARE UNIT	505,049		505,049	2,351	214.82	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	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	48,950		48,950	1,931	25.35	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)	1,896,102		1,896,102	22,604		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150026

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

Worksheet D
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

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	7,423	543,735		30.00
31.00	INTENSIVE CARE UNIT	1,113	239,095		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)	8,536	782,830		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150026

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

Worksheet D
Part II
Date/Time Prepared:
5/24/2012 4:22 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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	2,753,148	41,357,666	0.066569	4,229,351	281,544	50.00
51.00	RECOVERY ROOM	106,479	3,608,033	0.029512	557,021	16,439	51.00
52.00	DELIVERY ROOM & LABOR ROOM	258,852	4,282,436	0.060445	3,659	221	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
53.01	PAIN MANAGEMENT	90,643	1,666,801	0.054381	0	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	4,522,934	85,357,093	0.052988	5,044,614	267,304	54.00
55.00	RADIOLOGY-THERAPEUTIC	26,405	120,512	0.219107	0	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	CARDIAC CATH LAB	573,696	9,650,123	0.059450	2,276,547	135,341	56.01
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	307,989	26,647,274	0.011558	5,437,860	62,851	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	0	0	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	121,172	6,289,637	0.019265	2,181,165	42,020	65.00
66.00	PHYSICAL THERAPY	391,068	6,637,485	0.058918	619,183	36,481	66.00
67.00	OCCUPATIONAL THERAPY	26,972	1,760,828	0.015318	468,776	7,181	67.00
68.00	SPEECH PATHOLOGY	21,519	771,454	0.027894	105,003	2,929	68.00
69.00	ELECTROCARDIOLOGY	20,994	3,550,134	0.005914	831,768	4,919	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	128,511	17,399,031	0.007386	8,301,654	61,316	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	175,490	24,393,953	0.007194	5,796,000	41,696	72.00
73.00	DRUGS CHARGED TO PATIENTS	460,596	103,889,397	0.004434	11,429,397	50,678	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
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	70,376	1,754,083	0.040121	0	0	90.00
90.01	WOMEN'S CENTER	0	0	0.000000	0	0	90.01
90.02	WOUND CLINIC	119,145	3,728,402	0.031956	0	0	90.02
90.03	MOBILE CLINIC	34,222	117,579	0.291055	0	0	90.03
91.00	EMERGENCY	738,421	14,703,091	0.050222	1,528,010	76,740	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	112,074	4,446,220	0.025207	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)	11,060,706	362,131,232		48,810,008	1,087,660	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150026

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

Worksheet D
Part III
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Title XVIII				Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)			
	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: 150026

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

Worksheet D
Part III
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Total Patient Days	Per Diem (col. 5 + col. 6)	Title XVIII		Hospital Program Pass-Through Cost (col. 7 x col. 8)	PPS
			Inpatient Program Days	Inpatient Program		
	6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	18,322	0.00	7,423	0		30.00
31.00 INTENSIVE CARE UNIT	2,351	0.00	1,113	0		31.00
32.00 CORONARY CARE UNIT	0	0.00	0	0		32.00
33.00 BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
40.00 SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00 SUBPROVIDER	0	0.00	0	0		42.00
43.00 NURSERY	1,931	0.00	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00 NURSING FACILITY	0	0.00	0	0		45.00
200.00 Total (lines 30-199)	22,604		8,536	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150026

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Title XVIII				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
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
53.01	PAIN MANAGEMENT	0	0	0	0	0	0	53.01
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
56.01	CARDIAC CATH LAB	0	0	0	0	0	0	56.01
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
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
90.01	WOMEN'S CENTER	0	0	0	0	0	0	90.01
90.02	WOUND CLINIC	0	0	0	0	0	0	90.02
90.03	MOBILE CLINIC	0	0	0	0	0	0	90.03
91.00	EMERGENCY	0	0	187,064	0	0	187,064	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	187,064	0	0	187,064	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150026

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

Worksheet D Part IV Date/Time Prepared: 5/24/2012 4:22 pm

Cost Center Description		Title XVIII			Hospital		
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 + col. 7)	Outpatient Ratio of Cost to Charges (col. 6 + col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	41,357,666	0.000000	0.000000	4,229,351	50.00
51.00	RECOVERY ROOM	0	3,608,033	0.000000	0.000000	557,021	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	4,282,436	0.000000	0.000000	3,659	52.00
53.00	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
53.01	PAIN MANAGEMENT	0	1,666,801	0.000000	0.000000	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0	85,357,093	0.000000	0.000000	5,044,614	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	120,512	0.000000	0.000000	0	55.00
56.00	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	CARDIAC CATH LAB	0	9,650,123	0.000000	0.000000	2,276,547	56.01
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	26,647,274	0.000000	0.000000	5,437,860	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	0	0.000000	0.000000	0	64.00
65.00	RESPIRATORY THERAPY	0	6,289,637	0.000000	0.000000	2,181,165	65.00
66.00	PHYSICAL THERAPY	0	6,637,485	0.000000	0.000000	619,183	66.00
67.00	OCCUPATIONAL THERAPY	0	1,760,828	0.000000	0.000000	468,776	67.00
68.00	SPEECH PATHOLOGY	0	771,454	0.000000	0.000000	105,003	68.00
69.00	ELECTROCARDIOLOGY	0	3,550,134	0.000000	0.000000	831,768	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,399,031	0.000000	0.000000	8,301,654	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	24,393,953	0.000000	0.000000	5,796,000	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	103,889,397	0.000000	0.000000	11,429,397	73.00
74.00	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
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	1,754,083	0.000000	0.000000	0	90.00
90.01	WOMEN'S CENTER	0	0	0.000000	0.000000	0	90.01
90.02	WOUND CLINIC	0	3,728,402	0.000000	0.000000	0	90.02
90.03	MOBILE CLINIC	0	117,579	0.000000	0.000000	0	90.03
91.00	EMERGENCY	187,064	14,703,091	0.012723	0.012723	1,528,010	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,446,220	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)	187,064	362,131,232			48,810,008	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150026

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	4,880,836	0	50.00
51.00	RECOVERY ROOM	0	615,530	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	53.00
53.01	PAIN MANAGEMENT	0	412,037	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0	18,233,594	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	RADIOISOTOPE	0	0	0	56.00
56.01	CARDIAC CATH LAB	0	1,876,115	0	56.01
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	642,262	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	920,161	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	2,069,204	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,191,714	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0	2,103,117	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	26,626,638	0	73.00
74.00	RENAL DIALYSIS	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	75.00
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	222,633	0	90.00
90.01	WOMEN'S CENTER	0	0	0	90.01
90.02	WOUND CLINIC	0	0	0	90.02
90.03	MOBILE CLINIC	0	0	0	90.03
91.00	EMERGENCY	19,441	1,769,491	22,513	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,724,193	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	Total (lines 50-199)	19,441	65,287,525	22,513	200.00

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Hospital	PPS
			PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)		
		1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.387272	4,880,836	0	0	50.00
51.00	RECOVERY ROOM	0.272931	615,530	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.597590	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	0	53.00
53.01	PAIN MANAGEMENT	0.715982	412,037	0	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.448894	18,233,594	0	0	54.00
55.00	RADIOLOGY-THERAPEUTIC	1.243909	0	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	0	56.00
56.01	CARDIAC CATH LAB	0.235963	1,876,115	0	0	56.01
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.232122	642,262	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	0.000000	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.329243	920,161	0	0	65.00
66.00	PHYSICAL THERAPY	0.573299	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.371931	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.572774	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.100388	2,069,204	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487546	3,191,714	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.473426	2,103,117	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.228789	26,626,638	0	21,859	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	CLINIC	0.390540	222,633	0	0	90.00
90.01	WOMEN'S CENTER	0.000000	0	0	0	90.01
90.02	WOUND CLINIC	0.408706	0	0	0	90.02
90.03	MOBILE CLINIC	3.338181	0	0	0	90.03
91.00	EMERGENCY	0.395135	1,769,491	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.287592	1,724,193	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	0	94.00
95.00	AMBULANCE SERVICES	0.000000	0	0	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)		65,287,525	0	21,859	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net charges (line 200 +/- line 201)		65,287,525	0	21,859	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150026

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

Worksheet D
Part V
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Costs			Hospital	PPS
	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	1,890,211	0	0		50.00
51.00 RECOVERY ROOM	167,997	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
53.01 PAIN MANAGEMENT	295,011	0	0		53.01
54.00 RADIOLOGY-DIAGNOSTIC	8,184,951	0	0		54.00
55.00 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 RADIOISOTOPE	0	0	0		56.00
56.01 CARDIAC CATH LAB	442,694	0	0		56.01
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	149,083	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	302,957	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	207,723	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,556,107	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	995,670	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	6,091,882	0	5,001		73.00
74.00 RENAL DIALYSIS	0	0	0		74.00
75.00 ASC (NON-DISTINCT PART)	0	0	0		75.00
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	86,947	0	0		90.00
90.01 WOMEN'S CENTER	0	0	0		90.01
90.02 WOUND CLINIC	0	0	0		90.02
90.03 MOBILE CLINIC	0	0	0		90.03
91.00 EMERGENCY	699,188	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	495,864	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)	21,566,285	0	5,001		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	21,566,285	0	5,001		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150026

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

Worksheet D-1

Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		Title XVIII	Hospital	PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			18,322 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			18,322 2.00
3.00	Private room days (excluding swing-bed and observation bed days)			8,023 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			10,299 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)			7,423 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)			15,312,644 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)			15,312,644 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)			36,199,485 28.00
29.00	Private room charges (excluding swing-bed charges)			14,729,296 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			21,470,189 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.423007 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			1,835.88 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			2,084.69 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			15,312,644 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)			835.75 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			6,203,772 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			6,203,772 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150026

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

Worksheet D-1
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	3,493,182	2,351	1,485.83	1,113	1,653,729	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)						17,262,410	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						25,119,911	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)						782,830	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)						1,107,101	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						1,889,931	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						23,229,980	53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges						0	54.00
55.00	Target amount per discharge						0.00	55.00
56.00	Target amount (line 54 x line 55)						0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00	Bonus payment (see instructions)						0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00	Relief payment (see instructions)						0	62.00
63.00	Allowable inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)						1,530	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						835.75	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						1,278,698	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150026

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

Worksheet D-1

Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	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	1,342,103	15,312,644	0.087647	1,278,698	112,074	90.00
91.00 Nursing School cost	0	15,312,644	0.000000	1,278,698	0	91.00
92.00 Allied health cost	0	15,312,644	0.000000	1,278,698	0	92.00
93.00 All other Medical Education	0	15,312,644	0.000000	1,278,698	0	93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150026

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

Worksheet D-1
Date/Time Prepared:
5/24/2012 4:22 pm

Title XIX		Hospital	Cost
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)		18,322 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,322 2.00
3.00	Private room days (excluding swing-bed and observation bed days)		8,023 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,299 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,188 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)		1,931 15.00
16.00	Nursery days (title V or XIX only)		349 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)		15,312,644 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)		15,312,644 27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)		36,199,485 28.00
29.00	Private room charges (excluding swing-bed charges)		14,729,296 29.00
30.00	Semi-private room charges (excluding swing-bed charges)		21,470,189 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.423007 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,835.88 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,084.69 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		15,312,644 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)		835.75 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		992,871 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)		992,871 41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150026

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

Worksheet D-1

Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Title XIX Hospital Cost					
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 + col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00 NURSERY (title V & XIX only)	487,449	1,931	252.43	349	88,098	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	3,493,182	2,351	1,485.83	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						
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					2,805,956	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,886,925	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)					0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					1,530	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					835.75	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,278,698	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150026

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

Worksheet D-1

Date/Time Prepared:
5/24/2012 4:22 pm

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150026

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

Worksheet D-3

Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	PPS
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		11,838,935		30.00
31.00	INTENSIVE CARE UNIT		4,088,722		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		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.387272	4,229,351	1,637,909	50.00
51.00	RECOVERY ROOM	0.272931	557,021	152,028	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.597590	3,659	2,187	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
53.01	PAIN MANAGEMENT	0.727446	0	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.449915	5,044,614	2,269,648	54.00
55.00	RADIOLOGY-THERAPEUTIC	1.243909	0	0	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	CARDIAC CATH LAB	0.235963	2,276,547	537,181	56.01
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.232122	5,437,860	1,262,247	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	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.329243	2,181,165	718,133	65.00
66.00	PHYSICAL THERAPY	0.573299	619,183	354,977	66.00
67.00	OCCUPATIONAL THERAPY	0.371931	468,776	174,352	67.00
68.00	SPEECH PATHOLOGY	0.572774	105,003	60,143	68.00
69.00	ELECTROCARDIOLOGY	0.100388	831,768	83,500	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487546	8,301,654	4,047,438	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.473426	5,796,000	2,743,977	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.228789	11,429,397	2,614,920	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
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	0.397157	0	0	90.00
90.01	WOMEN'S CENTER	0.000000	0	0	90.01
90.02	WOUND CLINIC	0.409588	0	0	90.02
90.03	MOBILE CLINIC	3.338181	0	0	90.03
91.00	EMERGENCY	0.395135	1,528,010	603,770	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.287592	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	AMBULANCE SERVICES	0.000000	0	0	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)		48,810,008	17,262,410	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)		48,810,008		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150026

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

Worksheet D-3
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		2,297,909		30.00
31.00	INTENSIVE CARE UNIT		362,481		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		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		251,067		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.387272	881,490	341,376	50.00
51.00	RECOVERY ROOM	0.272931	85,589	23,360	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.597590	1,345,265	803,917	52.00
53.00	ANESTHESIOLOGY	0.000000	0	0	53.00
53.01	PAIN MANAGEMENT	0.715982	0	0	53.01
54.00	RADIOLOGY-DIAGNOSTIC	0.448894	533,929	239,678	54.00
55.00	RADIOLOGY-THERAPEUTIC	1.243909	28	35	55.00
56.00	RADIOISOTOPE	0.000000	0	0	56.00
56.01	CARDIAC CATH LAB	0.235963	208,368	49,167	56.01
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.232122	678,117	157,406	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	0.000000	0	0	64.00
65.00	RESPIRATORY THERAPY	0.329243	314,437	103,526	65.00
66.00	PHYSICAL THERAPY	0.573299	31,522	18,072	66.00
67.00	OCCUPATIONAL THERAPY	0.371931	21,616	8,040	67.00
68.00	SPEECH PATHOLOGY	0.572774	6,227	3,567	68.00
69.00	ELECTROCARDIOLOGY	0.100388	52,173	5,238	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.487546	1,126,546	549,243	71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	0.473426	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.228789	1,826,781	417,947	73.00
74.00	RENAL DIALYSIS	0.000000	0	0	74.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
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	0.390540	2,203	860	90.00
90.01	WOMEN'S CENTER	0.000000	0	0	90.01
90.02	WOUND CLINIC	0.408706	1,634	668	90.02
90.03	MOBILE CLINIC	3.338181	0	0	90.03
91.00	EMERGENCY	0.395135	212,221	83,856	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.287592	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)		7,328,146	2,805,956	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)		7,328,146		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150026

Period:
From 01/01/2011
To 12/31/2011Worksheet E
Part A
Date/Time Prepared:
5/24/2012 4:22 pm

	Title XVIII	Hospital	PPS	
			1.00	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		14,978,387	1.00
2.00	Outlier payments for discharges. (see instructions)		1,058,331	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)		118.81	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)		3.01	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		18.78	31.00
32.00	Sum of lines 30 and 31		21.79	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.19	33.00
34.00	Disproportionate share adjustment (see instructions)		1,076,946	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)		17,113,664	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)		17,113,664	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,290,113	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: 150026	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/24/2012 4:22 pm
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)			19,441 58.00
59.00	Total (sum of amounts on lines 49 through 58)			18,423,218 59.00
60.00	Primary payer payments			7,497 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			18,415,721 61.00
62.00	Deductibles billed to program beneficiaries			1,859,204 62.00
63.00	Coinsurance billed to program beneficiaries			21,791 63.00
64.00	Allowable bad debts (see instructions)			295,006 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			206,504 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			237,108 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			16,741,230 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)			16,741,230 71.00
72.00	Interim payments			16,748,565 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)			-7,335 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			1,094,920 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: 150026

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

Worksheet E
Part B
Date/Time Prepared:
5/24/2012 4:22 pm

	Title XVIII	Hospital	PPS
			1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES			
1.00	Medical and other services (see instructions)		5,001 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,543,772 2.00
3.00	PPS payments		14,036,482 3.00
4.00	Outlier payment (see instructions)		213,899 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.830 5.00
6.00	Line 2 times line 5		17,881,331 6.00
7.00	Sum of line 3 plus line 4 divided by line 6		79.69 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		22,513 9.00
10.00	Organ acquisitions		0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,001 11.00
COMPUTATION OF LESSER OF COST OR CHARGES			
Reasonable charges			
12.00	Ancillary service charges		21,859 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)		21,859 14.00
Customary charges			
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)		0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000 17.00
18.00	Total customary charges (see instructions)		21,859 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		16,858 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)		5,001 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)		14,272,894 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)		2,994,461 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)		11,283,434 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)		11,283,434 30.00
31.00	Primary payer payments		1,702 31.00
32.00	Subtotal (line 30 minus line 31)		11,281,732 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)		407,613 34.00
35.00	Adjusted reimbursable bad debts (see instructions)		285,329 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		303,377 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		11,567,061 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)		11,567,061 40.00
41.00	Interim payments		11,479,686 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)		87,375 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0 44.00
TO BE COMPLETED BY CONTRACTOR			
90.00	Original outlier amount (see instructions)		0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0 91.00
92.00	The rate used to calculate the Time Value of Money		0.00 92.00
93.00	Time Value of Money (see instructions)		0 93.00
94.00	Total (sum of lines 91 and 93)		0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150026

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2012 4:22 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		16,615,163		11,427,921	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	08/02/2011	117,962	08/02/2011	51,765	3.01	
3.02		11/14/2011	15,440		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)		133,402		51,765	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)		16,748,565		11,479,686	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		87,375	6.01	
6.02	SETTLEMENT TO PROGRAM		7,335		0	6.02	
7.00	Total Medicare program liability (see instructions)		16,741,230		11,567,061	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150026

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

Worksheet E-3
Part VII
Date/Time Prepared:
5/24/2012 4:22 pm

	Title XIX	Hospital	Cost	
			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		3,886,925	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)		3,886,925	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)		3,886,925	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		2,911,457	8.00
9.00	Ancillary service charges		7,328,146	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)		10,239,603	12.00
CUSTOMARY CHARGES				
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)		10,239,603	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		6,352,678	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)		3,886,925	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.		3,886,925	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)		3,886,925	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)		3,886,925	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		3,886,925	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)		3,886,925	40.00
41.00	Interim payments		1,916,906	41.00
42.00	Balance due provider/program (line 40 minus 41)		1,970,019	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: 150026

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

Worksheet G

Date/Time Prepared:
5/24/2012 4:22 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	12,472,332	0	0	0 1.00
2.00	Temporary investments	11,282,149	0	0	0 2.00
3.00	Notes receivable	0	0	0	0 3.00
4.00	Accounts receivable	70,475,312	0	0	0 4.00
5.00	Other receivable	860,326	0	0	0 5.00
6.00	Allowances for uncollectible notes and accounts receivable	-43,457,342	0	0	0 6.00
7.00	Inventory	4,577,268	0	0	0 7.00
8.00	Prepaid expenses	2,555,123	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)	58,765,168	0	0	0 11.00
FIXED ASSETS					
12.00	Land	3,883,887	0	0	0 12.00
13.00	Land improvements	2,988,795	0	0	0 13.00
14.00	Accumulated depreciation	-1,118,542	0	0	0 14.00
15.00	Buildings	88,160,907	0	0	0 15.00
16.00	Accumulated depreciation	-26,554,764	0	0	0 16.00
17.00	Leasehold improvements	113,748	0	0	0 17.00
18.00	Accumulated depreciation	-99,380	0	0	0 18.00
19.00	Fixed equipment	9,537,079	0	0	0 19.00
20.00	Accumulated depreciation	-5,678,071	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	93,460,229	0	0	0 23.00
24.00	Accumulated depreciation	-64,208,967	0	0	0 24.00
25.00	Minor equipment depreciable	0	0	0	0 25.00
26.00	Accumulated depreciation	0	0	0	0 26.00
27.00	HIT designated Assets	0	0	0	0 27.00
28.00	Accumulated depreciation	0	0	0	0 28.00
29.00	Minor equipment-nondepreciable	0	0	0	0 29.00
30.00	Total fixed assets (sum of lines 12-29)	100,484,921	0	0	0 30.00
OTHER ASSETS					
31.00	Investments	0	0	0	0 31.00
32.00	Deposits on leases	0	0	0	0 32.00
33.00	Due from owners/officers	0	0	0	0 33.00
34.00	Other assets	48,450,027	0	0	0 34.00
35.00	Total other assets (sum of lines 31-34)	48,450,027	0	0	0 35.00
36.00	Total assets (sum of lines 11, 30, and 35)	207,700,116	0	0	0 36.00
CURRENT LIABILITIES					
37.00	Accounts payable	9,337,478	0	0	0 37.00
38.00	Salaries, wages, and fees payable	10,003,028	0	0	0 38.00
39.00	Payroll taxes payable	306,636	0	0	0 39.00
40.00	Notes and loans payable (short term)	0	0	0	0 40.00
41.00	Deferred income	0	0	0	0 41.00
42.00	Accelerated payments	0	0	0	0 42.00
43.00	Due to other funds	0	0	0	0 43.00
44.00	Other current liabilities	4,438,063	0	0	0 44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	24,085,205	0	0	0 45.00
LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0 46.00
47.00	Notes payable	0	0	0	0 47.00
48.00	Unsecured loans	0	0	0	0 48.00
49.00	Other long term liabilities	45,450,965	0	0	0 49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	45,450,965	0	0	0 50.00
51.00	Total liabilities (sum of lines 45 and 50)	69,536,170	0	0	0 51.00
CAPITAL ACCOUNTS					
52.00	General fund balance	138,163,946	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)	138,163,946	0	0	0 59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	207,700,116	0	0	0 60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150026

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

Worksheet G-1

Date/Time Prepared:
5/24/2012 4:22 pm

	General Fund		Special Purpose Fund			
	1.00	2.00	3.00	4.00		
1.00 Fund balances at beginning of period		130,159,813		0		1.00
2.00 Net income (loss) (from wkst. G-3, line 29)		7,534,372		0		2.00
3.00 Total (sum of line 1 and line 2)		137,694,185		0		3.00
4.00 Additions (credit adjustments) (specify)	0		0			4.00
5.00	0		0			5.00
6.00	0		0			6.00
7.00	0		0			7.00
8.00	0		0			8.00
9.00	0		0			9.00
10.00 Total additions (sum of line 4-9)		0		0		10.00
11.00 Subtotal (line 3 plus line 10)		137,694,185		0		11.00
12.00 CHANGE FROM PRIOR YEAR	-469,761		0			12.00
13.00	0		0			13.00
14.00	0		0			14.00
15.00	0		0			15.00
16.00	0		0			16.00
17.00	0		0			17.00
18.00 Total deductions (sum of lines 12-17)		-469,761		0		18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		138,163,946		0		19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150026

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

Worksheet G-1

Date/Time Prepared:
5/24/2012 4:22 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150026

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

Worksheet G-2 Parts

Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	24,523,714		24,523,714	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	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)	24,523,714		24,523,714	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,353,182		7,353,182	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)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,353,182		7,353,182	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	31,876,896		31,876,896	17.00
18.00	Ancillary services	110,210,054	241,762,350	351,972,404	18.00
19.00	Outpatient services	3,689,011	21,363,255	25,052,266	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		1,380,990	1,380,990	22.00
23.00	AMBULANCE SERVICES	0	0	0	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	2,794,880	2,794,880	26.00
27.00	NURSERY	8,491,419	7,890,264	16,381,683	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	154,267,380	275,191,739	429,459,119	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		175,716,983		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00	BAD DEBT EXPENSE	19,379,205			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)		19,379,205		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		195,096,188		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150026

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

Worksheet G-3

Date/Time Prepared:
5/24/2012 4:22 pm

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	429,459,119	1.00
2.00	Less contractual allowances and discounts on patients' accounts	228,934,585	2.00
3.00	Net patient revenues (line 1 minus line 2)	200,524,534	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	195,096,188	4.00
5.00	Net income from service to patients (line 3 minus line 4)	5,428,346	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	439,165	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	79,402	10.00
11.00	Rebates and refunds of expenses	446,926	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	919,120	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	54,141	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	3,668	21.00
22.00	Rental of hospital space	855,356	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC OTHER OPERATING REV/NON-OP REV	-691,752	24.00
25.00	Total other income (sum of lines 6-24)	2,106,026	25.00
26.00	Total (line 5 plus line 25)	7,534,372	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)	7,534,372	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150026

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

Worksheet H

HHA CCN: 157174

Date/Time Prepared:
5/24/2012 4:22 pm

Home Health
Agency I

PPS

	Salaries 1.00	Employee Benefits 2.00	Transportation (see instructions) 3.00	Contracted/Pur- chased Services 4.00	Other Costs 5.00	
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures			0		0	1.00
2.00 Capital Related - Movable Equipment			0		492	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	45,131	3.00
4.00 Transportation	0	0	0	0	0	4.00
5.00 Administrative and General	66,120	0	58,067	-2,080	73,653	5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	810,757	0	0	0	0	6.00
7.00 Physical Therapy	197,215	0	0	0	0	7.00
8.00 Occupational Therapy	81,720	0	0	0	0	8.00
9.00 Speech Pathology	28,194	0	0	0	0	9.00
10.00 Medical Social Services	139,110	0	0	0	0	10.00
11.00 Home Health Aide	108,054	0	0	0	0	11.00
12.00 Supplies (see instructions)	0	0	0	0	11,888	12.00
13.00 Drugs	0	0	0	0	1,052	13.00
14.00 DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	22.00
23.00 All Others (specify)	0	0	0	0	0	23.00
24.00 Total (sum of lines 1-23)	1,431,170	0	58,067	-2,080	132,216	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: 150026

Period: From 01/01/2011

Worksheet H

HHA CCN: 157174

To 12/31/2011

Date/Time Prepared: 5/24/2012 4:22 pm

		Home Health Agency I		PPS		
	Total (sum of cols. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	492	0	492	0	2.00
3.00	Plant Operation & Maintenance	45,131	0	45,131	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	195,760	0	195,760	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	810,757	0	810,757	0	6.00
7.00	Physical Therapy	197,215	0	197,215	0	7.00
8.00	Occupational Therapy	81,720	0	81,720	0	8.00
9.00	Speech Pathology	28,194	0	28,194	0	9.00
10.00	Medical Social Services	139,110	0	139,110	0	10.00
11.00	Home Health Aide	108,054	0	108,054	0	11.00
12.00	Supplies (see instructions)	11,888	0	11,888	-11,230	12.00
13.00	Drugs	1,052	0	1,052	-1,052	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,619,373	0	1,619,373	-12,282	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: 150026
HHA CCN: 157174

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

Worksheet H-1
Part I
Date/Time Prepared:
5/24/2012 4:22 pm
PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
	0	1.00	2.00	3.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	492	492			2.00
3.00	Plant Operation & Maintenance	45,131	0	45,131		3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	195,760	0	492	45,131	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	810,757	0	0	0	6.00
7.00	Physical Therapy	197,215	0	0	0	7.00
8.00	Occupational Therapy	81,720	0	0	0	8.00
9.00	Speech Pathology	28,194	0	0	0	9.00
10.00	Medical Social Services	139,110	0	0	0	10.00
11.00	Home Health Aide	108,054	0	0	0	11.00
12.00	Supplies (see instructions)	658	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 Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,607,091	0	492	45,131	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 150026

HHA CCN: 157174

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

Worksheet H-1
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Home Health
Agency I

PPS

	Subtotal (cols. 0-4) 4A.00	Administrative & General 5.00	Total (cols. 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	241,383	241,383	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	810,757	143,298	954,055
7.00	Physical Therapy	197,215	34,857	232,072
8.00	Occupational Therapy	81,720	14,444	96,164
9.00	Speech Pathology	28,194	4,983	33,177
10.00	Medical Social Services	139,110	24,587	163,697
11.00	Home Health Aide	108,054	19,098	127,152
12.00	Supplies (see instructions)	658	116	774
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 Others (specify)	0	0	0
24.00	Total (sum of lines 1-23)	1,365,708		1,607,091

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150026

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

Worksheet H-1
Part II
Date/Time Prepared:
5/24/2012 4:22 pm

HHA CCN: 157174

Home Health
Agency I

PPS

	Capital Related Costs					Reconciliation	
	Bldgs & Fixtures (SQARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQARE FEET)	Transportation (MILEAGE)			
	1.00	2.00	3.00	4.00	5A.00		
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	2,563				0	1.00
2.00	Capital Related - Movable Equipment		9,433			0	2.00
3.00	Plant Operation & Maintenance	0	0	2,563		0	3.00
4.00	Transportation (see instructions)	0	0	0	101,885		4.00
5.00	Administrative and General	2,563	9,433	2,563	2,201	-241,383	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	55,148	0	6.00
7.00	Physical Therapy	0	0	0	12,558	0	7.00
8.00	Occupational Therapy	0	0	0	6,689	0	8.00
9.00	Speech Pathology	0	0	0	1,491	0	9.00
10.00	Medical Social Services	0	0	0	3,759	0	10.00
11.00	Home Health Aide	0	0	0	20,039	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,563	9,433	2,563	101,885	-241,383	24.00
25.00	Cost To Be Allocated (per worksheet H-1, Part I)	0	492	45,131	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.052157	17.608662	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150026

Period:

Worksheet H-1

HHA CCN: 157174

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

Part II
Date/Time Prepared:

5/24/2012 4:22 pm

Home Health
Agency I

PPS

		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	1,365,708	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	810,757	6.00
7.00	Physical Therapy	197,215	7.00
8.00	Occupational Therapy	81,720	8.00
9.00	Speech Pathology	28,194	9.00
10.00	Medical Social Services	139,110	10.00
11.00	Home Health Aide	108,054	11.00
12.00	Supplies (see instructions)	658	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	1,365,708	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	241,383	25.00
26.00	Unit Cost Multiplier	0.176746	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150026
HHA CCN: 157174

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

Worksheet H-2
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Home Health
Agency I

PPS

	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	CASHIERING/ACC OUNTS RECEIVABLE		
		BLOG & FIXT	MYBLE EQUIP				
		0	1.00				2.00
1.00	Administrative and General	0	50,358	9,863	19,359	5,362	1.00
2.00	Skilled Nursing Care	954,055	0	0	237,374	0	2.00
3.00	Physical Therapy	232,072	0	0	57,741	0	3.00
4.00	Occupational Therapy	96,164	0	0	23,926	0	4.00
5.00	Speech Pathology	33,177	0	0	8,255	0	5.00
6.00	Medical Social Services	163,697	0	0	40,729	0	6.00
7.00	Home Health Aide	127,152	0	0	31,636	0	7.00
8.00	Supplies (see instructions)	774	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,607,091	50,358	9,863	419,020	5,362	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: 150026
HHA CCN: 157174

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

Worksheet H-2
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5A.01	5.02	6.00	7.00	8.00	
1.00	Administrative and General	84,942	17,910	0	41,046	0	1.00
2.00	Skilled Nursing Care	1,191,429	251,217	0	0	0	2.00
3.00	Physical Therapy	289,813	61,108	0	0	0	3.00
4.00	Occupational Therapy	120,090	25,321	0	0	0	4.00
5.00	Speech Pathology	41,432	8,736	0	0	0	5.00
6.00	Medical Social Services	204,426	43,104	0	0	0	6.00
7.00	Home Health Aide	158,788	33,481	0	0	0	7.00
8.00	Supplies (see instructions)	774	163	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	2,091,694	441,040	0	41,046	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: 150026

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

Worksheet H-2
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

HHA CCN: 157174

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	17,710	0	31,335	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	92,139	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	17,710	0	31,335	0	92,139	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: 150026
HHA CCN: 157174

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

Worksheet H-2
Part I
Date/Time Prepared:
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Home Health Agency I

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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	13,565	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)	1,236	0	0	0		8.00
9.00 Drugs	0	0	0	0		9.00
10.00 DME	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0		13.00
14.00 Clinic	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	1,236	0	13,565	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: 150026
HHA CCN: 157174

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

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Part I
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Home Health
Agency I

	OTHER GENERAL SERVICE (SPECIFY)	INTERNS & RESIDENTS						
		18.00	19.00	20.00	SERVICES-SALAR	SERVICES-OTHER		
					Y & FRINGES	PRGM COSTS		
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	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: 150026

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157174

To 12/31/2011

Part I
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Home Health Agency I

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	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
	23.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	206,508	0	206,508	1.00
2.00	Skilled Nursing Care	0	1,534,785	0	1,534,785	2.00
3.00	Physical Therapy	0	350,921	0	350,921	3.00
4.00	Occupational Therapy	0	145,411	0	145,411	4.00
5.00	Speech Pathology	0	50,168	0	50,168	5.00
6.00	Medical Social Services	0	247,530	0	247,530	6.00
7.00	Home Health Aide	0	192,269	0	192,269	7.00
8.00	Supplies (see instructions)	0	2,173	0	2,173	8.00
9.00	Drugs	0	0	0	0	9.00
10.00	DME	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	2,729,765	0	2,729,765	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.				0.081842	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: 150026

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

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Part I
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HHA CCN: 157174

Home Health
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		Total HHA Costs	
		28.00	
1.00	Administrative and General		1.00
2.00	Skilled Nursing Care	1,660,394	2.00
3.00	Physical Therapy	379,641	3.00
4.00	Occupational Therapy	157,312	4.00
5.00	Speech Pathology	54,274	5.00
6.00	Medical Social Services	267,788	6.00
7.00	Home Health Aide	208,005	7.00
8.00	Supplies (see instructions)	2,351	8.00
9.00	Drugs	0	9.00
10.00	DME	0	10.00
11.00	Home Dialysis Aide Services	0	11.00
12.00	Respiratory Therapy	0	12.00
13.00	Private Duty Nursing	0	13.00
14.00	Clinic	0	14.00
15.00	Health Promotion Activities	0	15.00
16.00	Day Care Program	0	16.00
17.00	Home Delivered Meals Program	0	17.00
18.00	Homemaker Service	0	18.00
19.00	All others (specify)	0	19.00
20.00	Total (sum of lines 1-19) (2)	2,729,765	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 STATISTICAL BASIS

Provider CCN: 150026
HHA CCN: 157174

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

Worksheet H-2
Part II
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Home Health
Agency I

PPS

		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	MOVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5A.02	
1.00	Administrative and General	2,563	9,433	66,120	1,380,990	0	1.00
2.00	Skilled Nursing Care	0	0	810,759	0	0	2.00
3.00	Physical Therapy	0	0	197,215	0	0	3.00
4.00	Occupational Therapy	0	0	81,720	0	0	4.00
5.00	Speech Pathology	0	0	28,194	0	0	5.00
6.00	Medical Social Services	0	0	139,110	0	0	6.00
7.00	Home Health Aide	0	0	108,054	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	2,563	9,433	1,431,172	1,380,990		20.00
21.00	Total cost to be allocated	50,358	9,863	419,020	5,362		21.00
22.00	Unit cost multiplier	19.648069	1.045585	0.292781	0.003883		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150026
HHA CCN: 157174

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	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQURE FEET)	OPERATION OF PLANT (SQURE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQURE FEET)	
	5.02	6.00	7.00	8.00	9.00	
1.00 Administrative and General	84,942	2,563	2,563	0	2,563	1.00
2.00 Skilled Nursing Care	1,191,429	0	0	0	0	2.00
3.00 Physical Therapy	289,813	0	0	0	0	3.00
4.00 Occupational Therapy	120,090	0	0	0	0	4.00
5.00 Speech Pathology	41,432	0	0	0	0	5.00
6.00 Medical Social Services	204,426	0	0	0	0	6.00
7.00 Home Health Aide	158,788	0	0	0	0	7.00
8.00 Supplies (see instructions)	774	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	2,091,694	2,563	2,563	0	2,563	20.00
21.00 Total cost to be allocated	441,040	0	41,046	0	17,710	21.00
22.00 Unit cost multiplier	0.210853	0.000000	16.014826	0.000000	6.909871	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150026
HHA CCN: 157174

Period:
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Worksheet H-2
Part II
Date/Time Prepared:
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		Home Health Agency I					PPS
		DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	50,953	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	17,958	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	31,641	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	50,953	0	17,958	31,641	20.00
21.00	Total cost to be allocated	0	31,335	0	92,139	1,236	21.00
22.00	Unit cost multiplier	0.000000	0.614979	0.000000	5.130805	0.039063	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150026
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		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		15.00	16.00	17.00	18.00	19.00	
1.00	Administrative and General	0	1,380,990	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	1,380,990	0	0	0	20.00
21.00	Total cost to be allocated	0	13,565	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.009823	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150026
HHA CCN: 157174

Period:
From 01/01/2011
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	NURSING SCHOOL	INTERNS & RESIDENTS			PARAMED ED PRGM		
		(ASSIGNED TIME)	SERVICES-SALAR	SERVICES-OTHER			(ASSIGNED TIME)
			Y & FRINGES	PRGM COSTS			
	20.00	21.00	22.00	23.00			
1.00	Administrative and General	0	0	0	0	1.00	
2.00	Skilled Nursing Care	0	0	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	9.00	
10.00	DME	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	19.00	
20.00	Total (sum of lines 1-19)	0	0	0	0	20.00	
21.00	Total cost to be allocated	0	0	0	0	21.00	
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	22.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150026
HHA CCN: 157174

Period:
From 01/01/2011
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Worksheet H-3
Parts I-II
Date/Time Prepared:
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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	1,660,394		1,660,394	4,731	1.00
2.00	Physical Therapy	3.00	379,641	0	379,641	1,916	2.00
3.00	Occupational Therapy	4.00	157,312	0	157,312	749	3.00
4.00	Speech Pathology	5.00	54,274	0	54,274	172	4.00
5.00	Medical Social Services	6.00	267,788		267,788	70	5.00
6.00	Home Health Aide	7.00	208,005		208,005	1,106	6.00
7.00	Total (sum of lines 1-6)		2,727,414	0	2,727,414	8,744	7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits	
				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	21140	1,362	1,138	8.00
8.01	Skilled Nursing Care	99915	0	0	8.01
9.00	Physical Therapy	21140	688	480	9.00
9.01	Physical Therapy	99915	0	0	9.01
10.00	Occupational Therapy	21140	261	169	10.00
10.01	Occupational Therapy	99915	0	0	10.01
11.00	Speech Pathology	21140	74	19	11.00
11.01	Speech Pathology	99915	0	0	11.01
12.00	Medical Social Services	21140	12	21	12.00
12.01	Medical Social Services	99915	0	0	12.01
13.00	Home Health Aide	21140	398	553	13.00
13.01	Home Health Aide	99915	0	0	13.01
14.00	Total (sum of lines 8-13)		2,795	2,380	14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)
	0	1.00	2.00	3.00	4.00

Supplies and Drugs Cost Computations

15.00	Cost of Medical Supplies	8.00	2,351	0	2,351	0	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	16.00

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)
	0	1.00	2.00	3.00

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

1.00	Physical Therapy	66.00	0.573299	0	0	1.00
2.00	Occupational Therapy	67.00	0.371931	0	0	2.00
3.00	Speech Pathology	68.00	0.572774	0	0	3.00
4.00	Cost of Medical Supplies	71.00	0.487546	0	0	4.00
5.00	Cost of Drugs	73.00	0.228789	0	0	5.00

Provider CCN: 150026
 HHA CCN: 157174
 Period: From 01/01/2011 To 12/31/2011
 Worksheet H-3
 Parts I-II
 Date/Time Prepared: 5/24/2012 4:22 pm

Title XVIII
 Home Health Agency I
 PPS

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Program Visits			
		Part A	Part B		
			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	350.96	1,362	1,138		1.00
2.00 Physical Therapy	198.14	688	480		2.00
3.00 Occupational Therapy	210.03	261	169		3.00
4.00 Speech Pathology	315.55	74	19		4.00
5.00 Medical Social Services	3,825.54	12	21		5.00
6.00 Home Health Aide	188.07	398	553		6.00
7.00 Total (sum of lines 1-6)		2,795	2,380		7.00
Limitation Cost Computation					
8.00 Skilled Nursing Care					8.00
8.01 Skilled Nursing Care					8.01
9.00 Physical Therapy					9.00
9.01 Physical Therapy					9.01
10.00 Occupational Therapy					10.00
10.01 Occupational Therapy					10.01
11.00 Speech Pathology					11.00
11.01 Speech Pathology					11.01
12.00 Medical Social Services					12.00
12.01 Medical Social Services					12.01
13.00 Home Health Aide					13.00
13.01 Home Health Aide					13.01
14.00 Total (sum of lines 8-13)					14.00
Program Covered Charges					
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	5.00	6.00	7.00	8.00	
Supplies and Drugs Cost Computations					
15.00 Cost of Medical Supplies	0.000000	0	0	0	15.00
16.00 Cost of Drugs	0.000000	0	0	0	16.00
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: 150026
HHA CCN: 157174

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

Worksheet H-3
Parts I-II
Date/Time Prepared:
5/24/2012 4:22 pm

Title XVIII

Home Health
Agency I

PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of cols. 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	478,008	399,392	877,400	1.00
2.00	Physical Therapy	136,320	95,107	231,427	2.00
3.00	Occupational Therapy	54,818	35,495	90,313	3.00
4.00	Speech Pathology	23,351	5,995	29,346	4.00
5.00	Medical Social Services	45,906	80,336	126,242	5.00
6.00	Home Health Aide	74,852	104,003	178,855	6.00
7.00	Total (sum of lines 1-6)	813,255	720,328	1,533,583	7.00
Cost Center Description					
		10.00	11.00	12.00	
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
8.01	Skilled Nursing Care				8.01
9.00	Physical Therapy				9.00
9.01	Physical Therapy				9.01
10.00	Occupational Therapy				10.00
10.01	Occupational Therapy				10.01
11.00	Speech Pathology				11.00
11.01	Speech Pathology				11.01
12.00	Medical Social Services				12.00
12.01	Medical Social Services				12.01
13.00	Home Health Aide				13.00
13.01	Home Health Aide				13.01
14.00	Total (sum of lines 8-13)				14.00
Cost of Services					
Cost Center Description	Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	9.00	10.00	11.00		
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	0	0	0	15.00
16.00	Cost of Drugs	0	0	0	16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

Provider CCN: 150026 Period: From 01/01/2011 To 12/31/2011 Worksheet H-4
 HHA CCN: 157174 Date/Time Prepared: 5/24/2012 4:22 pm

		Title XVIII		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	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
		Part A Services		Part B Services	
		1.00		2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		420,748	371,524	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		1,997	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		9,872	10,003	13.00
14.00	Total PPS Reimbursement - PEP Episodes		924	0	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		235	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		433,776	381,527	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		433,776	381,527	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		433,776	381,527	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		433,776	381,527	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)		433,776	381,527	31.00
32.00	Interim payments (see instructions)		433,776	381,527	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0	35.00

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

Provider CCN: 150026
HHA CCN: 157174

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

Worksheet H-5
Date/Time Prepared:
5/24/2012 4:22 pm

		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		433,776		381,527	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		433,776		381,527	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)		433,776		381,527	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

		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	1,635	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	-1,814	0	0	25,241	114,000	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	619,499	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	146,493	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	36,838	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	217,321	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)	617,685	0	0	26,876	514,652	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150026
Hospice CCN: 151527

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

Worksheet K
Date/Time Prepared:
5/24/2012 4:22 pm

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
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	1,635	0	1,635	0	1,635	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	137,427	0	137,427	0	137,427	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	619,499	0	619,499	0	619,499	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	146,493	0	146,493	-146,492	1	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	36,838	0	36,838	-36,838	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	217,321	0	217,321	0	217,321	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,159,213	0	1,159,213	-183,330	975,883	39.00

Provider CCN: 150026
Hospice CCN: 151527

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

Worksheet K-1
Date/Time Prepared:
5/24/2012 4:22 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	1,396	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	360,203	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	1,396	0	0	360,203	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150026
Hospice CCN: 151527

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

Worksheet K-1
Date/Time Prepared:
5/24/2012 4:22 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	-3,210	-1,814	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		96,561	162,735	619,499	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	96,561	159,525	617,685	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 150026

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

Worksheet K-3

Hospice CCN: 151527

Date/Time Prepared:
5/24/2012 4:22 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: 150026

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

Worksheet K-3

Hospice CCN: 151527

Date/Time Prepared:
5/24/2012 4:22 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	1,635	1,635	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	25,241	25,241	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	26,876	26,876	39.00

Provider CCN: 150026
 Hospice CCN: 151527

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/24/2012 4:22 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
		0	1.00	2.00	3.00	4.00	
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	1,635	0	0	1,635	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	137,427	0	0	1,635	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	619,499	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	1	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	217,321	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)	975,883	0	0	1,635	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150026

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151527

To 12/31/2011

Part I
Date/Time Prepared:
5/24/2012 4:22 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	Hospice I 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	139,062			6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	619,499	102,948	722,447	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	1	0	1	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	217,321	36,114	253,435	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	836,821	139,062	975,883	39.00

Provider CCN: 150026 Period: From 01/01/2011 To 12/31/2011
 Hospice CCN: 151527 Worksheet K-4 Part II
 Date/Time Prepared: 5/24/2012 4:22 pm

		Hospice I					
		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.	2,563					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	2,563			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	2,563	0	2,563	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	1,635	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.637924	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150026

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

Worksheet K-4
Part II
Date/Time Prepared:
5/24/2012 4:22 pm

Hospice CCN: 151527

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	0		5.00
6.00	Administrative and General	-139,062	836,821	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	619,499	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	0	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	1	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	217,321	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)		139,062	39.00
40.00	Unit Cost Multiplier		0.166179	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151527

To 12/31/2011

Part I

Date/Time Prepared: 5/24/2012 4:22 pm

Cost Center Description		Hospice I					
		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	CASHIERING/ACCOUNTS RECEIVABLE	
			BLDG & FIXT	MVBLE EQUIP			
0	1.00	2.00	4.00	5.01			
1.00	Administrative and General		50,358	0	180,846	9,551	1.00
2.00	Inpatient - General Care	722,447	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	1	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	253,435	0	0	0	1,302	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)	975,883	50,358	0	180,846	10,853	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

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

Worksheet K-5
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Subtotal	Hospice I				
		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5A.01	5.02	6.00	7.00	8.00	
1.00 Administrative and General	240,755	50,764	0	41,046	0	1.00
2.00 Inpatient - General Care	722,447	152,330	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	1	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	254,737	53,712	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)	1,217,940	256,806	0	41,046	0	34.00
35.00 Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

Period:

Worksheet K-5

Hospice CCN: 151527

From 01/01/2011

Part I

To 12/31/2011

Date/Time Prepared:

5/24/2012 4:22 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	17,710	0	15,560	0	47,763	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)	17,710	0	15,560	0	47,763	34.00	
35.00 Unit Cost Multiplier (see instructions)						35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026
 Hospice CCN: 151527

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

Worksheet K-5
 Part I
 Date/Time Prepared:
 5/24/2012 4:22 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	11,859	0	27,454	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)	11,859	0	27,454	0		34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151527

To 12/31/2011

Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Hospice I					1.00
	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
	18.00	19.00	20.00	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
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)	0	0	0	0	0	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

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

Worksheet K-5
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Hospice CCN: 151527

Cost Center Description	PARAMED. ED PRGM	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Hospice I		
				Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	
	23.00	24.00	25.00	26.00	27.00	
1.00 Administrative and General	0	452,911				1.00
2.00 Inpatient - General Care	0	874,777	0	874,777	334,844	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	1	0	1	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	308,449	0	308,449	118,067	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	1,636,138	0	1,636,138		34.00
35.00 Unit Cost Multiplier (see instructions)					0.382776	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150026

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

Worksheet K-5
Part I
Date/Time Prepared:
5/24/2012 4:22 pm

Hospice CCN: 151527

Hospice I

Cost Center Description		Total Hospice Costs (cols. 26 ± 27)	
		28.00	
1.00	Administrative and General	1,209,621	1.00
2.00	Inpatient - General Care	0	2.00
3.00	Inpatient - Respite Care	0	3.00
4.00	Physician Services	0	4.00
5.00	Nursing Care	0	5.00
6.00	Nursing Care-Continuous Home Care	0	6.00
7.00	Physical Therapy	0	7.00
8.00	Occupational Therapy	0	8.00
9.00	Speech/ Language Pathology	0	9.00
10.00	Medical Social Services	0	10.00
11.00	Spiritual Counseling	0	11.00
12.00	Dietary Counseling	0	12.00
13.00	Counseling - Other	0	13.00
14.00	Home Health Aide and Homemaker	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	15.00
16.00	Other	0	16.00
17.00	Drugs, Biological and Infusion Therapy	1	17.00
18.00	Analgesics	0	18.00
19.00	Sedatives / Hypnotics	0	19.00
20.00	Other - Specify	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	21.00
22.00	Patient Transportation	0	22.00
23.00	Imaging Services	0	23.00
24.00	Labs and Diagnostics	0	24.00
25.00	Medical Supplies	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	26.00
27.00	Radiation Therapy	0	27.00
28.00	Chemotherapy	0	28.00
29.00	Other	426,516	29.00
30.00	Bereavement Program Costs	0	30.00
31.00	Volunteer Program Costs	0	31.00
32.00	Fundraising	0	32.00
33.00	Other Program Costs	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,636,138	34.00
35.00	Unit Cost Multiplier (see instructions)		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150026
Hospice CCN: 151527

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

Worksheet K-5
Part II
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	
		BLDG & FIXT (SQARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00				
1.00	Administrative and General	2,563	0	617,685	2,794,880	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	381,096	0	29.00	
30.00	Bereavement Program Costs	0	0	0	0	0	30.00	
31.00	Volunteer Program Costs	0	0	0	0	0	31.00	
32.00	Fundraising	0	0	0	0	0	32.00	
33.00	Other Program Costs	0	0	0	0	0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	2,563	0	617,685	3,175,976	0	34.00	
35.00	Total cost to be allocated	50,358	0	180,846	10,853	0	35.00	
36.00	Unit Cost Multiplier (see instructions)	19.648069	0.000000	0.292780	0.003417	0	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150026

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

Worksheet K-5
Part II
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQURE FEET)	OPERATION OF PLANT (SQURE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQURE FEET)	
		5.02	6.00	7.00	8.00	9.00	
1.00	Administrative and General	240,755	2,563	2,563	0	2,563	1.00
2.00	Inpatient - General Care	722,447	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	254,737	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)	1,217,940	2,563	2,563	0	2,563	34.00
35.00	Total cost to be allocated	256,806	0	41,046	0	17,710	35.00
36.00	Unit Cost Multiplier (see instructions)	0.210853	0.000000	16.014826	0.000000	6.909871	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150026
Hospice CCN: 151527

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

Worksheet K-5
Part II
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	Hospice I		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
				NURSING ADMINISTRATION (DIRECT NURS. HRS.)			
	10.00	11.00	12.00	13.00	14.00		
1.00 Administrative and General	0	25,302	0	9,309	303,550	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	25,302	0	9,309	303,550	34.00	
35.00 Total cost to be allocated	0	15,560	0	47,763	11,859	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.614971	0.000000	5.130841	0.039068	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150026

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

Worksheet K-5
Part II
Date/Time Prepared:
5/24/2012 4:22 pm

Hospice CCN: 151527

Hospice I

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	15.00	16.00	17.00	18.00	19.00		
1.00 Administrative and General	0	2,794,880	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	2,794,880	0	0	0	0	34.00
35.00 Total cost to be allocated	0	27,454	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.009823	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150026
Hospice CCN: 151527

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

Worksheet K-5
Part II
Date/Time Prepared:
5/24/2012 4:22 pm

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150026

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

Worksheet K-5
Part III
Date/Time Prepared:
5/24/2012 4:22 pm

Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Hospice I	
			Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
	0	1.00	2.00	3.00
ANCILLARY SERVICE COST CENTERS				
1.00 PHYSICAL THERAPY	66.00	0.573299	0	0 1.00
2.00 OCCUPATIONAL THERAPY	67.00	0.371931	0	0 2.00
3.00 SPEECH PATHOLOGY	68.00	0.572774	0	0 3.00
4.00 DRUGS CHARGED TO PATIENTS	73.00	0.228789	0	0 4.00
5.00 DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0 5.00
6.00 LABORATORY	60.00	0.232122	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	0.487546	0	0 7.00
8.00 OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00 RADIOLOGY-THERAPEUTIC	55.00	1.243909	0	0 9.00
10.00 OTHER ANCILLARY 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: 150026
 Hospice CCN: 151527

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

Worksheet K-6
 Date/Time Prepared:
 5/24/2012 4:22 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,636,138	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				14,553	2.00
3.00	Average cost per diem (line 1 divided by line 2)				112.43	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	13,328				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,498,467				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,225		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			137,727		13.00

Provider CCN: 150026	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/24/2012 4:22 pm
Title XVIII	Hospital	PPS

		1.00	
PART I - FULLY PROSPECTIVE METHOD			
CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier	1,211,534	1.00
2.00	Capital DRG outlier payments	23,939	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	52.45	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)	3.01	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	18.78	8.00
9.00	Sum of lines 7 and 8	21.79	9.00
10.00	Allowable disproportionate share percentage (see instructions)	4.51	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	54,640	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	1,290,113	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

