

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/24/2012 11:54 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input type="checkbox"/> Electronically filed cost report	Date: 5/24/2012 Time: 11:54 am	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 04 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by JOHNSON MEMORIAL 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.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	125,428	1,415	0	337,464	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	-8,004	69		72,455	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	1	1		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	117,425	1,485	0	409,919	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150001		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 9:42 am					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 46131-		4.00 County: JOHNSON					
1.00	Street: 1125 WEST JEFFERSON STREET	State: IN		Zip Code: 46131-		County: JOHNSON				1.00	
2.00	City: FRANKLIN									2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital	JOHNSON MEMORIAL HOSPITAL	150001	99915	1	07/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF	TODD AIKENS REHAB CENTER	15T001	99915	5	01/01/2005	N	P	O	5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF						N	N	N	7.00	
8.00	Swing Beds - NF						N		N	8.00	
9.00	Hospital-Based SNF									9.00	
10.00	Hospital-Based NF									10.00	
11.00	Hospital-Based OLTC									11.00	
12.00	Hospital-Based HHA	JOHNSON MEMORIAL HOME HEALTH	157510	99915		07/01/1997	N	P	N	12.00	
13.00	Separately Certified ASC									13.00	
14.00	Hospital-Based Hospice									14.00	
15.00	Hospital-Based Health Clinic - RHC									15.00	
16.00	Hospital-Based Health Clinic - FQHC									16.00	
17.00	Hospital-Based (CMHC) 1									17.00	
18.00	Renal Dialysis									18.00	
19.00	Other									19.00	
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2011		12/31/2011			20.00
21.00	Type of Control (see instructions)					9					21.00
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N			22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					2		N			23.00
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	670	1,085	0	0	256	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.	104	0	0	0	26	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: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 9:42 am		
			Beginning: 1.00	Ending: 2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.		0		37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
			V 1.00	XVIII 2.00	XIX 3.00	
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)		N	N	N	
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	
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	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.		N	N	N	
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			
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.					
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.		N			
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.		N			
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		N			
		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		
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			
62.01	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			
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			
		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	
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150001

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

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2012 9:42 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
		1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.			0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
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)				N	0	71.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/24/2012 9:42 am	
			1.00	2.00	3.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)		N	0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.			N	80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.			N	86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00
			Physical	Occupational	Speech
			1.00	2.00	3.00
			Respiratory		4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		Y	Y	Y
				N	
			1.00		2.00
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		250	7,500,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

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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)	N				140.00	
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N		145.00	
						1.00	
						2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
				Part A		Part B	
				1.00		2.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		155.00	
156.00	Subprovider - IPF	N		N		156.00	
157.00	Subprovider - IRF	N		N		157.00	
158.00	SUBPROVIDER	N		N		158.00	
159.00	SNF	N		N		159.00	
160.00	HOME HEALTH AGENCY	N		N		160.00	
161.00	CMHC	N		N		161.00	
						1.00	
Multi campus							
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	
		0		1.00		2.00	
				Zip Code		CBSA	
				3.00		4.00	
						FTE/Campus	
						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)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/24/2012 9:42 am
			Y/N	Date
			1.00	2.00
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
			Y/N	Date
			1.00	2.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			3.00
			Y/N	Type
			1.00	2.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	N		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?			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.			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.			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.			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.			11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			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	03/01/2012	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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/24/2012 9:42 am
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		Part A		
		Description	Y/N	Date
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00
				21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
				Y/N
				Date
				1.00
				2.00
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150001

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

Worksheet S-2
Part II
Date/Time Prepared:
5/24/2012 9:42 am

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/01/2012	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.			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.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150001

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2012 9:42 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	80	29,200	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)		80	29,200	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		86	31,390	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,475			17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		101				27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF	41.00					28.02
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150001

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2012 9:42 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	4,437	662	8,271		1.00
2.00 HMO		993	1,213			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	26			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	4,437	662	8,271		7.00
8.00 INTENSIVE CARE UNIT	0	419	0	1,092		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	867		13.00
14.00 Total (see instructions)	0	4,856	662	10,230		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	1,321	104	2,099		17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	3,970	0	7,807		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		0	2,417		28.00
28.02 SUBPROVIDER - IRF				0		28.02
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			136	204		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150001

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2012 9:42 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,044	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	568.00	0.00	0	1,044	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	13.70	0.00	0	122	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	8.46	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	590.16	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150001

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2012 9:42 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	181	2,559		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)	181	2,559		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	208		17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150001

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2012 9:42 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	34,001,263	0	34,001,263	1,225,752.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	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)		9,227,341	-170,728	9,056,613	215,475.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		2,454,931	0	2,454,931	45,681.00	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		255,416	0	255,416	4,004.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		6,377,779	0	6,377,779		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		1,723,431	0	1,723,431		18.00
19.00	Excluded areas		0	0	0		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		0	0	0		22.00
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	3,188,681	170,728	3,359,409	160,728.00	26.00
27.00	Administrative & General	5.00	2,031,369	0	2,031,369	60,815.00	27.00
28.00	Administrative & General under contract (see inst.)		395,274	0	395,274	10,568.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	780,957	0	780,957	37,029.00	30.00
31.00	Laundry & Linen Service	8.00	125,514	0	125,514	9,699.00	31.00
32.00	Housekeeping	9.00	672,232	0	672,232	57,778.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	909,961	-487,248	422,713	29,313.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	487,248	487,248	30,715.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	995,221	0	995,221	18,047.00	38.00
39.00	Central Services and Supply	14.00	90,686	0	90,686	5,998.00	39.00
40.00	Pharmacy	15.00	410,902	0	410,902	13,087.00	40.00
41.00	Medical Records & Medical Records Library	16.00	669,338	0	669,338	35,348.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150001

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2012 9:42 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	27.74	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	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)	42.03	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	53.74	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	63.79	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	20.90	26.00
27.00	Administrative & General	33.40	27.00
28.00	Administrative & General under contract (see inst.)	37.40	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	21.09	30.00
31.00	Laundry & Linen Service	12.94	31.00
32.00	Housekeeping	11.63	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	14.42	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	15.86	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	55.15	38.00
39.00	Central Services and Supply	15.12	39.00
40.00	Pharmacy	31.40	40.00
41.00	Medical Records & Medical Records Library	18.94	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150001		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part III Date/Time Prepared: 5/24/2012 9:42 am	
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4		
	1.00	2.00	3.00	4.00	5.00		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	34,396,537	0	34,396,537	1,236,320.00		1.00
2.00	Excluded area salaries (see instructions)	9,227,341	-170,728	9,056,613	215,475.00		2.00
3.00	Subtotal salaries (line 1 minus line 2)	25,169,196	170,728	25,339,924	1,020,845.00		3.00
4.00	Subtotal other wages & related costs (see inst.)	2,710,347	0	2,710,347	49,685.00		4.00
5.00	Subtotal wage-related costs (see inst.)	8,101,210	0	8,101,210	0.00		5.00
6.00	Total (sum of lines 3 thru 5)	35,980,753	170,728	36,151,481	1,070,530.00		6.00
7.00	Total overhead cost (see instructions)	10,270,135	170,728	10,440,863	469,125.00		7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/24/2012 9:42 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	27.82	1.00
2.00	Excluded area salaries (see instructions)	42.03	2.00
3.00	Subtotal salaries (line 1 minus line 2)	24.82	3.00
4.00	Subtotal other wages & related costs (see inst.)	54.55	4.00
5.00	Subtotal wage-related costs (see inst.)	31.97	5.00
6.00	Total (sum of lines 3 thru 5)	33.77	6.00
7.00	Total overhead cost (see instructions)	22.26	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/24/2012 9:42 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Qualified and Non-Qualified Pension Plan Cost			0 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)			0 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			0 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)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			0 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			0 18.00
19.00	Unemployment Insurance			0 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			0 22.00
23.00	Tuition Reimbursement			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			0 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: 150001

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

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2012 9:42 am

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet S-4
		Component CCN: 157510		Date/Time Prepared: 5/24/2012 9:42 am
			Home Health Agency I	PPS

					1.00	
0.00	County	JOHNSON				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	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	205.00	0.00	0.00	2.00

		Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)	40.00		2.67	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	4.00
5.00	Other Administrative Personnel			0.93	0.00	5.00
6.00	Direct Nursing Service			3.93	0.00	6.00
7.00	Nursing Supervisor			0.00	0.00	7.00
8.00	Physical Therapy Service			0.92	0.92	8.00
9.00	Physical Therapy Supervisor			0.00	0.58	9.00
10.00	Occupational Therapy Service			0.00	0.04	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	13.00
14.00	Medical Social Service			0.03	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	15.00
16.00	Home Health Aide			0.87	0.00	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	17.00
18.00	Other (specify)			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.			3		19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	18020				20.00
20.01		26900				20.01
20.02		99915				20.02

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)
		Without Outliers	With Outliers			
		1.00	2.00	3.00	4.00	5.00

PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	1,392	0	66	25	21.00
22.00	Skilled Nursing Visit Charges	289,656	0	13,764	5,178	22.00
23.00	Physical Therapy Visits	962	0	8	18	23.00
24.00	Physical Therapy Visit Charges	223,899	0	1,872	4,160	24.00
25.00	Occupational Therapy Visits	743	0	7	16	25.00
26.00	Occupational Therapy Visit Charges	173,149	0	1,645	3,747	26.00
27.00	Speech Pathology Visits	56	0	1	0	27.00
28.00	Speech Pathology Visit Charges	13,069	0	235	0	28.00
29.00	Medical Social Service Visits	18	0	0	0	29.00
30.00	Medical Social Service Visit Charges	5,040	0	0	0	30.00
31.00	Home Health Aide Visits	654	0	0	4	31.00
32.00	Home Health Aide Visit Charges	62,299	0	0	384	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,825	0	82	63	33.00
34.00	Other Charges	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	767,112	0	17,516	13,469	35.00
36.00	Total Number of Episodes (standard/non outlier)	233		32	5	36.00
37.00	Total Number of Outlier Episodes		0		0	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/24/2012 9:42 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.346488	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,139,380	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		2,763,654	5.00	
6.00	Medicaid charges		12,527,054	6.00	
7.00	Medicaid cost (line 1 times line 6)		4,340,474	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)		0	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)		0	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	6,592,511	0	6,592,511	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,284,226	0	2,284,226	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,284,226	0	2,284,226	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			5,375,360	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			338,663	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			5,036,697	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			1,745,155	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			4,029,381	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			4,029,381	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150001		Period: From 01/01/2011 To 12/31/2011		Worksheet A	
Date/Time Prepared: 5/24/2012 9:42 am							
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
	1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT		1,776,335	1,776,335	66,218	1,842,553	1.00	
1.01 CAP REL COSTS-BLDG & FIXT - TOWER		86,509	86,509	0	86,509	1.01	
2.00 CAP REL COSTS-MVBLE EQUIP		2,326,030	2,326,030	65,134	2,391,164	2.00	
4.00 EMPLOYEE BENEFITS	625,195	8,203,139	8,828,334	192,914	9,021,248	4.00	
4.01 COMMUNICATIONS	183,425	246,034	429,459	0	429,459	4.01	
4.02 DATA PROCESSING	722,365	417,379	1,139,744	0	1,139,744	4.02	
4.03 MATERIALS MANAGEMENT	231,792	194,443	426,235	0	426,235	4.03	
4.04 ADMITTING	609,050	28,427	637,477	0	637,477	4.04	
4.05 PATIENT ACCOUNTING	816,854	592,806	1,409,660	0	1,409,660	4.05	
5.00 ADMINISTRATIVE & GENERAL	2,031,369	2,905,910	4,937,279	-131,352	4,805,927	5.00	
7.00 OPERATION OF PLANT	780,957	1,783,747	2,564,704	0	2,564,704	7.00	
8.00 LAUNDRY & LINEN SERVICE	125,514	104,296	229,810	0	229,810	8.00	
9.00 HOUSEKEEPING	672,232	99,006	771,238	0	771,238	9.00	
10.00 DIETARY	909,961	391,360	1,301,321	-696,806	604,515	10.00	
11.00 CAFETERIA	0	0	0	696,806	696,806	11.00	
13.00 NURSING ADMINISTRATION	995,221	168,295	1,163,516	0	1,163,516	13.00	
14.00 CENTRAL SERVICES & SUPPLY	90,686	76,618	167,304	0	167,304	14.00	
15.00 PHARMACY	410,902	5,119,938	5,530,840	0	5,530,840	15.00	
16.00 MEDICAL RECORDS & LIBRARY	669,338	272,885	942,223	0	942,223	16.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	3,939,562	587,549	4,527,111	-208,969	4,318,142	30.00	
31.00 INTENSIVE CARE UNIT	1,239,886	313,136	1,553,022	0	1,553,022	31.00	
41.00 SUBPROVIDER - IRF	721,882	129,437	851,319	0	851,319	41.00	
43.00 NURSERY	0	0	0	208,969	208,969	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	1,844,891	741,717	2,586,608	0	2,586,608	50.00	
53.00 ANESTHESIOLOGY	0	839	839	0	839	53.00	
54.00 RADIOLOGY-DIAGNOSTIC	2,246,154	1,127,002	3,373,156	0	3,373,156	54.00	
60.00 LABORATORY	1,281,739	1,891,911	3,173,650	0	3,173,650	60.00	
65.00 RESPIRATORY THERAPY	898,703	163,760	1,062,463	0	1,062,463	65.00	
66.00 PHYSICAL THERAPY	12,540	1,112,974	1,125,514	0	1,125,514	66.00	
67.00 OCCUPATIONAL THERAPY	0	259,855	259,855	0	259,855	67.00	
68.00 SPEECH PATHOLOGY	0	129,012	129,012	0	129,012	68.00	
69.00 ELECTROCARDIOLOGY	491,075	563,405	1,054,480	0	1,054,480	69.00	
70.00 ELECTROENCEPHALOGRAPHY	44,657	8,728	53,385	0	53,385	70.00	
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,013,486	4,013,486	-2,283,084	1,730,402	71.00	
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,283,084	2,283,084	72.00	
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
76.00 ONCOLOGY	480,050	757,150	1,237,200	0	1,237,200	76.00	
76.97 CARDIAC REHABILITATION	78,743	135,349	214,092	0	214,092	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 CLINIC	450,316	1,601,765	2,052,081	0	2,052,081	90.00	
91.00 EMERGENCY	1,890,745	204,447	2,095,192	0	2,095,192	91.00	
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00 HOME HEALTH AGENCY	456,991	400,195	857,186	0	857,186	101.00	
SPECIAL PURPOSE COST CENTERS							
118.00 SUBTOTALS (SUM OF LINES 1-117)	25,952,795	38,934,874	64,887,669	192,914	65,080,583	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	54,531	75,845	130,376	0	130,376	190.00	
192.00 PHYSICIANS' PRIVATE OFFICES	7,183,018	2,071,894	9,254,912	0	9,254,912	192.00	
192.01 SOUTH CLINIC	0	534,246	534,246	0	534,246	192.01	
192.02 WEST CLINIC	0	0	0	0	0	192.02	
192.03 DIABETES CENTER	80,593	6,446	87,039	0	87,039	192.03	
193.00 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 ADULT/CHILD CARE	516,932	67,175	584,107	-192,914	391,193	193.01	
193.02 PHYSICIAN OFFICE BUILDING	0	949,458	949,458	0	949,458	193.02	
193.03 OPTIFAST/FOUNDATION	0	0	0	0	0	193.03	
194.00 PARTNERSHIP HFC	69,411	14,402	83,813	0	83,813	194.00	
194.01 TRAFALGAR CLINIC	0	0	0	0	0	194.01	
194.02 EDINBURGH	0	0	0	0	0	194.02	
194.03 JAIL	143,983	0	143,983	0	143,983	194.03	
200.00 TOTAL (SUM OF LINES 118-199)	34,001,263	42,654,340	76,655,603	0	76,655,603	200.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150001

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

Worksheet A
Date/Time Prepared:
5/24/2012 9:42 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-86,693	1,755,860	1.00
1.01	CAP REL COSTS-BLDG & FIXT - TOWER	0	86,509	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,391,164	2.00
4.00	EMPLOYEE BENEFITS	-208,250	8,812,998	4.00
4.01	COMMUNICATIONS	-30,850	398,609	4.01
4.02	DATA PROCESSING	0	1,139,744	4.02
4.03	MATERIALS MANAGEMENT	0	426,235	4.03
4.04	ADMINISTRATIVE	0	637,477	4.04
4.05	PATIENT ACCOUNTING	0	1,409,660	4.05
5.00	ADMINISTRATIVE & GENERAL	-640,283	4,165,644	5.00
7.00	OPERATION OF PLANT	-31,535	2,533,169	7.00
8.00	LAUNDRY & LINEN SERVICE	0	229,810	8.00
9.00	HOUSEKEEPING	0	771,238	9.00
10.00	DIETARY	-2,966	601,549	10.00
11.00	CAFETERIA	-340,910	355,896	11.00
13.00	NURSING ADMINISTRATION	-2,777	1,160,739	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	167,304	14.00
15.00	PHARMACY	-918	5,529,922	15.00
16.00	MEDICAL RECORDS & LIBRARY	-282	941,941	16.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	360	4,318,502	30.00
31.00	INTENSIVE CARE UNIT	0	1,553,022	31.00
41.00	SUBPROVIDER - IRF	-137	851,182	41.00
43.00	NURSERY	0	208,969	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-43,767	2,542,841	50.00
53.00	ANESTHESIOLOGY	0	839	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-6,232	3,366,924	54.00
60.00	LABORATORY	0	3,173,650	60.00
65.00	RESPIRATORY THERAPY	-6,717	1,055,746	65.00
66.00	PHYSICAL THERAPY	0	1,125,514	66.00
67.00	OCCUPATIONAL THERAPY	0	259,855	67.00
68.00	SPEECH PATHOLOGY	0	129,012	68.00
69.00	ELECTROCARDIOLOGY	-66,080	988,400	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	53,385	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,730,402	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	2,283,084	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	ONCOLOGY	-257,376	979,824	76.00
76.97	CARDIAC REHABILITATION	0	214,092	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	-102,550	1,949,531	90.00
91.00	EMERGENCY	0	2,095,192	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY	-50	857,136	101.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-1,828,013	63,252,570	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	130,376	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	9,254,912	192.00
192.01	SOUTH CLINIC	0	534,246	192.01
192.02	WEST CLINIC	0	0	192.02
192.03	DIABETES CENTER	0	87,039	192.03
193.00	NONPAID WORKERS	0	0	193.00
193.01	ADULT/CHILD CARE	0	391,193	193.01
193.02	PHYSICIAN OFFICE BUILDING	0	949,458	193.02
193.03	OPTIFAST/FOUNDATION	0	0	193.03
194.00	PARTNERSHIP HFC	0	83,813	194.00
194.01	TRAFALGAR CLINIC	0	0	194.01
194.02	EDINBURGH	0	0	194.02
194.03	JAIL	0	143,983	194.03
200.00	TOTAL (SUM OF LINES 118-199)	-1,828,013	74,827,590	200.00

RECLASSIFICATIONS

Provider CCN: 150001

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

Worksheet A-6

Date/Time Prepared:
5/24/2012 9:42 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	487,248	209,558	1.00	
	TOTALS		487,248	209,558		
B - CHILD CARE RECLASS						
1.00	EMPLOYEE BENEFITS	4.00	170,728	22,186	1.00	
	TOTALS		170,728	22,186		
C - INTEREST RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	66,218	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	65,134	2.00	
	TOTALS		0	131,352		
E - NURSERY RECLASS						
1.00	NURSERY	43.00	185,921	23,048	1.00	
	TOTALS		185,921	23,048		
F - IMPLANTABLE DEVICE RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	2,283,084	1.00	
	TOTALS		0	2,283,084		
500.00	Grand Total: Increases		843,897	2,669,228	500.00	

RECLASSIFICATIONS

Provider CCN: 150001

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA RECLASS							
1.00		10.00	487,248	209,558	0		1.00
	TOTALS		487,248	209,558			
B - CHILD CARE RECLASS							
1.00	ADULT/CHILD CARE	193.01	170,728	22,186	0		1.00
	TOTALS		170,728	22,186			
C - INTEREST RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	131,352	11		1.00
2.00		0.00	0	0	11		2.00
	TOTALS		0	131,352			
E - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	185,921	23,048	0		1.00
	TOTALS		185,921	23,048			
F - IMPLANTABLE DEVICE RECLASS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,283,084	0		1.00
	TOTALS		0	2,283,084			
500.00	Grand Total: Decreases		843,897	2,669,228			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150001

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/24/2012 9:42 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,141,963	0	0	0	1.00
2.00	Land Improvements	1,462,057	42,040	0	42,040	2.00
3.00	Buildings and Fixtures	0	0	0	0	3.00
4.00	Building Improvements	58,226,949	5,579,175	0	5,579,175	4.00
5.00	Fixed Equipment	10,085,908	199,832	0	199,832	5.00
6.00	Movable Equipment	30,286,053	2,397,182	0	2,397,182	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	103,202,930	8,218,229	0	8,218,229	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	103,202,930	8,218,229	0	8,218,229	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,776,335	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT - TOWER	86,509	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	2,326,030	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,188,874	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	1.00
1.01	CAP REL COSTS-BLDG & FIXT - TOWER	0	0	0	0.000000	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150001

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	3,141,963	0			1.00
2.00	Land Improvements	1,488,097	0			2.00
3.00	Buildings and Fixtures	0	0			3.00
4.00	Building Improvements	62,182,929	0			4.00
5.00	Fixed Equipment	10,285,740	0			5.00
6.00	Movable Equipment	31,504,205	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	108,602,934	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	108,602,934	0			10.00
SUMMARY OF CAPITAL						
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)			
		14.00	15.00			
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	1,776,335			1.00
1.01	CAP REL COSTS-BLDG & FIXT - TOWER	0	86,509			1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	2,326,030			2.00
3.00	Total (sum of lines 1-2)	0	4,188,874			3.00
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,689,642	0 1.00
1.01	CAP REL COSTS-BLDG & FIXT - TOWER	0	0	0	86,509	0 1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,326,030	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,102,181	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150001

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	66,218	0	0	0	1,755,860	1.00
1.01	CAP REL COSTS-BLDG & FIXT - TOWER	0	0	0	0	86,509	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	65,134	0	0	0	2,391,164	2.00
3.00	Total (sum of lines 1-2)	131,352	0	0	0	4,233,533	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150001

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

Worksheet A-8

Date/Time Prepared:
5/24/2012 9:42 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0NEW CAP REL COSTS-BLDG & FIXT		1.00	1.00
1.01 Investment income - CAP REL COSTS-BLDG & FIXT - TOWER (chapter 2)			0CAP REL COSTS-BLDG & FIXT - TOWER		1.01	1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0CAP REL COSTS-MVBLE EQUIP		2.00	2.00
3.00 Investment income - other (chapter 2)		0			0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	7.00
8.00 Television and radio service (chapter 21)		0			0.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-605,745				10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests		0			0.00	14.00
15.00 Rental of quarters to employee and others		0			0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00 Sale of drugs to other than patients		0			0.00	17.00
18.00 Sale of medical records and abstracts		0			0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00 Vending machines		0			0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			0NEW CAP REL COSTS-BLDG & FIXT		1.00	26.00
26.01 Depreciation - CAP REL COSTS-BLDG & FIXT - TOWER			0CAP REL COSTS-BLDG & FIXT - TOWER		1.01	26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0CAP REL COSTS-MVBLE EQUIP		2.00	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant			0		0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0OCCUPATIONAL THERAPY		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A		0		0.00	32.00
33.00 JMH MISCELLANEOUS REV OPERATING FUND	B	-21,593	ADMINISTRATIVE & GENERAL		5.00	33.00
34.00 JMH NUTR SVCS DISCOUNTS OPERATING FUND	B	-2,648	DIETARY		10.00	34.00
35.00 JMH PURCHASES DISCOUNTS OPERATING FUND	B	-12,408	ADMINISTRATIVE & GENERAL		5.00	35.00
36.00 JMH SALE OF FILM	B	-5,487	RADIOLOGY-DIAGNOSTIC		54.00	36.00
37.00 JMH CAFETERIA REV OPERATING FUND	B	-340,910	CAFETERIA		11.00	37.00
38.00 JMH CATERING REV OPERATING FUND	B	-318	DIETARY		10.00	38.00
39.00 JMH MISC PHARM REVENUE OPERATING FUND	B	-918	PHARMACY		15.00	39.00
40.00 JMH RENT OF SPACE	B	-4,320	OPERATION OF PLANT		7.00	40.00
41.00 JMH MEDICAL RECORD FEES OPERATING FUND	B	-282	MEDICAL RECORDS & LIBRARY		16.00	41.00
42.00 JMH GEN ACCOUNTING REV OPERATING FUND	B	-5,220	ADMINISTRATIVE & GENERAL		5.00	42.00
43.00 JMH RETURNED CHECK FEES OPERATING FUND	B	-225	ADMINISTRATIVE & GENERAL		5.00	43.00
44.00 JMH EDUCATION PROGRAMS OPERATING FUND	B	-2,777	NURSING ADMINISTRATION		13.00	44.00
45.01 JMH MATERNITY CENTER BEREAVEMENT	B	360	ADULTS & PEDIATRICS		30.00	45.01
45.02 JMH PAIN CARE CENTER REV OPERATING FUND	B	-86,850	CLINIC		90.00	45.02
45.03 MED STAFF OTHER EXP	A	-5,581	ADMINISTRATIVE & GENERAL		5.00	45.03
45.04 CABLE SERVICES	A	-20,809	OPERATION OF PLANT		7.00	45.04

Provider CCN: 150001

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center			Line #
			1.00	2.00		3.00
45.05 TELEPHONE SERVICES	A	-2,124	NEW CAP REL COSTS-BLDG & FI XT	1.00	45.05	
45.06 TELEPHONE SERVICES	A	-26,220	ADMINISTRATIVE & GENERAL	5.00	45.06	
45.07 COMMUNICATIONS	A	-30,850	COMMUNICATIONS	4.01	45.07	
45.08 ADVERTISING EXP-A&G	A	-286,396	ADMINISTRATIVE & GENERAL	5.00	45.08	
45.09 ADVERTISING EXP -ARU	A	-137	SUBPROVIDER - IRF	41.00	45.09	
45.10 ADVERTISING EXP-BARIATRIC	A	-6,600	OPERATING ROOM	50.00	45.10	
45.11 ADVERTISING EXP-RADIOLOGY	A	-745	RADIOLOGY-DIAGNOSTIC	54.00	45.11	
45.12 ADVERTISING EXP-WOUND CARE	A	-15,700	CLINIC	90.00	45.12	
45.13 ADVERTISING EXP-HHA	A	-50	HOME HEALTH AGENCY	101.00	45.13	
45.14 DAYCARE	B	-206,557	EMPLOYEE BENEFITS	4.00	45.14	
45.15 LOBBYING EXPENSE-AHA	A	-5,420	ADMINISTRATIVE & GENERAL	5.00	45.15	
45.16 LOBBYING EXPENSE-IHHA	A	-2,150	ADMINISTRATIVE & GENERAL	5.00	45.16	
45.17 PROF - BUILDING	A	-6,406	OPERATION OF PLANT	7.00	45.17	
45.18 PROF - BUILDING	A	-1,693	EMPLOYEE BENEFITS	4.00	45.18	
45.19 1993 AHA LIFE	A	-84,569	NEW CAP REL COSTS-BLDG & FI XT	1.00	45.19	
45.20 INTEREST INCOME	A	-36,665	ADMINISTRATIVE & GENERAL	5.00	45.20	
45.21		0		0.00	45.21	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,828,013			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 150001

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

Worksheet A-8

Date/Time Prepared:
5/24/2012 9:42 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT - TOWER (chapter 2)	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT - TOWER	0	26.01
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	JMH MISCELLANEOUS REV OPERATING FUND	0	33.00
34.00	JMH NUTR SVCS DISCOUNTS OPERATING FU	0	34.00
35.00	JMH PURCHASES DISCOUNTS OPERATING FU	0	35.00
36.00	JMH SALE OF FILM	0	36.00
37.00	JMH CAFETERIA REV OPERATING FUND	0	37.00
38.00	JMH CATERING REV OPERATING FUND	0	38.00
39.00	JMH MISC PHARM REVENUE OPERATING FUN	0	39.00
40.00	JMH RENT OF SPACE	0	40.00
41.00	JMH MEDICAL RECORD FEES OPERATING FU	0	41.00
42.00	JMH GEN ACCOUNTING REV OPERATING FUN	0	42.00
43.00	JMH RETURNED CHECK FEES OPERATING FU	0	43.00
44.00	JMH EDUCATION PROGRAMS OPERATING FUN	0	44.00
45.01	JMH MATERNITY CENTER BEREAVEMENT	0	45.01
45.02	JMH PAIN CARE CENTER REV OPERATING F	0	45.02
45.03	MED STAFF OTHER EXP	0	45.03
45.04	CABLE SERVICES	0	45.04
45.05	TELEPHONE SERVICES	9	45.05
45.06	TELEPHONE SERVICES	0	45.06
45.07	COMMUNICATIONS	0	45.07
45.08	ADVERTISING EXP-A&G	0	45.08
45.09	ADVERTISING EXP -ARU	0	45.09
45.10	ADVERTISING EXP-BARI ATRIC	0	45.10
45.11	ADVERTISING EXP-RADIOLOGY	0	45.11
45.12	ADVERTISING EXP-WOUND CARE	0	45.12

ADJUSTMENTS TO EXPENSES

Provider CCN: 150001

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.13	ADVERTISING EXP-HHA	0	45.13
45.14	DAYCARE	0	45.14
45.15	LOBBYING EXPENSE-AHA	0	45.15
45.16	LOBBYING EXPENSE-IHHA	0	45.16
45.17	PROF - BUILDING	0	45.17
45.18	PROF - BUILDING	0	45.18
45.19	1993 AHA LIFE	9	45.19
45.20	INTEREST INCOME	0	45.20
45.21		0	45.21
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150001

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2012 9:42 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	238,405	238,405	1.00
2.00	31.00	INTENSIVE CARE UNIT	3,275	0	2.00
3.00	41.00	SUBPROVIDER - IRF	77,917	0	3.00
4.00	50.00	OPERATING ROOM	37,167	37,167	4.00
5.00	54.00	RADIOLOGY-DIAGNOSTIC	3,000	0	5.00
6.00	60.00	LABORATORY	101,418	0	6.00
7.00	65.00	RESPIRATORY THERAPY	6,717	6,717	7.00
8.00	69.00	ELECTROCARDIOLOGY	66,080	66,080	8.00
9.00	76.97	CARDIAC REHABILITATION	126,000	0	9.00
10.00	76.00	ONCOLOGY	229,876	229,876	10.00
11.00	76.00	ONCOLOGY	27,500	27,500	11.00
12.00	91.00	EMERGENCY	20,000	0	12.00
13.00	91.00	EMERGENCY	1,723	0	13.00
200.00			939,078	605,745	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150001

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

Worksheet A-8-2

Date/Time Prepared:
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	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	225,300	0	0	0	1.00
2.00	3,275	225,300	53	5,741	287	2.00
3.00	77,917	225,300	785	85,029	4,251	3.00
4.00	0	225,300	0	0	0	4.00
5.00	3,000	225,300	45	4,874	244	5.00
6.00	101,418	215,700	1,572	163,019	8,151	6.00
7.00	0	225,300	0	0	0	7.00
8.00	0	225,300	0	0	0	8.00
9.00	126,000	225,300	2,000	216,635	10,832	9.00
10.00	0	225,300	0	0	0	10.00
11.00	0	225,300	0	0	0	11.00
12.00	20,000	225,300	308	33,362	1,668	12.00
13.00	1,723	225,300	27	2,925	146	13.00
200.00	333,333		4,790	511,585	25,579	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150001

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

Worksheet A-8-2

Date/Time Prepared:
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	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	5,741	2.00
3.00	0	0	0	0	85,029	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	4,874	5.00
6.00	0	0	0	0	163,019	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	216,635	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	33,362	12.00
13.00	0	0	0	0	2,925	13.00
200.00	0	0	0	0	511,585	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150001

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

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Date/Time Prepared:
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	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	238,405	1.00
2.00	0	0	2.00
3.00	0	0	3.00
4.00	0	37,167	4.00
5.00	0	0	5.00
6.00	0	0	6.00
7.00	0	6,717	7.00
8.00	0	66,080	8.00
9.00	0	0	9.00
10.00	0	229,876	10.00
11.00	0	27,500	11.00
12.00	0	0	12.00
13.00	0	0	13.00
200.00	0	605,745	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150001

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2012 9:42 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	BLDG & FIXT - TOWER	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	1,755,860	1,755,860				1.00
1.01 CAP REL COSTS-BLDG & FIXT - TOWER	86,509	0	86,509			1.01
2.00 CAP REL COSTS-MVBLE EQUIP	2,391,164			2,391,164		2.00
4.00 EMPLOYEE BENEFITS	8,812,998			249	8,835,072	4.00
4.01 COMMUNICATIONS	398,609	2,536	0	3,301	48,805	4.01
4.02 DATA PROCESSING	1,139,744	15,972	0	1,181,919	192,203	4.02
4.03 MATERIALS MANAGEMENT	426,235	24,690	0	10,339	61,674	4.03
4.04 ADMINISTRATION	637,477	28,407	1,742	460	162,052	4.04
4.05 PATIENT ACCOUNTING	1,409,660	17,398	0	181	217,344	4.05
5.00 ADMINISTRATIVE & GENERAL	4,165,644	60,363	0	13,989	540,494	5.00
7.00 OPERATION OF PLANT	2,533,169	165,820	11,990	25,367	207,792	7.00
8.00 LAUNDRY & LINEN SERVICE	229,810	15,513	0	4,505	33,396	8.00
9.00 HOUSEKEEPING	771,238	12,042	889	1,629	178,863	9.00
10.00 DIETARY	601,549	24,219	240	22,702	112,473	10.00
11.00 CAFETERIA	355,896	26,245	0	0	129,644	11.00
13.00 NURSING ADMINISTRATION	1,160,739	66,590	0	59,125	264,802	13.00
14.00 CENTRAL SERVICES & SUPPLY	167,304	10,964	0	25,982	24,129	14.00
15.00 PHARMACY	5,529,922	13,203	0	2,028	109,330	15.00
16.00 MEDICAL RECORDS & LIBRARY	941,941	29,807	575	7,476	178,093	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	4,318,502	287,501	24,751	197,752	998,746	30.00
31.00 INTENSIVE CARE UNIT	1,553,022	15,255	2,519	83,761	329,901	31.00
41.00 SUBPROVIDER - IRF	851,182	52,167	8,612	13,334	192,074	41.00
43.00 NURSERY	208,969	4,033	0	0	49,469	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,542,841	131,567	688	161,982	490,878	50.00
53.00 ANESTHESIOLOGY	839	2,543	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,366,924	106,684	11,437	237,392	597,643	54.00
60.00 LABORATORY	3,173,650	43,585	6,565	22,136	341,037	60.00
65.00 RESPIRATORY THERAPY	1,055,746	17,094	369	26,188	239,122	65.00
66.00 PHYSICAL THERAPY	1,125,514	46,043	430	8,405	3,337	66.00
67.00 OCCUPATIONAL THERAPY	259,855	10,570	1,745	3,395	0	67.00
68.00 SPEECH PATHOLOGY	129,012	3,820	631	332	0	68.00
69.00 ELECTROCARDIOLOGY	988,400	29,426	867	42,660	130,662	69.00
70.00 ELECTROENCEPHALOGRAPHY	53,385	1,420	234	4,221	11,882	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,730,402	0	0	50,414	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	2,283,084	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 ONCOLOGY	979,824	69,959	0	17,416	127,729	76.00
76.97 CARDIAC REHABILITATION	214,092	8,615	0	9,992	20,951	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	1,949,531	74,315	470	38,402	119,817	90.00
91.00 EMERGENCY	2,095,192	68,610	11,327	56,293	503,078	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	857,136	14,378	0	1,428	121,593	101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	63,252,570	1,523,179	86,081	2,334,755	6,739,013	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	130,376	4,601	0	1,920	14,509	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	9,254,912	187,710	0	54,212	1,911,212	192.00
192.01 SOUTH CLINIC	534,246	0	0	0	0	192.01
192.02 WEST CLINIC	0	0	0	0	0	192.02
192.03 DIABETES CENTER	87,039	2,594	428	0	21,444	192.03
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 ADULT/CHILD CARE	391,193	29,355	0	0	92,116	193.01
193.02 PHYSICIAN OFFICE BUILDING	949,458	0	0	0	0	193.02
193.03 OPTIFAST/FOUNDATION	0	0	0	0	0	193.03
194.00 PARTNERSHIP HFC	83,813	8,421	0	277	18,468	194.00
194.01 TRAFALGAR CLINIC	0	0	0	0	0	194.01
194.02 EDINBURGH	0	0	0	0	0	194.02
194.03 JAIL	143,983	0	0	0	38,310	194.03
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)	74,827,590	1,755,860	86,509	2,391,164	8,835,072	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150001

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	ADMINITTING	PATIENT ACCOUNTING	
		4.01	4.02	4.03	4.04	4.05	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - TOWER						1.01
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.01	COMMUNICATIONS	453,251					4.01
4.02	DATA PROCESSING	55,518	2,585,356				4.02
4.03	MATERIALS MANAGEMENT	7,807	24,809	555,554			4.03
4.04	ADMINITTING	9,108	132,317	2,028	973,591		4.04
4.05	PATIENT ACCOUNTING	33,831	200,543	2,664	0	1,881,621	4.05
5.00	ADMINISTRATIVE & GENERAL	33,397	236,724	10,302	0	0	5.00
7.00	OPERATION OF PLANT	15,614	15,506	81	0	0	7.00
8.00	LAUNDRY & LINEN SERVICE	2,169	12,405	1,799	0	0	8.00
9.00	HOUSEKEEPING	4,771	0	6,617	0	0	9.00
10.00	DIETARY	9,976	81,665	550	0	0	10.00
11.00	CAFETERIA	0	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	15,614	44,450	2,679	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	0	3,590	0	0	14.00
15.00	PHARMACY	6,506	19,641	3,045	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	17,783	127,149	847	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	397,986	12,307	74,575	144,122	30.00
31.00	INTENSIVE CARE UNIT	0	78,563	3,237	13,783	26,637	31.00
41.00	SUBPROVIDER - IRF	0	53,754	1,161	11,443	22,115	41.00
43.00	NURSERY	0	0	0	3,377	6,526	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	30,361	208,813	26,239	122,891	237,499	50.00
53.00	ANESTHESIOLOGY	0	0	0	13,401	25,899	53.00
54.00	RADIOLOGY-DIAGNOSTIC	25,590	138,520	26,516	189,006	365,338	54.00
60.00	LABORATORY	22,554	82,698	83,255	148,847	287,661	60.00
65.00	RESPIRATORY THERAPY	6,072	45,484	8,567	31,254	60,401	65.00
66.00	PHYSICAL THERAPY	7,373	47,552	1,777	23,934	46,254	66.00
67.00	OCCUPATIONAL THERAPY	867	22,742	819	10,552	20,393	67.00
68.00	SPEECH PATHOLOGY	1,301	5,169	60	4,105	7,934	68.00
69.00	ELECTROCARDIOLOGY	13,012	71,327	4,269	29,947	57,875	69.00
70.00	ELECTROENCEPHALOGRAPHY	867	9,304	72	571	1,104	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	305,091	68,330	132,053	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	87,328	168,770	73.00
76.00	ONCOLOGY	16,048	80,631	10,124	24,894	48,111	76.00
76.97	CARDIAC REHABILITATION	0	0	168	998	1,929	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	6,940	46,518	14,330	28,856	55,767	90.00
91.00	EMERGENCY	24,289	145,756	4,942	77,209	149,213	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	8,241	24,809	1,319	7,941	15,346	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	375,609	2,354,835	538,455	973,242	1,880,947	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,771	25,843	118	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	58,992	175,734	16,619	349	674	192.00
192.01	SOUTH CLINIC	0	0	0	0	0	192.01
192.02	WEST CLINIC	0	0	0	0	0	192.02
192.03	DIABETES CENTER	1,301	6,202	3	0	0	192.03
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	ADULT/CHILD CARE	6,506	22,742	186	0	0	193.01
193.02	PHYSICIAN OFFICE BUILDING	0	0	0	0	0	193.02
193.03	OPTIFAST/FOUNDATION	4,771	0	0	0	0	193.03
194.00	PARTNERSHIP HFC	1,301	0	173	0	0	194.00
194.01	TRAFALGAR CLINIC	0	0	0	0	0	194.01
194.02	EDINBURGH	0	0	0	0	0	194.02
194.03	JAIL	0	0	0	0	0	194.03
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)	453,251	2,585,356	555,554	973,591	1,881,621	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150001

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A. 05	5. 00	7. 00	8. 00	9. 00	
GENERAL SERVICE COST CENTERS							
1. 00	NEW CAP REL COSTS-BLDG & FIXT						1. 00
1. 01	CAP REL COSTS-BLDG & FIXT - TOWER						1. 01
2. 00	CAP REL COSTS-MVBLE EQUIP						2. 00
4. 00	EMPLOYEE BENEFITS						4. 00
4. 01	COMMUNICATIONS						4. 01
4. 02	DATA PROCESSING						4. 02
4. 03	MATERIALS MANAGEMENT						4. 03
4. 04	ADMINISTRATIVE						4. 04
4. 05	PATIENT ACCOUNTING						4. 05
5. 00	ADMINISTRATIVE & GENERAL	5,060,913	5,060,913				5. 00
7. 00	OPERATION OF PLANT	2,975,339	215,834	3,191,173			7. 00
8. 00	LAUNDRY & LINEN SERVICE	299,597	21,733	34,892	356,222		8. 00
9. 00	HOUSEKEEPING	976,049	70,804	27,083	41,890	1,115,826	9. 00
10. 00	DIETARY	853,374	61,905	54,471	4,764	19,424	10. 00
11. 00	CAFETERIA	511,785	37,125	59,028	0	21,049	11. 00
13. 00	NURSING ADMINISTRATION	1,613,999	117,081	149,770	0	53,406	13. 00
14. 00	CENTRAL SERVICES & SUPPLY	231,969	16,827	24,659	0	8,793	14. 00
15. 00	PHARMACY	5,683,675	412,299	29,696	0	10,589	15. 00
16. 00	MEDICAL RECORDS & LIBRARY	1,303,671	94,570	67,040	0	23,905	16. 00
INPATIENT ROUTINE SERVICE COST CENTERS							
30. 00	ADULTS & PEDIATRICS	6,456,242	468,342	646,626	135,257	230,577	30. 00
31. 00	INTENSIVE CARE UNIT	2,106,678	152,821	34,311	24,923	12,235	31. 00
41. 00	SUBPROVIDER - IRF	1,205,842	87,473	117,331	13,674	41,838	41. 00
43. 00	NURSERY	272,374	19,758	9,071	0	3,235	43. 00
ANCILLARY SERVICE COST CENTERS							
50. 00	OPERATING ROOM	3,953,759	286,810	295,911	45,374	105,517	50. 00
53. 00	ANESTHESIOLOGY	42,682	3,096	5,719	0	2,039	53. 00
54. 00	RADIOLOGY-DIAGNOSTIC	5,065,050	367,424	239,945	24,004	85,561	54. 00
60. 00	LABORATORY	4,211,988	305,542	98,027	0	34,955	60. 00
65. 00	RESPIRATORY THERAPY	1,490,297	108,108	38,448	0	13,710	65. 00
66. 00	PHYSICAL THERAPY	1,310,619	95,074	103,557	4,250	36,927	66. 00
67. 00	OCCUPATIONAL THERAPY	330,938	24,007	23,774	0	8,477	67. 00
68. 00	SPEECH PATHOLOGY	152,364	11,053	8,592	0	3,064	68. 00
69. 00	ELECTROCARDIOLOGY	1,368,445	99,268	66,184	5,775	23,600	69. 00
70. 00	ELECTROENCEPHALOGRAPHY	83,060	6,025	3,193	0	1,139	70. 00
71. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,286,290	165,850	0	0	0	71. 00
72. 00	IMPL. DEV. CHARGED TO PATIENT	2,283,084	165,617	0	0	0	72. 00
73. 00	DRUGS CHARGED TO PATIENTS	256,098	18,578	0	0	0	73. 00
76. 00	ONCOLOGY	1,374,736	99,725	157,346	0	56,107	76. 00
76. 97	CARDIAC REHABILITATION	256,745	18,625	19,376	0	6,909	76. 97
OUTPATIENT SERVICE COST CENTERS							
90. 00	CLINIC	2,334,946	169,379	167,143	4,564	59,601	90. 00
91. 00	EMERGENCY	3,135,909	227,482	154,313	45,002	55,026	91. 00
92. 00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92. 00
OTHER REIMBURSABLE COST CENTERS							
101. 00	HOME HEALTH AGENCY	1,052,191	76,327	32,337	0	11,531	101. 00
SPECIAL PURPOSE COST CENTERS							
118. 00	SUBTOTALS (SUM OF LINES 1-117)	60,540,708	4,024,562	2,667,843	349,477	929,214	118. 00
NONREIMBURSABLE COST CENTERS							
190. 00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	182,138	13,212	10,348	0	3,690	190. 00
192. 00	PHYSICIANS' PRIVATE OFFICES	11,660,414	845,825	422,182	6,745	150,544	192. 00
192. 01	SOUTH CLINIC	534,246	38,755	0	0	0	192. 01
192. 02	WEST CLINIC	0	0	0	0	0	192. 02
192. 03	DIABETES CENTER	119,011	8,633	5,835	0	2,081	192. 03
193. 00	NONPAID WORKERS	0	0	0	0	0	193. 00
193. 01	ADULT/CHILD CARE	542,098	39,324	66,024	0	23,543	193. 01
193. 02	PHYSICIAN OFFICE BUILDING	949,458	68,875	0	0	0	193. 02
193. 03	OPTIFAST/FOUNDATION	4,771	346	0	0	0	193. 03
194. 00	PARTNERSHIP HFC	112,453	8,157	18,941	0	6,754	194. 00
194. 01	TRAFALGAR CLINIC	0	0	0	0	0	194. 01
194. 02	EDINBURGH	0	0	0	0	0	194. 02
194. 03	JAIL	182,293	13,224	0	0	0	194. 03
200. 00	Cross Foot Adjustments	0					200. 00
201. 00	Negative Cost Centers	0	0	0	0	0	201. 00
202. 00	TOTAL (sum lines 118-201)	74,827,590	5,060,913	3,191,173	356,222	1,115,826	202. 00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150001

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG & FIXT - TOWER						1.01
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
4.01 COMMUNICATIONS						4.01
4.02 DATA PROCESSING						4.02
4.03 MATERIALS MANAGEMENT						4.03
4.04 ADMINITTING						4.04
4.05 PATIENT ACCOUNTING						4.05
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	993,938					10.00
11.00 CAFETERIA	0	628,987				11.00
13.00 NURSING ADMINISTRATION	0	13,501	1,947,757			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	4,487	0	286,735		14.00
15.00 PHARMACY	0	9,790	0	0	6,146,049	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	26,568	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	722,066	109,634	760,977	0	0	30.00
31.00 INTENSIVE CARE UNIT	93,038	32,846	227,991	0	0	31.00
41.00 SUBPROVIDER - IRF	178,834	21,323	148,009	0	0	41.00
43.00 NURSERY	0	4,764	33,066	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	49,221	341,656	0	0	50.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	58,846	0	0	0	54.00
60.00 LABORATORY	0	44,213	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	23,645	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	334	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	10,430	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,305	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	286,735	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	6,146,049	73.00
76.00 ONCOLOGY	0	13,279	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	1,884	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	16,333	113,370	0	0	90.00
91.00 EMERGENCY	0	46,489	322,688	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	13,166	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	993,938	502,058	1,947,757	286,735	6,146,049	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,316	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	94,334	0	0	0	192.00
192.01 SOUTH CLINIC	0	0	0	0	0	192.01
192.02 WEST CLINIC	0	0	0	0	0	192.02
192.03 DIABETES CENTER	0	2,047	0	0	0	192.03
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 ADULT/CHILD CARE	0	21,549	0	0	0	193.01
193.02 PHYSICIAN OFFICE BUILDING	0	0	0	0	0	193.02
193.03 OPTIFAST/FOUNDATION	0	0	0	0	0	193.03
194.00 PARTNERSHIP HFC	0	4,950	0	0	0	194.00
194.01 TRAFALGAR CLINIC	0	0	0	0	0	194.01
194.02 EDINBURGH	0	0	0	0	0	194.02
194.03 JAIL	0	1,733	0	0	0	194.03
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)	993,938	628,987	1,947,757	286,735	6,146,049	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150001

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	16.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 CAP REL COSTS-BLDG & FIXT - TOWER					1.01
2.00 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
4.01 COMMUNICATIONS					4.01
4.02 DATA PROCESSING					4.02
4.03 MATERIALS MANAGEMENT					4.03
4.04 ADMIN TTING					4.04
4.05 PATIENT ACCOUNTING					4.05
5.00 ADMINISTRATIVE & GENERAL					5.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY	1,515,754				16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	116,107	9,645,828	0	9,645,828	30.00
31.00 INTENSIVE CARE UNIT	21,459	2,706,302	0	2,706,302	31.00
41.00 SUBPROVIDER - IRF	17,817	1,832,141	0	1,832,141	41.00
43.00 NURSERY	5,257	347,525	0	347,525	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	191,334	5,269,582	0	5,269,582	50.00
53.00 ANESTHESIOLOGY	20,865	74,401	0	74,401	53.00
54.00 RADIOLOGY-DIAGNOSTIC	294,208	6,135,038	0	6,135,038	54.00
60.00 LABORATORY	231,745	4,926,470	0	4,926,470	60.00
65.00 RESPIRATORY THERAPY	48,660	1,722,868	0	1,722,868	65.00
66.00 PHYSICAL THERAPY	37,263	1,588,024	0	1,588,024	66.00
67.00 OCCUPATIONAL THERAPY	16,429	403,625	0	403,625	67.00
68.00 SPEECH PATHOLOGY	6,392	181,465	0	181,465	68.00
69.00 ELECTROCARDIOLOGY	46,625	1,620,327	0	1,620,327	69.00
70.00 ELECTROENCEPHALOGRAPHY	889	95,611	0	95,611	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	106,385	2,845,260	0	2,845,260	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	2,448,701	0	2,448,701	72.00
73.00 DRUGS CHARGED TO PATIENTS	135,964	6,556,689	0	6,556,689	73.00
76.00 ONCOLOGY	38,759	1,739,952	0	1,739,952	76.00
76.97 CARDIAC REHABILITATION	1,554	305,093	0	305,093	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	44,927	2,910,263	0	2,910,263	90.00
91.00 EMERGENCY	120,209	4,107,118	0	4,107,118	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00 HOME HEALTH AGENCY	12,363	1,197,915	0	1,197,915	101.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,515,211	58,660,198	0	58,660,198	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	211,704	0	211,704	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	543	13,180,587	0	13,180,587	192.00
192.01 SOUTH CLINIC	0	573,001	0	573,001	192.01
192.02 WEST CLINIC	0	0	0	0	192.02
192.03 DIABETES CENTER	0	137,607	0	137,607	192.03
193.00 NONPAID WORKERS	0	0	0	0	193.00
193.01 ADULT/CHILD CARE	0	692,538	0	692,538	193.01
193.02 PHYSICIAN OFFICE BUILDING	0	1,018,333	0	1,018,333	193.02
193.03 OPTIFAST/FOUNDATION	0	5,117	0	5,117	193.03
194.00 PARTNERSHIP HFC	0	151,255	0	151,255	194.00
194.01 TRAFALGAR CLINIC	0	0	0	0	194.01
194.02 EDINBURGH	0	0	0	0	194.02
194.03 JAIL	0	197,250	0	197,250	194.03
200.00 Cross Foot Adjustments		0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,515,754	74,827,590	0	74,827,590	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150001

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	BLDG & FIXT - TOWER	MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	CAP REL COSTS-BLDG & FIXT - TOWER					1.01
2.00	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	21,825	0	249	22,074
4.01	COMMUNICATIONS	0	2,536	0	3,301	5,837
4.02	DATA PROCESSING	0	15,972	0	1,181,919	1,197,891
4.03	MATERIALS MANAGEMENT	0	24,690	0	10,339	35,029
4.04	ADMINISTRATIVE	0	28,407	1,742	460	30,609
4.05	PATIENT ACCOUNTING	0	17,398	0	181	17,579
5.00	ADMINISTRATIVE & GENERAL	0	60,363	0	13,989	74,352
7.00	OPERATION OF PLANT	0	165,820	11,990	25,367	203,177
8.00	LAUNDRY & LINEN SERVICE	0	15,513	0	4,505	20,018
9.00	HOUSEKEEPING	0	12,042	889	1,629	14,560
10.00	DIETARY	0	24,219	240	22,702	47,161
11.00	CAFETERIA	0	26,245	0	0	26,245
13.00	NURSING ADMINISTRATION	0	66,590	0	59,125	125,715
14.00	CENTRAL SERVICES & SUPPLY	0	10,964	0	25,982	36,946
15.00	PHARMACY	0	13,203	0	2,028	15,231
16.00	MEDICAL RECORDS & LIBRARY	0	29,807	575	7,476	37,858
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	287,501	24,751	197,752	510,004
31.00	INTENSIVE CARE UNIT	0	15,255	2,519	83,761	101,535
41.00	SUBPROVIDER - IRF	0	52,167	8,612	13,334	74,113
43.00	NURSERY	0	4,033	0	0	4,033
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	131,567	688	161,982	294,237
53.00	ANESTHESIOLOGY	0	2,543	0	0	2,543
54.00	RADIOLOGY-DIAGNOSTIC	0	106,684	11,437	237,392	355,513
60.00	LABORATORY	0	43,585	6,565	22,136	72,286
65.00	RESPIRATORY THERAPY	0	17,094	369	26,188	43,651
66.00	PHYSICAL THERAPY	0	46,043	430	8,405	54,878
67.00	OCCUPATIONAL THERAPY	0	10,570	1,745	3,395	15,710
68.00	SPEECH PATHOLOGY	0	3,820	631	332	4,783
69.00	ELECTROCARDIOLOGY	0	29,426	867	42,660	72,953
70.00	ELECTROENCEPHALOGRAPHY	0	1,420	234	4,221	5,875
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	50,414	50,414
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	ONCOLOGY	0	69,959	0	17,416	87,375
76.97	CARDIAC REHABILITATION	0	8,615	0	9,992	18,607
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0	74,315	470	38,402	113,187
91.00	EMERGENCY	0	68,610	11,327	56,293	136,230
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					0
OTHER REIMBURSABLE COST CENTERS						
101.00	HOME HEALTH AGENCY	0	14,378	0	1,428	15,806
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,523,179	86,081	2,334,755	3,944,015
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,601	0	1,920	6,521
192.00	PHYSICIANS' PRIVATE OFFICES	0	187,710	0	54,212	241,922
192.01	SOUTH CLINIC	0	0	0	0	0
192.02	WEST CLINIC	0	0	0	0	0
192.03	DIABETES CENTER	0	2,594	428	0	3,022
193.00	NONPAID WORKERS	0	0	0	0	0
193.01	ADULT/CHILD CARE	0	29,355	0	0	29,355
193.02	PHYSICIAN OFFICE BUILDING	0	0	0	0	0
193.03	OPTIFAST/FOUNDATION	0	0	0	0	0
194.00	PARTNERSHIP HFC	0	8,421	0	277	8,698
194.01	TRAFALGAR CLINIC	0	0	0	0	0
194.02	EDINBURGH	0	0	0	0	0
194.03	JAIL	0	0	0	0	0
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	0	1,755,860	86,509	2,391,164	4,233,533

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150001

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	ADMINISTRATIVE	
		4.00	4.01	4.02	4.03	4.04	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - TOWER						1.01
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	22,074					4.00
4.01	COMMUNICATIONS	122	5,959				4.01
4.02	DATA PROCESSING	480	730	1,199,101			4.02
4.03	MATERIALS MANAGEMENT	154	103	11,507	46,793		4.03
4.04	ADMINISTRATIVE	405	120	61,369	171	92,674	4.04
4.05	PATIENT ACCOUNTING	543	445	93,013	224	0	4.05
5.00	ADMINISTRATIVE & GENERAL	1,351	439	109,794	868	0	5.00
7.00	OPERATION OF PLANT	519	205	7,192	7	0	7.00
8.00	LAUNDRY & LINEN SERVICE	83	29	5,753	151	0	8.00
9.00	HOUSEKEEPING	447	63	0	557	0	9.00
10.00	DIETARY	281	131	37,876	46	0	10.00
11.00	CAFETERIA	324	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	662	205	20,616	226	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	60	0	0	302	0	14.00
15.00	PHARMACY	273	86	9,110	256	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	445	234	58,972	71	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,496	0	184,588	1,037	7,092	30.00
31.00	INTENSIVE CARE UNIT	825	0	36,438	273	1,311	31.00
41.00	SUBPROVIDER - IRF	480	0	24,931	98	1,088	41.00
43.00	NURSERY	124	0	0	0	321	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,227	399	96,849	2,210	11,687	50.00
53.00	ANESTHESIOLOGY	0	0	0	0	1,274	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,494	336	64,246	2,233	18,063	54.00
60.00	LABORATORY	852	297	38,356	7,012	14,155	60.00
65.00	RESPIRATORY THERAPY	598	80	21,096	722	2,972	65.00
66.00	PHYSICAL THERAPY	8	97	22,055	150	2,276	66.00
67.00	OCCUPATIONAL THERAPY	0	11	10,548	69	1,004	67.00
68.00	SPEECH PATHOLOGY	0	17	2,397	5	390	68.00
69.00	ELECTROCARDIOLOGY	327	171	33,082	360	2,848	69.00
70.00	ELECTROENCEPHALOGRAPHY	30	11	4,315	6	54	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	25,697	6,498	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,305	73.00
76.00	ONCOLOGY	319	211	37,397	853	2,367	76.00
76.97	CARDIAC REHABILITATION	52	0	0	14	95	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	299	91	21,575	1,207	2,744	90.00
91.00	EMERGENCY	1,257	319	67,602	416	7,342	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	304	108	11,507	111	755	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	16,841	4,938	1,092,184	45,352	92,641	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	36	63	11,986	10	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	4,771	775	81,506	1,400	33	192.00
192.01	SOUTH CLINIC	0	0	0	0	0	192.01
192.02	WEST CLINIC	0	0	0	0	0	192.02
192.03	DIABETES CENTER	54	17	2,877	0	0	192.03
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	ADULT/CHILD CARE	230	86	10,548	16	0	193.01
193.02	PHYSICIAN OFFICE BUILDING	0	0	0	0	0	193.02
193.03	OPTIFAST/FOUNDATION	0	63	0	0	0	193.03
194.00	PARTNERSHIP HFC	46	17	0	15	0	194.00
194.01	TRAFALGAR CLINIC	0	0	0	0	0	194.01
194.02	EDINBURGH	0	0	0	0	0	194.02
194.03	JAIL	96	0	0	0	0	194.03
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)	22,074	5,959	1,199,101	46,793	92,674	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150001

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		PATIENT ACCOUNTING	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4.05	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	CAP REL COSTS-BLDG & FIXT - TOWER						1.01
2.00	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
4.01	COMMUNICATIONS						4.01
4.02	DATA PROCESSING						4.02
4.03	MATERIALS MANAGEMENT						4.03
4.04	ADMINISTRATIVE						4.04
4.05	PATIENT ACCOUNTING	111,804					4.05
5.00	ADMINISTRATIVE & GENERAL	0	186,804				5.00
7.00	OPERATION OF PLANT	0	7,968	219,068			7.00
8.00	LAUNDRY & LINEN SERVICE	0	802	2,395	29,231		8.00
9.00	HOUSEKEEPING	0	2,614	1,859	3,437	23,537	9.00
10.00	DIETARY	0	2,285	3,739	391	410	10.00
11.00	CAFETERIA	0	1,371	4,052	0	444	11.00
13.00	NURSING ADMINISTRATION	0	4,322	10,281	0	1,127	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	621	1,693	0	185	14.00
15.00	PHARMACY	0	15,221	2,039	0	223	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	3,491	4,602	0	504	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,559	17,290	44,391	11,099	4,862	30.00
31.00	INTENSIVE CARE UNIT	1,582	5,642	2,355	2,045	258	31.00
41.00	SUBPROVIDER - IRF	1,313	3,229	8,055	1,122	883	41.00
43.00	NURSERY	388	729	623	0	68	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	14,105	10,588	20,314	3,723	2,226	50.00
53.00	ANESTHESIOLOGY	1,538	114	393	0	43	53.00
54.00	RADIOLOGY-DIAGNOSTIC	21,753	13,564	16,472	1,970	1,805	54.00
60.00	LABORATORY	17,084	11,280	6,729	0	737	60.00
65.00	RESPIRATORY THERAPY	3,587	3,991	2,639	0	289	65.00
66.00	PHYSICAL THERAPY	2,747	3,510	7,109	349	779	66.00
67.00	OCCUPATIONAL THERAPY	1,211	886	1,632	0	179	67.00
68.00	SPEECH PATHOLOGY	471	408	590	0	65	68.00
69.00	ELECTROCARDIOLOGY	3,437	3,665	4,543	474	498	69.00
70.00	ELECTROENCEPHALOGRAPHY	66	222	219	0	24	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,843	6,123	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	6,114	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	10,023	686	0	0	0	73.00
76.00	ONCOLOGY	2,857	3,682	10,802	0	1,184	76.00
76.97	CARDIAC REHABILITATION	115	688	1,330	0	146	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	3,312	6,253	11,474	375	1,257	90.00
91.00	EMERGENCY	8,862	8,398	10,593	3,693	1,161	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	911	2,818	2,220	0	243	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	111,764	148,575	183,143	28,678	19,600	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	488	710	0	78	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	40	31,194	28,982	553	3,176	192.00
192.01	SOUTH CLINIC	0	1,431	0	0	0	192.01
192.02	WEST CLINIC	0	0	0	0	0	192.02
192.03	DIABETES CENTER	0	319	401	0	44	192.03
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	ADULT/CHILD CARE	0	1,452	4,532	0	497	193.01
193.02	PHYSICIAN OFFICE BUILDING	0	2,543	0	0	0	193.02
193.03	OPTIFAST/FOUNDATION	0	13	0	0	0	193.03
194.00	PARTNERSHIP HFC	0	301	1,300	0	142	194.00
194.01	TRAFALGAR CLINIC	0	0	0	0	0	194.01
194.02	EDINBURGH	0	0	0	0	0	194.02
194.03	JAIL	0	488	0	0	0	194.03
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)	111,804	186,804	219,068	29,231	23,537	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150001

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

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Part II
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Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG & FIXT - TOWER						1.01
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
4.01 COMMUNICATIONS						4.01
4.02 DATA PROCESSING						4.02
4.03 MATERIALS MANAGEMENT						4.03
4.04 ADMINITTING						4.04
4.05 PATIENT ACCOUNTING						4.05
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	92,320					10.00
11.00 CAFETERIA	0	32,436				11.00
13.00 NURSING ADMINISTRATION	0	696	163,850			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	231	0	40,038		14.00
15.00 PHARMACY	0	505	0	0	42,944	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	1,370	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	67,067	5,655	64,015	0	0	30.00
31.00 INTENSIVE CARE UNIT	8,642	1,694	19,179	0	0	31.00
41.00 SUBPROVIDER - IRF	16,611	1,100	12,451	0	0	41.00
43.00 NURSERY	0	246	2,782	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	2,538	28,741	0	0	50.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	3,035	0	0	0	54.00
60.00 LABORATORY	0	2,280	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	1,219	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	17	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	538	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	67	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	40,038	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	42,944	73.00
76.00 ONCOLOGY	0	685	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	97	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	842	9,537	0	0	90.00
91.00 EMERGENCY	0	2,397	27,145	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	679	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	92,320	25,891	163,850	40,038	42,944	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	119	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	4,865	0	0	0	192.00
192.01 SOUTH CLINIC	0	0	0	0	0	192.01
192.02 WEST CLINIC	0	0	0	0	0	192.02
192.03 DIABETES CENTER	0	106	0	0	0	192.03
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 ADULT/CHILD CARE	0	1,111	0	0	0	193.01
193.02 PHYSICIAN OFFICE BUILDING	0	0	0	0	0	193.02
193.03 OPTIFAST/FOUNDATION	0	0	0	0	0	193.03
194.00 PARTNERSHIP HFC	0	255	0	0	0	194.00
194.01 TRAFALGAR CLINIC	0	0	0	0	0	194.01
194.02 EDINBURGH	0	0	0	0	0	194.02
194.03 JAIL	0	89	0	0	0	194.03
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)	92,320	32,436	163,850	40,038	42,944	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150001

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	16.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 CAP REL COSTS-BLDG & FIXT - TOWER					1.01
2.00 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
4.01 COMMUNICATIONS					4.01
4.02 DATA PROCESSING					4.02
4.03 MATERIALS MANAGEMENT					4.03
4.04 ADMINISTRATION					4.04
4.05 PATIENT ACCOUNTING					4.05
5.00 ADMINISTRATIVE & GENERAL					5.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY	107,547				16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	8,233	936,388	0	936,388	30.00
31.00 INTENSIVE CARE UNIT	1,522	183,301	0	183,301	31.00
41.00 SUBPROVIDER - IRF	1,263	146,737	0	146,737	41.00
43.00 NURSERY	373	9,687	0	9,687	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	13,568	502,412	0	502,412	50.00
53.00 ANESTHESIOLOGY	1,480	7,385	0	7,385	53.00
54.00 RADIOLOGY-DIAGNOSTIC	20,926	521,410	0	521,410	54.00
60.00 LABORATORY	16,433	187,501	0	187,501	60.00
65.00 RESPIRATORY THERAPY	3,451	84,295	0	84,295	65.00
66.00 PHYSICAL THERAPY	2,642	96,617	0	96,617	66.00
67.00 OCCUPATIONAL THERAPY	1,165	32,415	0	32,415	67.00
68.00 SPEECH PATHOLOGY	453	9,579	0	9,579	68.00
69.00 ELECTROCARDIOLOGY	3,306	126,202	0	126,202	69.00
70.00 ELECTROENCEPHALOGRAPHY	63	10,952	0	10,952	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,544	144,157	0	144,157	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	6,114	0	6,114	72.00
73.00 DRUGS CHARGED TO PATIENTS	9,641	71,599	0	71,599	73.00
76.00 ONCOLOGY	2,748	150,480	0	150,480	76.00
76.97 CARDIAC REHABILITATION	110	21,254	0	21,254	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	3,186	175,339	0	175,339	90.00
91.00 EMERGENCY	8,524	283,939	0	283,939	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00 HOME HEALTH AGENCY	877	36,339	0	36,339	101.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1-117)	107,508	3,744,102	0	3,744,102	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,011	0	20,011	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	39	399,256	0	399,256	192.00
192.01 SOUTH CLINIC	0	1,431	0	1,431	192.01
192.02 WEST CLINIC	0	0	0	0	192.02
192.03 DIABETES CENTER	0	6,840	0	6,840	192.03
193.00 NONPAID WORKERS	0	0	0	0	193.00
193.01 ADULT/CHILD CARE	0	47,827	0	47,827	193.01
193.02 PHYSICIAN OFFICE BUILDING	0	2,543	0	2,543	193.02
193.03 OPTIFAST/FOUNDATION	0	76	0	76	193.03
194.00 PARTNERSHIP HFC	0	10,774	0	10,774	194.00
194.01 TRAFALGAR CLINIC	0	0	0	0	194.01
194.02 EDINBURGH	0	0	0	0	194.02
194.03 JAIL	0	673	0	673	194.03
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)	107,547	4,233,533	0	4,233,533	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150001

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

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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (# NON PT PHONES)	
	NEW BLDG & FIXT (TOTAL FEET)	BLDG & FIXT - TOWER (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	272,093					1.00
1.01 CAP REL COSTS-BLDG & FIXT - TOWER	0	81,201				1.01
2.00 CAP REL COSTS-MVBLE EQUIP			2,326,030			2.00
4.00 EMPLOYEE BENEFITS	3,382	0	242	33,205,340		4.00
4.01 COMMUNICATIONS	393	0	3,211	183,425	1,045	4.01
4.02 DATA PROCESSING	2,475	0	1,149,724	722,365	128	4.02
4.03 MATERIALS MANAGEMENT	3,826	0	10,057	231,792	18	4.03
4.04 ADMINISTRATION	4,402	1,635	447	609,050	21	4.04
4.05 PATIENT ACCOUNTING	2,696	0	176	816,854	78	4.05
5.00 ADMINISTRATIVE & GENERAL	9,354	0	13,608	2,031,369	77	5.00
7.00 OPERATION OF PLANT	25,696	11,254	24,676	780,957	36	7.00
8.00 LAUNDRY & LINEN SERVICE	2,404	0	4,382	125,514	5	8.00
9.00 HOUSEKEEPING	1,866	834	1,585	672,232	11	9.00
10.00 DIETARY	3,753	225	22,084	422,713	23	10.00
11.00 CAFETERIA	4,067	0	0	487,248	0	11.00
13.00 NURSING ADMINISTRATION	10,319	0	57,514	995,221	36	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,699	0	25,274	90,686	0	14.00
15.00 PHARMACY	2,046	0	1,973	410,902	15	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,619	540	7,272	669,338	41	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	44,552	23,233	192,365	3,753,641	0	30.00
31.00 INTENSIVE CARE UNIT	2,364	2,364	81,479	1,239,886	0	31.00
41.00 SUBPROVIDER - IRF	8,084	8,084	12,971	721,882	0	41.00
43.00 NURSERY	625	0	0	185,921	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	20,388	646	157,570	1,844,891	70	50.00
53.00 ANESTHESIOLOGY	394	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	16,532	10,735	230,926	2,246,154	59	54.00
60.00 LABORATORY	6,754	6,162	21,533	1,281,739	52	60.00
65.00 RESPIRATORY THERAPY	2,649	346	25,475	898,703	14	65.00
66.00 PHYSICAL THERAPY	7,135	404	8,176	12,540	17	66.00
67.00 OCCUPATIONAL THERAPY	1,638	1,638	3,303	0	2	67.00
68.00 SPEECH PATHOLOGY	592	592	323	0	3	68.00
69.00 ELECTROCARDIOLOGY	4,560	814	41,498	491,075	30	69.00
70.00 ELECTROENCEPHALOGRAPHY	220	220	4,106	44,657	2	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	49,041	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 ONCOLOGY	10,841	0	16,942	480,050	37	76.00
76.97 CARDIAC REHABILITATION	1,335	0	9,720	78,743	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	11,516	441	37,356	450,316	16	90.00
91.00 EMERGENCY	10,632	10,632	54,760	1,890,745	56	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	2,228	0	1,389	456,991	19	101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	236,036	80,799	2,271,158	25,327,600	866	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	713	0	1,868	54,531	11	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	29,088	0	52,735	7,183,018	136	192.00
192.01 SOUTH CLINIC	0	0	0	0	0	192.01
192.02 WEST CLINIC	0	0	0	0	0	192.02
192.03 DIABETES CENTER	402	402	0	80,593	3	192.03
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 ADULT/CHILD CARE	4,549	0	0	346,204	15	193.01
193.02 PHYSICIAN OFFICE BUILDING	0	0	0	0	0	193.02
193.03 OPTIFAST/FOUNDATION	0	0	0	0	11	193.03
194.00 PARTNERSHIP HFC	1,305	0	269	69,411	3	194.00
194.01 TRAFALGAR CLINIC	0	0	0	0	0	194.01
194.02 EDINBURGH	0	0	0	0	0	194.02
194.03 JAIL	0	0	0	143,983	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,755,860	86,509	2,391,164	8,835,072	453,251	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6.453161	1.065369	1.028002	0.266074	433.733014	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				22,074	5,959	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000665	5.702392	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150001

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	DATA PROCESSING (WORK ORDERS)	MATERIALS MANAGEMENT (SUPPLY USAGE)	ADMINISTRATIVE (GROSS REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	Reconciliation	
	4.02	4.03	4.04	4.05	5A	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG & FIXT - TOWER						1.01
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
4.01 COMMUNICATIONS						4.01
4.02 DATA PROCESSING	2,501					4.02
4.03 MATERIALS MANAGEMENT	24	7,236,856				4.03
4.04 ADMINISTRATION	128	26,423	177,373,754			4.04
4.05 PATIENT ACCOUNTING	194	34,699	0	177,373,754		4.05
5.00 ADMINISTRATIVE & GENERAL	229	134,193	0	0	-5,060,913	5.00
7.00 OPERATION OF PLANT	15	1,060	0	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	12	23,430	0	0	0	8.00
9.00 HOUSEKEEPING	0	86,193	0	0	0	9.00
10.00 DIETARY	79	7,169	0	0	0	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	43	34,896	0	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	46,764	0	0	0	14.00
15.00 PHARMACY	19	39,661	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	123	11,033	0	0	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	385	160,312	13,586,177	13,586,177	0	30.00
31.00 INTENSIVE CARE UNIT	76	42,162	2,511,018	2,511,018	0	31.00
41.00 SUBPROVIDER - IRF	52	15,125	2,084,791	2,084,791	0	41.00
43.00 NURSERY	0	0	615,169	615,169	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	202	341,807	22,388,668	22,388,668	0	50.00
53.00 ANESTHESIOLOGY	0	0	2,441,477	2,441,477	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	134	345,410	34,436,026	34,436,026	0	54.00
60.00 LABORATORY	80	1,084,517	27,117,322	27,117,322	0	60.00
65.00 RESPIRATORY THERAPY	44	111,598	5,693,921	5,693,921	0	65.00
66.00 PHYSICAL THERAPY	46	23,151	4,360,337	4,360,337	0	66.00
67.00 OCCUPATIONAL THERAPY	22	10,668	1,922,460	1,922,460	0	67.00
68.00 SPEECH PATHOLOGY	5	784	747,948	747,948	0	68.00
69.00 ELECTROCARDIOLOGY	69	55,604	5,455,777	5,455,777	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	9	936	104,061	104,061	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,974,222	12,448,459	12,448,459	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	15,909,705	15,909,705	0	73.00
76.00 ONCOLOGY	78	131,877	4,535,319	4,535,319	0	76.00
76.97 CARDIAC REHABILITATION	0	2,184	181,847	181,847	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	45	186,672	5,257,025	5,257,025	0	90.00
91.00 EMERGENCY	141	64,375	14,066,055	14,066,055	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	24	17,186	1,446,647	1,446,647	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,278	7,014,111	177,310,209	177,310,209	-5,060,913	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	25	1,543	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	170	216,486	63,545	63,545	0	192.00
192.01 SOUTH CLINIC	0	0	0	0	0	192.01
192.02 WEST CLINIC	0	0	0	0	0	192.02
192.03 DIABETES CENTER	6	40	0	0	0	192.03
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 ADULT/CHILD CARE	22	2,417	0	0	0	193.01
193.02 PHYSICIAN OFFICE BUILDING	0	0	0	0	0	193.02
193.03 OPTIFAST/FOUNDATION	0	0	0	0	0	193.03
194.00 PARTNERSHIP HFC	0	2,259	0	0	0	194.00
194.01 TRAFALGAR CLINIC	0	0	0	0	0	194.01
194.02 EDINBURGH	0	0	0	0	0	194.02
194.03 JAIL	0	0	0	0	0	194.03
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)	2,585,356	555,554	973,591	1,881,621		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1,033.728908	0.076767	0.005489	0.010608		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,199,101	46,793	92,674	111,804		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	479.448621	0.006466	0.000522	0.000630		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150001

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (TOTAL FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL FEET)	DIETARY (MEALS SERVED)	
	5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG & FIXT - TOWER						1.01
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
4.01 COMMUNICATIONS						4.01
4.02 DATA PROCESSING						4.02
4.03 MATERIALS MANAGEMENT						4.03
4.04 ADMINISTRATION						4.04
4.05 PATIENT ACCOUNTING						4.05
5.00 ADMINISTRATIVE & GENERAL	69,766,677					5.00
7.00 OPERATION OF PLANT	2,975,339	219,869				7.00
8.00 LAUNDRY & LINEN SERVICE	299,597	2,404	602,498			8.00
9.00 HOUSEKEEPING	976,049	1,866	70,851	215,599		9.00
10.00 DIETARY	853,374	3,753	8,057	3,753	11,666	10.00
11.00 CAFETERIA	511,785	4,067	0	4,067	0	11.00
13.00 NURSING ADMINISTRATION	1,613,999	10,319	0	10,319	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	231,969	1,699	0	1,699	0	14.00
15.00 PHARMACY	5,683,675	2,046	0	2,046	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	1,303,671	4,619	0	4,619	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,456,242	44,552	228,770	44,552	8,475	30.00
31.00 INTENSIVE CARE UNIT	2,106,678	2,364	42,153	2,364	1,092	31.00
41.00 SUBPROVIDER - IRF	1,205,842	8,084	23,127	8,084	2,099	41.00
43.00 NURSERY	272,374	625	0	625	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	3,953,759	20,388	76,744	20,388	0	50.00
53.00 ANESTHESIOLOGY	42,682	394	0	394	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,065,050	16,532	40,599	16,532	0	54.00
60.00 LABORATORY	4,211,988	6,754	0	6,754	0	60.00
65.00 RESPIRATORY THERAPY	1,490,297	2,649	0	2,649	0	65.00
66.00 PHYSICAL THERAPY	1,310,619	7,135	7,188	7,135	0	66.00
67.00 OCCUPATIONAL THERAPY	330,938	1,638	0	1,638	0	67.00
68.00 SPEECH PATHOLOGY	152,364	592	0	592	0	68.00
69.00 ELECTROCARDIOLOGY	1,368,445	4,560	9,767	4,560	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	83,060	220	0	220	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,286,290	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	2,283,084	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	256,098	0	0	0	0	73.00
76.00 ONCOLOGY	1,374,736	10,841	0	10,841	0	76.00
76.97 CARDIAC REHABILITATION	256,745	1,335	0	1,335	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	2,334,946	11,516	7,720	11,516	0	90.00
91.00 EMERGENCY	3,135,909	10,632	76,114	10,632	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	1,052,191	2,228	0	2,228	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	55,479,795	183,812	591,090	179,542	11,666	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	182,138	713	0	713	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	11,660,414	29,088	11,408	29,088	0	192.00
192.01 SOUTH CLINIC	534,246	0	0	0	0	192.01
192.02 WEST CLINIC	0	0	0	0	0	192.02
192.03 DIABETES CENTER	119,011	402	0	402	0	192.03
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 ADULT/CHILD CARE	542,098	4,549	0	4,549	0	193.01
193.02 PHYSICIAN OFFICE BUILDING	949,458	0	0	0	0	193.02
193.03 OPTIFAST/FOUNDATION	4,771	0	0	0	0	193.03
194.00 PARTNERSHIP HFC	112,453	1,305	0	1,305	0	194.00
194.01 TRAFALGAR CLINIC	0	0	0	0	0	194.01
194.02 EDINBURGH	0	0	0	0	0	194.02
194.03 JAIL	182,293	0	0	0	0	194.03
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)	5,060,913	3,191,173	356,222	1,115,826	993,938	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.072541	14.513974	0.591242	5.175469	85.199554	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	186,804	219,068	29,231	23,537	92,320	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.002678	0.996357	0.048516	0.109170	7.913595	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150001

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

Worksheet B-1
Date/Time Prepared:
5/24/2012 9:42 am

Cost Center Description	CAFETERIA (HOURS PAID)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 CAP REL COSTS-BLDG & FIXT - TOWER						1.01
2.00 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
4.01 COMMUNICATIONS						4.01
4.02 DATA PROCESSING						4.02
4.03 MATERIALS MANAGEMENT						4.03
4.04 ADMINITING						4.04
4.05 PATIENT ACCOUNTING						4.05
5.00 ADMINISTRATIVE & GENERAL						5.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	840,803					11.00
13.00 NURSING ADMINISTRATION	18,047	375,104				13.00
14.00 CENTRAL SERVICES & SUPPLY	5,998	0	1,000			14.00
15.00 PHARMACY	13,087	0	0	1,000		15.00
16.00 MEDICAL RECORDS & LIBRARY	35,515	0	0	0	177,373,754	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	146,551	146,551	0	0	13,586,177	30.00
31.00 INTENSIVE CARE UNIT	43,907	43,907	0	0	2,511,018	31.00
41.00 SUBPROVIDER - IRF	28,504	28,504	0	0	2,084,791	41.00
43.00 NURSERY	6,368	6,368	0	0	615,169	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	65,797	65,797	0	0	22,388,668	50.00
53.00 ANESTHESIOLOGY	0	0	0	0	2,441,477	53.00
54.00 RADIOLOGY-DIAGNOSTIC	78,663	0	0	0	34,436,026	54.00
60.00 LABORATORY	59,102	0	0	0	27,117,322	60.00
65.00 RESPIRATORY THERAPY	31,608	0	0	0	5,693,921	65.00
66.00 PHYSICAL THERAPY	447	0	0	0	4,360,337	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	1,922,460	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	747,948	68.00
69.00 ELECTROCARDIOLOGY	13,943	0	0	0	5,455,777	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,745	0	0	0	104,061	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,000	0	12,448,459	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	1,000	15,909,705	73.00
76.00 ONCOLOGY	17,751	0	0	0	4,535,319	76.00
76.97 CARDIAC REHABILITATION	2,519	0	0	0	181,847	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	21,833	21,833	0	0	5,257,025	90.00
91.00 EMERGENCY	62,144	62,144	0	0	14,066,055	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	17,600	0	0	0	1,446,647	101.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	671,129	375,104	1,000	1,000	177,310,209	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,096	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	126,101	0	0	0	63,545	192.00
192.01 SOUTH CLINIC	0	0	0	0	0	192.01
192.02 WEST CLINIC	0	0	0	0	0	192.02
192.03 DIABETES CENTER	2,737	0	0	0	0	192.03
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 ADULT/CHILD CARE	28,806	0	0	0	0	193.01
193.02 PHYSICIAN OFFICE BUILDING	0	0	0	0	0	193.02
193.03 OPTIFAST/FOUNDATION	0	0	0	0	0	193.03
194.00 PARTNERSHIP HFC	6,617	0	0	0	0	194.00
194.01 TRAFALGAR CLINIC	0	0	0	0	0	194.01
194.02 EDINBURGH	0	0	0	0	0	194.02
194.03 JAIL	2,317	0	0	0	0	194.03
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)	628,987	1,947,757	286,735	6,146,049	1,515,754	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.748079	5.192579	286.735000	6,146.049000	0.008546	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	32,436	163,850	40,038	42,944	107,547	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.038577	0.436812	40.038000	42.944000	0.000606	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/24/2012 9:42 am
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		9,645,828	0	9,645,828	30.00
31.00	INTENSIVE CARE UNIT		2,706,302	0	2,706,302	31.00
41.00	SUBPROVIDER - IRF		1,832,141	0	1,832,141	41.00
43.00	NURSERY		347,525	0	347,525	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		5,269,582	0	5,269,582	50.00
53.00	ANESTHESIOLOGY		74,401	0	74,401	53.00
54.00	RADIOLOGY-DIAGNOSTIC		6,135,038	0	6,135,038	54.00
60.00	LABORATORY		4,926,470	0	4,926,470	60.00
65.00	RESPIRATORY THERAPY	0	1,722,868	0	1,722,868	65.00
66.00	PHYSICAL THERAPY	0	1,588,024	0	1,588,024	66.00
67.00	OCCUPATIONAL THERAPY	0	403,625	0	403,625	67.00
68.00	SPEECH PATHOLOGY	0	181,465	0	181,465	68.00
69.00	ELECTROCARDIOLOGY		1,620,327	0	1,620,327	69.00
70.00	ELECTROENCEPHALOGRAPHY		95,611	0	95,611	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,845,260	0	2,845,260	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		2,448,701	0	2,448,701	72.00
73.00	DRUGS CHARGED TO PATIENTS		6,556,689	0	6,556,689	73.00
76.00	ONCOLOGY		1,739,952	0	1,739,952	76.00
76.97	CARDIAC REHABILITATION		305,093	0	305,093	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC		2,910,263	0	2,910,263	90.00
91.00	EMERGENCY		4,107,118	0	4,107,118	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,181,318	0	2,181,318	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	HOME HEALTH AGENCY		1,197,915	0	1,197,915	101.00
200.00	Subtotal (see instructions)	0	60,841,516	0	60,841,516	200.00
201.00	Less Observation Beds		2,181,318		2,181,318	201.00
202.00	Total (see instructions)	0	58,660,198	0	58,660,198	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/24/2012 9:42 am
		Title XVIII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	11,107,214		11,107,214		30.00
31.00	INTENSIVE CARE UNIT	2,448,061		2,448,061		31.00
41.00	SUBPROVIDER - IRF	2,084,791		2,084,791		41.00
43.00	NURSERY	615,169		615,169		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	5,887,263	16,501,405	22,388,668	0.235368	50.00
53.00	ANESTHESIOLOGY	660,373	1,781,104	2,441,477	0.030474	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,024,482	30,411,544	34,436,026	0.178158	54.00
60.00	LABORATORY	6,960,575	20,156,747	27,117,322	0.181672	60.00
65.00	RESPIRATORY THERAPY	2,726,638	2,931,197	5,657,835	0.304510	65.00
66.00	PHYSICAL THERAPY	1,360,041	3,000,296	4,360,337	0.364198	66.00
67.00	OCCUPATIONAL THERAPY	1,397,294	525,166	1,922,460	0.209952	67.00
68.00	SPEECH PATHOLOGY	332,814	415,134	747,948	0.242617	68.00
69.00	ELECTROCARDIOLOGY	1,325,448	3,897,679	5,223,127	0.310222	69.00
70.00	ELECTROENCEPHALOGRAPHY	33,120	70,941	104,061	0.918798	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,677,274	1,031,378	6,708,652	0.424118	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	56,003	5,683,804	5,739,807	0.426617	72.00
73.00	DRUGS CHARGED TO PATIENTS	6,050,030	9,859,675	15,909,705	0.412119	73.00
76.00	ONCOLOGY	91,184	4,444,135	4,535,319	0.383645	76.00
76.97	CARDIAC REHABILITATION	200	181,647	181,847	1.677746	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	28,788	5,228,237	5,257,025	0.553595	90.00
91.00	EMERGENCY	2,063,976	12,002,079	14,066,055	0.291988	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	325,191	2,216,729	2,541,920	0.858138	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	HOME HEALTH AGENCY	0	0	0		101.00
200.00	Subtotal (see instructions)	55,255,929	120,338,897	175,594,826		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	55,255,929	120,338,897	175,594,826		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/24/2012 9:42 am
		Title XVIII	Hospital	PPS
Cost Center Description	PPS Inpatient Ratio			
	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.235368		50.00
53.00	ANESTHESIOLOGY	0.030474		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.178158		54.00
60.00	LABORATORY	0.181672		60.00
65.00	RESPIRATORY THERAPY	0.304510		65.00
66.00	PHYSICAL THERAPY	0.364198		66.00
67.00	OCCUPATIONAL THERAPY	0.209952		67.00
68.00	SPEECH PATHOLOGY	0.242617		68.00
69.00	ELECTROCARDIOLOGY	0.310222		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.918798		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.424118		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.426617		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.412119		73.00
76.00	ONCOLOGY	0.383645		76.00
76.97	CARDIAC REHABILITATION	1.677746		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.553595		90.00
91.00	EMERGENCY	0.291988		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.858138		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY			101.00
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: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/24/2012 9:42 am
		Title XIX	Hospital	Cost

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS		9,645,828	0	0	30.00
31.00	INTENSIVE CARE UNIT		2,706,302	0	0	31.00
41.00	SUBPROVIDER - IRF		1,832,141	0	0	41.00
43.00	NURSERY		347,525	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		5,269,582	0	0	50.00
53.00	ANESTHESIOLOGY		74,401	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC		6,135,038	0	0	54.00
60.00	LABORATORY		4,926,470	0	0	60.00
65.00	RESPIRATORY THERAPY	0	1,722,868	0	0	65.00
66.00	PHYSICAL THERAPY	0	1,588,024	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	403,625	0	0	67.00
68.00	SPEECH PATHOLOGY	0	181,465	0	0	68.00
69.00	ELECTROCARDIOLOGY		1,620,327	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY		95,611	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,845,260	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		2,448,701	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS		6,556,689	0	0	73.00
76.00	ONCOLOGY		1,739,952	0	0	76.00
76.97	CARDIAC REHABILITATION		305,093	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC		2,910,263	0	0	90.00
91.00	EMERGENCY		4,107,118	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		2,181,318	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	HOME HEALTH AGENCY		1,197,915	0	0	101.00
200.00	Subtotal (see instructions)	0	60,841,516	0	0	200.00
201.00	Less Observation Beds		2,181,318			201.00
202.00	Total (see instructions)	0	58,660,198	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/24/2012 9:42 am
		Title XIX	Hospital	Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	11,107,214		11,107,214		30.00
31.00	INTENSIVE CARE UNIT	2,448,061		2,448,061		31.00
41.00	SUBPROVIDER - IRF	2,084,791		2,084,791		41.00
43.00	NURSERY	615,169		615,169		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	5,887,263	16,501,405	22,388,668	0.235368	50.00
53.00	ANESTHESIOLOGY	660,373	1,781,104	2,441,477	0.030474	53.00
54.00	RADIOLOGY-DIAGNOSTIC	4,024,482	30,411,544	34,436,026	0.178158	54.00
60.00	LABORATORY	6,960,575	20,156,747	27,117,322	0.181672	60.00
65.00	RESPIRATORY THERAPY	2,726,638	2,931,197	5,657,835	0.304510	65.00
66.00	PHYSICAL THERAPY	1,360,041	3,000,296	4,360,337	0.364198	66.00
67.00	OCCUPATIONAL THERAPY	1,397,294	525,166	1,922,460	0.209952	67.00
68.00	SPEECH PATHOLOGY	332,814	415,134	747,948	0.242617	68.00
69.00	ELECTROCARDIOLOGY	1,325,448	3,897,679	5,223,127	0.310222	69.00
70.00	ELECTROENCEPHALOGRAPHY	33,120	70,941	104,061	0.918798	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,677,274	1,031,378	6,708,652	0.424118	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	56,003	5,683,804	5,739,807	0.426617	72.00
73.00	DRUGS CHARGED TO PATIENTS	6,050,030	9,859,675	15,909,705	0.412119	73.00
76.00	ONCOLOGY	91,184	4,444,135	4,535,319	0.383645	76.00
76.97	CARDIAC REHABILITATION	200	181,647	181,847	1.677746	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	28,788	5,228,237	5,257,025	0.553595	90.00
91.00	EMERGENCY	2,063,976	12,002,079	14,066,055	0.291988	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	325,191	2,216,729	2,541,920	0.858138	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	HOME HEALTH AGENCY	0	0	0		101.00
200.00	Subtotal (see instructions)	55,255,929	120,338,897	175,594,826		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	55,255,929	120,338,897	175,594,826		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150001

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2012 9:42 am

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
41.00	SUBPROVIDER - IRF				41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
60.00	LABORATORY	0.000000			60.00
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 PATIENT	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
76.00	ONCOLOGY	0.000000			76.00
76.97	CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.000000			90.00
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	HOME HEALTH AGENCY				101.00
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: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/24/2012 9:42 am
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Cost Center Description	Title XVIII			Hospital	PPS		
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	936,388	0	936,388	10,688	87.61	30.00
31.00	INTENSIVE CARE UNIT	183,301		183,301	1,092	167.86	31.00
41.00	SUBPROVIDER - IRF	146,737	0	146,737	2,099	69.91	41.00
43.00	NURSERY	9,687		9,687	867	11.17	43.00
200.00	Total (lines 30-199)	1,276,113		1,276,113	14,746		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/24/2012 9:42 am
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	4,437	388,726	30.00
31.00 INTENSIVE CARE UNIT	419	70,333	31.00
41.00 SUBPROVIDER - IRF	1,321	92,351	41.00
43.00 NURSERY	0	0	43.00
200.00 Total (lines 30-199)	6,177	551,410	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/24/2012 9:42 am
		Title XVIII	Hospital	PPS

Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	502,412	22,388,668	0.022440	2,288,889	51,363
53.00	ANESTHESIOLOGY	7,385	2,441,477	0.003025	0	0
54.00	RADIOLOGY-DIAGNOSTIC	521,410	34,436,026	0.015141	2,319,923	35,126
60.00	LABORATORY	187,501	27,117,322	0.006914	3,881,334	26,836
65.00	RESPIRATORY THERAPY	84,295	5,657,835	0.014899	1,225,639	18,261
66.00	PHYSICAL THERAPY	96,617	4,360,337	0.022158	350,760	7,772
67.00	OCCUPATIONAL THERAPY	32,415	1,922,460	0.016861	345,400	5,824
68.00	SPEECH PATHOLOGY	9,579	747,948	0.012807	136,116	1,743
69.00	ELECTROCARDIOLOGY	126,202	5,223,127	0.024162	1,009,235	24,385
70.00	ELECTROENCEPHALOGRAPHY	10,952	104,061	0.105246	0	0
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	144,157	6,708,652	0.021488	2,445,714	52,554
72.00	IMPL. DEV. CHARGED TO PATIENT	6,114	5,739,807	0.001065	5,889	6
73.00	DRUGS CHARGED TO PATIENTS	71,599	15,909,705	0.004500	3,451,237	15,531
76.00	ONCOLOGY	150,480	4,535,319	0.033180	29,255	971
76.97	CARDIAC REHABILITATION	21,254	181,847	0.116878	156	18
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	175,339	5,257,025	0.033353	5,823	194
91.00	EMERGENCY	283,939	14,066,055	0.020186	1,006,270	20,313
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	211,756	2,541,920	0.083306	0	0
200.00	Total (Lines 50-199)	2,643,406	159,339,591		18,501,640	260,897

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150001		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/24/2012 9:42 am	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	NURSERY	0	0	0	0	0	43.00
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150001		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/24/2012 9:42 am	
Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	10,688	0.00	4,437	0	30.00	
31.00	INTENSIVE CARE UNIT	1,092	0.00	419	0	31.00	
41.00	SUBPROVIDER - IRF	2,099	0.00	1,321	0	41.00	
43.00	NURSERY	867	0.00	0	0	43.00	
200.00	Total (lines 30-199)	14,746		6,177	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 9:42 am
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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	0	50.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
60.00 LABORATORY	0	0	0	0	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
76.00 ONCOLOGY	0	0	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00 CLINIC	0	0	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
200.00 Total (Lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 9:42 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	22,388,668	0.000000	0.000000	2,288,889	50.00
53.00	ANESTHESIOLOGY	0	2,441,477	0.000000	0.000000	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	34,436,026	0.000000	0.000000	2,319,923	54.00
60.00	LABORATORY	0	27,117,322	0.000000	0.000000	3,881,334	60.00
65.00	RESPIRATORY THERAPY	0	5,657,835	0.000000	0.000000	1,225,639	65.00
66.00	PHYSICAL THERAPY	0	4,360,337	0.000000	0.000000	350,760	66.00
67.00	OCCUPATIONAL THERAPY	0	1,922,460	0.000000	0.000000	345,400	67.00
68.00	SPEECH PATHOLOGY	0	747,948	0.000000	0.000000	136,116	68.00
69.00	ELECTROCARDIOLOGY	0	5,223,127	0.000000	0.000000	1,009,235	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	104,061	0.000000	0.000000	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,708,652	0.000000	0.000000	2,445,714	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	5,739,807	0.000000	0.000000	5,889	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	15,909,705	0.000000	0.000000	3,451,237	73.00
76.00	ONCOLOGY	0	4,535,319	0.000000	0.000000	29,255	76.00
76.97	CARDIAC REHABILITATION	0	181,847	0.000000	0.000000	156	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	0	5,257,025	0.000000	0.000000	5,823	90.00
91.00	EMERGENCY	0	14,066,055	0.000000	0.000000	1,006,270	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,541,920	0.000000	0.000000	0	92.00
200.00	Total (Lines 50-199)	0	159,339,591			18,501,640	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 9:42 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	3,965,275	0	50.00
53.00	ANESTHESIOLOGY	0	245,542	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	7,715,692	0	54.00
60.00	LABORATORY	0	423,989	0	60.00
65.00	RESPIRATORY THERAPY	0	257,685	0	65.00
66.00	PHYSICAL THERAPY	0	79	0	66.00
67.00	OCCUPATIONAL THERAPY	0	1,069	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,950,676	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,024,859	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	610,573	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,625,457	0	73.00
76.00	ONCOLOGY	0	2,073,655	0	76.00
76.97	CARDIAC REHABILITATION	0	77,588	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0	1,365,004	0	90.00
91.00	EMERGENCY	0	2,154,216	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	768,398	0	92.00
200.00	Total (Lines 50-199)	0	28,259,757	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/24/2012 9:42 am
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.235368	3,965,275	0	0		50.00
53.00 ANESTHESIOLOGY	0.030474	245,542	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.178158	7,715,692	0	0		54.00
60.00 LABORATORY	0.181672	423,989	0	0		60.00
65.00 RESPIRATORY THERAPY	0.304510	257,685	0	0		65.00
66.00 PHYSICAL THERAPY	0.364198	79	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.209952	1,069	0	0		67.00
68.00 SPEECH PATHOLOGY	0.242617	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.310222	1,950,676	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.918798	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.424118	1,024,859	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.426617	610,573	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.412119	5,625,457	-11,982	12,036		73.00
76.00 ONCOLOGY	0.383645	2,073,655	0	0		76.00
76.97 CARDIAC REHABILITATION	1.677746	77,588	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0.553595	1,365,004	0	0		90.00
91.00 EMERGENCY	0.291988	2,154,216	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.858138	768,398	1,440	0		92.00
200.00 Subtotal (see instructions)		28,259,757	-10,542	12,036		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		28,259,757	-10,542	12,036		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/24/2012 9:42 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	933,299	0	0		50.00
53.00 ANESTHESIOLOGY	7,483	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,374,612	0	0		54.00
60.00 LABORATORY	77,027	0	0		60.00
65.00 RESPIRATORY THERAPY	78,468	0	0		65.00
66.00 PHYSICAL THERAPY	29	0	0		66.00
67.00 OCCUPATIONAL THERAPY	224	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	605,143	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	434,661	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	260,481	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	2,318,358	-4,938	4,960		73.00
76.00 ONCOLOGY	795,547	0	0		76.00
76.97 CARDIAC REHABILITATION	130,173	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	755,659	0	0		90.00
91.00 EMERGENCY	629,005	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	659,392	1,236	0		92.00
200.00 Subtotal (see instructions)	9,059,561	-3,702	4,960		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	9,059,561	-3,702	4,960		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150001 Component CCN: 15T001		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part II Date/Time Prepared: 5/24/2012 9:42 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	502,412	22,388,668	0.022440	32,192	722	50.00
53.00	ANESTHESIOLOGY	7,385	2,441,477	0.003025	3,119	9	53.00
54.00	RADIOLOGY-DIAGNOSTIC	521,410	34,436,026	0.015141	88,742	1,344	54.00
60.00	LABORATORY	187,501	27,117,322	0.006914	267,560	1,850	60.00
65.00	RESPIRATORY THERAPY	84,295	5,657,835	0.014899	92,798	1,383	65.00
66.00	PHYSICAL THERAPY	96,617	4,360,337	0.022158	488,604	10,826	66.00
67.00	OCCUPATIONAL THERAPY	32,415	1,922,460	0.016861	527,732	8,898	67.00
68.00	SPEECH PATHOLOGY	9,579	747,948	0.012807	106,906	1,369	68.00
69.00	ELECTROCARDIOLOGY	126,202	5,223,127	0.024162	25,552	617	69.00
70.00	ELECTROENCEPHALOGRAPHY	10,952	104,061	0.105246	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	144,157	6,708,652	0.021488	27,973	601	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	6,114	5,739,807	0.001065	16,635	18	72.00
73.00	DRUGS CHARGED TO PATIENTS	71,599	15,909,705	0.004500	196,056	882	73.00
76.00	ONCOLOGY	150,480	4,535,319	0.033180	39,974	1,326	76.00
76.97	CARDIAC REHABILITATION	21,254	181,847	0.116878	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	CLINIC	175,339	5,257,025	0.033353	0	0	90.00
91.00	EMERGENCY	283,939	14,066,055	0.020186	6,367	129	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	211,756	2,541,920	0.083306	0	0	92.00
200.00	Total (lines 50-199)	2,643,406	159,339,591		1,920,210	29,974	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150001 Component CCN: 15T001	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 9:42 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	0	50.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
60.00 LABORATORY	0	0	0	0	0	60.00
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 PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00 ONCOLOGY	0	0	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	0	0	0	0	90.00
91.00 EMERGENCY	0	0	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150001 Component CCN: 15T001	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 9:42 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	22,388,668	0.000000	0.000000	32,192	50.00
53.00 ANESTHESIOLOGY	0	2,441,477	0.000000	0.000000	3,119	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	34,436,026	0.000000	0.000000	88,742	54.00
60.00 LABORATORY	0	27,117,322	0.000000	0.000000	267,560	60.00
65.00 RESPIRATORY THERAPY	0	5,657,835	0.000000	0.000000	92,798	65.00
66.00 PHYSICAL THERAPY	0	4,360,337	0.000000	0.000000	488,604	66.00
67.00 OCCUPATIONAL THERAPY	0	1,922,460	0.000000	0.000000	527,732	67.00
68.00 SPEECH PATHOLOGY	0	747,948	0.000000	0.000000	106,906	68.00
69.00 ELECTROCARDIOLOGY	0	5,223,127	0.000000	0.000000	25,552	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	104,061	0.000000	0.000000	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,708,652	0.000000	0.000000	27,973	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	5,739,807	0.000000	0.000000	16,635	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	15,909,705	0.000000	0.000000	196,056	73.00
76.00 ONCOLOGY	0	4,535,319	0.000000	0.000000	39,974	76.00
76.97 CARDIAC REHABILITATION	0	181,847	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 CLINIC	0	5,257,025	0.000000	0.000000	0	90.00
91.00 EMERGENCY	0	14,066,055	0.000000	0.000000	6,367	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,541,920	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	159,339,591			1,920,210	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150001 Component CCN: 15T001	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/24/2012 9:42 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 OPERATING ROOM	0	0	0	50.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
60.00 LABORATORY	0	0	0	60.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	240	0	73.00
76.00 ONCOLOGY	0	0	0	76.00
76.97 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 CLINIC	0	0	0	90.00
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (lines 50-199)	0	240	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150001 Component CCN: 15T001	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/24/2012 9:42 am		
		Title XVIII	Subprovider - IRF	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.235368	0	0	0	50.00
53.00	ANESTHESIOLOGY	0.030474	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.178158	0	0	0	54.00
60.00	LABORATORY	0.181672	0	0	0	60.00
65.00	RESPIRATORY THERAPY	0.304510	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.364198	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.209952	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.242617	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.310222	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.918798	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.424118	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.426617	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.412119	240	0	673	73.00
76.00	ONCOLOGY	0.383645	0	0	0	76.00
76.97	CARDIAC REHABILITATION	1.677746	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	CLINIC	0.553595	0	0	0	90.00
91.00	EMERGENCY	0.291988	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.858138	0	0	0	92.00
200.00	Subtotal (see instructions)		240	0	673	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		240	0	673	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150001 Component CCN: 15T001	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/24/2012 9:42 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
60.00 LABORATORY	0	0	0		60.00
65.00 RESPIRATORY THERAPY	0	0	0		65.00
66.00 PHYSICAL THERAPY	0	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 SPEECH PATHOLOGY	0	0	0		68.00
69.00 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	99	0	277		73.00
76.00 ONCOLOGY	0	0	0		76.00
76.97 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 CLINIC	0	0	0		90.00
91.00 EMERGENCY	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00 Subtotal (see instructions)	99	0	277		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	99	0	277		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2012 9:42 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,688	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,688	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,688	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)		4,437	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)		9,645,828	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)		9,645,828	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		13,586,177	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		13,586,177	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.709974	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,271.16	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)		9,645,828	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)		902.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,004,348	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)		4,004,348	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/24/2012 9:42 am	
Cost Center Description			Title XVIII		Hospital	PPS
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,706,302	1,092	2,478.30	419	1,038,408
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				5,347,399	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				10,390,155	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)				459,059	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				260,897	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				719,956	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				9,670,199	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				0	54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)				0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00	Bonus payment (see instructions)				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00	Relief payment (see instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				2,417	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				902.49	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				2,181,318	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150001		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/24/2012 9:42 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	936,388	9,645,828	0.097077	2,181,318	211,756	90.00
91.00	Nursing School cost	0	9,645,828	0.000000	2,181,318	0	91.00
92.00	Allied health cost	0	9,645,828	0.000000	2,181,318	0	92.00
93.00	All other Medical Education	0	9,645,828	0.000000	2,181,318	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T001		Date/Time Prepared: 5/24/2012 9:42 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,099	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,099	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,099	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)		1,321	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)		1,832,141	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)		1,832,141	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,084,791	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,084,791	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.878813	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		993.23	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)		1,832,141	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)		872.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,153,048	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,153,048	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150001		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T001				Date/Time Prepared: 5/24/2012 9:42 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					539,913		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,692,961		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)					92,351		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					29,974		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					122,325		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,570,636		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150001 Component CCN: 15T001		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/24/2012 9:42 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	146,737	1,832,141	0.080090	0	0	90.00
91.00	Nursing School cost	0	1,832,141	0.000000	0	0	91.00
92.00	Allied health cost	0	1,832,141	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,832,141	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2012 9:42 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,688	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,688	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,688	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)		662	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)		867	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)		9,645,828	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)		9,645,828	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		13,586,177	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		13,586,177	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.709974	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,271.16	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)		9,645,828	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)		902.49	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		597,448	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)		597,448	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/24/2012 9:42 am	
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)	347,525	867	400.84	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,706,302	1,092	2,478.30	0	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				484,924	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				1,082,372	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)				2,417	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				902.49	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				2,181,318	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150001		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/24/2012 9:42 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Component CCN: 15T001		Date/Time Prepared: 5/24/2012 9:42 am
		Title XIX	Subprovider - IRF	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)		2,099	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,099	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,099	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)		104	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)		867	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)		1,832,141	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)		1,832,141	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		2,084,791	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,084,791	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.878813	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		993.23	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)		1,832,141	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)		872.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		90,777	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)		90,777	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150001		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Component CCN: 15T001				Date/Time Prepared: 5/24/2012 9:42 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					47,436		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					138,213		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)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150001 Component CCN: 15T001		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/24/2012 9:42 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/24/2012 9:42 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		4,858,614		30.00
31.00	INTENSIVE CARE UNIT		695,813		31.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.235368	2,288,889	538,731	50.00
53.00	ANESTHESIOLOGY	0.030474	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.178158	2,319,923	413,313	54.00
60.00	LABORATORY	0.181672	3,881,334	705,130	60.00
65.00	RESPIRATORY THERAPY	0.304510	1,225,639	373,219	65.00
66.00	PHYSICAL THERAPY	0.364198	350,760	127,746	66.00
67.00	OCCUPATIONAL THERAPY	0.209952	345,400	72,517	67.00
68.00	SPEECH PATHOLOGY	0.242617	136,116	33,024	68.00
69.00	ELECTROCARDIOLOGY	0.310222	1,009,235	313,087	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.918798	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.424118	2,445,714	1,037,271	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.426617	5,889	2,512	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.412119	3,451,237	1,422,320	73.00
76.00	ONCOLOGY	0.383645	29,255	11,224	76.00
76.97	CARDIAC REHABILITATION	1.677746	156	262	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.553595	5,823	3,224	90.00
91.00	EMERGENCY	0.291988	1,006,270	293,819	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.858138	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		18,501,640	5,347,399	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		18,501,640		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150001 Component CCN: 15T001	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/24/2012 9:42 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
41.00	SUBPROVIDER - IRF		1,255,566	41.00
43.00	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.235368	32,192	7,577 50.00
53.00	ANESTHESIOLOGY	0.030474	3,119	95 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.178158	88,742	15,810 54.00
60.00	LABORATORY	0.181672	267,560	48,608 60.00
65.00	RESPIRATORY THERAPY	0.304510	92,798	28,258 65.00
66.00	PHYSICAL THERAPY	0.364198	488,604	177,949 66.00
67.00	OCCUPATIONAL THERAPY	0.209952	527,732	110,798 67.00
68.00	SPEECH PATHOLOGY	0.242617	106,906	25,937 68.00
69.00	ELECTROCARDIOLOGY	0.310222	25,552	7,927 69.00
70.00	ELECTROENCEPHALOGRAPHY	0.918798	0	0 70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.424118	27,973	11,864 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.426617	16,635	7,097 72.00
73.00	DRUGS CHARGED TO PATIENTS	0.412119	196,056	80,798 73.00
76.00	ONCOLOGY	0.383645	39,974	15,336 76.00
76.97	CARDIAC REHABILITATION	1.677746	0	0 76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.553595	0	0 90.00
91.00	EMERGENCY	0.291988	6,367	1,859 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.858138	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,920,210	539,913 200.00
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)		1,920,210	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/24/2012 9:42 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		1,163,496		30.00
31.00	INTENSIVE CARE UNIT		86,573		31.00
41.00	SUBPROVIDER - IRF		0		41.00
43.00	NURSERY		969		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.235368	411,327	96,813	50.00
53.00	ANESTHESIOLOGY	0.030474	58,849	1,793	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.178158	165,025	29,401	54.00
60.00	LABORATORY	0.181672	341,655	62,069	60.00
65.00	RESPIRATORY THERAPY	0.304510	83,703	25,488	65.00
66.00	PHYSICAL THERAPY	0.364198	13,055	4,755	66.00
67.00	OCCUPATIONAL THERAPY	0.209952	14,609	3,067	67.00
68.00	SPEECH PATHOLOGY	0.242617	2,953	716	68.00
69.00	ELECTROCARDIOLOGY	0.310222	44,285	13,738	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.918798	2,990	2,747	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.424118	167,161	70,896	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.426617	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.412119	364,263	150,120	73.00
76.00	ONCOLOGY	0.383645	98	38	76.00
76.97	CARDIAC REHABILITATION	1.677746	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	CLINIC	0.553595	1,043	577	90.00
91.00	EMERGENCY	0.291988	77,764	22,706	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.858138	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,748,780	484,924	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)		1,748,780		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150001 Component CCN: 15T001	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/24/2012 9:42 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS		0	30.00
31.00	INTENSIVE CARE UNIT		0	31.00
41.00	SUBPROVIDER - IRF		0	41.00
43.00	NURSERY		83,747	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.235368	0	50.00
53.00	ANESTHESIOLOGY	0.030474	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.178158	0	54.00
60.00	LABORATORY	0.181672	1,597	60.00
65.00	RESPIRATORY THERAPY	0.304510	44,237	65.00
66.00	PHYSICAL THERAPY	0.364198	6,128	66.00
67.00	OCCUPATIONAL THERAPY	0.209952	36,725	67.00
68.00	SPEECH PATHOLOGY	0.242617	39,543	68.00
69.00	ELECTROCARDIOLOGY	0.310222	1,087	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.918798	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.424118	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.426617	7,412	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.412119	25,817	73.00
76.00	ONCOLOGY	0.383645	0	76.00
76.97	CARDIAC REHABILITATION	1.677746	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	0.553595	0	90.00
91.00	EMERGENCY	0.291988	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.858138	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		162,546	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00	Net Charges (line 200 minus line 201)		162,546	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/24/2012 9:42 am
		Title XVIIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		7,291,312	1.00
2.00	Outlier payments for discharges. (see instructions)		63,374	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)		79.38	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	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)		3.79	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		19.27	31.00
32.00	Sum of lines 30 and 31		23.06	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.24	33.00
34.00	Disproportionate share adjustment (see instructions)		600,804	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)		7,955,490	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)		7,955,490	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		592,659	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: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/24/2012 9:42 am
		Title XVIII	Hospital	PPS
				1.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			8,548,149 59.00
60.00	Primary payer payments			6,788 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			8,541,361 61.00
62.00	Deductibles billed to program beneficiaries			855,376 62.00
63.00	Coinsurance billed to program beneficiaries			11,603 63.00
64.00	Allowable bad debts (see instructions)			177,771 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			124,440 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			144,292 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			7,798,822 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)			7,798,822 71.00
72.00	Interim payments			7,673,394 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)			125,428 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			50,000 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: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 9:42 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,258	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,059,561	2.00
3.00	PPS payments		7,910,014	3.00
4.00	Outlier payment (see instructions)		33,799	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,258	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,494	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)		1,494	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		1,494	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		236	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)		1,258	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)		7,943,813	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)		1,786,728	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)		6,158,343	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)		6,158,343	30.00
31.00	Primary payer payments		764	31.00
32.00	Subtotal (line 30 minus line 31)		6,157,579	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)		304,964	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		213,475	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		246,537	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		6,371,054	37.00
38.00	MSP-LCC reconciliation amount from PS&R		478	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)		6,370,576	40.00
41.00	Interim payments		6,369,161	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)		1,415	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		50,000	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/24/2012 9:42 am
		Component CCN: 15T001	Title XVIII	Subprovider - IRF PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		277	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		99	2.00
3.00	PPS payments		205	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		277	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		673	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)		673	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		673	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		396	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)		277	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)		205	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		482	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)		482	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		482	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		482	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)		482	40.00
41.00	Interim payments		413	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)		69	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: 150001

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2012 9:42 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		7,440,201		6,159,157	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	01/01/2011	73,967	01/01/2011	83,903	3.01	
3.02		07/26/2011	99,688	07/26/2011	100,963	3.02	
3.03		07/26/2011	59,538	07/26/2011	25,138	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)		233,193		210,004	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)		7,673,394		6,369,161	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		125,428		1,415	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		7,798,822		6,370,576	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150001

Period: From 01/01/2011

Worksheet E-1

Component CCN: 15T001

To 12/31/2011

Part I
Date/Time Prepared:
5/24/2012 9:42 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,640,831		413	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/26/2011	40,692		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		40,692		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,681,523		413	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		69	6.01
6.02	SETTLEMENT TO PROGRAM		8,004		0	6.02
7.00	Total Medicare program liability (see instructions)		1,673,519		482	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: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part III Date/Time Prepared: 5/24/2012 9:42 am
		Component CCN: 15T001	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		1,620,193	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0477	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		79,647	3.00
4.00	Outlier Payments		22,419	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		5.750685	10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.		0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).		0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)		1,722,259	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)		0	14.00
15.00	Organ acquisition		0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	16.00
17.00	Subtotal (see instructions)		1,722,259	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		1,722,259	19.00
20.00	Deductibles		26,004	20.00
21.00	Subtotal (line 19 minus line 20)		1,696,255	21.00
22.00	Coinsurance		23,484	22.00
23.00	Subtotal (line 21 minus line 22)		1,672,771	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		1,068	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		748	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		1,673,519	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		0	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		1,673,519	32.00
33.00	Interim payments		1,681,523	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)		-8,004	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2012 9:42 am
		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		1,082,372	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)		1,082,372	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)		1,082,372	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		1,251,037	8.00
9.00	Ancillary service charges		1,748,780	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)		2,999,817	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		2,999,817	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,917,445	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)		1,082,372	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.		1,082,372	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)		1,082,372	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)		1,082,372	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		1,082,372	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)		1,082,372	40.00
41.00	Interim payments		744,908	41.00
42.00	Balance due provider/program (line 40 minus 41)		337,464	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150001 Component CCN: 15T001	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2012 9:42 am
		Title XIX	Subprovider - IRF	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		138,213	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)		138,213	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)		138,213	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		83,747	8.00
9.00	Ancillary service charges		162,546	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)		246,293	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		246,293	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		108,080	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)		138,213	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.		138,213	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)		138,213	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		138,213	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		138,213	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)		138,213	40.00
41.00	Interim payments		65,758	41.00
42.00	Balance due provider/program (line 40 minus 41)		72,455	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: 150001

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

Worksheet G

Date/Time Prepared:
5/24/2012 9:42 am

		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	12,144,615	0	0	0	1.00
2.00	Temporary investments	1,000,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	11,235,581	0	0	0	4.00
5.00	Other receivable	1,286,035	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,125,603	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	1,007,026	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	29,798,860	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,141,963	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	40,176,547	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	43,318,510	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	22,343,586	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	22,343,586	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	95,460,956	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	2,226,998	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,041,387	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	801,117	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	8,069,502	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	1,972,829	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	1,972,829	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	10,042,331	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	85,418,625	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)	85,418,625	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	95,460,956	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150001

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

Worksheet G-1

Date/Time Prepared:
5/24/2012 9:42 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		84,296,675	
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,121,950			2.00
3.00	Total (sum of line 1 and line 2)		85,418,625		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)		85,418,625		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		85,418,625		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150001

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

Worksheet G-1

Date/Time Prepared:
5/24/2012 9:42 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150001

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

Worksheet G-2 Parts
Date/Time Prepared:
5/24/2012 9:42 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	14,201,346		14,201,346	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	2,084,791		2,084,791	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	16,286,137		16,286,137	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,511,018		2,511,018	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,511,018		2,511,018	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	18,797,155		18,797,155	17.00
18.00	Ancillary services	38,890,303	118,176,104	157,066,407	18.00
19.00	Outpatient services	0	63,545	63,545	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		1,446,647	1,446,647	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	57,687,458	119,686,296	177,373,754	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		76,655,603		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		76,655,603		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150001

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

Worksheet G-3

Date/Time Prepared:
5/24/2012 9:42 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	177,373,754	1.00
2.00	Less contractual allowances and discounts on patients' accounts	110,162,884	2.00
3.00	Net patient revenues (line 1 minus line 2)	67,210,870	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	76,655,603	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,444,733	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	9,788,174	24.00
24.01	INVESTMENT INCOME	63,137	24.01
24.02	RENTAL REVENUE (EXPENSE), NET	635,649	24.02
24.03	FOUNDATION - PRIMARILY INVESTMENT IN	5,900	24.03
24.04	OTHER NONOPERATING INCOME (EXPENSE)	73,823	24.04
25.00	Total other income (sum of lines 6-24)	10,566,683	25.00
26.00	Total (line 5 plus line 25)	1,121,950	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)	1,121,950	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150001

Period: From 01/01/2011

Worksheet H

HHA CCN: 157510

To 12/31/2011

Date/Time Prepared: 5/24/2012 9:42 am

Home Health Agency I

PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	168,121	0	56,308	0	88,892	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	264,744	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	147,620	0	7.00
8.00	Occupational Therapy	0	0	0	92,529	0	8.00
9.00	Speech Pathology	0	0	0	5,664	0	9.00
10.00	Medical Social Services	1,506	0	0	0	0	10.00
11.00	Home Health Aide	22,620	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	9,182	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)	456,991	0	56,308	245,813	98,074	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: 150001

Period: From 01/01/2011

Worksheet H

HHA CCN: 157510

To 12/31/2011

Date/Time Prepared: 5/24/2012 9:42 am

Home Health Agency I

PPS

		Total (sum of col.s. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	313,321	0	313,321	-50	313,271	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	264,744	0	264,744	0	264,744	6.00
7.00	Physical Therapy	147,620	0	147,620	0	147,620	7.00
8.00	Occupational Therapy	92,529	0	92,529	0	92,529	8.00
9.00	Speech Pathology	5,664	0	5,664	0	5,664	9.00
10.00	Medical Social Services	1,506	0	1,506	0	1,506	10.00
11.00	Home Health Aide	22,620	0	22,620	0	22,620	11.00
12.00	Supplies (see instructions)	9,182	0	9,182	0	9,182	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)	857,186	0	857,186	-50	857,136	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: 150001	Period: From 01/01/2011	Worksheet H-1 Part I Date/Time Prepared: 5/24/2012 9:42 am
	HHA CCN: 157510	To 12/31/2011	
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	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0		3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	313,271	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	264,744	0	0	0	6.00
7.00	Physical Therapy	147,620	0	0	0	7.00
8.00	Occupational Therapy	92,529	0	0	0	8.00
9.00	Speech Pathology	5,664	0	0	0	9.00
10.00	Medical Social Services	1,506	0	0	0	10.00
11.00	Home Health Aide	22,620	0	0	0	11.00
12.00	Supplies (see instructions)	9,182	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)	857,136	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150001	Period: From 01/01/2011	Worksheet H-1
		HHA CCN: 157510	To 12/31/2011	Part I
			Home Health Agency I	Date/Time Prepared: 5/24/2012 9:42 am
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	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00		0		1.00
2.00		0		2.00
3.00		0		3.00
4.00				4.00
5.00	313,271	313,271		5.00
HHA REIMBURSABLE SERVICES				
6.00	264,744	152,495	417,239	6.00
7.00	147,620	85,030	232,650	7.00
8.00	92,529	53,298	145,827	8.00
9.00	5,664	3,263	8,927	9.00
10.00	1,506	867	2,373	10.00
11.00	22,620	13,029	35,649	11.00
12.00	9,182	5,289	14,471	12.00
13.00	0	0	0	13.00
14.00	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES				
15.00	0	0	0	15.00
16.00	0	0	0	16.00
17.00	0	0	0	17.00
18.00	0	0	0	18.00
19.00	0	0	0	19.00
20.00	0	0	0	20.00
21.00	0	0	0	21.00
22.00	0	0	0	22.00
23.00	0	0	0	23.00
24.00	543,865		857,136	24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150001 HHA CCN: 157510		Period: From 01/01/2011 To 12/31/2011		Worksheet H-1 Part II Date/Time Prepared: 5/24/2012 9:42 am	
				Home Health Agency I		PPS	
		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-313,271	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-313,271	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 150001	Period: From 01/01/2011	Worksheet H-1 Part II Date/Time Prepared: 5/24/2012 9:42 am
	HHA CCN: 157510	To 12/31/2011	
		Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	543,865	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	264,744	6.00
7.00	Physical Therapy	147,620	7.00
8.00	Occupational Therapy	92,529	8.00
9.00	Speech Pathology	5,664	9.00
10.00	Medical Social Services	1,506	10.00
11.00	Home Health Aide	22,620	11.00
12.00	Supplies (see instructions)	9,182	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)	543,865	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	313,271	25.00
26.00	Unit Cost Multiplier	0.576009	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150001	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 157510	To 12/31/2011	Part I
			Home Health Agency I	Date/Time Prepared: 5/24/2012 9:42 am
				PPS

	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT 1.00	BLDG & FIXT - TOWER 1.01	MVBLE EQUIP 2.00		
1.00 Administrative and General	0	14,378	0	1,428	121,593	1.00
2.00 Skilled Nursing Care	417,239	0	0	0	0	2.00
3.00 Physical Therapy	232,650	0	0	0	0	3.00
4.00 Occupational Therapy	145,827	0	0	0	0	4.00
5.00 Speech Pathology	8,927	0	0	0	0	5.00
6.00 Medical Social Services	2,373	0	0	0	0	6.00
7.00 Home Health Aide	35,649	0	0	0	0	7.00
8.00 Supplies (see instructions)	14,471	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)	857,136	14,378	0	1,428	121,593	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: 150001	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 157510	To 12/31/2011	Part I
				Date/Time Prepared: 5/24/2012 9:42 am
			Home Health Agency I	PPS

		COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	ADMITTING	PATIENT ACCOUNTING	
		4.01	4.02	4.03	4.04	4.05	
1.00	Administrative and General	8,241	24,809	1,319	7,941	15,346	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	8,241	24,809	1,319	7,941	15,346	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: 150001 HHA CCN: 157510		Period: From 01/01/2011 To 12/31/2011		Worksheet H-2 Part I Date/Time Prepared: 5/24/2012 9:42 am	
				Home Health Agency I		PPS	
		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A.05	5.00	7.00	8.00	9.00	
1.00	Administrative and General	195,055	14,149	32,337	0	11,531	1.00
2.00	Skilled Nursing Care	417,239	30,267	0	0	0	2.00
3.00	Physical Therapy	232,650	16,877	0	0	0	3.00
4.00	Occupational Therapy	145,827	10,578	0	0	0	4.00
5.00	Speech Pathology	8,927	648	0	0	0	5.00
6.00	Medical Social Services	2,373	172	0	0	0	6.00
7.00	Home Health Aide	35,649	2,586	0	0	0	7.00
8.00	Supplies (see instructions)	14,471	1,050	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)	1,052,191	76,327	32,337	0	11,531	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: 150001	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 157510	To 12/31/2011	Part I
				Date/Time Prepared: 5/24/2012 9:42 am
			Home Health Agency I	PPS

	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	0	13,166	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	13,166	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: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part I Date/Time Prepared: 5/24/2012 9:42 am		
		HHA CCN: 157510	Home Health Agency I	PPS		
	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
	16.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	12,363	278,601	0	278,601	1.00
2.00	Skilled Nursing Care	0	447,506	0	447,506	2.00
3.00	Physical Therapy	0	249,527	0	249,527	3.00
4.00	Occupational Therapy	0	156,405	0	156,405	4.00
5.00	Speech Pathology	0	9,575	0	9,575	5.00
6.00	Medical Social Services	0	2,545	0	2,545	6.00
7.00	Home Health Aide	0	38,235	0	38,235	7.00
8.00	Supplies (see instructions)	0	15,521	0	15,521	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)	12,363	1,197,915	0	1,197,915	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.					0.303053 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: 150001	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 157510	To 12/31/2011	Part I
				Date/Time Prepared: 5/24/2012 9:42 am
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		Total HHA Costs	
		28.00	
1.00	Administrative and General		1.00
2.00	Skilled Nursing Care	583,124	2.00
3.00	Physical Therapy	325,147	3.00
4.00	Occupational Therapy	203,804	4.00
5.00	Speech Pathology	12,477	5.00
6.00	Medical Social Services	3,316	6.00
7.00	Home Health Aide	49,822	7.00
8.00	Supplies (see instructions)	20,225	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)	1,197,915	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: 150001	Period: From 01/01/2011	Worksheet H-2
	HHA CCN: 157510	To 12/31/2011	Part II Date/Time Prepared: 5/24/2012 9:42 am
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	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (# NON PT PHONES)	
	NEW BLDG & FIXT (TOTAL FEET)	BLDG & FIXT - TOWER (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	1.01	2.00	4.00			
1.00	Administrative and General	2,228	0	1,389	456,991	19	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	2,228	0	1,389	456,991	19	20.00
21.00	Total cost to be allocated	14,378	0	1,428	121,593	8,241	21.00
22.00	Unit cost multiplier	6.453321	0.000000	1.028078	0.266073	433.736842	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150001 HHA CCN: 157510	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/24/2012 9:42 am PPS
		Home Health Agency I	

	DATA PROCESSING (WORK ORDERS)	MATERIALS MANAGEMENT (SUPPLY USAGE)	ADMITTING (GROSS REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	Reconciliation	
	4.02	4.03	4.04	4.05	5A	
1.00 Administrative and General	24	17,186	1,446,647	1,446,647	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)	24	17,186	1,446,647	1,446,647		20.00
21.00 Total cost to be allocated	24,809	1,319	7,941	15,346		21.00
22.00 Unit cost multiplier	1,033.708333	0.076749	0.005489	0.010608		22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/24/2012 9:42 am
		HHA CCN: 157510		Home Health Agency I PPS

	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (TOTAL FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TOTAL FEET)	DIETARY (MEALS SERVED)	
	5.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	195,055	2,228	0	2,228	0
2.00	Skilled Nursing Care	417,239	0	0	0	0
3.00	Physical Therapy	232,650	0	0	0	0
4.00	Occupational Therapy	145,827	0	0	0	0
5.00	Speech Pathology	8,927	0	0	0	0
6.00	Medical Social Services	2,373	0	0	0	0
7.00	Home Health Aide	35,649	0	0	0	0
8.00	Supplies (see instructions)	14,471	0	0	0	0
9.00	Drugs	0	0	0	0	0
10.00	DME	0	0	0	0	0
11.00	Home Dialysis Aide Services	0	0	0	0	0
12.00	Respiratory Therapy	0	0	0	0	0
13.00	Private Duty Nursing	0	0	0	0	0
14.00	Clinic	0	0	0	0	0
15.00	Health Promotion Activities	0	0	0	0	0
16.00	Day Care Program	0	0	0	0	0
17.00	Home Delivered Meals Program	0	0	0	0	0
18.00	Homemaker Service	0	0	0	0	0
19.00	All Others (specify)	0	0	0	0	0
20.00	Total (sum of lines 1-19)	1,052,191	2,228	0	2,228	0
21.00	Total cost to be allocated	76,327	32,337	0	11,531	0
22.00	Unit cost multiplier	0.072541	14.513914	0.000000	5.175494	0.000000

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150001 HHA CCN: 157510	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/24/2012 9:42 am PPS
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	CAFETERIA (HOURS PAID)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	17,600	0	0	0	1,446,647	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)	17,600	0	0	0	1,446,647	20.00
21.00 Total cost to be allocated	13,166	0	0	0	12,363	21.00
22.00 Unit cost multiplier	0.748068	0.000000	0.000000	0.000000	0.008546	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150001 HHA CCN: 157510	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 5/24/2012 9:42 am
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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	583,124		583,124	3,496
2.00	Physical Therapy	3.00	325,147	0	325,147	2,007
3.00	Occupational Therapy	4.00	203,804	0	203,804	1,258
4.00	Speech Pathology	5.00	12,477	0	12,477	77
5.00	Medical Social Services	6.00	3,316		3,316	2
6.00	Home Health Aide	7.00	49,822		49,822	967
7.00	Total (sum of lines 1-6)		1,177,690	0	1,177,690	7,807

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits	
				Part B	
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles
	0	1.00	2.00	3.00	4.00

Limitation Cost Computation						
8.00	Skilled Nursing Care		18020	695	788	8.00
8.01	Skilled Nursing Care		26900	0	0	8.01
8.02	Skilled Nursing Care		99915	0	0	8.02
9.00	Physical Therapy		18020	562	426	9.00
9.01	Physical Therapy		26900	0	0	9.01
9.02	Physical Therapy		99915	0	0	9.02
10.00	Occupational Therapy		18020	396	370	10.00
10.01	Occupational Therapy		26900	0	0	10.01
10.02	Occupational Therapy		99915	0	0	10.02
11.00	Speech Pathology		18020	31	26	11.00
11.01	Speech Pathology		26900	0	0	11.01
11.02	Speech Pathology		99915	0	0	11.02
12.00	Medical Social Services		18020	2	16	12.00
12.01	Medical Social Services		26900	0	0	12.01
12.02	Medical Social Services		99915	0	0	12.02
13.00	Home Health Aide		18020	76	582	13.00
13.01	Home Health Aide		26900	0	0	13.01
13.02	Home Health Aide		99915	0	0	13.02
14.00	Total (sum of lines 8-13)			1,762	2,208	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	20,225	0	20,225	0
16.00	Cost of Drugs	9.00	0	0	0	0

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	0.364198	0	1.00
2.00	Occupational Therapy		67.00	0.209952	0	2.00
3.00	Speech Pathology		68.00	0.242617	0	3.00
4.00	Cost of Medical Supplies		71.00	0.424118	0	4.00
5.00	Cost of Drugs		73.00	0.412119	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150001 HHA CCN: 157510	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/24/2012 9:42 am
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
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	166.80	695	788		1.00
2.00	Physical Therapy	162.01	562	426		2.00
3.00	Occupational Therapy	162.01	396	370		3.00
4.00	Speech Pathology	162.04	31	26		4.00
5.00	Medical Social Services	1,658.00	2	16		5.00
6.00	Home Health Aide	51.52	76	582		6.00
7.00	Total (sum of lines 1-6)		1,762	2,208		7.00
Cost Center Description						
		5.00	6.00	7.00	8.00	9.00
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
14.00	Total (sum of lines 8-13)					14.00
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0.000000	0	0	0	15.00
16.00	Cost of Drugs	0.000000	0	0	0	16.00
Cost Center Description						
			Transfer to Part I as Indicated			
			4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy		col. 2, line 2.00			1.00
2.00	Occupational Therapy		col. 2, line 3.00			2.00
3.00	Speech Pathology		col. 2, line 4.00			3.00
4.00	Cost of Medical Supplies		col. 2, line 15.00			4.00
5.00	Cost of Drugs		col. 2, line 16.00			5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150001

Period: From 01/01/2011

Worksheet H-3

HHA CCN: 157510

To 12/31/2011

Parts I-III
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Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	115,926	131,438		247,364	1.00
2.00	Physical Therapy	91,050	69,016		160,066	2.00
3.00	Occupational Therapy	64,156	59,944		124,100	3.00
4.00	Speech Pathology	5,023	4,213		9,236	4.00
5.00	Medical Social Services	3,316	26,528		29,844	5.00
6.00	Home Health Aide	3,916	29,985		33,901	6.00
7.00	Total (sum of lines 1-6)	283,387	321,124		604,511	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
14.00	Total (sum of lines 8-13)					14.00
Cost of Services						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00			
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0	0	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150001 HHA CCN: 157510	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/24/2012 9:42 am
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	290	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	-290
11.00	Total PPS Reimbursement - Full Episodes without Outliers		371,844	366,036
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		5,150	5,695
14.00	Total PPS Reimbursement - PEP Episodes		1,626	4,446
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		378,620	375,887
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		378,620	375,887
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		378,620	375,887
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		378,620	375,887
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		378,620	375,887
32.00	Interim payments (see instructions)		378,619	375,886
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		1	1
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

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

Provider CCN: 150001
HHA CCN: 157510

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

Worksheet H-5
Date/Time Prepared: 5/24/2012 9:42 am
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		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		378,619		375,886	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)		378,619		375,886	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		1		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		378,620		375,887	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150001	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/24/2012 9:42 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		590,019	1.00
2.00	Capital DRG outlier payments		2,640	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		25.65	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		592,659	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