

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: 150065 Period: From 01/01/2011 To 12/31/2011 Worksheet 5 Parts I-III Date/Time Prepared: 5/23/2012 3:09 pm

**PART I - COST REPORT STATUS**

Provider use only 1.  Electronically filed cost report Date: 5/23/2012 Time: 3:09 pm  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

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

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

**Encryption Information**

ECR: Date: 5/23/2012 Time: 3:09 pm  
 Bir1w:k6ZCqmiaFfkkgpv92nyQPHw0  
 gZSvw0y91M5AxcXPACOX:vWA:0Ii40  
 dz.c1J8jtm0E:hDn  
 PI: Date: 5/23/2012 Time: 3:09 pm  
 gFr91jqNR4p8jKN1jH31pw0Yke8n1  
 NmpQc0i4pZL5jrjA:A3C4xbz15Xfy2  
 Lvx2fU0L4u0tLXKY

(Signed) Wall Zoyce  
 Officer or Administrator of Provider(s)

Title

Date

*Wall Zoyce*  
*Vice President*  
 5-25-2012

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	149,832	-1,233,423	0	5,124,150	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	149,832	-1,233,423	0	5,124,150	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: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/23/2012 3:04 pm
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		1.00	2.00	3.00	4.00						
<b>Hospital and Hospital Health Care Complex Address:</b>											
1.00	Street: 411 WEST TIPTON STREET	PO Box:		Zip Code: 47274-		County: JACKSON					1.00
2.00	City: SEYMOUR	State: IN									2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
							V	XVIII	XIX		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
<b>Hospital and Hospital-Based Component Identification:</b>											
3.00	Hospital	SCHNECK MEDICAL CENTER	150065	99915	1	07/16/1966	N	P	O	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF									5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF	SCHNECK MEDICAL CENTER	150065	99915		03/04/1999	N	P	N	7.00	
8.00	Swing Beds - NF	SCHNECK MEDICAL CENTER	150065	99915		03/04/1999	N		O	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	JACKSON COUNTY HOME HEALTH	157155	99915		07/01/1985	N	P	O	12.00	
13.00	Separately Certified ASC									13.00	
14.00	Hospital-Based Hospice	HOSPICE OF MEMORIAL HOSPITAL	151529	99915		12/09/1994				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)					8					21.00
<b>Inpatient PPS Information</b>											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					3	N			23.00	
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	2,213	736	0	2	0	0		24.00		
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.	0	0	0	0	0	0		25.00		
						Urban/Rural S	Date of Geogr				
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.					2			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).					2			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: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/23/2012 3:04 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00	61.00	
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	<b>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</b> If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150065

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

Worksheet S-2 Part 1 Date/Time Prepared: 5/23/2012 3:04 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/23/2012 3:04 pm	
			1.00	2.00	3.00
<b>Inpatient Rehabilitation Facility PPS</b>					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 yes: column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
			1.00		
<b>Long Term Care Hospital PPS</b>					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.		N		80.00
<b>TEFRA Providers</b>					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		N		86.00
			V	XIX	
			1.00	2.00	
<b>Title V or XIX Inpatient Services</b>					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		0.00	97.00
<b>Rural Providers</b>					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				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	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
				1.00	2.00
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			0	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.			0	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	Y	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

						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	
<b>All Providers</b>										
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		
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	161.00		
								1.00		
<b>Multicampus</b>										
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5								0.00	166.00
								1.00		
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>										
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)								0.00	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)								0.00	169.00

		Y/N	Date	
		1.00	2.00	
<b>General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.</b>				
<b>COMPLETED BY ALL HOSPITALS</b>				
<b>Provider Organization and Operation</b>				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)			3.00
		Y/N	Type	Date
		1.00	2.00	3.00
<b>Financial Data and Reports</b>				
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)	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
<b>Approved Educational Activities</b>				
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		
<b>Bad Debts</b>				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
<b>Bed Complement</b>				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Description	Part A	
		0	Y/N Date	
		1.00	2.00	
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/07/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

		Part A		
Description		Y/N	Date	
	0	1.00	2.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>				
<b>Capital Related Cost</b>				
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
<b>Interest Expense</b>				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			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
<b>Purchased Services</b>				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
<b>Provider-Based Physicians</b>				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			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	
<b>Home Office Costs</b>				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/07/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

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	93	33,945	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)		93	33,945	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	7	2,555	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)		100	36,500	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		100				27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title V	Title XVIII	Title XIX			
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	5,436	881		12,519	1.00
2.00 HMO		1,707	1,856			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	477	0		477	5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0		143	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	5,913	881		13,139	7.00
8.00 INTENSIVE CARE UNIT	0	705	97		1,375	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		107		1,513	13.00
14.00 Total (see instructions)	0	6,618	1,085		16,027	14.00
15.00 CAH visits	0	0	0		0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	5,862	172		17,414	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		6,030	589		6,621	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		267		1,774	28.00
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)			10		18	32.00
33.00 LTCH non-covered days		0				33.00

Cost Center Description	Full Time Equivalents			Discharges	Title XVIII	
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V		
	9.00	10.00	11.00	12.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,289	1.00
2.00 HMO					379	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	500.29	0.00	0	1,289	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	18.87	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	9.34	0.00			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	528.50	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, observation Bed and Hospice days)	305	3,523		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)	305	3,523		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF				17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>PART II - WAGE DATA</b>						
<b>SALARIES</b>						
1.00	Total salaries (see instructions)	200.00	40,798,097	0	40,798,097	1,426,728.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		0	692,951	692,951	9,068.00
4.00	Physician-Part A		141,471	0	141,471	833.20
4.01	Physicians - Part A - direct teaching		0	0	0	0.00
5.00	Physician-Part B		3,149,728	0	3,149,728	23,100.80
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00
8.00	Home office personnel		0	0	0	0.00
9.00	SNF	44.00	0	0	0	0.00
10.00	Excluded area salaries (see instructions)		5,812,142	786	5,812,928	86,762.75
<b>OTHER WAGES &amp; RELATED COSTS</b>						
11.00	Contract labor (see instructions)		162,889	0	162,889	2,563.25
12.00	Management and administrative services		0	0	0	0.00
13.00	Contract labor: physician-Part A		264,665	0	264,665	2,193.42
14.00	Home office salaries & wage-related costs		0	0	0	0.00
15.00	Home office: physician Part A		0	0	0	0.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00
<b>WAGE-RELATED COSTS</b>						
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		10,278,277	0	10,278,277	17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		0	0	0	18.00
19.00	Excluded areas		1,779,850	0	1,779,850	19.00
20.00	Non-physician anesthetist Part A		0	0	0	20.00
21.00	Non-physician anesthetist Part B		125,511	0	125,511	21.00
22.00	Physician Part A		8,502	0	8,502	22.00
23.00	Physician Part B		301,446	0	301,446	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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>						
26.00	Employee Benefits	4.00	362,547	0	362,547	14,024.41
27.00	Administrative & General	5.00	4,237,712	0	4,237,712	188,531.65
28.00	Administrative & General under contract (see inst.)		404,600	0	404,600	2,139.40
29.00	Maintenance & Repairs	6.00	0	0	0	0.00
30.00	Operation of Plant	7.00	941,920	0	941,920	48,545.62
31.00	Laundry & Linen Service	8.00	19,801	0	19,801	2,069.00
32.00	Housekeeping	9.00	850,922	0	850,922	73,668.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00
34.00	Dietary	10.00	737,802	-420,571	317,231	22,560.91
35.00	Dietary under contract (see instructions)		0	0	0	0.00
36.00	Cafeteria	11.00	0	420,571	420,571	29,406.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	1,859,945	-786	1,859,159	46,304.00
39.00	Central Services and Supply	14.00	494,918	0	494,918	28,695.12
40.00	Pharmacy	15.00	1,192,371	0	1,192,371	33,768.00
41.00	Medical Records & Medical Records Library	16.00	835,038	0	835,038	42,129.61
42.00	Social Service	17.00	0	0	0	0.00
43.00	Other General Service	18.00	144,070	0	144,070	5,766.00

		Average Hourly wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	28.60	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	76.42	3.00
4.00	Physician-Part A	169.79	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	136.35	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)	67.00	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	63.55	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	120.66	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
<b>WAGE-RELATED COSTS</b>			
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>			
26.00	Employee Benefits	25.85	26.00
27.00	Administrative & General	22.48	27.00
28.00	Administrative & General under contract (see inst.)	189.12	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	19.40	30.00
31.00	Laundry & Linen Service	9.57	31.00
32.00	Housekeeping	11.55	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	14.06	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	14.30	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	40.15	38.00
39.00	Central Services and Supply	17.25	39.00
40.00	Pharmacy	35.31	40.00
41.00	Medical Records & Medical Records Library	19.82	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	24.99	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150065

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/23/2012 3:04 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	38,052,969	-692,951	37,360,018	1,396,698.60	1.00
2.00	Excluded area salaries (see instructions)	5,812,142	786	5,812,928	86,762.75	2.00
3.00	Subtotal salaries (line 1 minus line 2)	32,240,827	-693,737	31,547,090	1,309,935.85	3.00
4.00	Subtotal other wages & related costs (see inst.)	427,554	0	427,554	4,756.67	4.00
5.00	Subtotal wage-related costs (see inst.)	10,286,779	0	10,286,779	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	42,955,160	-693,737	42,261,423	1,314,692.52	6.00
7.00	Total overhead cost (see instructions)	12,081,646	-786	12,080,860	537,607.72	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150065

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/23/2012 3:04 pm

Average Hourly  
Wage (col. 4 ÷  
col. 5)  
6.00

**PART III - HOSPITAL WAGE INDEX SUMMARY**

1.00	Net salaries (see instructions)	26.75	1.00
2.00	Excluded area salaries (see instructions)	67.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	24.08	3.00
4.00	Subtotal other wages & related costs (see inst.)	89.89	4.00
5.00	Subtotal wage-related costs (see inst.)	32.61	5.00
6.00	Total (sum of lines 3 thru 5)	32.15	6.00
7.00	Total overhead cost (see instructions)	22.47	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150065

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

Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/23/2012 3:04 pm

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	1,174,377	3.00
4.00	Prior Year Pension Service Cost	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	7,168,992	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)	155,771	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)	620,312	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	7,146	14.00
15.00	'Workers' Compensation Insurance	253,332	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	2,969,616	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	55,574	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	88,464	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	12,493,584	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150065

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
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			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA

Provider CCN: 150065  
Component CCN: 157155

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

Worksheet S-4  
Date/Time Prepared:  
5/23/2012 3:04 pm

Home Health  
Agency I

PPS

					1.00		
0.00	County	JACKSON					0.00

	Title V	Title XVIII	Title XIX	Other	Total	
	1.00	2.00	3.00	4.00	5.00	

1.00	HOME HEALTH AGENCY STATISTICAL DATA	0	0	0	0	0	1.00
2.00	Home Health Aide Hours	0.00	311.00	0.00	96.00	407.00	2.00

		Number of Employees (Full Time Equivalent)				
		Enter the number of hours in your normal work week		Staff	Contract	Total
		0	1.00	2.00	3.00	

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)		40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.98	0.00	0.98	4.00
5.00	Other Administrative Personnel			0.99	0.00	0.99	5.00
6.00	Direct Nursing Service			7.76	0.00	7.76	6.00
7.00	Nursing Supervisor			1.03	0.00	1.03	7.00
8.00	Physical Therapy Service			2.08	0.00	2.08	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.77	0.00	0.77	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.07	0.00	0.07	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			5.17	0.00	5.17	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00

HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			4			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			31140				20.02
20.03			99115				20.03

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

PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,237	0	64	40	2,341	21.00
22.00	Skilled Nursing Visit Charges	521,686	0	14,964	9,320	545,970	22.00
23.00	Physical Therapy Visits	1,415	0	8	18	1,441	23.00
24.00	Physical Therapy Visit Charges	382,061	0	2,142	4,878	389,081	24.00
25.00	Occupational Therapy Visits	566	0	0	14	580	25.00
26.00	Occupational Therapy Visit Charges	152,762	0	0	3,794	156,556	26.00
27.00	Speech Pathology Visits	48	0	0	0	48	27.00
28.00	Speech Pathology Visit Charges	13,088	0	0	0	13,088	28.00
29.00	Medical Social Service Visits	16	0	0	0	16	29.00
30.00	Medical Social Service Visit Charges	5,344	0	0	0	5,344	30.00
31.00	Home Health Aide Visits	1,216	0	7	32	1,255	31.00
32.00	Home Health Aide Visit Charges	155,419	0	889	4,096	160,404	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,498	0	79	104	5,681	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,230,360	0	17,995	22,088	1,270,443	35.00
36.00	Total Number of Episodes (standard/non outlier)	272		32	5	309	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	32,957	0	1,270	481	34,708	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150065

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

Worksheet S-7

Date/Time Prepared:  
5/23/2012 3:04 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.			1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.			2.00

	Group	SNF Days	Swing Bed Days	SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00		
3.00	RUX	0	0	0	0	3.00
4.00	RUL	0	0	0	0	4.00
5.00	RVX	0	0	0	0	5.00
6.00	RVL	0	0	0	0	6.00
7.00	RHX	0	0	0	0	7.00
8.00	RHL	0	0	0	0	8.00
9.00	RMX	0	0	0	0	9.00
10.00	RML	0	0	0	0	10.00
11.00	RLX	0	0	0	0	11.00
12.00	RUC	0	0	0	0	12.00
13.00	RUB	0	0	0	0	13.00
14.00	RUA	0	0	0	0	14.00
15.00	RVC	0	0	0	0	15.00
16.00	RVB	0	0	0	0	16.00
17.00	RVA	0	0	0	0	17.00
18.00	RHC	0	0	0	0	18.00
19.00	RHB	0	0	0	0	19.00
20.00	RHA	0	0	0	0	20.00
21.00	RMC	0	0	0	0	21.00
22.00	RMB	0	0	0	0	22.00
23.00	RMA	0	0	0	0	23.00
24.00	RLB	0	0	0	0	24.00
25.00	RLA	0	0	0	0	25.00
26.00	ES3	0	0	0	0	26.00
27.00	ES2	0	0	0	0	27.00
28.00	ES1	0	0	0	0	28.00
29.00	HE2	0	0	0	0	29.00
30.00	HE1	0	0	0	0	30.00
31.00	HD2	0	0	0	0	31.00
32.00	HD1	0	0	0	0	32.00
33.00	HC2	0	0	0	0	33.00
34.00	HC1	0	0	0	0	34.00
35.00	HB2	0	0	0	0	35.00
36.00	HB1	0	0	0	0	36.00
37.00	LE2	0	0	0	0	37.00
38.00	LE1	0	0	0	0	38.00
39.00	LD2	0	0	0	0	39.00
40.00	LD1	0	0	0	0	40.00
41.00	LC2	0	0	0	0	41.00
42.00	LC1	0	0	0	0	42.00
43.00	LB2	0	0	0	0	43.00
44.00	LB1	0	0	0	0	44.00
45.00	CE2	0	0	0	0	45.00
46.00	CE1	0	0	0	0	46.00
47.00	CD2	0	0	0	0	47.00
48.00	CD1	0	0	0	0	48.00
49.00	CC2	0	0	0	0	49.00
50.00	CC1	0	0	0	0	50.00
51.00	CB2	0	0	0	0	51.00
52.00	CB1	0	0	0	0	52.00
53.00	CA2	0	0	0	0	53.00
54.00	CA1	0	0	0	0	54.00
55.00	SE3	0	0	0	0	55.00
56.00	SE2	0	0	0	0	56.00
57.00	SE1	0	0	0	0	57.00
58.00	SSC	0	0	0	0	58.00
59.00	SSB	0	0	0	0	59.00
60.00	SSA	0	0	0	0	60.00
61.00	IB2	0	0	0	0	61.00
62.00	IB1	0	0	0	0	62.00
63.00	IA2	0	0	0	0	63.00
64.00	IA1	0	0	0	0	64.00
65.00	BB2	0	0	0	0	65.00
66.00	BB1	0	0	0	0	66.00
67.00	BA2	0	0	0	0	67.00
68.00	BA1	0	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150065

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

Worksheet S-7

Date/Time Prepared:  
5/23/2012 3:04 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	477	477	199.00
200.00	TOTAL		0	477	477	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).			99915		201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (worksheet G-2, Part I, line 7, column 3)		0			207.00

		Unduplicated Days				All other	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility		
		1.00	2.00	3.00	4.00		
<b>PART I - ENROLLMENT DAYS</b>							
1.00	Continuous Home Care	0	0	0	0	0	1.00
2.00	Routine Home Care	5,960	565	1,024	84	2	2.00
3.00	Inpatient Respite Care	38	5	0	0	0	3.00
4.00	General Inpatient Care	32	19	0	0	0	4.00
5.00	Total Hospice Days	6,030	589	1,024	84	2	5.00
<b>Part II - CENSUS DATA</b>							
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00			7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	0.00	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	0	0	0	0	0	9.00

Provider CCN: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 5/23/2012 3:04 pm
Component CCN: 151529	Hospice I	

		Unduplicated Days	
		Total (sum of cols. 1, 2 & 5)	
		6.00	
<b>PART I - ENROLLMENT DAYS</b>			
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	6,527	2.00
3.00	Inpatient Respite Care	43	3.00
4.00	General Inpatient Care	51	4.00
5.00	Total Hospice Days	6,621	5.00
<b>Part II - CENSUS DATA</b>			
6.00	Number of Patients Receiving Hospice Care	0	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare		7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	8.00
9.00	Unduplicated Census Count	0	9.00

		1.00			
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)	0.329428	1.00		
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid	4,424,011	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	2,598,710	5.00		
6.00	Medicaid charges	30,995,745	6.00		
7.00	Medicaid cost (line 1 times line 6)	10,210,866	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)	3,188,145	8.00		
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP	0	9.00		
10.00	Stand-alone SCHIP charges	0	10.00		
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00		
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00		
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00		
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00		
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00		
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00		
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care	3,120	17.00		
18.00	Government grants, appropriations or transfers for support of hospital operations	46,167	18.00		
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	3,188,145	19.00		
			Uninsured patients	Insured patients	Total (col. 1 + col. 2)
			1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	4,260,709	1,127,772	5,388,481	
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,403,597	371,520	1,775,117	
22.00	Partial payment by patients approved for charity care	38,970	140,815	179,785	
23.00	Cost of charity care (line 21 minus line 22)	1,364,627	230,705	1,595,332	
					1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00		
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00		
26.00	Total bad debt expense for the entire hospital complex (see instructions)	0	26.00		
27.00	Medicare bad debts for the entire hospital complex (see instructions)	416,988	27.00		
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	-416,988	28.00		
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	-137,368	29.00		
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	1,457,964	30.00		
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	4,646,109	31.00		

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150065

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

Worksheet A

Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT		8,193,038	8,193,038	-2,170,235	6,022,803	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	4,377,579	4,377,579	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	362,547	12,779,103	13,141,650	-402	13,141,248	4.00
5.00 ADMINISTRATIVE & GENERAL	4,237,712	6,348,063	10,585,775	-127,659	10,458,116	5.00
7.00 OPERATION OF PLANT	941,920	1,611,709	2,553,629	-334,262	2,219,367	7.00
8.00 LAUNDRY & LINEN SERVICE	19,801	267,898	287,699	0	287,699	8.00
9.00 HOUSEKEEPING	850,922	234,115	1,085,037	107	1,085,144	9.00
10.00 DIETARY	737,802	528,691	1,266,493	-721,835	544,658	10.00
11.00 CAFETERIA	0	0	0	721,942	721,942	11.00
13.00 NURSING ADMINISTRATION	1,859,945	517,313	2,377,258	4,759	2,382,017	13.00
14.00 CENTRAL SERVICES & SUPPLY	494,918	5,822,764	6,317,682	-5,638,245	679,437	14.00
15.00 PHARMACY	1,192,371	6,697,603	7,889,974	-4,939,679	2,950,295	15.00
16.00 MEDICAL RECORDS & LIBRARY	835,038	497,673	1,332,711	0	1,332,711	16.00
18.00 PHYSICIAN PRIVATE PRACTICE	144,070	7,753	151,823	0	151,823	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	692,951	692,951	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	6,225,833	1,033,454	7,259,287	-1,927,917	5,331,370	30.00
31.00 INTENSIVE CARE UNIT	977,563	70,272	1,047,835	-25,534	1,022,301	31.00
43.00 NURSERY	0	0	0	303,703	303,703	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	2,262,223	1,959,144	4,221,367	-1,504,278	2,717,089	50.00
51.00 RECOVERY ROOM	396,245	8,949	405,194	-2,817	402,377	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	1,042,286	1,042,286	52.00
53.00 ANESTHESIOLOGY	2,658,831	47,686	2,706,517	16,170	2,722,687	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,225,693	962,754	3,188,447	-43,301	3,145,146	54.00
54.01 ULTRA SOUND	236,059	71,608	307,667	-25,684	281,983	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	113,317	205,620	318,937	-152,187	166,750	54.02
57.00 CT SCAN	239,980	373,561	613,541	-161,268	452,273	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	141,838	184,106	325,944	-27,167	298,777	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,327,410	2,248,467	3,575,877	-1,143,378	2,432,499	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	364,480	364,480	0	364,480	63.00
64.00 INTRAVENOUS THERAPY	190,765	19,183	209,948	-8,158	201,790	64.00
65.00 RESPIRATORY THERAPY	844,172	119,607	963,779	-61,767	902,012	65.00
66.00 PHYSICAL THERAPY	743,717	62,305	806,022	-7,595	798,427	66.00
67.00 OCCUPATIONAL THERAPY	221,629	8,629	230,258	-5,598	224,660	67.00
68.00 SPEECH PATHOLOGY	136,943	7,928	144,871	-3,545	141,326	68.00
69.00 ELECTROCARDIOLOGY	92,770	161,723	254,493	-49,816	204,677	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,770,093	6,770,093	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,305,182	2,305,182	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	5,180,274	5,180,274	73.00
76.00 WOUND CARE	142,200	46,279	188,479	-1,533	186,946	76.00
76.01 INTEGRATED MANAGEMENT	253,744	177,405	431,149	-123,575	307,574	76.01
76.02 CASE MANAGEMENT	262,925	42,140	305,065	435	305,500	76.02
76.03 PAIN MANAGEMENT	545,926	25,344	571,270	-1,506	569,764	76.03
76.97 CARDIAC REHABILITATION	338,508	34,632	373,140	-893	372,247	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 OTHER OUTPATIENT SERVICE COST CENTER	53,273	1,957	55,230	-485	54,745	90.00
90.01 PALLIATIVE HEALTH	25,432	261	25,693	0	25,693	90.01
91.00 EMERGENCY	2,558,596	714,859	3,273,455	-49,273	3,224,182	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 BEHAVIOURAL HEALTH	93,317	9,107	102,424	-37	102,387	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 HOME HEALTH AGENCY	1,035,549	151,494	1,187,043	3,295	1,190,338	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE		2,062,991	2,062,991	-2,062,991	0	113.00
116.00 HOSPICE	572,446	144,896	717,342	-15,685	701,657	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	36,593,950	54,826,564	91,420,514	80,471	91,500,985	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	3,472,831	334,445	3,807,276	-70,083	3,737,193	192.00
194.00 WELLNESS	59,449	27,913	87,362	-10,388	76,974	194.00
194.01 PAIN MANAGEMENT	436,442	9,524	445,966	0	445,966	194.01
194.02 EXTERNAL SVCS MARKETING	104,921	791,702	896,623	0	896,623	194.02
194.03 WASHINGTON CLINIC	130,504	100	130,604	0	130,604	194.03
200.00 TOTAL (SUM OF LINES 118-199)	40,798,097	55,990,248	96,788,345	0	96,788,345	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150065

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

Worksheet A

Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	Adjustments	Net Expenses	
	(See A-8)	For Allocation	
	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 NEW CAP REL COSTS-BLDG & FIXT	-1,017,056	5,005,747	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	-178	4,377,401	2.00
3.00 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00 EMPLOYEE BENEFITS	-828	13,140,420	4.00
5.00 ADMINISTRATIVE & GENERAL	-2,299,169	8,158,947	5.00
7.00 OPERATION OF PLANT	0	2,219,367	7.00
8.00 LAUNDRY & LINEN SERVICE	0	287,699	8.00
9.00 HOUSEKEEPING	0	1,085,144	9.00
10.00 DIETARY	-645	544,013	10.00
11.00 CAFETERIA	-377,863	344,079	11.00
13.00 NURSING ADMINISTRATION	0	2,382,017	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	679,437	14.00
15.00 PHARMACY	13	2,950,308	15.00
16.00 MEDICAL RECORDS & LIBRARY	-42,859	1,289,852	16.00
18.00 PHYSICIAN PRIVATE PRACTICE	0	151,823	18.00
19.00 NONPHYSICIAN ANESTHETISTS	-692,951	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	-232	5,331,138	30.00
31.00 INTENSIVE CARE UNIT	0	1,022,301	31.00
43.00 NURSERY	0	303,703	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	-349,554	2,367,535	50.00
51.00 RECOVERY ROOM	0	402,377	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,042,286	52.00
53.00 ANESTHESIOLOGY	-1,965,880	756,807	53.00
54.00 RADIOLOGY-DIAGNOSTIC	-272,075	2,873,071	54.00
54.01 ULTRA SOUND	0	281,983	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	0	166,750	54.02
57.00 CT SCAN	0	452,273	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	-137	298,640	58.00
59.00 CARDIAC CATHETERIZATION	0	0	59.00
60.00 LABORATORY	-24,200	2,408,299	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	364,480	63.00
64.00 INTRAVENOUS THERAPY	0	201,790	64.00
65.00 RESPIRATORY THERAPY	-89	901,923	65.00
66.00 PHYSICAL THERAPY	-84	798,343	66.00
67.00 OCCUPATIONAL THERAPY	0	224,660	67.00
68.00 SPEECH PATHOLOGY	0	141,326	68.00
69.00 ELECTROCARDIOLOGY	-3,469	201,208	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,770,093	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	2,305,182	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	5,180,274	73.00
76.00 WOUND CARE	0	186,946	76.00
76.01 INTEGRATED MANAGEMENT	-196,282	111,292	76.01
76.02 CASE MANAGEMENT	-122,735	182,765	76.02
76.03 PAIN MANAGEMENT	0	569,764	76.03
76.97 CARDIAC REHABILITATION	0	372,247	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>			
90.00 OTHER OUTPATIENT SERVICE COST CENTER	0	54,745	90.00
90.01 PALLIATIVE HEALTH	0	25,693	90.01
91.00 EMERGENCY	-921,015	2,303,167	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00 BEHAVIOURAL HEALTH	-93,317	9,070	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
101.00 HOME HEALTH AGENCY	0	1,190,338	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00 INTEREST EXPENSE	0	0	113.00
116.00 HOSPICE	-5	701,652	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-8,380,610	83,120,375	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	3,737,193	192.00
194.00 WELLNESS	0	76,974	194.00
194.01 PAIN MANAGEMENT	0	445,966	194.01
194.02 EXTERNAL SVCS MARKETING	0	896,623	194.02
194.03 WASHINGTON CLINIC	0	130,604	194.03
200.00 TOTAL (SUM OF LINES 118-199)	-8,380,610	88,407,735	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CAFETERIA</b>					
1.00	CAFETERIA	11.00	420,571	301,371	1.00
	TOTALS		420,571	301,371	
<b>B - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,648,103	1.00
	TOTALS		0	5,648,103	
<b>C - BILLABLE SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,427,172	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
	TOTALS		0	3,427,172	
<b>E - DRUGS CHG PATIENTS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,180,274	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		0	5,180,274	
<b>F - CAP LEASE - INTEREST</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	13,607	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	13,607	
<b>H - PROPERTY INSURANCE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	88,836	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	41,910	2.00
	TOTALS		0	130,746	
<b>I - BIO-MED</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,123	1.00
2.00	HOUSEKEEPING	9.00	0	107	2.00
3.00	DIETARY	10.00	0	107	3.00
4.00	NURSING ADMINISTRATION	13.00	0	5,545	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	9,858	5.00
6.00	PHARMACY	15.00	0	1,971	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	91,651	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	16,435	8.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
9.00	NURSERY	43.00	0	4,160	9.00
10.00	OPERATING ROOM	50.00	0	88,036	10.00
11.00	ANESTHESIOLOGY	53.00	0	16,170	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	12,800	12.00
13.00	ULTRA SOUND	54.01	0	1,137	13.00
14.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	931	14.00
15.00	CT SCAN	57.00	0	1,764	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,249	16.00
17.00	LABORATORY	60.00	0	14,123	17.00
18.00	INTRAVENOUS THERAPY	64.00	0	1,846	18.00
19.00	RESPIRATORY THERAPY	65.00	0	18,620	19.00
20.00	PHYSICAL THERAPY	66.00	0	7,635	20.00
21.00	OCCUPATIONAL THERAPY	67.00	0	928	21.00
22.00	SPEECH PATHOLOGY	68.00	0	84	22.00
23.00	ELECTROCARDIOLOGY	69.00	0	5,642	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	1,071	24.00
25.00	CARDIAC REHABILITATION	76.97	0	3,913	25.00
26.00	INTEGRATED MANAGEMENT	76.01	0	1,140	26.00
27.00	CASE MANAGEMENT	76.02	0	467	27.00
28.00	EMERGENCY	91.00	0	19,204	28.00
29.00	BEHAVOURAL HEALTH	93.00	0	84	29.00
30.00	HOME HEALTH AGENCY	101.00	0	2,509	30.00
31.00	WELLNESS	194.00	0	757	31.00
	TOTALS		0	334,067	
<b>J - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	4,335,669	1.00
	TOTALS		0	4,335,669	
<b>K - BOND INTERES EXP AND ISSUANCE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,062,991	1.00
	TOTALS		0	2,062,991	
<b>N - NUSERY</b>					
1.00	NURSERY	43.00	299,543	0	1.00
	TOTALS		299,543	0	
<b>O - LABOR AND DELIVER</b>					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,042,286	0	1.00
	TOTALS		1,042,286	0	
<b>P - CRNA</b>					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	692,951	0	1.00
	TOTALS		692,951	0	
<b>Q - HHA MSW</b>					
1.00	HOME HEALTH AGENCY	101.00	786	0	1.00
	TOTALS		786	0	
<b>R - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	2,305,182	1.00
	TOTALS		0	2,305,182	
500.00	Grand Total: Increases		2,456,137	23,739,182	500.00

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - CAFETERIA</b>							
1.00	DIETARY	10.00	420,571	301,371	0		1.00
	TOTALS		420,571	301,371			
<b>B - MEDICAL SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,648,103	0		1.00
	TOTALS		0	5,648,103			
<b>C - BILLABLE SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS	4.00	0	402	0		1.00
2.00		5.00	0	36	0		2.00
3.00		15.00	0	110,642	0		3.00
4.00		30.00	0	677,739	0		4.00
5.00		31.00	0	41,969	0		5.00
6.00		50.00	0	899,363	0		6.00
7.00		51.00	0	2,817	0		7.00
8.00		54.00	0	52,073	0		8.00
9.00		54.01	0	26,821	0		9.00
10.00		54.02	0	19	0		10.00
11.00		57.00	0	59,172	0		11.00
12.00		58.00	0	5,686	0		12.00
13.00		60.00	0	1,157,501	0		13.00
14.00		64.00	0	10,004	0		14.00
15.00		65.00	0	66,296	0		15.00
16.00		66.00	0	15,230	0		16.00
17.00		67.00	0	6,526	0		17.00
18.00		68.00	0	3,629	0		18.00
19.00		69.00	0	3,830	0		19.00
20.00		69.00	0	7,409	0		20.00
21.00		69.00	0	650	0		21.00
22.00		76.00	0	1,533	0		22.00
23.00		76.01	0	123,296	0		23.00
24.00		76.02	0	32	0		24.00
25.00		76.03	0	1,506	0		25.00
26.00		76.97	0	4,806	0		26.00
27.00		90.00	0	485	0		27.00
28.00		91.00	0	68,477	0		28.00
29.00		93.00	0	121	0		29.00
30.00		116.00	0	5,972	0		30.00
31.00		192.00	0	70,083	0		31.00
32.00		194.00	0	3,047	0		32.00
	TOTALS		0	3,427,172			
<b>E - DRUGS CHG PATIENTS</b>							
1.00	PHARMACY	15.00	0	4,831,008	0		1.00
2.00		54.00	0	4,028	0		2.00
3.00		54.02	0	153,099	0		3.00
4.00		57.00	0	90,448	0		4.00
5.00		58.00	0	23,730	0		5.00
6.00		65.00	0	14,091	0		6.00
7.00		69.00	0	44,640	0		7.00
8.00		76.01	0	1,419	0		8.00
9.00		116.00	0	9,713	0		9.00
10.00		194.00	0	8,098	0		10.00
	TOTALS		0	5,180,274			
<b>F - CAP LEASE - INTEREST</b>							
1.00	OPERATION OF PLANT	7.00	0	195	11		1.00
2.00	CT SCAN	57.00	0	13,412	0		2.00
	TOTALS		0	13,607			
<b>H - PROPERTY INSURANCE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	130,746	12		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	130,746			
<b>I - BIO-MED</b>							
1.00	OPERATION OF PLANT	7.00	0	334,067	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
TOTALS			0	334,067			
<b>J - DEPRECIATION</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,335,669	9		1.00
TOTALS			0	4,335,669			
<b>K - BOND INTERES EXP AND ISSUANCE</b>							
1.00	INTEREST EXPENSE	113.00	0	2,062,991	11		1.00
TOTALS			0	2,062,991			
<b>N - NUSERY</b>							
1.00	ADULTS & PEDIATRICS	30.00	299,543	0	0		1.00
TOTALS			299,543	0			
<b>O - LABOR AND DELIVER</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,042,286	0	0		1.00
TOTALS			1,042,286	0			
<b>P - CRNA</b>							
1.00	OPERATING ROOM	50.00	692,951	0	0		1.00
TOTALS			692,951	0			
<b>Q - HHA MSW</b>							
1.00	NURSING ADMINISTRATION	13.00	786	0	0		1.00
TOTALS			786	0			
<b>R - IMPLANTABLE DEVICES</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,305,182	0		1.00
TOTALS			0	2,305,182			
500.00	Grand Total: Decreases		2,456,137	23,739,182			500.00

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	5,954,719	31,330	0	31,330	0	1.00
2.00	Land Improvements	3,839,080	123,351	0	123,351	6,816	2.00
3.00	Buildings and Fixtures	73,593,527	420,069	0	420,069	563,545	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	5,885,667	87,301	0	87,301	129,322	5.00
6.00	Movable Equipment	38,173,910	5,961,603	0	5,961,603	2,037,255	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	127,446,903	6,623,654	0	6,623,654	2,736,938	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	127,446,903	6,623,654	0	6,623,654	2,736,938	10.00
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	8,193,038	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	8,193,038	0	0	0	0	3.00
<b>COMPUTATION OF RATIOS</b>							
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	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	5,277,205	0	5,277,205	0.546600	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4,377,401	0	4,377,401	0.453400	0	2.00
3.00	Total (sum of lines 1-2)	9,654,606	0	9,654,606	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150065

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

Worksheet A-7  
Parts I-III  
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	5,986,049	0		1.00		
2.00	Land Improvements	3,955,615	0		2.00		
3.00	Buildings and Fixtures	73,450,051	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	5,843,646	0		5.00		
6.00	Movable Equipment	42,098,258	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	131,333,619	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	131,333,619	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				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	8,193,038		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	8,193,038		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	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	3,857,369	-42,458	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	4,335,491	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	8,192,860	-42,458	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150065

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

Worksheet A-7  
Parts I-III  
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Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,102,000	88,836	0	0	5,005,747	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	41,910	0	0	4,377,401	2.00
3.00	Total (sum of lines 1-2)	1,102,000	130,746	0	0	9,383,148	3.00

1.00	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)	B	-742,241	NEW CAP REL COSTS-BLDG & FIXT		1.00	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP		2.00	2.00
3.00	Investment income - other (chapter 2)		0			0.00	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00	Refunds and rebates of expenses (chapter 8)	B	-71,332	ADMINISTRATIVE & GENERAL		5.00	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-42,458	NEW CAP REL COSTS-BLDG & FIXT		1.00	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-6,048	ADMINISTRATIVE & GENERAL		5.00	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	-3,822,884				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	B	-377,863	CAFETERIA		11.00	14.00
15.00	Rental of quarters to employee and others		0			0.00	15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00	Sale of drugs to other than patients		0			0.00	17.00
18.00	Sale of medical records and abstracts	B	-42,859	MEDICAL RECORDS & LIBRARY		16.00	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00	Vending machines	B	-10,153	ADMINISTRATIVE & GENERAL		5.00	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT		1.00	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP		2.00	27.00
28.00	Non-physician Anesthetist	A	-692,951	NONPHYSICIAN ANESTHETISTS		19.00	28.00
29.00	Physicians' assistant		0			0.00	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	A	0			0.00	32.00
33.00	EMPLOYEE SICK CHILD	B	-462	ADMINISTRATIVE & GENERAL		5.00	33.00
34.00	MISC INCOME	B	-284,592	ADMINISTRATIVE & GENERAL		5.00	34.00
35.00	PHYSICIAN RECRUITMENT	A	-1,880,000	ADMINISTRATIVE & GENERAL		5.00	35.00
36.00	IHA DUES	A	-1,981	ADMINISTRATIVE & GENERAL		5.00	36.00
37.00	AHA DUES	A	-5,064	ADMINISTRATIVE & GENERAL		5.00	37.00
38.00	TELEPHONE BENEFITS	A	-828	EMPLOYEE BENEFITS		4.00	38.00
39.00	1991 AHA LIVES	A	-178	NEW CAP REL COSTS-MVBLE EQUIP		2.00	39.00
40.00	INTEGRATED MED STDY INC	A	-400	INTEGRATED MANAGEMENT		76.01	40.00
41.00	DEVELOPMENT MARKETING	A	-39,537	ADMINISTRATIVE & GENERAL		5.00	41.00
42.00	NUTRITION SVCS MARKETING	A	-645	DIETARY		10.00	42.00
43.00	MRI MARKETING	A	-137	MAGNETIC RESONANCE IMAGING (MRI)		58.00	43.00
44.00	PHARMACY MARKETING	A	13	PHARMACY		15.00	44.00
45.00	4N MEDICAL NRSG MARKETING	A	-232	ADULTS & PEDIATRICS		30.00	45.00
45.01	HOSPITALIST MARKETING	A	-437	EMERGENCY		91.00	45.01
45.02	OPERATING ROOM MARKETING	A	-839	OPERATING ROOM		50.00	45.02
45.03	RADIOLOGY MARKETING	A	-1,349	RADIOLOGY-DIAGNOSTIC		54.00	45.03
45.04	RESPIRATORY THERAPY MARKETING	A	-89	RESPIRATORY THERAPY		65.00	45.04
45.06	PHYSICAL THERAPY MARKETING	A	33	PHYSICAL THERAPY		66.00	45.06

Provider CCN: 150065

Period:  
From 01/01/2011  
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Worksheet A-8

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted		
			Cost Center	Line #	
	1.00	2.00	3.00	4.00	
45.07		0			0.00 45.07
45.08 CASE MANAGEMENT MARKETING	A	-235	CASE MANAGEMENT	76.02	45.08
45.09		0		0.00	45.09
45.10		0		0.00	45.10
45.11 HOSPICE MARKETING	A	-5	HOSPICE	116.00	45.11
45.12 UNNECESSARY BORROWING	A	-232,357	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.12
45.13 BARIATRIC NP	A	-122,500	CASE MANAGEMENT	76.02	45.13
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-8,380,610			50.00

Cost Center Description	Wkst. A-7 Ref.	
	5.00	
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00 Investment income - other (chapter 2)	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	10	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00 Television and radio service (chapter 21)	0	8.00
9.00 Parking lot (chapter 21)	0	9.00
10.00 Provider-based physician adjustment	0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00 Related organization transactions (chapter 10)	0	12.00
13.00 Laundry and linen service	0	13.00
14.00 Cafeteria-employees and guests	0	14.00
15.00 Rental of quarters to employee and others	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	0	16.00
17.00 Sale of drugs to other than patients	0	17.00
18.00 Sale of medical records and abstracts	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	0	19.00
20.00 Vending machines	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00 Non-physician Anesthetist		28.00
29.00 Physicians' assistant	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00 EMPLOYEE SICK CHILD	0	33.00
34.00 MISC INCOME	0	34.00
35.00 PHYSICIAN RECRUITMENT	0	35.00
36.00 IHA DUES	0	36.00
37.00 AHA DUES	0	37.00
38.00 TELEPHONE BENEFITS	0	38.00
39.00 1991 AHA LIVES	9	39.00
40.00 INTEGRATED MED STDY INC	0	40.00
41.00 DEVELOPMENT MARKETING	0	41.00
42.00 NUTRITION SVCS MARKETING	0	42.00
43.00 MRI MARKETING	0	43.00
44.00 PHARMACY MARKETING	0	44.00
45.00 4N MEDICAL NRSG MARKETING	0	45.00
45.01 HOSPITALIST MARKETING	0	45.01
45.02 OPERATING ROOM MARKETING	0	45.02
45.03 RADIOLOGY MARKETING	0	45.03
45.04 RESPIRATORY THERAPY MARKETING	0	45.04
45.06 PHYSICAL THERAPY MARKETING	0	45.06
45.07	0	45.07
45.08 CASE MANAGEMENT MARKETING	0	45.08
45.09	0	45.09
45.10	0	45.10
45.11 HOSPICE MARKETING	0	45.11
45.12 UNNECESSARY BORROWING	11	45.12
45.13 BARIATRIC NP	0	45.13
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: 150065

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

Worksheet A-8-2

Date/Time Prepared:  
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	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	54.00	RADIOLOGY-DIAGNOSTIC	353,677	212,206	1.00
2.00	60.00	LABORATORY	230,000	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	4,194	4,194	3.00
4.00	76.01	INTEGRATED MANAGEMENT	195,882	195,882	4.00
5.00	66.00	PHYSICAL THERAPY	1,500	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	9,000	0	6.00
7.00	93.00	BEHAVOURAL HEALTH	93,317	93,317	7.00
8.00	91.00	EMERGENCY	238,138	238,138	8.00
9.00	91.00	EMERGENCY	682,440	682,440	9.00
10.00	50.00	OPERATING ROOM	348,715	348,715	10.00
11.00	53.00	ANESTHESIOLOGY	1,965,880	1,965,880	11.00
200.00			4,122,743	3,740,772	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150065

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	141,471	217,600	833	87,145	4,357	1.00
2.00	230,000	208,000	2,058	205,800	10,290	2.00
3.00	0	217,600	0	0	0	3.00
4.00	0	159,800	0	0	0	4.00
5.00	1,500	159,800	18	1,383	69	5.00
6.00	9,000	159,800	72	5,531	277	6.00
7.00	0	159,800	0	0	0	7.00
8.00	0	159,800	0	0	0	8.00
9.00	0	159,800	0	0	0	9.00
10.00	0	182,900	0	0	0	10.00
11.00	0	182,900	0	0	0	11.00
200.00	381,971		2,981	299,859	14,993	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150065

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	87,145	1.00
2.00	0	0	0	0	205,800	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	1,383	5.00
6.00	0	0	0	0	5,531	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
200.00	0	0	0	0	299,859	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150065

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

Worksheet A-8-2

Date/Time Prepared:  
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	RCE Disallowance	Adjustment	
	17.00	18.00	
1.00	54,326	266,532	1.00
2.00	24,200	24,200	2.00
3.00	0	4,194	3.00
4.00	0	195,882	4.00
5.00	117	117	5.00
6.00	3,469	3,469	6.00
7.00	0	93,317	7.00
8.00	0	238,138	8.00
9.00	0	682,440	9.00
10.00	0	348,715	10.00
11.00	0	1,965,880	11.00
200.00	82,112	3,822,884	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150065

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

Worksheet B Part I Date/Time Prepared: 5/23/2012 3:04 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	5,005,747	5,005,747			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4,377,401		4,377,401		2.00
4.00	EMPLOYEE BENEFITS	13,140,420	21,171	900	13,162,491	4.00
5.00	ADMINISTRATIVE & GENERAL	8,158,947	356,199	371,935	1,379,452	5.00
7.00	OPERATION OF PLANT	2,219,367	642,291	1,782,687	306,612	7.00
8.00	LAUNDRY & LINEN SERVICE	287,699	28,880	2,212	6,446	8.00
9.00	HOUSEKEEPING	1,085,144	75,094	4,536	276,990	9.00
10.00	DIETARY	544,013	132,926	15,779	103,264	10.00
11.00	CAFETERIA	344,079	0	0	136,903	11.00
13.00	NURSING ADMINISTRATION	2,382,017	122,039	105,014	605,190	13.00
14.00	CENTRAL SERVICES & SUPPLY	679,437	68,025	32,396	161,105	14.00
15.00	PHARMACY	2,950,308	48,352	25,233	388,138	15.00
16.00	MEDICAL RECORDS & LIBRARY	1,289,852	47,237	43,773	271,820	16.00
18.00	PHYSICIAN PRIVATE PRACTICE	151,823	0	0	46,897	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	225,568	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	5,331,138	981,704	221,244	1,589,825	30.00
31.00	INTENSIVE CARE UNIT	1,022,301	93,982	26,600	318,214	31.00
43.00	NURSERY	303,703	13,791	0	97,507	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	2,367,535	660,302	346,884	510,826	50.00
51.00	RECOVERY ROOM	402,377	46,525	12,754	128,985	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,042,286	0	0	339,283	52.00
53.00	ANESTHESIOLOGY	756,807	0	38,745	865,497	53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,873,071	523,393	733,614	724,503	54.00
54.01	ULTRA SOUND	281,983	0	7,164	76,841	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	166,750	0	703	36,887	54.02
57.00	CT SCAN	452,273	0	179,079	78,118	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	298,640	0	186,457	46,171	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	2,408,299	112,157	54,214	432,096	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	364,480	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	201,790	21,098	916	62,097	64.00
65.00	RESPIRATORY THERAPY	901,923	63,659	29,676	274,793	65.00
66.00	PHYSICAL THERAPY	798,343	94,986	11,576	242,093	66.00
67.00	OCCUPATIONAL THERAPY	224,660	0	813	72,144	67.00
68.00	SPEECH PATHOLOGY	141,326	0	187	44,577	68.00
69.00	ELECTROCARDIOLOGY	201,208	56,864	54,417	30,198	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,770,093	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,305,182	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,180,274	0	0	0	73.00
76.00	WOUND CARE	186,946	0	102	46,289	76.00
76.01	INTEGRATED MANAGEMENT	111,292	0	1,007	82,598	76.01
76.02	CASE MANAGEMENT	182,765	0	1,337	85,587	76.02
76.03	PAIN MANAGEMENT	569,764	153,421	3,316	177,709	76.03
76.97	CARDIAC REHABILITATION	372,247	0	5,097	110,190	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	OTHER OUTPATIENT SERVICE COST CENTER	54,745	0	2,123	17,341	90.00
90.01	PALLIATIVE HEALTH	25,693	0	0	8,279	90.01
91.00	EMERGENCY	2,303,167	144,580	35,382	832,869	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	BEHAVIOURAL HEALTH	9,070	43,456	251	30,376	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	HOME HEALTH AGENCY	1,190,338	0	28,466	337,346	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	701,652	0	3,746	186,341	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	83,120,375	4,552,132	4,370,335	11,793,965	81,291,168
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,833	0	0	18,833
192.00	PHYSICIANS' PRIVATE OFFICES	3,737,193	343,431	4,584	1,130,469	5,215,677
194.00	WELLNESS	76,974	0	707	19,352	97,033
194.01	PAIN MANAGEMENT	445,966	0	1,397	142,070	589,433
194.02	EXTERNAL SVCS MARKETING	896,623	0	378	34,154	931,155
194.03	WASHINGTON CLINIC	130,604	91,351	0	42,481	264,436
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	88,407,735	5,005,747	4,377,401	13,162,491	88,407,735

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150065

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

Worksheet B Part I Date/Time Prepared: 5/23/2012 3:04 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL	10,266,533					5.00
7.00	OPERATION OF PLANT	650,477	5,601,434				7.00
8.00	LAUNDRY & LINEN SERVICE	42,731	40,489	408,457			8.00
9.00	HOUSEKEEPING	189,425	101,343	2,285	1,734,817		9.00
10.00	DIETARY	104,579	174,757	0	62,559	1,137,877	10.00
11.00	CAFETERIA	63,193	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	422,302	251,125	0	89,897	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	123,627	89,432	0	32,014	0	14.00
15.00	PHARMACY	448,286	63,568	0	22,756	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	217,136	62,103	0	22,231	0	16.00
18.00	PHYSICIAN PRIVATE PRACTICE	26,109	8,669	0	3,103	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	29,636	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	1,067,382	1,290,644	222,442	462,017	1,030,224	30.00
31.00	INTENSIVE CARE UNIT	191,965	123,557	19,838	44,231	107,653	31.00
43.00	NURSERY	54,524	18,131	9,290	6,491	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	510,499	868,095	42,025	310,757	0	50.00
51.00	RECOVERY ROOM	77,601	61,166	0	21,896	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	181,516	0	3,322	0	0	52.00
53.00	ANESTHESIOLOGY	218,235	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	637,814	688,103	34,798	246,324	0	54.00
54.01	ULTRA SOUND	48,085	0	0	0	0	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	26,847	0	0	0	0	54.02
57.00	CT SCAN	93,213	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	69,800	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	395,041	147,452	0	52,784	0	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	47,887	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	37,563	27,737	0	9,929	0	64.00
65.00	RESPIRATORY THERAPY	166,864	83,692	0	29,960	0	65.00
66.00	PHYSICAL THERAPY	150,697	124,878	20,075	44,703	0	66.00
67.00	OCCUPATIONAL THERAPY	39,102	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	24,449	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	45,024	74,759	18,244	26,762	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	889,482	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	302,864	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	680,605	0	0	0	0	73.00
76.00	WOUND CARE	30,657	0	0	0	0	76.00
76.01	INTEGRATED MANAGEMENT	25,606	15,129	0	0	0	76.01
76.02	CASE MANAGEMENT	35,433	26,681	0	0	0	76.02
76.03	PAIN MANAGEMENT	118,799	201,702	0	72,205	0	76.03
76.97	CARDIAC REHABILITATION	64,054	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	OTHER OUTPATIENT SERVICE COST CENTER	9,750	0	0	0	0	90.00
90.01	PALLIATIVE HEALTH	4,463	0	0	0	0	90.01
91.00	EMERGENCY	435,669	190,079	36,138	68,044	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	BEHAVIOURAL HEALTH	10,925	57,132	0	20,452	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	HOME HEALTH AGENCY	204,453	92,458	0	33,098	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	117,160	3,602	0	1,290	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,331,529	4,886,483	408,457	1,683,503	1,137,877	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,474	24,759	0	8,863	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	685,257	562,312	0	39,666	0	192.00
194.00	WELLNESS	12,749	2,498	0	894	0	194.00
194.01	PAIN MANAGEMENT	77,442	5,283	0	1,891	0	194.01
194.02	EXTERNAL SVCS MARKETING	122,339	0	0	0	0	194.02
194.03	WASHINGTON CLINIC	34,743	120,099	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)	10,266,533	5,601,434	408,457	1,734,817	1,137,877	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150065

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 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	544,175					11.00
13.00 NURSING ADMINISTRATION	24,472	4,002,056				13.00
14.00 CENTRAL SERVICES & SUPPLY	15,120	0	1,201,156			14.00
15.00 PHARMACY	17,847	194,017	3,468	4,161,973		15.00
16.00 MEDICAL RECORDS & LIBRARY	22,233	0	5,196	0	1,981,581	16.00
18.00 PHYSICIAN PRIVATE PRACTICE	3,047	0	97	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	4,793	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	106,143	1,153,894	14,961	0	101,884	30.00
31.00 INTENSIVE CARE UNIT	17,643	191,804	1,901	0	14,064	31.00
43.00 NURSERY	5,865	63,759	0	0	8,989	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	46,396	504,381	16,856	0	419,457	50.00
51.00 RECOVERY ROOM	7,281	0	474	0	39,185	51.00
52.00 DELIVERY ROOM & LABOR ROOM	20,408	221,854	0	0	43,159	52.00
53.00 ANESTHESIOLOGY	10,337	0	266	0	29,094	53.00
54.00 RADIOLOGY-DIAGNOSTIC	42,632	463,455	4,818	0	120,967	54.00
54.01 ULTRA SOUND	3,867	0	448	0	34,457	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	1,736	0	159	0	16,001	54.02
57.00 CT SCAN	4,196	0	161	0	221,161	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	2,467	0	99	0	77,352	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	35,600	387,010	3,827	0	308,667	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	6,978	63.00
64.00 INTRAVENOUS THERAPY	3,471	0	237	0	10,547	64.00
65.00 RESPIRATORY THERAPY	17,823	0	2,107	0	53,129	65.00
66.00 PHYSICAL THERAPY	13,069	142,077	750	0	31,391	66.00
67.00 OCCUPATIONAL THERAPY	3,587	0	108	0	11,711	67.00
68.00 SPEECH PATHOLOGY	2,133	0	106	0	2,570	68.00
69.00 ELECTROCARDIOLOGY	2,015	21,908	597	0	38,625	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	840,412	0	78,045	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	286,156	0	35,855	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	4,161,973	120,019	73.00
76.00 WOUND CARE	2,528	0	88	0	4,705	76.00
76.01 INTEGRATED MANAGEMENT	0	0	576	0	1,022	76.01
76.02 CASE MANAGEMENT	0	0	380	0	1,961	76.02
76.03 PAIN MANAGEMENT	13,059	0	1,015	0	6,740	76.03
76.97 CARDIAC REHABILITATION	6,508	0	682	0	1,533	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 OTHER OUTPATIENT SERVICE COST CENTER	696	0	58	0	1,449	90.00
90.01 PALLIATIVE HEALTH	365	0	0	0	370	90.01
91.00 EMERGENCY	39,775	432,395	4,869	0	100,970	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 BEHAVIOURAL HEALTH	1,425	0	524	0	1,679	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 HOME HEALTH AGENCY	20,743	225,502	1,077	0	19,333	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	10,268	0	811	0	18,512	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	529,548	4,002,056	1,193,284	4,161,973	1,981,581	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	10,367	0	5,747	0	0	192.00
194.00 WELLNESS	832	0	660	0	0	194.00
194.01 PAIN MANAGEMENT	2,129	0	1,436	0	0	194.01
194.02 EXTERNAL SVCS MARKETING	1,299	0	17	0	0	194.02
194.03 WASHINGTON CLINIC	0	0	12	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)	544,175	4,002,056	1,201,156	4,161,973	1,981,581	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150065

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	PHYSICIAN PRIVATE PRACTICE				
	18.00				
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
18.00 PHYSICIAN PRIVATE PRACTICE	239,745				18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	259,997			19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	0	0	13,573,502	0	30.00
31.00 INTENSIVE CARE UNIT	0	0	2,173,753	0	31.00
43.00 NURSERY	0	0	582,050	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	0	6,604,013	0	50.00
51.00 RECOVERY ROOM	0	0	798,244	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	1,851,828	0	52.00
53.00 ANESTHESIOLOGY	0	259,997	2,178,978	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	7,093,492	0	54.00
54.01 ULTRA SOUND	0	0	452,845	0	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	249,083	0	54.02
57.00 CT SCAN	0	0	1,028,201	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	680,986	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 LABORATORY	0	0	4,337,147	0	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	419,345	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	375,385	0	64.00
65.00 RESPIRATORY THERAPY	0	0	1,623,626	0	65.00
66.00 PHYSICAL THERAPY	0	0	1,674,638	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	352,125	0	67.00
68.00 SPEECH PATHOLOGY	0	0	215,348	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	570,621	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	8,578,032	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	2,930,057	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	10,142,871	0	73.00
76.00 WOUND CARE	0	0	271,315	0	76.00
76.01 INTEGRATED MANAGEMENT	49,261	0	286,491	0	76.01
76.02 CASE MANAGEMENT	0	0	334,144	0	76.02
76.03 PAIN MANAGEMENT	0	0	1,317,730	0	76.03
76.97 CARDIAC REHABILITATION	0	0	560,311	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 OTHER OUTPATIENT SERVICE COST CENTER	10,411	0	96,573	0	90.00
90.01 PALLIATIVE HEALTH	5,458	0	44,628	0	90.01
91.00 EMERGENCY	0	0	4,623,937	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 BEHAVIOURAL HEALTH	0	0	175,290	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00 HOME HEALTH AGENCY	0	0	2,152,814	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 INTEREST EXPENSE	0	0	0	0	113.00
116.00 HOSPICE	0	0	1,043,382	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	65,130	259,997	79,392,785	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	54,929	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	155,178	0	6,674,204	0	192.00
194.00 WELLNESS	0	0	114,666	0	194.00
194.01 PAIN MANAGEMENT	19,437	0	697,051	0	194.01
194.02 EXTERNAL SVCS MARKETING	0	0	1,054,810	0	194.02
194.03 WASHINGTON CLINIC	0	0	419,290	0	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)	239,745	259,997	88,407,735	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150065

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	21,171	900	22,071	4.00
5.00	ADMINISTRATIVE & GENERAL	9,443	356,199	371,935	737,577	5.00
7.00	OPERATION OF PLANT	11,472	642,291	1,782,687	2,436,450	7.00
8.00	LAUNDRY & LINEN SERVICE	0	28,880	2,212	31,092	8.00
9.00	HOUSEKEEPING	5,140	75,094	4,536	84,770	9.00
10.00	DIETARY	2,689	132,926	15,779	151,394	10.00
11.00	CAFETERIA	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	0	122,039	105,014	227,053	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	68,025	32,396	100,421	14.00
15.00	PHARMACY	326,936	48,352	25,233	400,521	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	47,237	43,773	91,010	16.00
18.00	PHYSICIAN PRIVATE PRACTICE	0	0	0	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	5,431	981,704	221,244	1,208,379	30.00
31.00	INTENSIVE CARE UNIT	1,014	93,982	26,600	121,596	31.00
43.00	NURSERY	0	13,791	0	13,791	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	113,643	660,302	346,884	1,120,829	50.00
51.00	RECOVERY ROOM	0	46,525	12,754	59,279	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	38,745	38,745	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	523,393	733,614	1,257,007	54.00
54.01	ULTRA SOUND	0	0	7,164	7,164	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	703	703	54.02
57.00	CT SCAN	0	0	179,079	179,079	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	186,457	186,457	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	120	112,157	54,214	166,491	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	21,098	916	22,014	64.00
65.00	RESPIRATORY THERAPY	2,634	63,659	29,676	95,969	65.00
66.00	PHYSICAL THERAPY	550	94,986	11,576	107,112	66.00
67.00	OCCUPATIONAL THERAPY	0	0	813	813	67.00
68.00	SPEECH PATHOLOGY	0	0	187	187	68.00
69.00	ELECTROCARDIOLOGY	1,080	56,864	54,417	112,361	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	WOUND CARE	43,997	0	102	44,099	76.00
76.01	INTEGRATED MANAGEMENT	0	0	1,007	1,007	76.01
76.02	CASE MANAGEMENT	0	0	1,337	1,337	76.02
76.03	PAIN MANAGEMENT	0	153,421	3,316	156,737	76.03
76.97	CARDIAC REHABILITATION	0	0	5,097	5,097	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	2,123	2,123	90.00
90.01	PALLIATIVE HEALTH	0	0	0	0	90.01
91.00	EMERGENCY	0	144,580	35,382	179,962	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	BEHAVOURAL HEALTH	0	43,456	251	43,707	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	HOME HEALTH AGENCY	0	0	28,466	28,466	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	46,658	0	3,746	50,404	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	570,807	4,552,132	4,370,335	9,493,274	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,833	0	18,833	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1	343,431	4,584	348,016	192.00
194.00	WELLNESS	1,588	0	707	2,295	194.00
194.01	PAIN MANAGEMENT	0	0	1,397	1,397	194.01
194.02	EXTERNAL SVCS MARKETING	0	0	378	378	194.02
194.03	WASHINGTON CLINIC	0	91,351	0	91,351	194.03
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	572,396	5,005,747	4,377,401	9,955,544	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150065

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

Worksheet B  
Part II  
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Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL	739,891					5.00
7.00 OPERATION OF PLANT	46,881	2,483,845				7.00
8.00 LAUNDRY & LINEN SERVICE	3,080	17,954	52,137			8.00
9.00 HOUSEKEEPING	13,652	44,939	292	144,118		9.00
10.00 DIETARY	7,537	77,493	0	5,197	241,794	10.00
11.00 CAFETERIA	4,554	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	30,436	111,356	0	7,468	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	8,910	39,657	0	2,660	0	14.00
15.00 PHARMACY	32,309	28,188	0	1,890	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	15,649	27,538	0	1,847	0	16.00
18.00 PHYSICIAN PRIVATE PRACTICE	1,882	3,844	0	258	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	2,136	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	76,898	572,307	28,393	38,382	218,918	30.00
31.00 INTENSIVE CARE UNIT	13,835	54,789	2,532	3,674	22,876	31.00
43.00 NURSERY	3,930	8,040	1,186	539	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	36,792	384,940	5,364	25,816	0	50.00
51.00 RECOVERY ROOM	5,593	27,123	0	1,819	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	13,082	0	424	0	0	52.00
53.00 ANESTHESIOLOGY	15,728	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	45,968	305,126	4,442	20,463	0	54.00
54.01 ULTRA SOUND	3,466	0	0	0	0	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	1,935	0	0	0	0	54.02
57.00 CT SCAN	6,718	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	5,031	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	28,471	65,385	0	4,385	0	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	3,451	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	2,707	12,300	0	825	0	64.00
65.00 RESPIRATORY THERAPY	12,026	37,112	0	2,489	0	65.00
66.00 PHYSICAL THERAPY	10,861	55,375	2,562	3,714	0	66.00
67.00 OCCUPATIONAL THERAPY	2,818	0	0	0	0	67.00
68.00 SPEECH PATHOLOGY	1,762	0	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	3,245	33,150	2,329	2,223	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	64,406	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	21,828	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	49,052	0	0	0	0	73.00
76.00 WOUND CARE	2,209	0	0	0	0	76.00
76.01 INTEGRATED MANAGEMENT	1,845	6,709	0	0	0	76.01
76.02 CASE MANAGEMENT	2,554	11,831	0	0	0	76.02
76.03 PAIN MANAGEMENT	8,562	89,441	0	5,998	0	76.03
76.97 CARDIAC REHABILITATION	4,616	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 OTHER OUTPATIENT SERVICE COST CENTER	703	0	0	0	0	90.00
90.01 PALLIATIVE HEALTH	322	0	0	0	0	90.01
91.00 EMERGENCY	31,399	84,287	4,613	5,653	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 BEHAVOURAL HEALTH	787	25,334	0	1,699	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 HOME HEALTH AGENCY	14,735	40,999	0	2,750	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	8,444	1,597	0	107	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	672,505	2,166,814	52,137	139,856	241,794	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	178	10,979	0	736	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	49,387	249,346	0	3,295	0	192.00
194.00 WELLNESS	919	1,107	0	74	0	194.00
194.01 PAIN MANAGEMENT	5,581	2,343	0	157	0	194.01
194.02 EXTERNAL SVCS MARKETING	8,817	0	0	0	0	194.02
194.03 WASHINGTON CLINIC	2,504	53,256	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)	739,891	2,483,845	52,137	144,118	241,794	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150065

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

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Part II  
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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 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	4,784					11.00
13.00 NURSING ADMINISTRATION	215	377,543				13.00
14.00 CENTRAL SERVICES & SUPPLY	133	0	152,051			14.00
15.00 PHARMACY	157	18,303	439	482,458		15.00
16.00 MEDICAL RECORDS & LIBRARY	195	0	658	0	137,353	16.00
18.00 PHYSICIAN PRIVATE PRACTICE	27	0	12	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	42	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	932	108,855	1,894	0	7,060	30.00
31.00 INTENSIVE CARE UNIT	155	18,094	241	0	975	31.00
43.00 NURSERY	52	6,015	0	0	623	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	408	47,582	2,134	0	29,112	50.00
51.00 RECOVERY ROOM	64	0	60	0	2,715	51.00
52.00 DELIVERY ROOM & LABOR ROOM	179	20,929	0	0	2,990	52.00
53.00 ANESTHESIOLOGY	91	0	34	0	2,016	53.00
54.00 RADIOLOGY-DIAGNOSTIC	375	43,721	610	0	8,382	54.00
54.01 ULTRA SOUND	34	0	57	0	2,388	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	15	0	20	0	1,109	54.02
57.00 CT SCAN	37	0	20	0	15,324	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	22	0	13	0	5,360	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	313	36,510	484	0	21,388	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	484	63.00
64.00 INTRAVENOUS THERAPY	31	0	30	0	731	64.00
65.00 RESPIRATORY THERAPY	157	0	267	0	3,681	65.00
66.00 PHYSICAL THERAPY	115	13,403	95	0	2,175	66.00
67.00 OCCUPATIONAL THERAPY	32	0	14	0	811	67.00
68.00 SPEECH PATHOLOGY	19	0	13	0	178	68.00
69.00 ELECTROCARDIOLOGY	18	2,067	76	0	2,676	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	106,385	0	5,408	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	36,224	0	2,484	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	482,458	8,316	73.00
76.00 WOUND CARE	22	0	11	0	326	76.00
76.01 INTEGRATED MANAGEMENT	0	0	73	0	71	76.01
76.02 CASE MANAGEMENT	0	0	48	0	136	76.02
76.03 PAIN MANAGEMENT	115	0	128	0	467	76.03
76.97 CARDIAC REHABILITATION	57	0	86	0	106	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 OTHER OUTPATIENT SERVICE COST CENTER	6	0	7	0	100	90.00
90.01 PALLIATIVE HEALTH	3	0	0	0	26	90.01
91.00 EMERGENCY	350	40,791	616	0	6,996	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 BEHAVOURAL HEALTH	13	0	66	0	116	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 HOME HEALTH AGENCY	182	21,273	136	0	1,340	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	90	0	103	0	1,283	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,656	377,543	151,054	482,458	137,353	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	91	0	727	0	0	192.00
194.00 WELLNESS	7	0	84	0	0	194.00
194.01 PAIN MANAGEMENT	19	0	182	0	0	194.01
194.02 EXTERNAL SVCS MARKETING	11	0	2	0	0	194.02
194.03 WASHINGTON CLINIC	0	0	2	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)	4,784	377,543	152,051	482,458	137,353	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150065

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To 12/31/2011

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Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	PHYSICIAN PRIVATE PRACTICE					
	18.00					
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
7.00	OPERATION OF PLANT					7.00
8.00	LAUNDRY & LINEN SERVICE					8.00
9.00	HOUSEKEEPING					9.00
10.00	DIETARY					10.00
11.00	CAFETERIA					11.00
13.00	NURSING ADMINISTRATION					13.00
14.00	CENTRAL SERVICES & SUPPLY					14.00
15.00	PHARMACY					15.00
16.00	MEDICAL RECORDS & LIBRARY					16.00
18.00	PHYSICIAN PRIVATE PRACTICE	6,102				18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	2,556			19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	0		2,264,676	0	2,264,676
31.00	INTENSIVE CARE UNIT	0		239,301	0	239,301
43.00	NURSERY	0		34,340	0	34,340
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0		1,653,834	0	1,653,834
51.00	RECOVERY ROOM	0		96,869	0	96,869
52.00	DELIVERY ROOM & LABOR ROOM	0		38,173	0	38,173
53.00	ANESTHESIOLOGY	0		58,066	0	58,066
54.00	RADIOLOGY-DIAGNOSTIC	0		1,687,309	0	1,687,309
54.01	ULTRA SOUND	0		13,238	0	13,238
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0		3,844	0	3,844
57.00	CT SCAN	0		201,309	0	201,309
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0		196,960	0	196,960
59.00	CARDIAC CATHETERIZATION	0		0	0	0
60.00	LABORATORY	0		324,152	0	324,152
63.00	BLOOD STORING, PROCESSING, & TRANS.	0		3,935	0	3,935
64.00	INTRAVENOUS THERAPY	0		38,742	0	38,742
65.00	RESPIRATORY THERAPY	0		152,162	0	152,162
66.00	PHYSICAL THERAPY	0		195,818	0	195,818
67.00	OCCUPATIONAL THERAPY	0		4,609	0	4,609
68.00	SPEECH PATHOLOGY	0		2,234	0	2,234
69.00	ELECTROCARDIOLOGY	0		158,196	0	158,196
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		175,899	0	175,899
72.00	IMPL. DEV. CHARGED TO PATIENT	0		60,536	0	60,536
73.00	DRUGS CHARGED TO PATIENTS	0		539,826	0	539,826
76.00	WOUND CARE	0		46,745	0	46,745
76.01	INTEGRATED MANAGEMENT	1,254		11,098	0	11,098
76.02	CASE MANAGEMENT	0		16,050	0	16,050
76.03	PAIN MANAGEMENT	0		261,746	0	261,746
76.97	CARDIAC REHABILITATION	0		10,147	0	10,147
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	OTHER OUTPATIENT SERVICE COST CENTER	265		3,233	0	3,233
90.01	PALLIATIVE HEALTH	139		504	0	504
91.00	EMERGENCY	0		356,064	0	356,064
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0			0	0
93.00	BEHAVIOURAL HEALTH	0		71,773	0	71,773
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	HOME HEALTH AGENCY	0		110,447	0	110,447
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	INTEREST EXPENSE	0			0	0
116.00	HOSPICE	0		62,341	0	62,341
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,658	0	9,094,176	0	9,094,176
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		30,726	0	30,726
192.00	PHYSICIANS' PRIVATE OFFICES	3,949		656,707	0	656,707
194.00	WELLNESS	0		4,518	0	4,518
194.01	PAIN MANAGEMENT	495		10,412	0	10,412
194.02	EXTERNAL SVCS MARKETING	0		9,265	0	9,265
194.03	WASHINGTON CLINIC	0		147,184	0	147,184
200.00	Cross Foot Adjustments	0	2,556	2,556	0	2,556
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	6,102	2,556	9,955,544	0	9,955,544

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	274,038					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		8,193,044				2.00
4.00 EMPLOYEE BENEFITS	1,159	1,685	40,435,550			4.00
5.00 ADMINISTRATIVE & GENERAL	19,500	696,139	4,237,712	-10,266,533	78,141,202	5.00
7.00 OPERATION OF PLANT	35,162	3,336,601	941,920	0	4,950,957	7.00
8.00 LAUNDRY & LINEN SERVICE	1,581	4,141	19,801	0	325,237	8.00
9.00 HOUSEKEEPING	4,111	8,489	850,922	0	1,441,764	9.00
10.00 DIETARY	7,277	29,533	317,231	0	795,982	10.00
11.00 CAFETERIA	0	0	420,571	0	480,982	11.00
13.00 NURSING ADMINISTRATION	6,681	196,552	1,859,159	0	3,214,260	13.00
14.00 CENTRAL SERVICES & SUPPLY	3,724	60,635	494,918	0	940,963	14.00
15.00 PHARMACY	2,647	47,228	1,192,371	0	3,412,031	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,586	81,928	835,038	0	1,652,682	16.00
18.00 PHYSICIAN PRIVATE PRACTICE	0	0	144,070	0	198,720	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	692,951	0	225,568	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	53,743	414,095	4,884,004	0	8,123,911	30.00
31.00 INTENSIVE CARE UNIT	5,145	49,786	977,563	0	1,461,097	31.00
43.00 NURSERY	755	0	299,543	0	415,001	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	36,148	649,252	1,569,272	0	3,885,547	50.00
51.00 RECOVERY ROOM	2,547	23,871	396,245	0	590,641	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	1,042,286	0	1,381,569	52.00
53.00 ANESTHESIOLOGY	0	72,518	2,658,831	0	1,661,049	53.00
54.00 RADIOLOGY-DIAGNOSTIC	28,653	1,373,081	2,225,693	0	4,854,581	54.00
54.01 ULTRA SOUND	0	13,408	236,059	0	365,988	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	0	1,315	113,317	0	204,340	54.02
57.00 CT SCAN	0	335,177	239,980	0	709,470	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	348,985	141,838	0	531,268	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	6,140	101,471	1,327,410	0	3,006,766	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	364,480	63.00
64.00 INTRAVENOUS THERAPY	1,155	1,715	190,765	0	285,901	64.00
65.00 RESPIRATORY THERAPY	3,485	55,543	844,172	0	1,270,051	65.00
66.00 PHYSICAL THERAPY	5,200	21,666	743,717	0	1,146,998	66.00
67.00 OCCUPATIONAL THERAPY	0	1,522	221,629	0	297,617	67.00
68.00 SPEECH PATHOLOGY	0	350	136,943	0	186,090	68.00
69.00 ELECTROCARDIOLOGY	3,113	101,850	92,770	0	342,687	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	6,770,093	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,305,182	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	5,180,274	73.00
76.00 WOUND CARE	0	190	142,200	0	233,337	76.00
76.01 INTEGRATED MANAGEMENT	0	1,885	253,744	0	194,897	76.01
76.02 CASE MANAGEMENT	0	2,503	262,925	0	269,689	76.02
76.03 PAIN MANAGEMENT	8,399	6,206	545,926	0	904,210	76.03
76.97 CARDIAC REHABILITATION	0	9,540	338,508	0	487,534	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 OTHER OUTPATIENT SERVICE COST CENTER	0	3,973	53,273	0	74,209	90.00
90.01 PALLIATIVE HEALTH	0	0	25,432	0	33,972	90.01
91.00 EMERGENCY	7,915	66,224	2,558,596	0	3,315,998	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 BEHAVIOURAL HEALTH	2,379	469	93,317	0	83,153	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 HOME HEALTH AGENCY	0	53,279	1,036,335	0	1,556,150	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	7,012	572,446	0	891,739	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	249,205	8,179,817	36,231,403	-10,266,533	71,024,635	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,031	0	0	0	18,833	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	18,801	8,580	3,472,831	0	5,215,677	192.00
194.00 WELLNESS	0	1,324	59,449	0	97,033	194.00
194.01 PAIN MANAGEMENT	0	2,615	436,442	0	589,433	194.01
194.02 EXTERNAL SVCS MARKETING	0	708	104,921	0	931,155	194.02
194.03 WASHINGTON CLINIC	5,001	0	130,504	0	264,436	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)	5,005,747	4,377,401	13,162,491		10,266,533	202.00
203.00 Unit cost multiplier (wkst. B, Part I)	18.266616	0.534283	0.325518		0.131384	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
204.00 Cost to be allocated (per wkst. B, Part II)	1.00	2.00	4.00	5A	5.00	204.00
205.00 Unit cost multiplier (wkst. B, Part II)			22,071 0.000546		739,891 0.009469	205.00

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
	7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS					4.00
5.00	ADMINISTRATIVE & GENERAL					5.00
7.00	OPERATION OF PLANT	233,247				7.00
8.00	LAUNDRY & LINEN SERVICE	1,686	473,510			8.00
9.00	HOUSEKEEPING	4,220	2,649	201,798		9.00
10.00	DIETARY	7,277	0	7,277	42,998	10.00
11.00	CAFETERIA	0	0	0	0	11.00
13.00	NURSING ADMINISTRATION	10,457	0	10,457	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	3,724	0	3,724	0	14.00
15.00	PHARMACY	2,647	0	2,647	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	2,586	0	2,586	0	16.00
18.00	PHYSICIAN PRIVATE PRACTICE	361	0	361	0	18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	53,743	257,869	53,743	38,930	30.00
31.00	INTENSIVE CARE UNIT	5,145	22,998	5,145	4,068	31.00
43.00	NURSERY	755	10,770	755	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	36,148	48,718	36,148	0	50.00
51.00	RECOVERY ROOM	2,547	0	2,547	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	3,851	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	28,653	40,340	28,653	0	54.00
54.01	ULTRA SOUND	0	0	0	0	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.02
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	6,140	0	6,140	0	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	1,155	0	1,155	0	64.00
65.00	RESPIRATORY THERAPY	3,485	0	3,485	0	65.00
66.00	PHYSICAL THERAPY	5,200	23,272	5,200	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	3,113	21,150	3,113	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	WOUND CARE	0	0	0	0	76.00
76.01	INTEGRATED MANAGEMENT	630	0	0	0	76.01
76.02	CASE MANAGEMENT	1,111	0	0	0	76.02
76.03	PAIN MANAGEMENT	8,399	0	8,399	0	76.03
76.97	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	90.00
90.01	PALLIATIVE HEALTH	0	0	0	0	90.01
91.00	EMERGENCY	7,915	41,893	7,915	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	BEHAVIOURAL HEALTH	2,379	0	2,379	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	HOME HEALTH AGENCY	3,850	0	3,850	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	150	0	150	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	203,476	473,510	195,829	42,998	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,031	0	1,031	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	23,415	0	4,614	0	192.00
194.00	WELLNESS	104	0	104	0	194.00
194.01	PAIN MANAGEMENT	220	0	220	0	194.01
194.02	EXTERNAL SVCS MARKETING	0	0	0	0	194.02
194.03	WASHINGTON CLINIC	5,001	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)	5,601,434	408,457	1,734,817	1,137,877	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	24.015031	0.862615	8.596800	26.463487	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	2,483,845	52,137	144,118	241,794	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	10.648990	0.110107	0.714170	5.623378	205.00

Cost Center Description	NURSING ADMINISTRATION  (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY  (COSTED REQUIS.)	PHARMACY  (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY  (GROSS CHARGES)	
	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 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	696,546				13.00
14.00 CENTRAL SERVICES & SUPPLY	0	9,676,139			14.00
15.00 PHARMACY	33,768	27,939	100		15.00
16.00 MEDICAL RECORDS & LIBRARY	0	41,861	0	246,077,270	16.00
18.00 PHYSICIAN PRIVATE PRACTICE	0	783	0	0	18.00
19.00 NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 ADULTS & PEDIATRICS	200,832	120,523	0	12,651,668	30.00
31.00 INTENSIVE CARE UNIT	33,383	15,316	0	1,746,435	31.00
43.00 NURSERY	11,097	0	0	1,116,285	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	87,786	135,790	0	52,096,515	50.00
51.00 RECOVERY ROOM	0	3,820	0	4,865,933	51.00
52.00 DELIVERY ROOM & LABOR ROOM	38,613	0	0	5,359,315	52.00
53.00 ANESTHESIOLOGY	0	2,143	0	3,612,804	53.00
54.00 RADIOLOGY-DIAGNOSTIC	80,663	38,811	0	15,021,391	54.00
54.01 ULTRA SOUND	0	3,610	0	4,278,801	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	0	1,278	0	1,987,018	54.02
57.00 CT SCAN	0	1,300	0	27,463,182	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	798	0	9,605,423	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 LABORATORY	67,358	30,827	0	38,329,441	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0	866,494	63.00
64.00 INTRAVENOUS THERAPY	0	1,907	0	1,309,713	64.00
65.00 RESPIRATORY THERAPY	0	16,972	0	6,597,475	65.00
66.00 PHYSICAL THERAPY	24,728	6,041	0	3,898,026	66.00
67.00 OCCUPATIONAL THERAPY	0	866	0	1,454,219	67.00
68.00 SPEECH PATHOLOGY	0	856	0	319,140	68.00
69.00 ELECTROCARDIOLOGY	3,813	4,813	0	4,796,407	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,770,094	0	9,691,417	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	2,305,182	0	4,452,346	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	100	14,903,682	73.00
76.00 WOUND CARE	0	710	0	584,243	76.00
76.01 INTEGRATED MANAGEMENT	0	4,643	0	126,931	76.01
76.02 CASE MANAGEMENT	0	3,058	0	243,462	76.02
76.03 PAIN MANAGEMENT	0	8,174	0	836,909	76.03
76.97 CARDIAC REHABILITATION	0	5,490	0	190,378	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 OTHER OUTPATIENT SERVICE COST CENTER	0	469	0	179,962	90.00
90.01 PALLIATIVE HEALTH	0	0	0	45,973	90.01
91.00 EMERGENCY	75,257	39,224	0	12,538,202	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00 BEHAVIOURAL HEALTH	0	4,225	0	208,519	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00 HOME HEALTH AGENCY	39,248	8,674	0	2,400,758	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 INTEREST EXPENSE					113.00
116.00 HOSPICE	0	6,531	0	2,298,803	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	696,546	9,612,728	100	246,077,270	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	46,292	0	0	192.00
194.00 WELLNESS	0	5,315	0	0	194.00
194.01 PAIN MANAGEMENT	0	11,566	0	0	194.01
194.02 EXTERNAL SVCS MARKETING	0	138	0	0	194.02
194.03 WASHINGTON CLINIC	0	100	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)	4,002,056	1,201,156	4,161,973	1,981,581	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	5.745573	0.124136	41,619.730000	0.008053	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	377,543	152,051	482,458	137,353	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1

Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
	13.00	14.00	15.00	16.00	
205.00 Unit cost multiplier (wkst. B, Part II)	0.542022	0.015714	4,824.580000	0.000558	205.00

Cost Center Description	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	PHYSICIAN PRIVATE PRACTICE (TIME SPENT)			
	18.00	19.00		
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	EMPLOYEE BENEFITS			4.00
5.00	ADMINISTRATIVE & GENERAL			5.00
7.00	OPERATION OF PLANT			7.00
8.00	LAUNDRY & LINEN SERVICE			8.00
9.00	HOUSEKEEPING			9.00
10.00	DIETARY			10.00
11.00	CAFETERIA			11.00
13.00	NURSING ADMINISTRATION			13.00
14.00	CENTRAL SERVICES & SUPPLY			14.00
15.00	PHARMACY			15.00
16.00	MEDICAL RECORDS & LIBRARY			16.00
18.00	PHYSICIAN PRIVATE PRACTICE	30,306		18.00
19.00	NONPHYSICIAN ANESTHETISTS	0	100	19.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	0		30.00
31.00	INTENSIVE CARE UNIT	0		31.00
43.00	NURSERY	0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	0	50.00
51.00	RECOVERY ROOM	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	ANESTHESIOLOGY	0	100	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	ULTRA SOUND	0	0	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.02
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	0	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	WOUND CARE	0	0	76.00
76.01	INTEGRATED MANAGEMENT	6,227	0	76.01
76.02	CASE MANAGEMENT	0	0	76.02
76.03	PAIN MANAGEMENT	0	0	76.03
76.97	CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00	OTHER OUTPATIENT SERVICE COST CENTER	1,316	0	90.00
90.01	PALLIATIVE HEALTH	690	0	90.01
91.00	EMERGENCY	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	BEHAVIOURAL HEALTH	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	INTEREST EXPENSE			113.00
116.00	HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,233	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	19,616	0	192.00
194.00	WELLNESS	0	0	194.00
194.01	PAIN MANAGEMENT	2,457	0	194.01
194.02	EXTERNAL SVCS MARKETING	0	0	194.02
194.03	WASHINGTON CLINIC	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)	239,745	259,997	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet B-1  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	PHYSICIAN PRIVATE PRACTICE (TIME SPENT)		
203.00 Unit cost multiplier (wkst. B, Part I)	18.00	19.00	
204.00 Cost to be allocated (per wkst. B, Part II)	7.910810	2,599.970000	203.00
205.00 Unit cost multiplier (wkst. B, Part II)	6,102	2,556	204.00
	0.201346	25.560000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150065		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 5/23/2012 3:04 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	13,573,502		13,573,502	0	13,573,502	30.00
31.00	INTENSIVE CARE UNIT	2,173,753		2,173,753	0	2,173,753	31.00
43.00	NURSERY	582,050		582,050	0	582,050	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	6,604,013		6,604,013	0	6,604,013	50.00
51.00	RECOVERY ROOM	798,244		798,244	0	798,244	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,851,828		1,851,828	0	1,851,828	52.00
53.00	ANESTHESIOLOGY	2,178,978		2,178,978	0	2,178,978	53.00
54.00	RADIOLOGY-DIAGNOSTIC	7,093,492		7,093,492	54,326	7,147,818	54.00
54.01	ULTRA SOUND	452,845		452,845	0	452,845	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	249,083		249,083	0	249,083	54.02
57.00	CT SCAN	1,028,201		1,028,201	0	1,028,201	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	680,986		680,986	0	680,986	58.00
59.00	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	LABORATORY	4,337,147		4,337,147	24,200	4,361,347	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	419,345		419,345	0	419,345	63.00
64.00	INTRAVENOUS THERAPY	375,385		375,385	0	375,385	64.00
65.00	RESPIRATORY THERAPY	1,623,626	0	1,623,626	0	1,623,626	65.00
66.00	PHYSICAL THERAPY	1,674,638	0	1,674,638	117	1,674,755	66.00
67.00	OCCUPATIONAL THERAPY	352,125	0	352,125	0	352,125	67.00
68.00	SPEECH PATHOLOGY	215,348	0	215,348	0	215,348	68.00
69.00	ELECTROCARDIOLOGY	570,621		570,621	3,469	574,090	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,578,032		8,578,032	0	8,578,032	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,930,057		2,930,057	0	2,930,057	72.00
73.00	DRUGS CHARGED TO PATIENTS	10,142,871		10,142,871	0	10,142,871	73.00
76.00	WOUND CARE	271,315		271,315	0	271,315	76.00
76.01	INTEGRATED MANAGEMENT	286,491		286,491	0	286,491	76.01
76.02	CASE MANAGEMENT	334,144		334,144	0	334,144	76.02
76.03	PAIN MANAGEMENT	1,317,730		1,317,730	0	1,317,730	76.03
76.97	CARDIAC REHABILITATION	560,311		560,311	0	560,311	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	OTHER OUTPATIENT SERVICE COST CENTER	96,573		96,573	0	96,573	90.00
90.01	PALLIATIVE HEALTH	44,628		44,628	0	44,628	90.01
91.00	EMERGENCY	4,623,937		4,623,937	0	4,623,937	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,672,066		1,672,066	0	1,672,066	92.00
93.00	BEHAVOURAL HEALTH	175,290		175,290	0	175,290	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	HOME HEALTH AGENCY	2,152,814		2,152,814		2,152,814	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	1,043,382		1,043,382		1,043,382	116.00
200.00	Subtotal (see instructions)	81,064,851	0	81,064,851	82,112	81,146,963	200.00
201.00	Less observation Beds	1,672,066		1,672,066		1,672,066	201.00
202.00	Total (see instructions)	79,392,785	0	79,392,785	82,112	79,474,897	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150065

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

		Title XVIII			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				
	9.00	10.00					
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	11,373,361		11,373,361			30.00
31.00	INTENSIVE CARE UNIT	1,746,435		1,746,435			31.00
43.00	NURSERY	1,116,285		1,116,285			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	9,074,429	43,022,086	52,096,515	0.126765	0.000000	50.00
51.00	RECOVERY ROOM	801,564	4,064,369	4,865,933	0.164047	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,748,569	610,746	5,359,315	0.345534	0.000000	52.00
53.00	ANESTHESIOLOGY	773,170	2,839,634	3,612,804	0.603127	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,284,246	13,737,145	15,021,391	0.472226	0.000000	54.00
54.01	ULTRA SOUND	574,890	3,703,911	4,278,801	0.105835	0.000000	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	124,787	1,862,231	1,987,018	0.125355	0.000000	54.02
57.00	CT SCAN	3,635,160	23,828,022	27,463,182	0.037439	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	842,745	8,762,678	9,605,423	0.070896	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	10,257,089	28,072,352	38,329,441	0.113154	0.000000	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	569,614	296,880	866,494	0.483956	0.000000	63.00
64.00	INTRAVENOUS THERAPY	398,247	911,466	1,309,713	0.286616	0.000000	64.00
65.00	RESPIRATORY THERAPY	3,517,690	3,079,785	6,597,475	0.246098	0.000000	65.00
66.00	PHYSICAL THERAPY	829,936	3,068,090	3,898,026	0.429612	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	347,979	1,106,240	1,454,219	0.242140	0.000000	67.00
68.00	SPEECH PATHOLOGY	59,306	259,834	319,140	0.674776	0.000000	68.00
69.00	ELECTROCARDIOLOGY	1,330,850	3,465,557	4,796,407	0.118968	0.000000	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,303,157	6,388,260	9,691,417	0.885116	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,731,782	1,720,564	4,452,346	0.658093	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,695,712	9,207,970	14,903,682	0.680561	0.000000	73.00
76.00	WOUND CARE	65,026	519,217	584,243	0.464387	0.000000	76.00
76.01	INTEGRATED MANAGEMENT	0	126,931	126,931	2.257061	0.000000	76.01
76.02	CASE MANAGEMENT	6,331	237,131	243,462	1.372469	0.000000	76.02
76.03	PAIN MANAGEMENT	1,254	835,655	836,909	1.574520	0.000000	76.03
76.97	CARDIAC REHABILITATION	369	190,009	190,378	2.943150	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	OTHER OUTPATIENT SERVICE COST CENTER	16	179,946	179,962	0.536630	0.000000	90.00
90.01	PALLIATIVE HEALTH	613	45,360	45,973	0.970744	0.000000	90.01
91.00	EMERGENCY	1,564,433	10,973,769	12,538,202	0.368788	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	134,823	1,143,484	1,278,307	1.308032	0.000000	92.00
93.00	BEHAVIOURAL HEALTH	1,436	207,083	208,519	0.840643	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	HOME HEALTH AGENCY	0	2,400,758	2,400,758			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	2,298,803	2,298,803			116.00
200.00	Subtotal (see instructions)	66,911,304	179,165,966	246,077,270			200.00
201.00	Less observation Beds						201.00
202.00	Total (see instructions)	66,911,304	179,165,966	246,077,270			202.00

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.126765			50.00
51.00	RECOVERY ROOM	0.164047			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.345534			52.00
53.00	ANESTHESIOLOGY	0.603127			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.475843			54.00
54.01	ULTRA SOUND	0.105835			54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0.125355			54.02
57.00	CT SCAN	0.037439			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.070896			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.113786			60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.483956			63.00
64.00	INTRAVENOUS THERAPY	0.286616			64.00
65.00	RESPIRATORY THERAPY	0.246098			65.00
66.00	PHYSICAL THERAPY	0.429642			66.00
67.00	OCCUPATIONAL THERAPY	0.242140			67.00
68.00	SPEECH PATHOLOGY	0.674776			68.00
69.00	ELECTROCARDIOLOGY	0.119692			69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.885116			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.658093			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.680561			73.00
76.00	WOUND CARE	0.464387			76.00
76.01	INTEGRATED MANAGEMENT	2.257061			76.01
76.02	CASE MANAGEMENT	1.372469			76.02
76.03	PAIN MANAGEMENT	1.574520			76.03
76.97	CARDIAC REHABILITATION	2.943150			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	OTHER OUTPATIENT SERVICE COST CENTER	0.536630			90.00
90.01	PALLIATIVE HEALTH	0.970744			90.01
91.00	EMERGENCY	0.368788			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.308032			92.00
93.00	BEHAVOURAL HEALTH	0.840643			93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	INTEREST EXPENSE				113.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150065

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	Total Cost (From Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XIX		Hospital		Cost
			Total Costs	RCE Disallowance	Total Costs		
							3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 ADULTS & PEDIATRICS	13,573,502		13,573,502	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	2,173,753		2,173,753	0	0	0	31.00
43.00 NURSERY	582,050		582,050	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 OPERATING ROOM	6,604,013		6,604,013	0	0	0	50.00
51.00 RECOVERY ROOM	798,244		798,244	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,851,828		1,851,828	0	0	0	52.00
53.00 ANESTHESIOLOGY	2,178,978		2,178,978	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	7,093,492		7,093,492	0	0	0	54.00
54.01 ULTRA SOUND	452,845		452,845	0	0	0	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	249,083		249,083	0	0	0	54.02
57.00 CT SCAN	1,028,201		1,028,201	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	680,986		680,986	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00 LABORATORY	4,337,147		4,337,147	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	419,345		419,345	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	375,385		375,385	0	0	0	64.00
65.00 RESPIRATORY THERAPY	1,623,626	0	1,623,626	0	0	0	65.00
66.00 PHYSICAL THERAPY	1,674,638	0	1,674,638	0	0	0	66.00
67.00 OCCUPATIONAL THERAPY	352,125	0	352,125	0	0	0	67.00
68.00 SPEECH PATHOLOGY	215,348	0	215,348	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	570,621		570,621	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,578,032		8,578,032	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	2,930,057		2,930,057	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	10,142,871		10,142,871	0	0	0	73.00
76.00 WOUND CARE	271,315		271,315	0	0	0	76.00
76.01 INTEGRATED MANAGEMENT	286,491		286,491	0	0	0	76.01
76.02 CASE MANAGEMENT	334,144		334,144	0	0	0	76.02
76.03 PAIN MANAGEMENT	1,317,730		1,317,730	0	0	0	76.03
76.97 CARDIAC REHABILITATION	560,311		560,311	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00 OTHER OUTPATIENT SERVICE COST CENTER	96,573		96,573	0	0	0	90.00
90.01 PALLIATIVE HEALTH	44,628		44,628	0	0	0	90.01
91.00 EMERGENCY	4,623,937		4,623,937	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,672,066		1,672,066	0	0	0	92.00
93.00 BEHAVOURAL HEALTH	175,290		175,290	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00 HOME HEALTH AGENCY	2,152,814		2,152,814			0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 INTEREST EXPENSE							113.00
116.00 HOSPICE	1,043,382		1,043,382			0	116.00
200.00 Subtotal (see instructions)	81,064,851	0	81,064,851	0	0	0	200.00
201.00 Less observation Beds	1,672,066		1,672,066			0	201.00
202.00 Total (see instructions)	79,392,785	0	79,392,785	0	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150065

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	Title XIX			Hospital	Cost	
	Charges		Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient				
	6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	11,373,361		11,373,361		30.00
31.00	INTENSIVE CARE UNIT	1,746,435		1,746,435		31.00
43.00	NURSERY	1,116,285		1,116,285		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	9,074,429	43,022,086	52,096,515	0.126765	50.00
51.00	RECOVERY ROOM	801,564	4,064,369	4,865,933	0.164047	51.00
52.00	DELIVERY ROOM & LABOR ROOM	4,748,569	610,746	5,359,315	0.345534	52.00
53.00	ANESTHESIOLOGY	773,170	2,839,634	3,612,804	0.603127	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,284,246	13,737,145	15,021,391	0.472226	54.00
54.01	ULTRA SOUND	574,890	3,703,911	4,278,801	0.105835	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	124,787	1,862,231	1,987,018	0.125355	54.02
57.00	CT SCAN	3,635,160	23,828,022	27,463,182	0.037439	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	842,745	8,762,678	9,605,423	0.070896	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	10,257,089	28,072,352	38,329,441	0.113154	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	569,614	296,880	866,494	0.483956	63.00
64.00	INTRAVENOUS THERAPY	398,247	911,466	1,309,713	0.286616	64.00
65.00	RESPIRATORY THERAPY	3,517,690	3,079,785	6,597,475	0.246098	65.00
66.00	PHYSICAL THERAPY	829,936	3,068,090	3,898,026	0.429612	66.00
67.00	OCCUPATIONAL THERAPY	347,979	1,106,240	1,454,219	0.242140	67.00
68.00	SPEECH PATHOLOGY	59,306	259,834	319,140	0.674776	68.00
69.00	ELECTROCARDIOLOGY	1,330,850	3,465,557	4,796,407	0.118968	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,303,157	6,388,260	9,691,417	0.885116	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	2,731,782	1,720,564	4,452,346	0.658093	72.00
73.00	DRUGS CHARGED TO PATIENTS	5,695,712	9,207,970	14,903,682	0.680561	73.00
76.00	WOUND CARE	65,026	519,217	584,243	0.464387	76.00
76.01	INTEGRATED MANAGEMENT	0	126,931	126,931	2.257061	76.01
76.02	CASE MANAGEMENT	6,331	237,131	243,462	1.372469	76.02
76.03	PAIN MANAGEMENT	1,254	835,655	836,909	1.574520	76.03
76.97	CARDIAC REHABILITATION	369	190,009	190,378	2.943150	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	OTHER OUTPATIENT SERVICE COST CENTER	16	179,946	179,962	0.536630	90.00
90.01	PALLIATIVE HEALTH	613	45,360	45,973	0.970744	90.01
91.00	EMERGENCY	1,564,433	10,973,769	12,538,202	0.368788	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	134,823	1,143,484	1,278,307	1.308032	92.00
93.00	BEHAVOURAL HEALTH	1,436	207,083	208,519	0.840643	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00	HOME HEALTH AGENCY	0	2,400,758	2,400,758		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	0	2,298,803	2,298,803		116.00
200.00	Subtotal (see instructions)	66,911,304	179,165,966	246,077,270		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	66,911,304	179,165,966	246,077,270		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150065

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.000000			50.00
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	ULTRA SOUND	0.000000			54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0.000000			54.02
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.000000			63.00
64.00	INTRAVENOUS THERAPY	0.000000			64.00
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
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	WOUND CARE	0.000000			76.00
76.01	INTEGRATED MANAGEMENT	0.000000			76.01
76.02	CASE MANAGEMENT	0.000000			76.02
76.03	PAIN MANAGEMENT	0.000000			76.03
76.97	CARDIAC REHABILITATION	0.000000			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	OTHER OUTPATIENT SERVICE COST CENTER	0.000000			90.00
90.01	PALLIATIVE HEALTH	0.000000			90.01
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	BEHAVOURAL HEALTH	0.000000			93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	INTEREST EXPENSE				113.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY  
 Provider CCN: 150065  
 Period: From 01/01/2011 To 12/31/2011  
 Worksheet C Part II  
 Date/Time Prepared: 5/23/2012 3:04 pm

Cost Center Description	Title XIX			Hospital Cost		
	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	6,604,013	1,653,834	4,950,179	0	0	50.00
51.00 RECOVERY ROOM	798,244	96,869	701,375	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,851,828	38,173	1,813,655	0	0	52.00
53.00 ANESTHESIOLOGY	2,178,978	58,066	2,120,912	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	7,093,492	1,687,309	5,406,183	0	0	54.00
54.01 ULTRA SOUND	452,845	13,238	439,607	0	0	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	249,083	3,844	245,239	0	0	54.02
57.00 CT SCAN	1,028,201	201,309	826,892	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	680,986	196,960	484,026	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	4,337,147	324,152	4,012,995	0	0	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	419,345	3,935	415,410	0	0	63.00
64.00 INTRAVENOUS THERAPY	375,385	38,742	336,643	0	0	64.00
65.00 RESPIRATORY THERAPY	1,623,626	152,162	1,471,464	0	0	65.00
66.00 PHYSICAL THERAPY	1,674,638	195,818	1,478,820	0	0	66.00
67.00 OCCUPATIONAL THERAPY	352,125	4,609	347,516	0	0	67.00
68.00 SPEECH PATHOLOGY	215,348	2,234	213,114	0	0	68.00
69.00 ELECTROCARDIOLOGY	570,621	158,196	412,425	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,578,032	175,899	8,402,133	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	2,930,057	60,536	2,869,521	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	10,142,871	539,826	9,603,045	0	0	73.00
76.00 WOUND CARE	271,315	46,745	224,570	0	0	76.00
76.01 INTEGRATED MANAGEMENT	286,491	11,098	275,393	0	0	76.01
76.02 CASE MANAGEMENT	334,144	16,050	318,094	0	0	76.02
76.03 PAIN MANAGEMENT	1,317,730	261,746	1,055,984	0	0	76.03
76.97 CARDIAC REHABILITATION	560,311	10,147	550,164	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 OTHER OUTPATIENT SERVICE COST CENTER	96,573	3,233	93,340	0	0	90.00
90.01 PALLIATIVE HEALTH	44,628	504	44,124	0	0	90.01
91.00 EMERGENCY	4,623,937	356,064	4,267,873	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,672,066	281,084	1,390,982	0	0	92.00
93.00 BEHAVOURAL HEALTH	175,290	71,773	103,517	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 HOME HEALTH AGENCY	2,152,814	110,447	2,042,367	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	1,043,382	62,341	981,041	0	0	116.00
200.00 Subtotal (sum of lines 50 thru 199)	64,735,546	6,836,943	57,898,603	0	0	200.00
201.00 Less Observation Beds	1,672,066	281,084	1,390,982	0	0	201.00
202.00 Total (line 200 minus line 201)	63,063,480	6,555,859	56,507,621	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY	Provider CCN: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part II Date/Time Prepared: 5/23/2012 3:04 pm
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Cost Center Description	Title XIX			Hospital	Cost
	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
	6.00	7.00	8.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	6,604,013	52,096,515	0.126765		50.00
51.00 RECOVERY ROOM	798,244	4,865,933	0.164047		51.00
52.00 DELIVERY ROOM & LABOR ROOM	1,851,828	5,359,315	0.345534		52.00
53.00 ANESTHESIOLOGY	2,178,978	3,612,804	0.603127		53.00
54.00 RADIOLOGY-DIAGNOSTIC	7,093,492	15,021,391	0.472226		54.00
54.01 ULTRA SOUND	452,845	4,278,801	0.105835		54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	249,083	1,987,018	0.125355		54.02
57.00 CT SCAN	1,028,201	27,463,182	0.037439		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	680,986	9,605,423	0.070896		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000		59.00
60.00 LABORATORY	4,337,147	38,329,441	0.113154		60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	419,345	866,494	0.483956		63.00
64.00 INTRAVENOUS THERAPY	375,385	1,309,713	0.286616		64.00
65.00 RESPIRATORY THERAPY	1,623,626	6,597,475	0.246098		65.00
66.00 PHYSICAL THERAPY	1,674,638	3,898,026	0.429612		66.00
67.00 OCCUPATIONAL THERAPY	352,125	1,454,219	0.242140		67.00
68.00 SPEECH PATHOLOGY	215,348	319,140	0.674776		68.00
69.00 ELECTROCARDIOLOGY	570,621	4,796,407	0.118968		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,578,032	9,691,417	0.885116		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	2,930,057	4,452,346	0.658093		72.00
73.00 DRUGS CHARGED TO PATIENTS	10,142,871	14,903,682	0.680561		73.00
76.00 WOUND CARE	271,315	584,243	0.464387		76.00
76.01 INTEGRATED MANAGEMENT	286,491	126,931	2.257061		76.01
76.02 CASE MANAGEMENT	334,144	243,462	1.372469		76.02
76.03 PAIN MANAGEMENT	1,317,730	836,909	1.574520		76.03
76.97 CARDIAC REHABILITATION	560,311	190,378	2.943150		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 OTHER OUTPATIENT SERVICE COST CENTER	96,573	179,962	0.536630		90.00
90.01 PALLIATIVE HEALTH	44,628	45,973	0.970744		90.01
91.00 EMERGENCY	4,623,937	12,538,202	0.368788		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1,672,066	1,278,307	1.308032		92.00
93.00 BEHAVIOURAL HEALTH	175,290	208,519	0.840643		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00 HOME HEALTH AGENCY	2,152,814	2,400,758	0.896723		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00 INTEREST EXPENSE					113.00
116.00 HOSPICE	1,043,382	2,298,803	0.453881		116.00
200.00 Subtotal (sum of lines 50 thru 199)	64,735,546	0			200.00
201.00 Less Observation Beds	1,672,066	0			201.00
202.00 Total (line 200 minus line 201)	63,063,480	231,841,189			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150065

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	2,264,676	16,987	2,247,689	14,293	157.26	30.00
31.00 INTENSIVE CARE UNIT	239,301		239,301	1,375	174.04	31.00
43.00 NURSERY	34,340		34,340	1,513	22.70	43.00
200.00 Total (lines 30-199)	2,538,317		2,521,330	17,181		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150065		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part I Date/Time Prepared: 5/23/2012 3:04 pm	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	Title XVIII		Hospital	
		6.00	7.00			PPS	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	5,436	854,865			30.00	
31.00	INTENSIVE CARE UNIT	705	122,698			31.00	
43.00	NURSERY	0	0			43.00	
200.00	Total (lines 30-199)	6,141	977,563			200.00	

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/23/2012 3:04 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,653,834	52,096,515	0.031746	5,739,579	182,209	50.00
51.00 RECOVERY ROOM	96,869	4,865,933	0.019908	401,480	7,993	51.00
52.00 DELIVERY ROOM & LABOR ROOM	38,173	5,359,315	0.007123	0	0	52.00
53.00 ANESTHESIOLOGY	58,066	3,612,804	0.016072	368,979	5,930	53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,687,309	15,021,391	0.112327	758,909	85,246	54.00
54.01 ULTRA SOUND	13,238	4,278,801	0.003094	286,022	885	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	3,844	1,987,018	0.001935	68,642	133	54.02
57.00 CT SCAN	201,309	27,463,182	0.007330	1,947,265	14,273	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	196,960	9,605,423	0.020505	428,639	8,789	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00 LABORATORY	324,152	38,329,441	0.008457	5,341,570	45,174	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	3,935	866,494	0.004541	327,949	1,489	63.00
64.00 INTRAVENOUS THERAPY	38,742	1,309,713	0.029581	305,508	9,037	64.00
65.00 RESPIRATORY THERAPY	152,162	6,597,475	0.023064	1,997,015	46,059	65.00
66.00 PHYSICAL THERAPY	195,818	3,898,026	0.050235	450,376	22,625	66.00
67.00 OCCUPATIONAL THERAPY	4,609	1,454,219	0.003169	152,290	483	67.00
68.00 SPEECH PATHOLOGY	2,234	319,140	0.007000	39,872	279	68.00
69.00 ELECTROCARDIOLOGY	158,196	4,796,407	0.032982	768,215	25,337	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	175,899	9,691,417	0.018150	1,263,300	22,929	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	60,536	4,452,346	0.013596	1,003,366	13,642	72.00
73.00 DRUGS CHARGED TO PATIENTS	539,826	14,903,682	0.036221	3,268,876	118,402	73.00
76.00 WOUND CARE	46,745	584,243	0.080010	42,004	3,361	76.00
76.01 INTEGRATED MANAGEMENT	11,098	126,931	0.087433	0	0	76.01
76.02 CASE MANAGEMENT	16,050	243,462	0.065924	0	0	76.02
76.03 PAIN MANAGEMENT	261,746	836,909	0.312753	756	236	76.03
76.97 CARDIAC REHABILITATION	10,147	190,378	0.053299	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 OTHER OUTPATIENT SERVICE COST CENTER	3,233	179,962	0.017965	16	0	90.00
90.01 PALLIATIVE HEALTH	504	45,973	0.010963	16	0	90.01
91.00 EMERGENCY	356,064	12,538,202	0.028398	905,814	25,723	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	281,084	1,278,307	0.219888	134,823	29,646	92.00
93.00 BEHAVIOURAL HEALTH	71,773	208,519	0.344204	1,436	494	93.00
200.00 Total (lines 50-199)	6,664,155	227,141,628		26,002,717	670,374	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150065		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/23/2012 3:04 pm	
Cost Center Description	Title XVIII			Hospital	PPS		Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)			
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	0	0	0	0		0 30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0		0 31.00
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: 150065		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/23/2012 3:04 pm	
Cost Center Description	Total Patient Days	Title XVIII		Hospital		PPS	
		Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School		
	6.00	7.00	8.00	9.00	11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	14,293	0.00	5,436	0	0	30.00
31.00	INTENSIVE CARE UNIT	1,375	0.00	705	0	0	31.00
43.00	NURSERY	1,513	0.00	0	0	0	43.00
200.00	Total (lines 30-199)	17,181		6,141	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150065		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/23/2012 3:04 pm	
Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS	
		12.00	13.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	0	0				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150065

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	ULTRA SOUND	0	0	0	0	0	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	54.02
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	WOUND CARE	0	0	0	0	0	76.00
76.01	INTEGRATED MANAGEMENT	0	0	0	0	0	76.01
76.02	CASE MANAGEMENT	0	0	0	0	0	76.02
76.03	PAIN MANAGEMENT	0	0	0	0	0	76.03
76.97	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
90.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	90.00
90.01	PALLIATIVE HEALTH	0	0	0	0	0	90.01
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	BEHAVOURAL HEALTH	0	0	0	0	0	93.00
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: 150065

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	52,096,515	0.000000	0.000000	5,739,579	50.00
51.00 RECOVERY ROOM	0	4,865,933	0.000000	0.000000	401,480	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	5,359,315	0.000000	0.000000	0	52.00
53.00 ANESTHESIOLOGY	0	3,612,804	0.000000	0.000000	368,979	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	15,021,391	0.000000	0.000000	758,909	54.00
54.01 ULTRA SOUND	0	4,278,801	0.000000	0.000000	286,022	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	0	1,987,018	0.000000	0.000000	68,642	54.02
57.00 CT SCAN	0	27,463,182	0.000000	0.000000	1,947,265	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	9,605,423	0.000000	0.000000	428,639	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 LABORATORY	0	38,329,441	0.000000	0.000000	5,341,570	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	866,494	0.000000	0.000000	327,949	63.00
64.00 INTRAVENOUS THERAPY	0	1,309,713	0.000000	0.000000	305,508	64.00
65.00 RESPIRATORY THERAPY	0	6,597,475	0.000000	0.000000	1,997,015	65.00
66.00 PHYSICAL THERAPY	0	3,898,026	0.000000	0.000000	450,376	66.00
67.00 OCCUPATIONAL THERAPY	0	1,454,219	0.000000	0.000000	152,290	67.00
68.00 SPEECH PATHOLOGY	0	319,140	0.000000	0.000000	39,872	68.00
69.00 ELECTROCARDIOLOGY	0	4,796,407	0.000000	0.000000	768,215	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,691,417	0.000000	0.000000	1,263,300	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	4,452,346	0.000000	0.000000	1,003,366	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	14,903,682	0.000000	0.000000	3,268,876	73.00
76.00 WOUND CARE	0	584,243	0.000000	0.000000	42,004	76.00
76.01 INTEGRATED MANAGEMENT	0	126,931	0.000000	0.000000	0	76.01
76.02 CASE MANAGEMENT	0	243,462	0.000000	0.000000	0	76.02
76.03 PAIN MANAGEMENT	0	836,909	0.000000	0.000000	756	76.03
76.97 CARDIAC REHABILITATION	0	190,378	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 OTHER OUTPATIENT SERVICE COST CENTER	0	179,962	0.000000	0.000000	16	90.00
90.01 PALLIATIVE HEALTH	0	45,973	0.000000	0.000000	16	90.01
91.00 EMERGENCY	0	12,538,202	0.000000	0.000000	905,814	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,278,307	0.000000	0.000000	134,823	92.00
93.00 BEHAVOURAL HEALTH	0	208,519	0.000000	0.000000	1,436	93.00
200.00 Total (lines 50-199)	0	227,141,628			26,002,717	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150065

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	Title XVIII			Hospital	PPS	
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
	11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	7,121,882	0	0	0	50.00
51.00 RECOVERY ROOM	0	842,186	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	442,491	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	1,861,646	0	0	0	54.00
54.01 ULTRA SOUND	0	857,141	0	0	0	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	0	671,679	0	0	0	54.02
57.00 CT SCAN	0	4,941,576	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	2,001,753	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	417,012	0	0	0	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	116,676	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	760,248	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	574,168	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	101	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	921,073	0	0	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	697,053	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	405,932	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	3,548,967	0	0	0	73.00
76.00 WOUND CARE	0	300,462	0	0	0	76.00
76.01 INTEGRATED MANAGEMENT	0	0	0	0	0	76.01
76.02 CASE MANAGEMENT	0	8,459	0	0	0	76.02
76.03 PAIN MANAGEMENT	0	216,799	0	0	0	76.03
76.97 CARDIAC REHABILITATION	0	86,705	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 OTHER OUTPATIENT SERVICE COST CENTER	0	7,802	0	0	0	90.00
90.01 PALLIATIVE HEALTH	0	4,160	0	0	0	90.01
91.00 EMERGENCY	0	1,665,305	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	349,165	0	0	0	92.00
93.00 BEHAVOURAL HEALTH	0	55,377	0	0	0	93.00
200.00 Total (lines 50-199)	0	28,875,818	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150065

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	0			50.00
51.00	RECOVERY ROOM	0	0			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	ANESTHESIOLOGY	0	0			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	ULTRA SOUND	0	0			54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0	0			54.02
57.00	CT SCAN	0	0			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	CARDIAC CATHETERIZATION	0	0			59.00
60.00	LABORATORY	0	0			60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0	0			63.00
64.00	INTRAVENOUS THERAPY	0	0			64.00
65.00	RESPIRATORY THERAPY	0	0			65.00
66.00	PHYSICAL THERAPY	0	0			66.00
67.00	OCCUPATIONAL THERAPY	0	0			67.00
68.00	SPEECH PATHOLOGY	0	0			68.00
69.00	ELECTROCARDIOLOGY	0	0			69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0			73.00
76.00	WOUND CARE	0	0			76.00
76.01	INTEGRATED MANAGEMENT	0	0			76.01
76.02	CASE MANAGEMENT	0	0			76.02
76.03	PAIN MANAGEMENT	0	0			76.03
76.97	CARDIAC REHABILITATION	0	0			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	OTHER OUTPATIENT SERVICE COST CENTER	0	0			90.00
90.01	PALLIATIVE HEALTH	0	0			90.01
91.00	EMERGENCY	0	0			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
93.00	BEHAVOURAL HEALTH	0	0			93.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/23/2012 3:04 pm
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Hospital	PPS
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.126765	7,121,882	0	0	50.00
51.00	RECOVERY ROOM	0.164047	842,186	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.345534	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.603127	442,491	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.472226	1,861,646	56	0	54.00
54.01	ULTRA SOUND	0.105835	857,141	0	0	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0.125355	671,679	0	666	54.02
57.00	CT SCAN	0.037439	4,941,576	0	1,607	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.070896	2,001,753	0	534	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.113154	417,012	-419	0	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.483956	116,676	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.286616	760,248	0	0	64.00
65.00	RESPIRATORY THERAPY	0.246098	574,168	-9	0	65.00
66.00	PHYSICAL THERAPY	0.429612	101	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.242140	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.674776	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.118968	921,073	0	407	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.885116	697,053	0	132	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.658093	405,932	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.680561	3,548,967	0	23,603	73.00
76.00	WOUND CARE	0.464387	300,462	0	0	76.00
76.01	INTEGRATED MANAGEMENT	2.257061	0	0	0	76.01
76.02	CASE MANAGEMENT	1.372469	8,459	0	0	76.02
76.03	PAIN MANAGEMENT	1.574520	216,799	0	0	76.03
76.97	CARDIAC REHABILITATION	2.943150	86,705	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	OTHER OUTPATIENT SERVICE COST CENTER	0.536630	7,802	0	0	90.00
90.01	PALLIATIVE HEALTH	0.970744	4,160	0	0	90.01
91.00	EMERGENCY	0.368788	1,665,305	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.308032	349,165	0	0	92.00
93.00	BEHAVIOURAL HEALTH	0.840643	55,377	0	0	93.00
200.00	Subtotal (see instructions)		28,875,818	-372	26,949	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		28,875,818	-372	26,949	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150065

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

Worksheet D  
Part V  
Date/Time Prepared:  
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Cost Center Description		Costs			Hospital	PPS
		PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	902,805	0	0		50.00
51.00	RECOVERY ROOM	138,158	0	0		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	266,878	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	879,118	26	0		54.00
54.01	ULTRA SOUND	90,716	0	0		54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	84,198	0	83		54.02
57.00	CT SCAN	185,008	0	60		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	141,916	0	38		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	LABORATORY	47,187	-47	0		60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	56,466	0	0		63.00
64.00	INTRAVENOUS THERAPY	217,899	0	0		64.00
65.00	RESPIRATORY THERAPY	141,302	-2	0		65.00
66.00	PHYSICAL THERAPY	43	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	109,578	0	48		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	616,973	0	117		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	267,141	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	2,415,289	0	16,063		73.00
76.00	WOUND CARE	139,531	0	0		76.00
76.01	INTEGRATED MANAGEMENT	0	0	0		76.01
76.02	CASE MANAGEMENT	11,610	0	0		76.02
76.03	PAIN MANAGEMENT	341,354	0	0		76.03
76.97	CARDIAC REHABILITATION	255,186	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00	OTHER OUTPATIENT SERVICE COST CENTER	4,187	0	0		90.00
90.01	PALLIATIVE HEALTH	4,038	0	0		90.01
91.00	EMERGENCY	614,145	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	456,719	0	0		92.00
93.00	BEHAVIOURAL HEALTH	46,552	0	0		93.00
200.00	Subtotal (see instructions)	8,433,997	-23	16,409		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	8,433,997	-23	16,409		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/23/2012 3:04 pm
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Hospital	Cost
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0.126765	0	0	0	1,873,812	50.00
51.00 RECOVERY ROOM	0.164047	0	0	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.345534	0	0	0	162,387	52.00
53.00 ANESTHESIOLOGY	0.603127	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.472226	0	0	0	2,614,087	54.00
54.01 ULTRA SOUND	0.105835	0	0	0	0	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	0.125355	0	0	0	0	54.02
57.00 CT SCAN	0.037439	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.070896	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 LABORATORY	0.113154	0	0	0	1,794,600	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0.483956	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0.286616	0	0	0	34,749	64.00
65.00 RESPIRATORY THERAPY	0.246098	0	0	0	142,574	65.00
66.00 PHYSICAL THERAPY	0.429612	0	0	0	191,451	66.00
67.00 OCCUPATIONAL THERAPY	0.242140	0	0	0	97,849	67.00
68.00 SPEECH PATHOLOGY	0.674776	0	0	0	29,964	68.00
69.00 ELECTROCARDIOLOGY	0.118968	0	0	0	136,633	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.885116	0	0	0	319,391	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.658093	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.680561	0	0	0	356,530	73.00
76.00 WOUND CARE	0.464387	0	0	0	24,646	76.00
76.01 INTEGRATED MANAGEMENT	2.257061	0	0	0	223	76.01
76.02 CASE MANAGEMENT	1.372469	0	0	0	5,883	76.02
76.03 PAIN MANAGEMENT	1.574520	0	0	0	0	76.03
76.97 CARDIAC REHABILITATION	2.943150	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
90.00 OTHER OUTPATIENT SERVICE COST CENTER	0.536630	0	0	0	14,869	90.00
90.01 PALLIATIVE HEALTH	0.970744	0	0	0	2,807	90.01
91.00 EMERGENCY	0.368788	0	0	0	1,190,983	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1.308032	0	0	0	61,924	92.00
93.00 BEHAVOURAL HEALTH	0.840643	0	0	0	29,352	93.00
200.00 Subtotal (see instructions)		0	0	0	9,084,714	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges					0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	0	9,084,714	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/23/2012 3:04 pm
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Cost Center Description	Title XIX			Hospital	Cost
	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 OPERATING ROOM	0	0	237,534		50.00
51.00 RECOVERY ROOM	0	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	56,110		52.00
53.00 ANESTHESIOLOGY	0	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	1,234,440		54.00
54.01 ULTRA SOUND	0	0	0		54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		54.02
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	0	203,066		60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0	0	9,960		64.00
65.00 RESPIRATORY THERAPY	0	0	35,087		65.00
66.00 PHYSICAL THERAPY	0	0	82,250		66.00
67.00 OCCUPATIONAL THERAPY	0	0	23,693		67.00
68.00 SPEECH PATHOLOGY	0	0	20,219		68.00
69.00 ELECTROCARDIOLOGY	0	0	16,255		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	282,698		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	242,640		73.00
76.00 WOUND CARE	0	0	11,445		76.00
76.01 INTEGRATED MANAGEMENT	0	0	503		76.01
76.02 CASE MANAGEMENT	0	0	8,074		76.02
76.03 PAIN MANAGEMENT	0	0	0		76.03
76.97 CARDIAC REHABILITATION	0	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00 OTHER OUTPATIENT SERVICE COST CENTER	0	0	7,979		90.00
90.01 PALLIATIVE HEALTH	0	0	2,725		90.01
91.00 EMERGENCY	0	0	439,220		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	80,999		92.00
93.00 BEHAVOURAL HEALTH	0	0	24,675		93.00
200.00 Subtotal (see instructions)	0	0	3,019,572		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges					201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	3,019,572		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150065

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

Worksheet D-1

Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description		Title XVIII	Hospital	PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			14,913 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			14,293 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)			14,293 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			477 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			143 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)			5,436 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)			477 10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period			0 12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)			0 14.00
15.00	Total nursery days (title V or XIX only)			0 15.00
16.00	Nursery days (title V or XIX only)			0 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			166.99 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			155.00 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)			13,573,502 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)			79,654 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)			22,165 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)			101,819 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			13,471,683 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)			11,090,085 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			11,090,085 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			1.214750 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)			775.91 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)			13,471,683 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			942.54 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			5,123,647 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)			5,123,647 41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/23/2012 3:04 pm
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Cost Center Description	Title XVIII			Hospital Program Days	PPS Program Cost (col. 3 x col. 4)	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>						
43.00 INTENSIVE CARE UNIT	2,173,753	1,375	1,580.91	705	1,114,542	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)					7,749,514	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					13,987,703	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>						
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					977,563	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					670,374	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,647,937	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					12,339,766	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					79,654	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)					79,654	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
87.00 Total observation bed days (see instructions)					1,774	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					942.54	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,672,066	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150065

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

Worksheet D-1

Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		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	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
90.00 Capital-related cost	2,264,676	13,471,683	0.168106	1,672,066	281,084	90.00
91.00 Nursing School cost	0	13,471,683	0.000000	1,672,066	0	91.00
92.00 Allied health cost	0	13,471,683	0.000000	1,672,066	0	92.00
93.00 All other Medical Education	0	13,471,683	0.000000	1,672,066	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/23/2012 3:04 pm
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Cost Center Description	Title XIX	Hospital	Cost
<b>PART I - ALL PROVIDER COMPONENTS</b>			
<b>INPATIENT DAYS</b>			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	14,913	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	14,293	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)	14,293	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	477	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	143	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)	881	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	1,513	15.00
16.00	Nursery days (title V or XIX only)	107	16.00
<b>SWING BED ADJUSTMENT</b>			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	166.99	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	155.00	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)	13,573,502	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)	79,654	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)	22,165	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)	101,819	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	13,471,683	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>			
28.00	General inpatient routine service charges (excluding swing-bed charges)	11,090,085	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	11,090,085	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	1.214750	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)	775.91	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)	13,471,683	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>			
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	942.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	830,378	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)	830,378	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150065

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

Worksheet D-1

Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	Title XIX			Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	582,050	1,513	384.70	107	41,163	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>						
43.00 INTENSIVE CARE UNIT	2,173,753	1,375	1,580.91	97	153,348	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)					1,079,689	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,104,578	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>						
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					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
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable inpatient cost plus incentive payment (see instructions)					0	63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
87.00 Total observation bed days (see instructions)					1,774	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					942.54	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,672,066	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150065

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

Worksheet D-1

Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	Cost	Title XIX		Hospital	Cost	
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
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: 150065

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

Worksheet D-3

Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	Title XVIII		Hospital		PPS
	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)		
			1.00	2.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		3,397,843		30.00
31.00	INTENSIVE CARE UNIT		1,121,137		31.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.126765	5,739,579	727,578	50.00
51.00	RECOVERY ROOM	0.164047	401,480	65,862	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.345534	0	0	52.00
53.00	ANESTHESIOLOGY	0.603127	368,979	222,541	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.475843	758,909	361,122	54.00
54.01	ULTRA SOUND	0.105835	286,022	30,271	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0.125355	68,642	8,605	54.02
57.00	CT SCAN	0.037439	1,947,265	72,904	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.070896	428,639	30,389	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.113786	5,341,570	607,796	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.483956	327,949	158,713	63.00
64.00	INTRAVENOUS THERAPY	0.286616	305,508	87,563	64.00
65.00	RESPIRATORY THERAPY	0.246098	1,997,015	491,461	65.00
66.00	PHYSICAL THERAPY	0.429642	450,376	193,500	66.00
67.00	OCCUPATIONAL THERAPY	0.242140	152,290	36,876	67.00
68.00	SPEECH PATHOLOGY	0.674776	39,872	26,905	68.00
69.00	ELECTROCARDIOLOGY	0.119692	768,215	91,949	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.885116	1,263,300	1,118,167	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.658093	1,003,366	660,308	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.680561	3,268,876	2,224,670	73.00
76.00	WOUND CARE	0.464387	42,004	19,506	76.00
76.01	INTEGRATED MANAGEMENT	2.257061	0	0	76.01
76.02	CASE MANAGEMENT	1.372469	0	0	76.02
76.03	PAIN MANAGEMENT	1.574520	756	1,190	76.03
76.97	CARDIAC REHABILITATION	2.943150	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	OTHER OUTPATIENT SERVICE COST CENTER	0.536630	16	9	90.00
90.01	PALLIATIVE HEALTH	0.970744	16	16	90.01
91.00	EMERGENCY	0.368788	905,814	334,053	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.308032	134,823	176,353	92.00
93.00	BEHAVOURAL HEALTH	0.840643	1,436	1,207	93.00
200.00	Total (sum of lines 50-94 and 96-98)		26,002,717	7,749,514	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)		26,002,717		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 150065 Component CCN: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/23/2012 3:04 pm
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Cost Center Description	Title XVIII		Swing Beds - SNF		PPS
	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
	1.00	2.00	3.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT		3,051		31.00
43.00	NURSERY		2,441		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.126765	0	0	50.00
51.00	RECOVERY ROOM	0.164047	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.345534	0	0	52.00
53.00	ANESTHESIOLOGY	0.603127	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.472226	8,005	3,780	54.00
54.01	ULTRA SOUND	0.105835	7,189	761	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0.125355	0	0	54.02
57.00	CT SCAN	0.037439	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.070896	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.113154	105,899	11,983	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.483956	5,087	2,462	63.00
64.00	INTRAVENOUS THERAPY	0.286616	0	0	64.00
65.00	RESPIRATORY THERAPY	0.246098	62,981	15,499	65.00
66.00	PHYSICAL THERAPY	0.429612	173,264	74,436	66.00
67.00	OCCUPATIONAL THERAPY	0.242140	0	0	67.00
68.00	SPEECH PATHOLOGY	0.674776	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.118968	8,940	1,064	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.885116	25,265	22,362	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.658093	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.680561	120,897	82,278	73.00
76.00	WOUND CARE	0.464387	6,560	3,046	76.00
76.01	INTEGRATED MANAGEMENT	2.257061	0	0	76.01
76.02	CASE MANAGEMENT	1.372469	0	0	76.02
76.03	PAIN MANAGEMENT	1.574520	0	0	76.03
76.97	CARDIAC REHABILITATION	2.943150	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	OTHER OUTPATIENT SERVICE COST CENTER	0.536630	0	0	90.00
90.01	PALLIATIVE HEALTH	0.970744	0	0	90.01
91.00	EMERGENCY	0.368788	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.308032	0	0	92.00
93.00	BEHAVIOURAL HEALTH	0.840643	0	0	93.00
200.00	Total (sum of lines 50-94 and 96-98)		524,087	217,671	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)		524,087	217,671	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT	Provider CCN: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/23/2012 3:04 pm
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Cost Center Description	Ratio of Cost To Charges	Hospital Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
	1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 ADULTS & PEDIATRICS		535,489		30.00
31.00 INTENSIVE CARE UNIT		64,975		31.00
43.00 NURSERY		305,734		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0.126765	346,963	43,983	50.00
51.00 RECOVERY ROOM	0.164047	0	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.345534	1,221,932	422,219	52.00
53.00 ANESTHESIOLOGY	0.603127	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.472226	278,571	131,548	54.00
54.01 ULTRA SOUND	0.105835	0	0	54.01
54.02 NUCLEAR MEDICINE - DIAGNOSTIC	0.125355	0	0	54.02
57.00 CT SCAN	0.037439	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.070896	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00 LABORATORY	0.113154	582,018	65,858	60.00
63.00 BLOOD STORING, PROCESSING, & TRANS.	0.483956	0	0	63.00
64.00 INTRAVENOUS THERAPY	0.286616	18,744	5,372	64.00
65.00 RESPIRATORY THERAPY	0.246098	155,423	38,249	65.00
66.00 PHYSICAL THERAPY	0.429612	11,151	4,791	66.00
67.00 OCCUPATIONAL THERAPY	0.242140	2,716	658	67.00
68.00 SPEECH PATHOLOGY	0.674776	269	182	68.00
69.00 ELECTROCARDIOLOGY	0.118968	42,658	5,075	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.885116	133,321	118,005	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.658093	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0.680561	310,825	211,535	73.00
76.00 WOUND CARE	0.464387	2,561	1,189	76.00
76.01 INTEGRATED MANAGEMENT	2.257061	0	0	76.01
76.02 CASE MANAGEMENT	1.372469	1,095	1,503	76.02
76.03 PAIN MANAGEMENT	1.574520	0	0	76.03
76.97 CARDIAC REHABILITATION	2.943150	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
90.00 OTHER OUTPATIENT SERVICE COST CENTER	0.536630	0	0	90.00
90.01 PALLIATIVE HEALTH	0.970744	0	0	90.01
91.00 EMERGENCY	0.368788	80,051	29,522	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1.308032	0	0	92.00
93.00 BEHAVOURAL HEALTH	0.840643	0	0	93.00
200.00 Total (sum of lines 50-94 and 96-98)		3,188,298	1,079,689	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)		3,188,298		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150065  
Component CCN: 15U065

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

Worksheet D-3  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
43.00	NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.126765	0	0	50.00
51.00	RECOVERY ROOM	0.164047	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.345534	0	0	52.00
53.00	ANESTHESIOLOGY	0.603127	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.472226	0	0	54.00
54.01	ULTRA SOUND	0.105835	0	0	54.01
54.02	NUCLEAR MEDICINE - DIAGNOSTIC	0.125355	0	0	54.02
57.00	CT SCAN	0.037439	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.070896	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.113154	0	0	60.00
63.00	BLOOD STORING, PROCESSING, & TRANS.	0.483956	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.286616	0	0	64.00
65.00	RESPIRATORY THERAPY	0.246098	0	0	65.00
66.00	PHYSICAL THERAPY	0.429612	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0.242140	0	0	67.00
68.00	SPEECH PATHOLOGY	0.674776	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.118968	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.885116	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.658093	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.680561	0	0	73.00
76.00	WOUND CARE	0.464387	0	0	76.00
76.01	INTEGRATED MANAGEMENT	2.257061	0	0	76.01
76.02	CASE MANAGEMENT	1.372469	0	0	76.02
76.03	PAIN MANAGEMENT	1.574520	0	0	76.03
76.97	CARDIAC REHABILITATION	2.943150	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
90.00	OTHER OUTPATIENT SERVICE COST CENTER	0.536630	0	0	90.00
90.01	PALLIATIVE HEALTH	0.970744	0	0	90.01
91.00	EMERGENCY	0.368788	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.308032	0	0	92.00
93.00	BEHAVOURAL HEALTH	0.840643	0	0	93.00
200.00	Total (sum of lines 50-94 and 96-98)		0	0	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)		0	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/23/2012 3:04 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		9,369,404	1.00
2.00	Outlier payments for discharges. (see instructions)		408,855	2.00
3.00	Managed Care Simulated Payments		2,651,014	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		93.44	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		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
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.15	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, Line 24. (see instructions)		19.13	31.00
32.00	Sum of lines 30 and 31		22.28	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.60	33.00
34.00	Disproportionate share adjustment (see instructions)		712,075	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		10,490,334	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)		10,490,334	49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		851,402	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: 150065

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

Worksheet E  
Part A  
Date/Time Prepared:  
5/23/2012 3:04 pm

		Title XVIII	Hospital	PPS	
				1.00	
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)			11,341,736	59.00
60.00	Primary payer payments			0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			11,341,736	61.00
62.00	Deductibles billed to program beneficiaries			1,092,427	62.00
63.00	Coinsurance billed to program beneficiaries			12,735	63.00
64.00	Allowable bad debts (see instructions)			247,708	64.00
65.00	Adjusted reimbursable bad debts (see instructions)			173,396	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			193,621	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			10,409,970	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			491,232	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)			10,901,202	71.00
72.00	Interim payments			10,751,370	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)			149,832	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			332,812	75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2			0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0	93.00
94.00	The rate used to calculate the Time Value of Money			0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)			0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/23/2012 3:04 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		16,386	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,433,997	2.00
3.00	PPS payments		6,733,358	3.00
4.00	Outlier payment (see instructions)		195,661	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.915	5.00
6.00	Line 2 times line 5		7,717,107	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		89.79	7.00
8.00	Transitional corridor payment (see instructions)		669,875	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)		16,386	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		26,577	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)		26,577	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		26,577	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		10,191	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		16,386	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)		7,598,894	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		11	25.00
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)		1,613,470	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)		6,001,799	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)		6,001,799	30.00
31.00	Primary payer payments		2,322	31.00
32.00	Subtotal (line 30 minus line 31)		5,999,477	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		347,989	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		243,592	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		292,433	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		6,243,069	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-122	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)		6,243,191	40.00
41.00	Interim payments		7,476,614	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)		-1,233,423	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150065

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

Worksheet E  
Part B  
Date/Time Prepared:  
5/23/2012 3:04 pm

Title XVIII

Hospital

PPS

Overrides

1.00

WORKSHEET OVERRIDE VALUES

112.00 | override of Ancillary service charges (line 12)

0 | 112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150065

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

		Title XVIII		Hospital	PPS	
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		10,699,790		7,590,469	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
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER	09/01/2011	51,580		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
<b>Provider to Program</b>						
3.50	ADJUSTMENTS TO PROGRAM		0	09/01/2011	113,855	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)		51,580		-113,855	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)		10,751,370		7,476,614	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
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		149,832		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1,233,423	6.02
7.00	Total Medicare program liability (see instructions)		10,901,202		6,243,191	7.00
			0	Contractor Number	Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150065

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

		Title XVIII		Swing Beds - SNF		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		73,429		0	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
<b>Program to Provider</b>							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
<b>Provider to Program</b>							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		73,429		0	4.00	
<b>TO BE COMPLETED BY CONTRACTOR</b>							
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	
<b>Program to Provider</b>							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
<b>Provider to Program</b>							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		73,429		0	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 150065  
Component CCN: 15U065

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

Worksheet E-2  
Date/Time Prepared:  
5/23/2012 3:04 pm

		Title XVIII		Swing Beds - SNF	PPS
		Part A	Part B		
		1.00	2.00		
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient routine services - swing bed-SNF (see instructions)			76,825	0
2.00	Inpatient routine services - swing bed-NF (see instructions)				0
3.00	Ancillary services (from wkst. D-3, column 3, line 200 for Part A, and sum of wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)				0
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)				0.00
5.00	Program days			477	0
6.00	Interns and residents not in approved teaching program (see instructions)				0
7.00	Utilization review - physician compensation - SNF optional method only			0	0
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)			76,825	0
9.00	Primary payer payments (see instructions)			0	0
10.00	Subtotal (line 8 minus line 9)			76,825	0
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)			0	0
12.00	Subtotal (line 10 minus line 11)			76,825	0
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)			3,396	0
14.00	80% of Part B costs (line 12 x 80%)				0
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)			73,429	0
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	0
17.00	Reimbursable bad debts (see instructions)			0	0
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0	0
19.00	Total (sum of lines 15 and 17, plus/minus line 16)			73,429	0
20.00	Interim payments			73,429	0
21.00	Tentative settlement (for contractor use only)			0	0
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)			0	0
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0	0

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 150065

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

Worksheet E-2

Component CCN: 15U065

Date/Time Prepared:  
5/23/2012 3:04 pm

		Title XIX		Swing Beds - NF	Cost
		Part A	Part B		
		1.00	2.00		
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient routine services - swing bed-SNF (see instructions)			0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			0	2.00
3.00	Ancillary services (from wkst. D-3, column 3, line 200 for Part A, and sum of wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)			0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00	4.00
5.00	Program days			0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0	6.00
7.00	Utilization review - physician compensation - SNF optional method only			0	7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)			0	8.00
9.00	Primary payer payments (see instructions)			0	9.00
10.00	Subtotal (line 8 minus line 9)			0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)			0	11.00
12.00	Subtotal (line 10 minus line 11)			0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)			0	13.00
14.00	80% of Part B costs (line 12 x 80%)			0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)			0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	16.00
17.00	Reimbursable bad debts (see instructions)			0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)			0	19.00
20.00	Interim payments			0	20.00
21.00	Tentative settlement (for contractor use only)			0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)			0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 150065

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

Worksheet E-3  
Part VII  
Date/Time Prepared:  
5/23/2012 3:04 pm

		Title XIX	Hospital	Cost
				1.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		2,104,578	1.00
2.00	Medical and other services		3,019,572	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		5,124,150	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)		5,124,150	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		12,273,012	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)		12,273,012	12.00
<b>CUSTOMARY CHRGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		12,273,012	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		7,148,862	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)		5,124,150	21.00
<b>PROSPECTIVE PAYMENT AMOUNT</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		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.		5,124,150	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		5,124,150	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)		5,124,150	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		5,124,150	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)		5,124,150	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		5,124,150	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: 150065

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

Worksheet G

Date/Time Prepared:  
5/23/2012 3:04 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	36,691,731	0	0	0	1.00
2.00	Temporary investments	2,000,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	14,323,401	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,798,268	0	0	0	7.00
8.00	Prepaid expenses	961,994	0	0	0	8.00
9.00	Other current assets	2,144,821	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	59,920,215	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	8,318,974	0	0	0	12.00
13.00	Land improvements	3,955,616	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	73,450,050	0	0	0	15.00
16.00	Accumulated depreciation	-56,353,346	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	5,843,646	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	42,098,257	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)	77,313,197	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	98,237,072	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	98,237,072	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	235,470,484	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	2,037,829	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,177,477	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	13,283,312	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,498,618	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	48,662,717	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	5,476,973	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	54,139,690	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	72,638,308	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	162,832,176	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)	162,832,176	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	235,470,484	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150065

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

Worksheet G-1

Date/Time Prepared:  
5/23/2012 3:04 pm

	General Fund		Special Purpose Fund			
	1.00	2.00	3.00	4.00		
1.00		151,692,407		0		1.00
2.00		11,139,775				2.00
3.00		162,832,182		0		3.00
4.00	0		0			4.00
5.00	0		0			5.00
6.00	0		0			6.00
7.00	0		0			7.00
8.00	0		0			8.00
9.00	0		0			9.00
10.00		0		0		10.00
11.00		162,832,182		0		11.00
12.00	6		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		6		0		18.00
19.00		162,832,176		0		19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150065

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

Worksheet G-1

Date/Time Prepared:  
5/23/2012 3:04 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150065

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

Worksheet G-2 Parts

Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	12,237,295		12,237,295	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	252,351		252,351	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)	12,489,646		12,489,646	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	1,746,435		1,746,435	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)	1,746,435		1,746,435	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	14,236,081		14,236,081	17.00
18.00	Ancillary services	52,414,916	163,053,840	215,468,756	18.00
19.00	Outpatient services	2,756,669	15,383,155	18,139,824	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		2,400,758	2,400,758	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	2,298,803	2,298,803	26.00
27.00	NONALLOWABLE	1,527,377	6,122,188	7,649,565	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	70,935,043	189,258,744	260,193,787	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per wkst. A, column 3, line 200)		96,788,345		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)		96,788,345		43.00

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150065

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

Worksheet G-3

Date/Time Prepared:  
5/23/2012 3:04 pm

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	260,193,787	1.00
2.00	Less contractual allowances and discounts on patients' accounts	155,833,310	2.00
3.00	Net patient revenues (line 1 minus line 2)	104,360,477	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	96,788,345	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7,572,132	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	157,506	6.00
7.00	Income from investments	76,340	7.00
8.00	Revenues from telephone and telegraph service	12,357	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	70,652	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	377,863	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	253,004	17.00
18.00	Revenue from sale of medical records and abstracts	46,201	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	6,462	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	10,153	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	45,254	22.00
23.00	Governmental appropriations	0	23.00
24.00	CONTRACT STAFF INCOME	2,576,697	24.00
24.01	STUDY INCOME	400	24.01
24.02	GRANT INCOME	60,705	24.02
24.03	MISC	28,427	24.03
25.00	Total other income (sum of lines 6-24)	3,722,021	25.00
26.00	Total (line 5 plus line 25)	11,294,153	26.00
27.00	GAIN/LOSS	154,378	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	154,378	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	11,139,775	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150065

Period:

worksheet H

HHA CCN: 157155

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

Date/Time Prepared:  
5/23/2012 3:04 pm

Home Health  
Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related - Bldg. & Fixtures		0		0	1.00
2.00	Capital Related - Movable Equipment		0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	205,283	0	3,740	27,782	5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	447,380	0	0	0	6.00
7.00	Physical Therapy	156,348	0	0	0	7.00
8.00	Occupational Therapy	55,960	0	0	0	8.00
9.00	Speech Pathology	6,043	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	10.00
11.00	Home Health Aide	164,535	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	7,262	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,035,549	0	3,740	27,782	24.00

Column, 6 line 24 should agree with the worksheet A, column 7, line 101, or subscript as applicable.  
5/23/2012 3:04 pm J:\50760000 Schneck Medical Center\2011\Hfs\SCHNK11.mcrx

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150065

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

Worksheet H

HHA CCN: 157155

Date/Time Prepared:  
5/23/2012 3:04 pm

Home Health  
Agency I

PPS

	Total (sum of cols. 1 thru 5)	Reclassificati on	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0	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	2,509	2,509	0	2,509	4.00
5.00 Administrative and General	349,515	0	349,515	0	349,515	5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00 Skilled Nursing Care	447,380	0	447,380	0	447,380	6.00
7.00 Physical Therapy	156,348	0	156,348	0	156,348	7.00
8.00 Occupational Therapy	55,960	0	55,960	0	55,960	8.00
9.00 Speech Pathology	6,043	0	6,043	0	6,043	9.00
10.00 Medical Social Services	0	786	786	0	786	10.00
11.00 Home Health Aide	164,535	0	164,535	0	164,535	11.00
12.00 Supplies (see instructions)	7,262	0	7,262	0	7,262	12.00
13.00 Drugs	0	0	0	0	0	13.00
14.00 DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>						
15.00 Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	22.00
23.00 All others (specify)	0	0	0	0	0	23.00
24.00 Total (sum of lines 1-23)	1,187,043	3,295	1,190,338	0	1,190,338	24.00

Column, 6 line 24 should agree with the worksheet A, column 7, line 101, or subscript as applicable.  
5/23/2012 3:04 pm J:\50760000 schneck Medical center\2011\Hfs\SCHNK11.mcrx

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 150065

Period: From 01/01/2011

Worksheet H-1

HHA CCN: 157155

To 12/31/2011

Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

Home Health  
Agency I

PPS

	Net Expenses for Cost Allocation (from wkst. H, col. 10)	Capital Related Costs			Transportation	
		Bldgs & Fixtures	Movable Equipment	Plant Operation & Maintenance		
		0	1.00	2.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	2,509	0	0	0	4.00
5.00	Administrative and General	349,515	0	0	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	447,380	0	0	0	6.00
7.00	Physical Therapy	156,348	0	0	0	7.00
8.00	Occupational Therapy	55,960	0	0	0	8.00
9.00	Speech Pathology	6,043	0	0	0	9.00
10.00	Medical Social Services	786	0	0	0	10.00
11.00	Home Health Aide	164,535	0	0	0	11.00
12.00	Supplies (see instructions)	7,262	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,190,338	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 150065

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

Worksheet H-1  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

HHA CCN: 157155

Home Health  
Agency I

PPS

		Subtotal (cols. 0-4) 4A.00	Administrative & General 5.00	Total (cols. 4A + 5) 6.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	Capital Related - Bldg. & Fixtures	0			1.00
2.00	Capital Related - Movable Equipment	0			2.00
3.00	Plant Operation & Maintenance	0			3.00
4.00	Transportation				4.00
5.00	Administrative and General	352,024	352,024		5.00
<b>HHA REIMBURSABLE SERVICES</b>					
6.00	Skilled Nursing Care	447,380	187,864	635,244	6.00
7.00	Physical Therapy	156,348	65,653	222,001	7.00
8.00	Occupational Therapy	55,960	23,499	79,459	8.00
9.00	Speech Pathology	6,043	2,538	8,581	9.00
10.00	Medical Social Services	786	330	1,116	10.00
11.00	Home Health Aide	164,535	69,091	233,626	11.00
12.00	Supplies (see instructions)	7,262	3,049	10,311	12.00
13.00	Drugs	0	0	0	13.00
14.00	DME	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>					
15.00	Home Dialysis Aide Services	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	17.00
18.00	Clinic	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	19.00
20.00	Day Care Program	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	21.00
22.00	Homemaker Service	0	0	0	22.00
23.00	All Others (specify)	0	0	0	23.00
24.00	Total (sum of lines 1-23)	838,314		1,190,338	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet H-1  
Part II  
Date/Time Prepared:  
5/23/2012 3:04 pm

HHA CCN: 157155

Home Health  
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		53,279			0	2.00
3.00	Plant Operation & Maintenance	0	0	3,850		0	3.00
4.00	Transportation (see instructions)	0	0	0	3,740		4.00
5.00	Administrative and General	0	53,279	3,850	3,740	-352,024	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	53,279	3,850	3,740	-352,024	24.00
25.00	Cost To Be Allocated (per worksheet H-1, Part I)	0	0	0	2,509		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.670856		26.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet H-1  
Part II  
Date/Time Prepared:  
5/23/2012 3:04 pm

HHA CCN: 157155

Home Health  
Agency I

PPS

		Administrative & General (ACCUM. COST)	
		5.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	838,314	5.00
<b>HHA REIMBURSABLE SERVICES</b>			
6.00	Skilled Nursing Care	447,380	6.00
7.00	Physical Therapy	156,348	7.00
8.00	Occupational Therapy	55,960	8.00
9.00	Speech Pathology	6,043	9.00
10.00	Medical Social Services	786	10.00
11.00	Home Health Aide	164,535	11.00
12.00	Supplies (see instructions)	7,262	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	838,314	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	352,024	25.00
26.00	Unit Cost Multiplier	0.419919	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150065

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

Worksheet H-2  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

HHA CCN: 157155

Home Health  
Agency I

PPS

	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS 4.00	Subtotal 4A	
		NEW BLDG & FIXT 1.00	NEW MVBLE EQUIP 2.00			
		0	0			
1.00	Administrative and General	0	28,466	66,823	95,289	1.00
2.00	Skilled Nursing Care	635,244	0	145,631	780,875	2.00
3.00	Physical Therapy	222,001	0	50,894	272,895	3.00
4.00	Occupational Therapy	79,459	0	18,216	97,675	4.00
5.00	Speech Pathology	8,581	0	1,967	10,548	5.00
6.00	Medical Social Services	1,116	0	256	1,372	6.00
7.00	Home Health Aide	233,626	0	53,559	287,185	7.00
8.00	Supplies (see instructions)	10,311	0	0	10,311	8.00
9.00	Drugs	0	0	0	0	9.00
10.00	DME	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,190,338	0	28,466	1,556,150	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: 150065

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

Worksheet H-2  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

HHA CCN: 157155

Home Health  
Agency I

PPS

	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00		
1.00	Administrative and General	12,519	92,458	0	33,098	0	1.00
2.00	Skilled Nursing Care	102,594	0	0	0	0	2.00
3.00	Physical Therapy	35,854	0	0	0	0	3.00
4.00	Occupational Therapy	12,833	0	0	0	0	4.00
5.00	Speech Pathology	1,386	0	0	0	0	5.00
6.00	Medical Social Services	180	0	0	0	0	6.00
7.00	Home Health Aide	37,732	0	0	0	0	7.00
8.00	Supplies (see instructions)	1,355	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)	204,453	92,458	0	33,098	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: 150065

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

Worksheet H-2  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

HHA CCN: 157155

Home Health  
Agency I

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	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
	11.00	13.00	14.00	15.00	16.00		
1.00	Administrative and General	3,295	35,824	1,077	0	19,333	1.00
2.00	Skilled Nursing Care	8,533	92,762	0	0	0	2.00
3.00	Physical Therapy	2,287	24,861	0	0	0	3.00
4.00	Occupational Therapy	849	9,233	0	0	0	4.00
5.00	Speech Pathology	82	891	0	0	0	5.00
6.00	Medical Social Services	14	155	0	0	0	6.00
7.00	Home Health Aide	5,683	61,776	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)	20,743	225,502	1,077	0	19,333	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: 150065

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

Worksheet H-2  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

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Home Health  
Agency I

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	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal		
	PHYSICIAN PRIVATE PRACTICE						
	18.00	19.00	24.00	25.00	26.00		
1.00	Administrative and General	0	0	292,893	0	292,893	1.00
2.00	Skilled Nursing Care	0	0	984,764	0	984,764	2.00
3.00	Physical Therapy	0	0	335,897	0	335,897	3.00
4.00	Occupational Therapy	0	0	120,590	0	120,590	4.00
5.00	Speech Pathology	0	0	12,907	0	12,907	5.00
6.00	Medical Social Services	0	0	1,721	0	1,721	6.00
7.00	Home Health Aide	0	0	392,376	0	392,376	7.00
8.00	Supplies (see instructions)	0	0	11,666	0	11,666	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	0	2,152,814	0	2,152,814	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: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part I Date/Time Prepared: 5/23/2012 3:04 pm
		HHA CCN: 157155	Home Health Agency I	PPS

		Allocated HHA A&G (see Part II)	Total HHA Costs	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	155,076	1,139,840	2.00
3.00	Physical Therapy	52,896	388,793	3.00
4.00	Occupational Therapy	18,990	139,580	4.00
5.00	Speech Pathology	2,033	14,940	5.00
6.00	Medical Social Services	271	1,992	6.00
7.00	Home Health Aide	61,790	454,166	7.00
8.00	Supplies (see instructions)	1,837	13,503	8.00
9.00	Drugs	0	0	9.00
10.00	DME	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	11.00
12.00	Respiratory Therapy	0	0	12.00
13.00	Private Duty Nursing	0	0	13.00
14.00	Clinic	0	0	14.00
15.00	Health Promotion Activities	0	0	15.00
16.00	Day Care Program	0	0	16.00
17.00	Home Delivered Meals Program	0	0	17.00
18.00	Homemaker Service	0	0	18.00
19.00	All Others (specify)	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	292,893	2,152,814	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.	0.157476		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: 150065

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

Worksheet H-2  
Part II  
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Home Health  
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	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
1.00	Administrative and General	0	53,279	205,283	0	95,289	1.00
2.00	Skilled Nursing Care	0	0	447,380	0	780,875	2.00
3.00	Physical Therapy	0	0	156,348	0	272,895	3.00
4.00	Occupational Therapy	0	0	55,960	0	97,675	4.00
5.00	Speech Pathology	0	0	6,043	0	10,548	5.00
6.00	Medical Social Services	0	0	786	0	1,372	6.00
7.00	Home Health Aide	0	0	164,535	0	287,185	7.00
8.00	Supplies (see instructions)	0	0	0	0	10,311	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	53,279	1,036,335		1,556,150	20.00
21.00	Total cost to be allocated	0	28,466	337,346		204,453	21.00
22.00	Unit cost multiplier	0.000000	0.534282	0.325518		0.131384	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150065 HHA CCN: 157155	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/23/2012 3:04 pm
		Home Health Agency I	PPS

	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	3,850	0	3,850	0	6,235	1.00
2.00 Skilled Nursing Care	0	0	0	0	16,145	2.00
3.00 Physical Therapy	0	0	0	0	4,327	3.00
4.00 Occupational Therapy	0	0	0	0	1,607	4.00
5.00 Speech Pathology	0	0	0	0	155	5.00
6.00 Medical Social Services	0	0	0	0	27	6.00
7.00 Home Health Aide	0	0	0	0	10,752	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)	3,850	0	3,850	0	39,248	20.00
21.00 Total cost to be allocated	92,458	0	33,098	0	20,743	21.00
22.00 Unit cost multiplier	24.015065	0.000000	8.596883	0.000000	0.528511	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150065  
HHA CCN: 157155

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

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Part II  
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		NURSING ADMINISTRATION  (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		13.00	14.00	15.00	16.00	
1.00	Administrative and General	6,235	8,674	0	2,400,758	1.00
2.00	Skilled Nursing Care	16,145	0	0	0	2.00
3.00	Physical Therapy	4,327	0	0	0	3.00
4.00	Occupational Therapy	1,607	0	0	0	4.00
5.00	Speech Pathology	155	0	0	0	5.00
6.00	Medical Social Services	27	0	0	0	6.00
7.00	Home Health Aide	10,752	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	9.00
10.00	DME	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	39,248	8,674	0	2,400,758	20.00
21.00	Total cost to be allocated	225,502	1,077	0	19,333	21.00
22.00	Unit cost multiplier	5.745567	0.124164	0.000000	0.008053	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150065 HHA CCN: 157155	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/23/2012 3:04 pm
		Home Health Agency I	PPS

		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		PHYSICIAN PRIVATE PRACTICE (TIME SPENT)		
		18.00		
1.00	Administrative and General	0	0	1.00
2.00	Skilled Nursing Care	0	0	2.00
3.00	Physical Therapy	0	0	3.00
4.00	Occupational Therapy	0	0	4.00
5.00	Speech Pathology	0	0	5.00
6.00	Medical Social Services	0	0	6.00
7.00	Home Health Aide	0	0	7.00
8.00	Supplies (see instructions)	0	0	8.00
9.00	Drugs	0	0	9.00
10.00	DME	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	11.00
12.00	Respiratory Therapy	0	0	12.00
13.00	Private Duty Nursing	0	0	13.00
14.00	Clinic	0	0	14.00
15.00	Health Promotion Activities	0	0	15.00
16.00	Day Care Program	0	0	16.00
17.00	Home Delivered Meals Program	0	0	17.00
18.00	Homemaker Service	0	0	18.00
19.00	All others (specify)	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	20.00
21.00	Total cost to be allocated	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150065

Period: From 01/01/2011

Worksheet H-3

HHA CCN: 157155

To 12/31/2011

Parts I-II

Date/Time Prepared: 5/23/2012 3:04 pm

Title XVIII			Home Health Agency I	PPS
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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	1,139,840		1,139,840	7,664	1.00
2.00	Physical Therapy	3.00	388,793	0	388,793	2,044	2.00
3.00	Occupational Therapy	4.00	139,580	0	139,580	887	3.00
4.00	Speech Pathology	5.00	14,940	0	14,940	78	4.00
5.00	Medical Social Services	6.00	1,992		1,992	24	5.00
6.00	Home Health Aide	7.00	454,166		454,166	6,717	6.00
7.00	Total (sum of lines 1-6)		2,139,311	0	2,139,311	17,414	7.00

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

Limitation Cost Computation

8.00	Skilled Nursing Care		18020	82	128		8.00
8.01	Skilled Nursing Care		26900	10	0		8.01
8.02	Skilled Nursing Care		31140	12	5		8.02
8.03	Skilled Nursing Care		99115	1,346	758		8.03
9.00	Physical Therapy		18020	58	182		9.00
9.01	Physical Therapy		26900	6	0		9.01
9.02	Physical Therapy		31140	0	9		9.02
9.03	Physical Therapy		99115	722	464		9.03
10.00	Occupational Therapy		18020	45	11		10.00
10.01	Occupational Therapy		26900	3	0		10.01
10.02	Occupational Therapy		31140	0	1		10.02
10.03	Occupational Therapy		99115	352	168		10.03
11.00	Speech Pathology		18020	1	0		11.00
11.01	Speech Pathology		26900	0	0		11.01
11.02	Speech Pathology		31140	0	0		11.02
11.03	Speech Pathology		99115	39	8		11.03
12.00	Medical Social Services		18020	0	0		12.00
12.01	Medical Social Services		26900	0	0		12.01
12.02	Medical Social Services		31140	0	0		12.02
12.03	Medical Social Services		99115	10	6		12.03
13.00	Home Health Aide		18020	45	183		13.00
13.01	Home Health Aide		26900	6	0		13.01
13.02	Home Health Aide		31140	0	0		13.02
13.03	Home Health Aide		99115	440	581		13.03
14.00	Total (sum of lines 8-13)			3,177	2,504		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	13,503	0	13,503	70,633	15.00
16.00	Cost of Drugs	9.00	0	0	0	7,705	16.00

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

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

1.00	Physical Therapy	66.00	0.429612	0	0	1.00
2.00	Occupational Therapy	67.00	0.242140	0	0	2.00
3.00	Speech Pathology	68.00	0.674776	0	0	3.00
4.00	Cost of Medical Supplies	71.00	0.885116	0	0	4.00
5.00	Cost of Drugs	73.00	0.680561	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150065  
HHA CCN: 157155

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

Worksheet H-3  
Parts I-II  
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Title XVIII

Home Health  
Agency I

PPS

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>						
<b>Cost Per Visit Computation</b>						
1.00	Skilled Nursing Care	148.73	1,450	891		1.00
2.00	Physical Therapy	190.21	786	655		2.00
3.00	Occupational Therapy	157.36	400	180		3.00
4.00	Speech Pathology	191.54	40	8		4.00
5.00	Medical Social Services	83.00	10	6		5.00
6.00	Home Health Aide	67.61	491	764		6.00
7.00	Total (sum of lines 1-6)		3,177	2,504		7.00
<b>Limitation Cost Computation</b>						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
8.03	Skilled Nursing Care					8.03
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
9.03	Physical Therapy					9.03
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
10.03	Occupational Therapy					10.03
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
11.03	Speech Pathology					11.03
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
12.03	Medical Social Services					12.03
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
13.03	Home Health Aide					13.03
14.00	Total (sum of lines 8-13)					14.00
<b>Program Covered Charges</b>						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
			5.00	6.00		
<b>Supplies and Drugs Cost Computations</b>						
15.00	Cost of Medical Supplies	0.191171	19,430	15,278	0	15.00
16.00	Cost of Drugs	0.000000	0	1,603	0	16.00
<b>Transfer to Part I as Indicated</b>						
4.00						
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
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: 150065

Period: From 01/01/2011

Worksheet H-3

HHA CCN: 157155

To 12/31/2011

Parts I-II  
Date/Time Prepared:  
5/23/2012 3:04 pm

Title XVIII

Home Health Agency I

PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of cols. 9-10)	
	Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
9.00	10.00	11.00	12.00		
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>					
<b>Cost Per Visit Computation</b>					
1.00	215,659	132,518		348,177	1.00
2.00	149,505	124,588		274,093	2.00
3.00	62,944	28,325		91,269	3.00
4.00	7,662	1,532		9,194	4.00
5.00	830	498		1,328	5.00
6.00	33,197	51,654		84,851	6.00
7.00	469,797	339,115		808,912	7.00
<b>Cost Center Description</b>					
	10.00	11.00	12.00		
<b>Limitation Cost Computation</b>					
8.00					8.00
8.01					8.01
8.02					8.02
8.03					8.03
9.00					9.00
9.01					9.01
9.02					9.02
9.03					9.03
10.00					10.00
10.01					10.01
10.02					10.02
10.03					10.03
11.00					11.00
11.01					11.01
11.02					11.02
11.03					11.03
12.00					12.00
12.01					12.01
12.02					12.02
12.03					12.03
13.00					13.00
13.01					13.01
13.02					13.02
13.03					13.03
14.00					14.00
<b>Cost of Services</b>					
Cost Center Description	Part A	Part B			
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	9.00	10.00	11.00		
<b>Supplies and Drugs Cost Computations</b>					
15.00	3,714	2,921	0		15.00
16.00	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/23/2012 3:04 pm
		HHA CCN: 157155	Title XVIII	Home Health Agency I PPS

		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>					
<b>Reasonable Cost of Part A &amp; Part B Services</b>					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
<b>Customary Charges</b>					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	178	500	0	9.00
			<b>Part A Services</b>	<b>Part B Services</b>	
			1.00	2.00	

<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>					
10.00	Total reasonable cost (see instructions)		-178	-500	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		450,289	337,963	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		5,181	3,742	13.00
14.00	Total PPS Reimbursement - PEP Episodes		3,101	4,018	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		458,393	345,223	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		458,393	345,223	24.00
25.00	Coinsurance billed to program patients (from your records)		0	0	25.00
26.00	Net cost (line 24 minus line 25)		458,393	345,223	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		458,393	345,223	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)		458,393	345,223	31.00
32.00	Interim payments (see instructions)		458,393	345,223	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150065 HHA CCN: 157155	Period: From 01/01/2011 To 12/31/2011	Worksheet H-5 Date/Time Prepared: 5/23/2012 3:04 pm
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		458,393		345,223	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
	<b>Program to Provider</b>					
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
	<b>Provider to Program</b>					
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)		458,393		345,223	4.00
	<b>TO BE COMPLETED BY CONTRACTOR</b>					
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
	<b>Program to Provider</b>					
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	<b>Provider to Program</b>					
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		458,393		345,223	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

		Hospice I				
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.			0		0
2.00	Capital Related Costs-Movable Equip.					46,658
3.00	Plant Operation and Maintenance	0	0	0	0	0
4.00	Transportation - Staff	0	0	0	0	0
5.00	Volunteer Service Coordination	0	0	0	0	0
6.00	Administrative and General	196,162	0	0	20,259	60,257
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	0	0	0	0
8.00	Inpatient - Respite Care	0	0	0	0	0
<b>VISITING SERVICES</b>						
9.00	Physician Services	10,383	0	0	0	0
10.00	Nursing Care	276,574	0	0	0	0
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0
12.00	Physical Therapy	0	0	0	0	0
13.00	Occupational Therapy	0	0	0	0	0
14.00	Speech/ Language Pathology	0	0	0	0	0
15.00	Medical Social Services	0	0	0	0	0
16.00	Spiritual Counseling	28,695	0	0	0	0
17.00	Dietary Counseling	0	0	0	0	0
18.00	Counseling - Other	0	0	0	0	0
19.00	Home Health Aide and Homemaker	60,632	0	0	0	0
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	9,713
21.00	Other	0	0	0	0	0
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	2,037
23.00	Analgesics	0	0	0	0	0
24.00	Sedatives / Hypnotics	0	0	0	0	0
25.00	Other - Specify	0	0	0	0	0
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0
27.00	Patient Transportation	0	0	0	0	0
28.00	Imaging Services	0	0	0	0	0
29.00	Labs and Diagnostics	0	0	0	0	0
30.00	Medical Supplies	0	0	0	0	5,972
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0
32.00	Radiation Therapy	0	0	0	0	0
33.00	Chemotherapy	0	0	0	0	0
34.00	Other	0	0	0	0	0
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	0
36.00	Volunteer Program Costs	0	0	0	0	0
37.00	Fundraising	0	0	0	0	0
38.00	Other Program Costs	0	0	0	0	0
39.00	Total (sum of lines 1 thru 38)	572,446	0	0	20,259	124,637

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	46,658	0	46,658	0	46,658	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	276,678	0	276,678	-5	276,673	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	10,383	0	10,383	0	10,383	9.00
10.00	Nursing Care	276,574	0	276,574	0	276,574	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	28,695	0	28,695	0	28,695	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	60,632	0	60,632	0	60,632	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	9,713	0	9,713	0	9,713	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	2,037	-9,713	-7,676	0	-7,676	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	5,972	-5,972	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	717,342	-15,685	701,657	-5	701,652	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150065

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 151529

To 12/31/2011

Date/Time Prepared: 5/23/2012 3:04 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	34,996	0	113,962	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	276,574	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	34,996	0	113,962	276,574	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150065

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 151529

To 12/31/2011

Date/Time Prepared: 5/23/2012 3:04 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0		0	3.00
4.00	Transportation - Staff		0		0	4.00
5.00	Volunteer Service Coordination		0		0	5.00
6.00	Administrative and General		0	47,204	196,162	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	10,383	10,383	9.00
10.00	Nursing Care		0	0	276,574	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	28,695	28,695	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		60,632	0	60,632	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	60,632	86,282	572,446	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet K-3
		Hospice CCN: 151529		Date/Time Prepared: 5/23/2012 3:04 pm

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 150065	Period: From 01/01/2011 To 12/31/2011	Worksheet K-3
	Hospice CCN: 151529		Date/Time Prepared: 5/23/2012 3:04 pm

		Total Therapists	Aides	All-other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	20,259	20,259	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	20,259	20,259	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150065

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151529

To 12/31/2011

Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
		0	1.00	2.00	3.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	46,658		46,658			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	276,673	0	46,658	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
<b>VISITING SERVICES</b>							
9.00	Physician Services	10,383	0	0	0	0	9.00
10.00	Nursing Care	276,574	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	28,695	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	60,632	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	9,713	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>							
22.00	Drugs, Biological and Infusion Therapy	-7,676	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	701,652	0	46,658	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150065

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

Worksheet K-4  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	Hospice I TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.		0			1.00
2.00	Capital Related Costs-Movable Equip.		0			2.00
3.00	Plant Operation and Maintenance		0			3.00
4.00	Transportation - Staff		0			4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	323,331			6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	10,383	8,874	19,257	9.00
10.00	Nursing Care	0	276,574	236,373	512,947	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	28,695	24,524	53,219	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	60,632	51,819	112,451	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	9,713	8,301	18,014	20.00
21.00	Other	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	-7,676	-6,560	-14,236	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	378,321	323,331	701,652	39.00

		CAPITAL RELATED COST		Hospice I		
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)
		1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.	0				1.00
2.00	Capital Related Costs-Movable Equip.	0	7,012			2.00
3.00	Plant Operation and Maintenance	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0 5.00
6.00	Administrative and General	0	7,012	0	0	0 6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	0	0	0	0 7.00
8.00	Inpatient - Respite Care	0	0	0	0	0 8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	0 9.00
10.00	Nursing Care	0	0	0	0	0 10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0 11.00
12.00	Physical Therapy	0	0	0	0	0 12.00
13.00	Occupational Therapy	0	0	0	0	0 13.00
14.00	Speech/ Language Pathology	0	0	0	0	0 14.00
15.00	Medical Social Services	0	0	0	0	0 15.00
16.00	Spiritual Counseling	0	0	0	0	0 16.00
17.00	Dietary Counseling	0	0	0	0	0 17.00
18.00	Counseling - Other	0	0	0	0	0 18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0 19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0 20.00
21.00	Other	0	0	0	0	0 21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0 22.00
23.00	Analgesics	0	0	0	0	0 23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0 24.00
25.00	Other - Specify	0	0	0	0	0 25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0 26.00
27.00	Patient Transportation	0	0	0	0	0 27.00
28.00	Imaging Services	0	0	0	0	0 28.00
29.00	Labs and Diagnostics	0	0	0	0	0 29.00
30.00	Medical Supplies	0	0	0	0	0 30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0 31.00
32.00	Radiation Therapy	0	0	0	0	0 32.00
33.00	Chemotherapy	0	0	0	0	0 33.00
34.00	Other	0	0	0	0	0 34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>						
35.00	Bereavement Program Costs	0	0	0	0	0 35.00
36.00	Volunteer Program Costs	0	0	0	0	0 36.00
37.00	Fundraising	0	0	0	0	0 37.00
38.00	Other Program Costs	0	0	0	0	0 38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	46,658	0	0	0 39.00
40.00	Unit Cost Multiplier	0.000000	6.654022	0.000000	0.000000	0.000000 40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150065

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151529

To 12/31/2011

Part II  
Date/Time Prepared:  
5/23/2012 3:04 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-323,331	378,321	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	10,383	9.00
10.00	Nursing Care	0	276,574	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	0	15.00
16.00	Spiritual Counseling	0	28,695	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	60,632	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	9,713	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	-7,676	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
<b>HOSPICE NONREIMBURSABLE SERVICE</b>				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per wkst. K-4, Part I)		323,331	39.00
40.00	Unit Cost Multiplier		0.854647	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

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

Worksheet K-5  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	Subtotal	
		Hospice Trial Balance (1)	NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
1.00	Administrative and General		0	3,746	26,757	30,503	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	19,257	0	0	3,380	22,637	4.00
5.00	Nursing Care	512,947	0	0	127,126	640,073	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	53,219	0	0	9,341	62,560	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	112,451	0	0	19,737	132,188	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	18,014	0	0	0	18,014	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	-14,236	0	0	0	-14,236	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	701,652	0	3,746	186,341	891,739	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

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

Worksheet K-5  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	Hospice I				
	ADMINISTRATIVE & GENERAL 5.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00
1.00 Administrative and General	4,008	3,602	0	1,290	0
2.00 Inpatient - General Care	0	0	0	0	0
3.00 Inpatient - Respite Care	0	0	0	0	0
4.00 Physician Services	2,974	0	0	0	0
5.00 Nursing Care	84,095	0	0	0	0
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0
7.00 Physical Therapy	0	0	0	0	0
8.00 Occupational Therapy	0	0	0	0	0
9.00 Speech/ Language Pathology	0	0	0	0	0
10.00 Medical Social Services	0	0	0	0	0
11.00 Spiritual Counseling	8,219	0	0	0	0
12.00 Dietary Counseling	0	0	0	0	0
13.00 Counseling - Other	0	0	0	0	0
14.00 Home Health Aide and Homemaker	17,367	0	0	0	0
15.00 HH Aide & Homemaker - Cont. Home Care	2,367	0	0	0	0
16.00 Other	0	0	0	0	0
17.00 Drugs, Biological and Infusion Therapy	-1,870	0	0	0	0
18.00 Analgesics	0	0	0	0	0
19.00 Sedatives / Hypnotics	0	0	0	0	0
20.00 Other - Specify	0	0	0	0	0
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0
22.00 Patient Transportation	0	0	0	0	0
23.00 Imaging Services	0	0	0	0	0
24.00 Labs and Diagnostics	0	0	0	0	0
25.00 Medical Supplies	0	0	0	0	0
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0
27.00 Radiation Therapy	0	0	0	0	0
28.00 Chemotherapy	0	0	0	0	0
29.00 Other	0	0	0	0	0
30.00 Bereavement Program Costs	0	0	0	0	0
31.00 Volunteer Program Costs	0	0	0	0	0
32.00 Fundraising	0	0	0	0	0
33.00 Other Program Costs	0	0	0	0	0
34.00 Total (sum of lines 1 thru 33) (2)	117,160	3,602	0	1,290	0
35.00 Unit Cost Multiplier (see instructions)					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

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

Worksheet K-5  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	Hospice I					
	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	4,285	0	0	0	18,512	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	4,603	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	470	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	910	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	811	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	10,268	0	811	0	18,512	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151529

To 12/31/2011

Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description		Hospice I					
		OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	
		PHYSICIAN PRIVATE PRACTICE					
		18.00	19.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	62,200			1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	25,611	0	25,611	4.00
5.00	Nursing Care	0	0	728,771	0	728,771	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	71,249	0	71,249	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	150,465	0	150,465	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	20,381	0	20,381	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	-16,106	0	-16,106	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	811	0	811	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	1,043,382	0	1,043,382	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150065

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

Worksheet K-5  
Part I  
Date/Time Prepared:  
5/23/2012 3:04 pm

Hospice CCN: 151529

Hospice I

Cost Center Description		Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	0	0	2.00
3.00	Inpatient - Respite Care	0	0	3.00
4.00	Physician Services	1,624	27,235	4.00
5.00	Nursing Care	46,199	774,970	5.00
6.00	Nursing Care-Continuous Home Care	0	0	6.00
7.00	Physical Therapy	0	0	7.00
8.00	Occupational Therapy	0	0	8.00
9.00	Speech/ Language Pathology	0	0	9.00
10.00	Medical Social Services	0	0	10.00
11.00	Spiritual Counseling	4,517	75,766	11.00
12.00	Dietary Counseling	0	0	12.00
13.00	Counseling - Other	0	0	13.00
14.00	Home Health Aide and Homemaker	9,538	160,003	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	1,292	21,673	15.00
16.00	Other	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	-1,021	-17,127	17.00
18.00	Analgesics	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	19.00
20.00	Other - Specify	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	21.00
22.00	Patient Transportation	0	0	22.00
23.00	Imaging Services	0	0	23.00
24.00	Labs and Diagnostics	0	0	24.00
25.00	Medical Supplies	51	862	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	26.00
27.00	Radiation Therapy	0	0	27.00
28.00	Chemotherapy	0	0	28.00
29.00	Other	0	0	29.00
30.00	Bereavement Program Costs	0	0	30.00
31.00	Volunteer Program Costs	0	0	31.00
32.00	Fundraising	0	0	32.00
33.00	Other Program Costs	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)		1,043,382	34.00
35.00	Unit Cost Multiplier (see instructions)	0.063393		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150065

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation 5A	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00	4.00				
1.00	Administrative and General	0	7,012	82,200	0	30,503	1.00	
2.00	Inpatient - General Care	0	0	0	0	0	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	0	0	10,383	0	22,637	4.00	
5.00	Nursing Care	0	0	390,536	0	640,073	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	0	0	0	7.00	
8.00	Occupational Therapy	0	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	0	0	0	0	0	10.00	
11.00	Spiritual Counseling	0	0	28,695	0	62,560	11.00	
12.00	Dietary Counseling	0	0	0	0	0	12.00	
13.00	Counseling - other	0	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	0	0	60,632	0	132,188	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	18,014	15.00	
16.00	Other	0	0	0	0	0	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	-14,236	17.00	
18.00	Analgesics	0	0	0	0	0	18.00	
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00	Other-- Specify	0	0	0	0	0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00	Patient Transportation	0	0	0	0	0	22.00	
23.00	Imaging Services	0	0	0	0	0	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	0	0	0	0	0	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00	Radiation Therapy	0	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	0	28.00	
29.00	Other	0	0	0	0	0	29.00	
30.00	Bereavement Program Costs	0	0	0	0	0	30.00	
31.00	Volunteer Program Costs	0	0	0	0	0	31.00	
32.00	Fundraising	0	0	0	0	0	32.00	
33.00	Other Program Costs	0	0	0	0	0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	0	7,012	572,446	0	891,739	34.00	
35.00	Total cost to be allocated	0	3,746	186,341	0	117,160	35.00	
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.534227	0.325517	0	0.131384	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150065  
Hospice CCN: 151529

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	Hospice I		
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	
	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	150	0	150	0	8,108	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	8,708	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	890	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	1,722	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	150	0	150	0	19,428	34.00
35.00 Total cost to be allocated	3,602	0	1,290	0	10,268	35.00
36.00 Unit cost Multiplier (see instructions)	24.013333	0.000000	8.600000	0.000000	0.528516	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150065  
Hospice CCN: 151529

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description	Hospice I					
	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
	(DIRECT NRSING HRS)	(COSTED REQUIS.)				
	13.00	14.00	15.00	16.00		
1.00 Administrative and General	0	0	0	2,298,803		1.00
2.00 Inpatient - General Care	0	0	0	0		2.00
3.00 Inpatient - Respite Care	0	0	0	0		3.00
4.00 Physician Services	0	0	0	0		4.00
5.00 Nursing Care	0	0	0	0		5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00 Physical Therapy	0	0	0	0		7.00
8.00 Occupational Therapy	0	0	0	0		8.00
9.00 Speech/ Language Pathology	0	0	0	0		9.00
10.00 Medical Social Services	0	0	0	0		10.00
11.00 Spiritual Counseling	0	0	0	0		11.00
12.00 Dietary Counseling	0	0	0	0		12.00
13.00 Counseling - other	0	0	0	0		13.00
14.00 Home Health Aide and Homemaker	0	0	0	0		14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00 Other	0	0	0	0		16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00 Analgesics	0	0	0	0		18.00
19.00 Sedatives / Hypnotics	0	0	0	0		19.00
20.00 Other - Specify	0	0	0	0		20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00 Patient Transportation	0	0	0	0		22.00
23.00 Imaging Services	0	0	0	0		23.00
24.00 Labs and Diagnostics	0	0	0	0		24.00
25.00 Medical Supplies	0	6,531	0	0		25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00 Radiation Therapy	0	0	0	0		27.00
28.00 Chemotherapy	0	0	0	0		28.00
29.00 Other	0	0	0	0		29.00
30.00 Bereavement Program Costs	0	0	0	0		30.00
31.00 Volunteer Program Costs	0	0	0	0		31.00
32.00 Fundraising	0	0	0	0		32.00
33.00 Other Program Costs	0	0	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	6,531	0	2,298,803		34.00
35.00 Total cost to be allocated	0	811	0	18,512		35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.124177	0.000000	0.008053		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150065  
Hospice CCN: 151529

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/23/2012 3:04 pm

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150065

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151529

To 12/31/2011

Part III  
Date/Time Prepared:  
5/23/2012 3:04 pm

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
1.00	PHYSICAL THERAPY	66.00	0.429642	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.242140	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.674776	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.680561	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.113786	0	0 6.00
6.01	BLOOD LABORATORY	60.01			6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.885116	0	0 7.00
8.00	BEHAVOURAL HEALTH	93.00	0.840643	0	0 8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00			9.00
10.00	WOUND CARE	76.00	0.464387	0	0 10.00
10.01	INTEGRATED MANAGEMENT	76.01	2.257061	0	0 10.01
10.02	CASE MANAGEMENT	76.02	1.372469	0	0 10.02
10.03	PAIN MANAGEMENT	76.03	1.574520	0	0 10.03
10.97	CARDIAC REHABILITATION	76.97	2.943150	0	0 10.97
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150065

Period: From 01/01/2011

Worksheet K-6

Hospice CCN: 151529

To 12/31/2011

Date/Time Prepared: 5/23/2012 3:04 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,043,382	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				6,621	2.00
3.00	Average cost per diem (line 1 divided by line 2)				157.59	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	6,030				4.00
5.00	Aggregate Medicare cost (line 3 times line 4)	950,268				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		589			6.00
7.00	Aggregate Medicaid cost (line 3 times line 6)		92,821			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	1,024				8.00
9.00	Aggregate SNF cost (line 3 times line 8)	161,372				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		84			10.00
11.00	Aggregate NF cost (line 3 times line 10)		13,238			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			2		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			315		13.00

CALCULATION OF CAPITAL PAYMENT

Provider CCN: 150065

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

Worksheet L  
Parts I-III  
Date/Time Prepared:  
5/23/2012 3:04 pm

		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		758,197	1.00
2.00	Capital DRG outlier payments		93,205	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		38.07	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)		851,402	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00