

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: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/25/2012 1:33 pm
--	----------------------	---	--

**PART I - COST REPORT STATUS**

Provider use only: 1.  Electronically filed cost report Date: 5/25/2012 Time: 1:33 pm  
 2.  Manually submitted cost report  
 3.  If this is an amended report enter the number of times the provider resubmitted this cost report  
 4.  Medicare Utilization. Enter "F" for full or "L" for low.

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

**PART II - CERTIFICATION**

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

Encryption Information  
 ECR: Date: 5/25/2012 Time: 1:33 pm  
 OJJ79VnyvyxI Ep0RdfhfM: J0q6ak60  
 suGDm0RtzHWv7J3mut. h: Zc. oi XteP  
 LNVF1874q00ECq8:  
 PI: Date: 5/25/2012 Time: 1:33 pm  
 P05q30AI Guh5l PtwRFC90xy5u: qbF1  
 j 89KS09Bej eSI ESa30ofpcurx30j. x  
 81hW8pDti 08euDh

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

	Title V 1.00	Title XVII		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	103,019	216,169	0	0	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	9,673	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	260	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	112,692	216,429	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151327		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/25/2012 9:17 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 2200 NORTH SECTION STREET			PO Box: 10						1.00	
2.00	City: SULLIVAN			State: IN		Zip Code: 47882-		County: SULLIVAN		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00	
								V	XVIII	XIX	
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		SULLIVAN COUNTY COMMUNITY HOSPITAL	151327	45460	1	06/01/2005	N	O	N	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		SULLIVAN COUNTY COMMUNITY HOSPITAL	15Z327	45460		06/01/2005	N	O	N	7.00
8.00	Swing Beds - NF							N		N	8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		SULLIVAN COUNTY HOME HEALTH	157542	45460		07/23/2002	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		SULLIVAN COUNTY HOSPICE	151604	45460		09/24/2009				14.00
15.00	Hospital-Based Health Clinic - RHC		SULLIVAN COUNTY RHC	158509	45460		03/29/2011	N	N	N	15.00
16.00	Hospital-Based Health Clinic - FOHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1										17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2011	12/31/2011			20.00
21.00	Type of Control (see instructions)						9				21.00
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						N				22.00
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						2		N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	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.						1				26.00
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).						1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0				35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/25/2012 9:17 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
<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)	N	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	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	0.00	0.000000	64.00	
		Program Name 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3 / (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151327		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/25/2012 9:17 am	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4.		0.00	0.00	0.000000	65.00	
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	67.00	
					1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	0	71.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/25/2012 9:17 am	
			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)?		Y		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		N		106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)		N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		Y		108.00
			Physical	Occupational	
			1.00	2.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	109.00
			Speech	Respiratory	
			3.00	4.00	
			1.00	2.00	
<b>Miscellaneous Cost Reporting Information</b>					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		250,000	5,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA			Provider CCN: 151327		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/25/2012 9:17 am		
			1.00		2.00				
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.								133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.								134.00
All Providers									
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)				Y			140.00	
	1.00	2.00	3.00						
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.									
141.00	Name:	Contractor's Name:	Contractor's Number:			141.00			
142.00	Street:	PO Box:				142.00			
143.00	City:	State:	Zip Code:			143.00			
			1.00						
144.00	Are provider based physicians' costs included in Worksheet A?							Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.							N	145.00
			1.00	2.00					
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.							N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.							N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.							N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.							N	149.00
			Part A	Part B					
			1.00	2.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)									
155.00	Hospital		N	N	155.00				
156.00	Subprovider - IPF		N	N	156.00				
157.00	Subprovider - IRF		N	N	157.00				
158.00	SUBPROVIDER		N	N	158.00				
159.00	SNF		N	N	159.00				
160.00	HOME HEALTH AGENCY		N	N	160.00				
161.00	CMHC		N	N	161.00				
161.10	CORF		N	N	161.10				
			1.00						
Multi campus									
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
							1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/25/2012 9:17 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/12/2012		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/25/2012 9:17 am
---	--	----------------------	---	--

		Part A				
		Description	Y/N	Date		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	N	2.00		21.00
					1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>						
<b>Capital Related Cost</b>						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		Y			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N			27.00
<b>Interest Expense</b>						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		Y			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		Y			31.00
<b>Purchased Services</b>						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
<b>Provider-Based Physicians</b>						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		N			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?		N			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)	Y	03/12/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 151327

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	21	7,665	90,864.00		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)		21	7,665	90,864.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	4	1,460	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)		25	9,125	90,864.00		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
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		25				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 151327

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

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	1,447	353	2,470	1.00	
2.00 HMO		5	0		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	713	0	713	5.00	
6.00 Hospital Adults & Peds. Swing Bed NF	0		21	21	6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	2,160	374	3,204	7.00	
8.00 INTENSIVE CARE UNIT	0	177	14	250	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		197	298	13.00	
14.00 Total (see instructions)	0	2,337	585	3,752	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	2,618	94	3,864	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00	
24.00 HOSPICE		0	0	0	24.00	
25.00 CMHC - CMHC					25.00	
25.10 CMHC - CORF	0	0	0	0	25.10	
26.00 RURAL HEALTH CLINIC	0	0	0	1,714	26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	26.25	
27.00 Total (sum of lines 14-26)					27.00	
28.00 Observation Bed Days	0		264	1,455	28.00	
29.00 Ambulance Trips		0			29.00	
30.00 Employee discount days (see instruction)				34	30.00	
31.00 Employee discount days - IRF				0	31.00	
32.00 Labor & delivery days (see instructions)			0	0	32.00	
33.00 LTCH non-covered days		0			33.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 151327

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	569	1.00
2.00 HMO					0	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	197.20	0.00	0	569	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	7.83	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	0.91	0.00			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	2.11	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	208.05	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 151327

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	44	991		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)	44	991		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
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet S-4
		Component CCN: 157542		Date/Time Prepared: 5/25/2012 9:17 am
			Home Health Agency I	PPS

		1.00						
0.00	County						0.00	
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	3,265	0	0	3,265	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	156.00	0.00	0.00	0.00	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)	0.00			2.03	0.00	2.03	3.00
4.00	Director(s) and Assistant Director(s)				0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel				0.00	0.00	0.00	5.00
6.00	Direct Nursing Service				3.65	0.00	3.65	6.00
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00
8.00	Physical Therapy Service				0.98	0.00	0.98	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				0.48	0.00	0.48	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.03	0.00	0.03	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.14	0.00	0.14	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				0.59	0.00	0.59	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).				45460			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)		
		Without Outliers	With Outliers					
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	1,154	0	33	15	1,202	21.00	
22.00	Skilled Nursing Visit Charges	160,406	0	4,587	2,085	167,078	22.00	
23.00	Physical Therapy Visits	662	0	6	1	669	23.00	
24.00	Physical Therapy Visit Charges	105,150	0	990	165	106,305	24.00	
25.00	Occupational Therapy Visits	333	0	1	0	334	25.00	
26.00	Occupational Therapy Visit Charges	54,495	0	165	0	54,660	26.00	
27.00	Speech Pathology Visits	24	0	0	0	24	27.00	
28.00	Speech Pathology Visit Charges	3,960	0	0	0	3,960	28.00	
29.00	Medical Social Service Visits	6	0	0	0	6	29.00	
30.00	Medical Social Service Visit Charges	1,110	0	0	0	1,110	30.00	
31.00	Home Health Aide Visits	369	0	3	11	383	31.00	
32.00	Home Health Aide Visit Charges	31,365	0	255	935	32,555	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	2,548	0	43	27	2,618	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)	356,486	0	5,997	3,185	365,668	35.00	
36.00	Total Number of Episodes (standard/non outlier)	179		20	3	202	36.00	
37.00	Total Number of Outlier Episodes		0		0	0	37.00	
38.00	Total Non-Routine Medical Supply Charges	6,056	0	196	150	6,402	38.00	

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 151327 Component CCN: 158509	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 9:17 am
		Rural Health Clinic (RHC) I		
				1.00
1.00	Clinic Address and Identification Street		8685 OLD HIGHWAY 41 S	1.00
		City	State	Zip Code
		1.00	2.00	3.00
2.00	City, State, Zip Code, County	CARLISLE	IN	47838 2.00
				1.00
3.00	FQHCs ONLY: Designation - Enter "R" for rural or "U" for urban			0 3.00
		Grant Award	Date	
		1.00	2.00	
Source of Federal Funds				
4.00	Community Health Center (Section 330(d), PHS Act)		0	4.00
5.00	Migrant Health Center (Section 329(d), PHS Act)		0	5.00
6.00	Health Services for the Homeless (Section 340(d), PHS Act)		0	6.00
7.00	Appalachian Regional Commission		0	7.00
8.00	Look-Alikes		0	8.00
9.00	OTHER (SPECIFY)		0	9.00
		1.00	2.00	
10.00	Does this facility operate as other than an RHC or FQHC? Enter "Y" for yes and "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N	0 10.00
		Sunday	Monday	
		from to	from to	
		1.00 2.00	3.00 4.00	
11.00	Facility hours of operations (1) Clinic		08:00 17:00	11.00
		1.00	2.00	
12.00	Have you received an approval for an exception to the productivity standard?		N	0 12.00
13.00	Is this a consolidated cost report as defined in CMS Pub. 27, section 508(D)? If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.			0 13.00
		Provider name	CCN number	
		1.00	2.00	
14.00	Provider name, CCN number			14.00
		Y/N	V	XVIII
		1.00	2.00	3.00
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes and "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. (see instructions)		0	0 0 15.00



HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 151327 Component CCN: 158509	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 9:17 am		
			Rural Health Clinic (RHC) I			
		Thursday		Friday		
		from	to	from	to	
		9.00	10.00	11.00	12.00	
11.00	Facility hours of operations (1) Clinic	08:00	17:00	08:00	17:00	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 151327 Component CCN: 158509	Period: From 01/01/2011 To 12/31/2011	Worksheet S-8 Date/Time Prepared: 5/25/2012 9:17 am
		Rural Health Clinic (RHC) I	

		Saturday		
		from	to	
		13.00	14.00	
11.00	Facility hours of operations (1) Clinic			11.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 151327		Period:		Worksheet S-9	
		Component CCN: 151604		From 01/01/2011 To 12/31/2011		Parts I & II Date/Time Prepared: 5/25/2012 9:17 am	
		Unduplicated Days				Hospice I	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	
		1.00	2.00	3.00	4.00	5.00	
<b>PART I - ENROLLMENT DAYS</b>							
1.00	Continuous Home Care	0	0	0	0	0	
2.00	Routine Home Care	84	0	0	0	0	
3.00	Inpatient Respite Care	0	0	0	0	0	
4.00	General Inpatient Care	0	0	0	0	0	
5.00	Total Hospice Days	84	0	0	0	0	
<b>Part II - CENSUS DATA</b>							
6.00	Number of Patients Receiving Hospice Care	4	0	0	0	0	
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)	21.00	0.00	0.00	0.00	0.00	
9.00	Unduplicated Census Count	4	0	0	0	0	

HOSPITAL IDENTIFICATION DATA		Provider CCN: 151327 Component CCN: 151604	Period: From 01/01/2011 To 12/31/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 5/25/2012 9:17 am
		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	84	2.00
3.00	Inpatient Respite Care	0	3.00
4.00	General Inpatient Care	0	4.00
5.00	Total Hospice Days	84	5.00
<b>Part II - CENSUS DATA</b>			
6.00	Number of Patients Receiving Hospice Care	4	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)	21.00	8.00
9.00	Unduplicated Census Count	4	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/25/2012 9:17 am
---	--	----------------------	---	--

				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)		0.394121		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		871,118		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		690,031		5.00
6.00	Medicaid charges		8,352,109		6.00
7.00	Medicaid cost (line 1 times line 6)		3,291,742		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)		1,730,593		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,730,593		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	47,982	0	47,982	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	18,911	0	18,911	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	18,911	0	18,911	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			0	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			778,812	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			-778,812	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			-306,946	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			-288,035	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			1,442,558	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151327

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

Worksheet A  
Date/Time Prepared:  
5/25/2012 9:17 am

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		650,068	650,068	70,411	720,479	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		1,096,013	1,096,013	-70,015	1,025,998	2.00
4.00 EMPLOYEE BENEFITS	104,760	3,049,948	3,154,708	0	3,154,708	4.00
5.01 IS/ACCOUNTING/MARKETING	425,410	366,154	791,564	-187,050	604,514	5.01
5.02 BUSINESS OFFICE & ADMITTING	505,601	265,694	771,295	0	771,295	5.02
5.03 OTHER ADMINISTRATIVE AND GENERAL	129,472	1,605,692	1,735,164	0	1,735,164	5.03
7.00 OPERATION OF PLANT	347,003	578,507	925,510	0	925,510	7.00
8.00 LAUNDRY & LINEN SERVICE	35,828	23,375	59,203	0	59,203	8.00
9.00 HOUSEKEEPING	299,877	36,216	336,093	0	336,093	9.00
10.00 DIETARY	260,129	163,194	423,323	0	423,323	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	174,587	41,195	215,782	0	215,782	13.00
14.00 CENTRAL SERVICES & SUPPLY	128,441	4,427	132,868	0	132,868	14.00
15.00 PHARMACY	292,648	889,546	1,182,194	0	1,182,194	15.00
16.00 MEDICAL RECORDS & LIBRARY	270,798	72,328	343,126	0	343,126	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	1,472,152	71,039	1,543,191	369,501	1,912,692	30.00
31.00 INTENSIVE CARE UNIT	383,754	22,510	406,264	0	406,264	31.00
43.00 NURSERY	0	0	0	109,254	109,254	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	590,407	550,966	1,141,373	-560,164	581,209	50.00
52.00 DELIVERY ROOM & LABOR ROOM	460,182	67,571	527,753	-478,755	48,998	52.00
53.00 ANESTHESIOLOGY	0	588,956	588,956	0	588,956	53.00
54.00 RADIOLOGY-DIAGNOSTIC	485,262	340,611	825,873	-3,601	822,272	54.00
54.01 ULTRASOUND	0	186,393	186,393	0	186,393	54.01
56.00 RADIOISOTOPE	0	133,260	133,260	0	133,260	56.00
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	523,613	565,218	1,088,831	0	1,088,831	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	150,547	150,547	0	150,547	63.00
64.00 INTRAVENOUS THERAPY	0	22,497	22,497	0	22,497	64.00
65.00 RESPIRATORY THERAPY	381,686	55,591	437,277	-20,683	416,594	65.00
66.00 PHYSICAL THERAPY	508,312	19,389	527,701	0	527,701	66.00
66.01 SPORTS THERAPY	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	108,114	1,406	109,520	0	109,520	67.00
68.00 SPEECH PATHOLOGY	58,403	1,466	59,869	0	59,869	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	1,485	1,485	0	1,485	70.00
70.01 CARDIOPULMONARY	37,460	2,498	39,958	0	39,958	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	236,841	236,841	454,475	691,316	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	68,143	68,143	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	0	0	155,468	155,468	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	729,625	439,625	1,169,250	61,434	1,230,684	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	383,451	86,365	469,816	0	469,816	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00 HOSPICE	40,617	12,813	53,430	0	53,430	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,137,592	12,399,404	21,536,996	-31,582	21,505,414	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	533,299	336,539	869,838	14,910	884,748	192.00
192.01 CARLSLE CLINIC	139,134	65,725	204,859	-155,468	49,391	192.01
192.02 HOSPICE	0	0	0	0	0	192.02
194.00 MEALS ON WHEELS	0	0	0	0	0	194.00
194.01 GUEST MEALS	0	0	0	0	0	194.01
194.02 MARKETING	0	0	0	172,140	172,140	194.02
200.00 TOTAL (SUM OF LINES 118-199)	9,810,025	12,801,668	22,611,693	0	22,611,693	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151327

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

Worksheet A  
Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	720,479	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-9,098	1,016,900	2.00
4.00	EMPLOYEE BENEFITS	-990,031	2,164,677	4.00
5.01	IS/ACCOUNTING/MARKETING	-6,503	598,011	5.01
5.02	BUSINESS OFFICE & ADMITTING	0	771,295	5.02
5.03	OTHER ADMINISTRATIVE AND GENERAL	-447,441	1,287,723	5.03
7.00	OPERATION OF PLANT	-9,155	916,355	7.00
8.00	LAUNDRY & LINEN SERVICE	0	59,203	8.00
9.00	HOUSEKEEPING	0	336,093	9.00
10.00	DIETARY	-47,551	375,772	10.00
11.00	CAFETERIA	0	0	11.00
13.00	NURSING ADMINISTRATION	-6,085	209,697	13.00
14.00	CENTRAL SERVICES & SUPPLY	-1,594	131,274	14.00
15.00	PHARMACY	-5,375	1,176,819	15.00
16.00	MEDICAL RECORDS & LIBRARY	-124	343,002	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	ADULTS & PEDIATRICS	0	1,912,692	30.00
31.00	INTENSIVE CARE UNIT	0	406,264	31.00
43.00	NURSERY	0	109,254	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	OPERATING ROOM	0	581,209	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	48,998	52.00
53.00	ANESTHESIOLOGY	0	588,956	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	822,272	54.00
54.01	ULTRASOUND	0	186,393	54.01
56.00	RADIOISOTOPE	0	133,260	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	0	1,088,831	60.00
60.01	BLOOD LABORATORY	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	150,547	63.00
64.00	INTRAVENOUS THERAPY	0	22,497	64.00
65.00	RESPIRATORY THERAPY	0	416,594	65.00
66.00	PHYSICAL THERAPY	0	527,701	66.00
66.01	SPORTS THERAPY	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	109,520	67.00
68.00	SPEECH PATHOLOGY	0	59,869	68.00
69.00	ELECTROCARDIOLOGY	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,485	70.00
70.01	CARDIOPULMONARY	0	39,958	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-273	691,043	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	68,143	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0	155,468	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	EMERGENCY	0	1,230,684	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	0	469,816	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
116.00	HOSPICE	0	53,430	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-1,523,230	19,982,184	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	884,748	192.00
192.01	CARLISLE CLINIC	0	49,391	192.01
192.02	HOSPICE	0	0	192.02
194.00	MEALS ON WHEELS	0	0	194.00
194.01	GUEST MEALS	0	0	194.01
194.02	MARKETING	0	172,140	194.02
200.00	TOTAL (SUM OF LINES 118-199)	-1,523,230	21,088,463	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>B - FIRE INSURANCE RECLASS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	42,038	1.00
	TOTALS		0	42,038	
<b>C - ADVERTISING RECLASS</b>					
1.00	MARKETING	194.02	56,164	115,976	1.00
	TOTALS		56,164	115,976	
<b>D - DELIVERY ROOM RECLASS</b>					
1.00	ADULTS & PEDIATRICS	30.00	350,485	19,016	1.00
2.00	NURSERY	43.00	97,947	11,307	2.00
	TOTALS		448,432	30,323	
<b>E - DEFAULT</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	28,373	1.00
	TOTALS		0	28,373	
<b>F - IV THERAPY COSTS RECLASS</b>					
1.00	EMERGENCY	91.00	57,263	4,171	1.00
	TOTALS		57,263	4,171	
<b>G - OR SUPPLY COSTS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	434,188	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	434,188	
<b>H - MOB EXPENSE RECLASS</b>					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	14,910	1.00
	TOTALS		0	14,910	
<b>J - OXYGEN RECLASS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	20,287	1.00
	TOTALS		0	20,287	
<b>K - IMPLANTABLE DEVICE RECLASS</b>					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	68,143	1.00
	TOTALS		0	68,143	
<b>M - RESPIRATORY THERAPY RENTAL RECLASS</b>					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	396	1.00
	TOTALS		0	396	
<b>N - RHC EXPENSE RECLASS</b>					
1.00	RURAL HEALTH CLINIC	88.00	105,589	49,879	1.00
	TOTALS		105,589	49,879	
500.00	Grand Total: Increases		667,448	808,684	500.00

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
<b>B - FIRE INSURANCE RECLASS</b>							
1.00	NEW CAP REL COSTS-MVBLE	2.00	0	42,038	12		1.00
	EQUIP						
	TOTALS		0	42,038			
<b>C - ADVERTISING RECLASS</b>							
1.00	IS/ACCOUNTING/MARKETING	5.01	56,164	115,976	0		1.00
	TOTALS		56,164	115,976			
<b>D - DELIVERY ROOM RECLASS</b>							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	448,432	30,323	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		448,432	30,323			
<b>E - DEFAULT</b>							
1.00	NEW CAP REL COSTS-MVBLE	2.00	0	28,373	11		1.00
	EQUIP						
	TOTALS		0	28,373			
<b>F - IV THERAPY COSTS RECLASS</b>							
1.00	OPERATING ROOM	50.00	57,263	4,171	0		1.00
	TOTALS		57,263	4,171			
<b>G - OR SUPPLY COSTS</b>							
1.00	OPERATING ROOM	50.00	0	430,587	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,601	0		2.00
	TOTALS		0	434,188			
<b>H - MOB EXPENSE RECLASS</b>							
1.00	IS/ACCOUNTING/MARKETING	5.01	0	14,910	0		1.00
	TOTALS		0	14,910			
<b>J - OXYGEN RECLASS</b>							
1.00	RESPIRATORY THERAPY	65.00	0	20,287	0		1.00
	TOTALS		0	20,287			
<b>K - IMPLANTABLE DEVICE RECLASS</b>							
1.00	OPERATING ROOM	50.00	0	68,143	0		1.00
	TOTALS		0	68,143			
<b>M - RESPIRATORY THERAPY RENTAL RECLASS</b>							
1.00	RESPIRATORY THERAPY	65.00	0	396	14		1.00
	TOTALS		0	396			
<b>N - RHC EXPENSE RECLASS</b>							
1.00	CARLSLE CLINIC	192.01	105,589	49,879	0		1.00
	TOTALS		105,589	49,879			
500.00	Grand Total: Decreases		667,448	808,684			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151327

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/25/2012 9:17 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	1,042,227	0	0	0	1.00
2.00	Land Improvements	141,267	312,223	0	312,223	2.00
3.00	Buildings and Fixtures	16,729,731	1,175,201	0	1,175,201	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	851,837	55,000	0	55,000	5.00
6.00	Movable Equipment	10,453,936	987,668	0	987,668	65,433 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	29,218,998	2,530,092	0	2,530,092	65,433 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	29,218,998	2,530,092	0	2,530,092	65,433 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	650,068	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,096,013	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,746,081	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	20,307,486	0	20,307,486	0.640945	0 1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	11,376,171	0	11,376,171	0.359055	0 2.00
3.00	Total (sum of lines 1-2)	31,683,657	0	31,683,657	1.000000	0 3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151327

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/25/2012 9:17 am

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	1,042,227	0		1.00		
2.00	Land Improvements	453,490	0		2.00		
3.00	Buildings and Fixtures	17,904,932	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	906,837	0		5.00		
6.00	Movable Equipment	11,376,171	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	31,683,657	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	31,683,657	0		10.00		
<b>SUMMARY OF CAPITAL</b>							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	650,068		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	1,096,013		2.00		
3.00	Total (sum of lines 1-2)	0	1,746,081		3.00		
<b>ALLOCATION OF OTHER CAPITAL</b>							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	650,068	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,089,246	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,739,314	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151327

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

Worksheet A-7  
Parts I-III  
Date/Time Prepared:  
5/25/2012 9:17 am

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		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	28,373	42,038	0	0	720,479	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-30,704	-42,038	0	396	1,016,900	2.00
3.00	Total (sum of lines 1-2)	-2,331	0	0	396	1,737,379	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 151327

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

Worksheet A-8  
Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)	B	-1,809	NEW CAP REL COSTS-MVBLE EQUIP	2.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-1,364	OTHER ADMINISTRATIVE AND GENERAL	5.03 7.00
8.00 Television and radio service (chapter 21)	A	-4,848	OPERATION OF PLANT	7.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	0		10.00 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-16,199		12.00 12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-46,234	DIETARY	10.00 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	B	-5,375	PHARMACY	15.00 17.00
18.00 Sale of medical records and abstracts	B	-124	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	-1,317	DIETARY	10.00 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			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant		0		0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	0		0.00 32.00
33.00 PHYSICIAN RECRUITMENT	A	-120,529	OTHER ADMINISTRATIVE AND GENERAL	5.03 33.00
35.00 FLOWERS & PLANTS	A	-1,439	OTHER ADMINISTRATIVE AND GENERAL	5.03 35.00
36.00 SALES TAX	A	-6,974	OTHER ADMINISTRATIVE AND GENERAL	5.03 36.00
37.00 NON-ALLOWABLE 1998 BOND INTEREST EXP	A	-6,767	NEW CAP REL COSTS-MVBLE EQUIP	2.00 37.00
38.00 LOBBYING EXPENSE	A	-1,210	OTHER ADMINISTRATIVE AND GENERAL	5.03 38.00
40.00 SALES OF SUPPLIES	B	-273	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00 40.00
41.00 ATM RENTAL AND COMMISSION	B	-1,564	OTHER ADMINISTRATIVE AND GENERAL	5.03 41.00
42.00 MIS. INCOME	B	-4,652	OTHER ADMINISTRATIVE AND GENERAL	5.03 42.00

Provider CCN: 151327

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

Worksheet A-8  
Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	
			1.00	2.00	
43.00 EDUCATION REVENUE	B	-6,085	NURSING ADMINISTRATION	13.00	43.00
44.00 SURETY BONDS	B	-1,920	IS/ACCOUNTING/MARKETING	5.01	44.00
45.00 DOMESTIC HEALTHCARE CLAIMS	B	-988,282	EMPLOYEE BENEFITS	4.00	45.00
46.00 RECOVERY OTHER AGENCIES	B	-102	OTHER ADMINISTRATIVE AND GENERAL	5.03	46.00
47.00 FORGIVENESS OF DEBT	A	-305,714	OTHER ADMINISTRATIVE AND GENERAL	5.03	47.00
48.00 EMPLOYEE FITNESS CENTER DUES	A	-449	EMPLOYEE BENEFITS	4.00	48.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,523,230			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 151327

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

Worksheet A-8  
Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	11	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	PHYSICIAN RECRUITMENT	0	33.00
35.00	FLOWERS & PLANTS	0	35.00
36.00	SALES TAX	0	36.00
37.00	NON-ALLOWABLE 1998 BOND INTEREST EXP	9	37.00
38.00	LOBBYING EXPENSE	0	38.00
40.00	SALES OF SUPPLIES	0	40.00
41.00	ATM RENTAL AND COMMISSION	0	41.00
42.00	MISC. INCOME	0	42.00
43.00	EDUCATION REVENUE	0	43.00
44.00	SURETY BONDS	0	44.00
45.00	DOMESTIC HEALTHCARE CLAIMS	0	45.00
46.00	RECOVERY OTHER AGENCIES	0	46.00
47.00	FORGIVENESS OF DEBT	0	47.00
48.00	EMPLOYEE FITNESS CENTER DUES	0	48.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 151327

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

Worksheet A-8-1

Date/Time Prepared:  
5/25/2012 9:17 am

	Line No.	Cost Center	Expense Items	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00		2.00 NEW CAP REL COSTS-MVBLE EQUIP	FITNESS CENTER - PROP INSURNACE	1.00
2.00		4.00 EMPLOYEE BENEFITS	FITNESS CENTER - HR	2.00
3.00		5.01 IS/ACCOUNTING/MARKETING	FITNESS CENTER - FISCAL ACCTG, IS	3.00
4.00		5.03 OTHER ADMINISTRATIVE AND GENERAL	FITNESS CENTER - ADMIN	4.00
4.01		7.00 OPERATION OF PLANT	FITNESS CENTER - MAINT	4.01
4.02		14.00 CENTRAL SERVICES & SUPPLY	FITNESS CENTER - MATERIALS MGMT	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
<b>B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:</b>				

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

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

6.00		C	0.00	6.00
7.00		C	0.00	7.00
8.00		C	0.00	8.00
9.00		C	0.00	9.00
10.00		C	0.00	10.00
10.01		C	0.00	10.01
10.02		C	0.00	10.02
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS  
 Provider CCN: 151327  
 Period: From 01/01/2011 To 12/31/2011  
 Worksheet A-8-1  
 Date/Time Prepared: 5/25/2012 9:17 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00		0	522	-522	11
2.00		0	1,300	-1,300	0
3.00		0	4,583	-4,583	0
4.00		0	3,893	-3,893	0
4.01		0	4,307	-4,307	0
4.02		0	1,594	-1,594	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	0	16,199	-16,199	

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

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

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

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

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

6.00		FITNESS CENTER	100.00	6.00
7.00		FITNESS CENTER	100.00	7.00
8.00		FITNESS CENTER	100.00	8.00
9.00		FITNESS CENTER	100.00	9.00
10.00		FITNESS CENTER	100.00	10.00
10.01		FITNESS CENTER	100.00	10.01
10.02		FITNESS CENTER	100.00	10.02
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 151327

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

Worksheet A-8-2

Date/Time Prepared:  
5/25/2012 9:17 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	52.00	DELIVERY ROOM & LABOR ROOM	26,000	0	1.00
2.00	53.00	ANESTHESIOLOGY	584,000	0	2.00
3.00	60.00	LABORATORY	21,529	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
200.00			631,529	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 151327

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

Worksheet A-8-2

Date/Time Prepared:  
5/25/2012 9:17 am

	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	23,850	0	0	0	0	1.00
2.00	584,000	0	0	0	0	2.00
3.00	21,529	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	629,379		0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 151327

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

Worksheet A-8-2

Date/Time Prepared:  
5/25/2012 9:17 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	0	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 151327

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

Worksheet A-8-2  
Date/Time Prepared:  
5/25/2012 9:17 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	0	1.00
2.00	0	0	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
200.00	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151327

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	IS/ACCOUNTING /MARKETING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	720,479	720,479				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	1,016,900		1,016,900			2.00
4.00 EMPLOYEE BENEFITS	2,164,677	4,149	5,856	2,174,682		4.00
5.01 IS/ACCOUNTING/MARKETING	598,011	18,207	25,697	82,738	724,653	5.01
5.02 BUSINESS OFFICE & ADMITTING	771,295	15,346	21,660	113,291	35,271	5.02
5.03 OTHER ADMINISTRATIVE AND GENERAL	1,287,723	25,163	35,515	29,011	52,716	5.03
7.00 OPERATION OF PLANT	916,355	80,896	114,179	77,754	45,537	7.00
8.00 LAUNDRY & LINEN SERVICE	59,203	4,218	5,953	8,028	2,964	8.00
9.00 HOUSEKEEPING	336,093	9,847	13,898	67,194	16,345	9.00
10.00 DIETARY	375,772	20,617	29,099	58,288	7,041	10.00
11.00 CAFETERIA	0	7,002	9,883	0	649	11.00
13.00 NURSING ADMINISTRATION	209,697	4,302	6,072	39,120	9,920	13.00
14.00 CENTRAL SERVICES & SUPPLY	131,274	17,955	25,342	28,780	7,789	14.00
15.00 PHARMACY	1,176,819	10,915	15,405	65,574	48,551	15.00
16.00 MEDICAL RECORDS & LIBRARY	343,002	22,730	32,081	60,678	17,554	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	1,912,692	118,592	167,386	408,405	99,804	30.00
31.00 INTENSIVE CARE UNIT	406,264	31,707	44,752	85,989	21,775	31.00
43.00 NURSERY	109,254	2,540	3,585	21,947	5,256	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	581,209	102,940	145,291	119,463	36,352	50.00
52.00 DELIVERY ROOM & LABOR ROOM	48,998	3,562	5,027	2,633	2,306	52.00
53.00 ANESTHESIOLOGY	588,956	0	0	0	22,536	53.00
54.00 RADIOLOGY-DIAGNOSTIC	822,272	43,125	60,868	108,734	39,622	54.00
54.01 ULTRASOUND	186,393	2,593	3,660	0	7,373	54.01
56.00 RADIOISOTOPE	133,260	3,204	4,522	0	5,395	56.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,088,831	23,111	32,620	117,327	48,295	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	150,547	1,449	2,045	0	5,895	63.00
64.00 INTRAVENOUS THERAPY	22,497	2,570	3,628	0	1,099	64.00
65.00 RESPIRATORY THERAPY	416,594	19,152	27,032	85,525	20,989	65.00
66.00 PHYSICAL THERAPY	527,701	31,585	44,580	113,898	27,479	66.00
66.01 SPORTS THERAPY	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	109,520	4,721	6,664	24,225	5,555	67.00
68.00 SPEECH PATHOLOGY	59,869	2,700	3,811	13,086	3,042	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,485	1,686	2,379	0	213	70.00
70.01 CARDIOPULMONARY	39,958	8,787	12,402	8,394	2,665	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	691,043	0	0	0	26,442	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	68,143	0	0	0	2,607	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	155,468	23,546	33,233	23,660	9,037	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	1,230,684	45,391	64,066	176,320	58,046	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	469,816	0	0	85,921	21,265	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00 HOSPICE	53,430	0	0	9,101	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	19,982,184	714,308	1,008,191	2,035,084	717,385	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,020	5,673	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	884,748	0	0	119,497	0	192.00
192.01 CARLSLE CLINIC	49,391	0	0	7,516	0	192.01
192.02 HOSPICE	0	0	0	0	0	192.02
194.00 MEALS ON WHEELS	0	0	0	0	0	194.00
194.01 GUEST MEALS	0	0	0	0	0	194.01
194.02 MARKETING	172,140	2,151	3,036	12,585	7,268	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	21,088,463	720,479	1,016,900	2,174,682	724,653	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151327

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description		BUSINESS OFFICE & ADMINISTRATION	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.02	5A.02	5.03	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	IS/ACCOUNTING/MARKETING						5.01
5.02	BUSINESS OFFICE & ADMITTING	956,863					5.02
5.03	OTHER ADMINISTRATIVE AND GENERAL	75,075	1,505,203	1,505,203			5.03
7.00	OPERATION OF PLANT	64,851	1,299,572	99,888	1,399,460		7.00
8.00	LAUNDRY & LINEN SERVICE	4,221	84,587	6,502	10,235	101,324	8.00
9.00	HOUSEKEEPING	23,277	466,654	35,868	23,895	0	9.00
10.00	DIETARY	25,768	516,585	39,706	50,029	595	10.00
11.00	CAFETERIA	924	18,458	1,419	16,991	376	11.00
13.00	NURSING ADMINISTRATION	14,127	283,238	21,770	10,439	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	11,092	222,232	17,081	43,569	0	14.00
15.00	PHARMACY	69,144	1,386,408	106,562	26,486	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	24,999	501,044	38,511	55,156	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	142,141	2,849,020	218,975	287,775	33,005	30.00
31.00	INTENSIVE CARE UNIT	31,011	621,498	47,770	76,941	2,121	31.00
43.00	NURSERY	7,485	150,067	11,534	6,163	2,106	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	51,771	1,037,026	79,708	249,793	23,245	50.00
52.00	DELIVERY ROOM & LABOR ROOM	3,284	65,810	5,058	8,644	2,095	52.00
53.00	ANESTHESIOLOGY	32,094	643,586	49,467	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	56,427	1,131,048	86,935	104,648	5,911	54.00
54.01	ULTRASOUND	10,500	210,519	16,181	6,293	0	54.01
56.00	RADIOISOTOPE	7,661	154,042	11,840	7,774	0	56.00
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	68,780	1,378,964	105,990	56,081	323	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	8,395	168,331	12,938	3,517	0	63.00
64.00	INTRAVENOUS THERAPY	1,565	31,359	2,410	6,237	0	64.00
65.00	RESPIRATORY THERAPY	29,891	599,183	46,054	46,475	1,715	65.00
66.00	PHYSICAL THERAPY	39,133	784,376	60,289	76,644	11,024	66.00
66.01	SPORTS THERAPY	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	7,912	158,597	12,190	11,457	0	67.00
68.00	SPEECH PATHOLOGY	4,332	86,840	6,675	6,552	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	303	6,066	466	4,090	0	70.00
70.01	CARDIOPULMONARY	3,795	76,001	5,842	21,322	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	37,657	755,142	58,042	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	3,713	74,463	5,723	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	12,869	257,813	19,816	57,136	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	82,666	1,657,173	127,374	110,145	18,808	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	577,002	44,350	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	HOSPICE	0	62,531	4,806	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	956,863	19,820,438	1,407,740	1,384,487	101,324	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,693	745	9,754	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	1,004,245	77,188	0	0	192.00
192.01	CARLSLE CLINIC	0	56,907	4,374	0	0	192.01
192.02	HOSPICE	0	0	0	0	0	192.02
194.00	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01	GUEST MEALS	0	0	0	0	0	194.01
194.02	MARKETING	0	197,180	15,156	5,219	0	194.02
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	956,863	21,088,463	1,505,203	1,399,460	101,324	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151327

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	9.00	10.00	11.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 IS/ACCOUNTING/MARKETING						5.01
5.02 BUSINESS OFFICE & ADMITTING						5.02
5.03 OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	526,417					9.00
10.00 DIETARY	19,289	626,204				10.00
11.00 CAFETERIA	6,551	303,954	347,749			11.00
13.00 NURSING ADMINISTRATION	4,025	0	7,860	327,332		13.00
14.00 CENTRAL SERVICES & SUPPLY	16,799	0	6,979	0	306,660	14.00
15.00 PHARMACY	10,212	0	11,639	0	2,429	15.00
16.00 MEDICAL RECORDS & LIBRARY	21,266	0	17,551	0	0	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	110,955	165,669	92,160	158,237	13,726	30.00
31.00 INTENSIVE CARE UNIT	29,665	9,893	15,395	26,441	1,367	31.00
43.00 NURSERY	2,376	0	3,965	6,788	876	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	96,310	16,606	23,138	39,729	25,302	50.00
52.00 DELIVERY ROOM & LABOR ROOM	3,333	0	464	813	871	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	40,348	0	22,234	0	5,414	54.00
54.01 ULTRASOUND	2,426	0	3,014	0	0	54.01
56.00 RADIOISOTOPE	2,997	0	788	0	0	56.00
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	21,623	0	30,210	0	16,830	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	1,356	0	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	2,405	0	0	0	0	64.00
65.00 RESPIRATORY THERAPY	17,919	0	16,090	0	8,606	65.00
66.00 PHYSICAL THERAPY	29,551	0	19,869	0	2,244	66.00
66.01 SPORTS THERAPY	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	4,417	0	3,825	0	65	67.00
68.00 SPEECH PATHOLOGY	2,526	0	2,295	0	67	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	1,577	0	0	0	0	70.00
70.01 CARDIOPULMONARY	8,221	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	198,976	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	22,625	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	22,029	0	4,892	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	42,468	0	35,102	60,262	6,468	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	18,316	31,454	737	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00 HOSPICE	0	0	2,110	3,608	57	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	520,644	496,122	337,896	327,332	306,660	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,761	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	9,042	0	0	192.00
192.01 CARLSLE CLINIC	0	0	0	0	0	192.01
192.02 HOSPICE	0	0	0	0	0	192.02
194.00 MEALS ON WHEELS	0	113,462	0	0	0	194.00
194.01 GUEST MEALS	0	16,620	0	0	0	194.01
194.02 MARKETING	2,012	0	811	0	0	194.02
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)	526,417	626,204	347,749	327,332	306,660	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part I Date/Time Prepared: 5/25/2012 9:17 am
---	--	----------------------	---	---

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	15.00	16.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00						1.00
2.00						2.00
4.00						4.00
5.01						5.01
5.02						5.02
5.03						5.03
7.00						7.00
8.00						8.00
9.00						9.00
10.00						10.00
11.00						11.00
13.00						13.00
14.00						14.00
15.00	1,543,736					15.00
16.00		633,528				16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	0	59,541	3,989,063	0	3,989,063	30.00
31.00	0	6,003	837,094	0	837,094	31.00
43.00	0	2,529	186,404	0	186,404	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	0	53,443	1,644,300	0	1,644,300	50.00
52.00	0	2,477	89,565	0	89,565	52.00
53.00	0	15,330	708,383	0	708,383	53.00
54.00	0	113,605	1,510,143	0	1,510,143	54.00
54.01	0	24,445	262,878	0	262,878	54.01
56.00	0	5,150	182,591	0	182,591	56.00
58.00	0	0	0	0	0	58.00
59.00	0	0	0	0	0	59.00
60.00	0	99,984	1,710,005	0	1,710,005	60.00
60.01	0	0	0	0	0	60.01
63.00	0	10,533	196,675	0	196,675	63.00
64.00	0	6,937	49,348	0	49,348	64.00
65.00	0	18,178	754,220	0	754,220	65.00
66.00	0	17,415	1,001,412	0	1,001,412	66.00
66.01	0	0	0	0	0	66.01
67.00	0	2,669	193,220	0	193,220	67.00
68.00	0	1,562	106,517	0	106,517	68.00
69.00	0	0	0	0	0	69.00
70.00	0	443	12,642	0	12,642	70.00
70.01	0	2,608	113,994	0	113,994	70.01
71.00	0	63,895	1,076,055	0	1,076,055	71.00
72.00	0	1,244	104,055	0	104,055	72.00
73.00	1,543,736	36,053	1,579,789	0	1,579,789	73.00
75.00	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	0	3,056	364,742	0	364,742	88.00
89.00	0	0	0	0	0	89.00
91.00	0	86,428	2,144,228	0	2,144,228	91.00
92.00	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	0	0	0	0	0	99.10
101.00	0	0	671,859	0	671,859	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00	0	0	73,112	0	73,112	116.00
118.00	1,543,736	633,528	19,562,294	0	19,562,294	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	0	0	23,953	0	23,953	190.00
192.00	0	0	1,090,475	0	1,090,475	192.00
192.01	0	0	61,281	0	61,281	192.01
192.02	0	0	0	0	0	192.02
194.00	0	0	113,462	0	113,462	194.00
194.01	0	0	16,620	0	16,620	194.01
194.02	0	0	220,378	0	220,378	194.02
200.00	0	0	0	0	0	200.00
201.00	0	0	0	0	0	201.00
202.00	1,543,736	633,528	21,088,463	0	21,088,463	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151327

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<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	4,149	5,856	10,005	10,005
5.01	IS/ACCOUNTING/MARKETING	0	18,207	25,697	43,904	381
5.02	BUSINESS OFFICE & ADMITTING	0	15,346	21,660	37,006	521
5.03	OTHER ADMINISTRATIVE AND GENERAL	0	25,163	35,515	60,678	133
7.00	OPERATION OF PLANT	0	80,896	114,179	195,075	358
8.00	LAUNDRY & LINEN SERVICE	0	4,218	5,953	10,171	37
9.00	HOUSEKEEPING	0	9,847	13,898	23,745	309
10.00	DIETARY	0	20,617	29,099	49,716	268
11.00	CAFETERIA	0	7,002	9,883	16,885	0
13.00	NURSING ADMINISTRATION	0	4,302	6,072	10,374	180
14.00	CENTRAL SERVICES & SUPPLY	0	17,955	25,342	43,297	132
15.00	PHARMACY	0	10,915	15,405	26,320	302
16.00	MEDICAL RECORDS & LIBRARY	0	22,730	32,081	54,811	279
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	0	118,592	167,386	285,978	1,878
31.00	INTENSIVE CARE UNIT	0	31,707	44,752	76,459	396
43.00	NURSERY	0	2,540	3,585	6,125	101
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	102,940	145,291	248,231	550
52.00	DELIVERY ROOM & LABOR ROOM	0	3,562	5,027	8,589	12
53.00	ANESTHESIOLOGY	0	0	0	0	0
54.00	RADIOLOGY-DIAGNOSTIC	0	43,125	60,868	103,993	500
54.01	ULTRASOUND	0	2,593	3,660	6,253	0
56.00	RADIOISOTOPE	0	3,204	4,522	7,726	0
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	LABORATORY	0	23,111	32,620	55,731	540
60.01	BLOOD LABORATORY	0	0	0	0	0
63.00	BLOOD STORING, PROCESSING & TRANS.	0	1,449	2,045	3,494	0
64.00	INTRAVENOUS THERAPY	0	2,570	3,628	6,198	0
65.00	RESPIRATORY THERAPY	0	19,152	27,032	46,184	394
66.00	PHYSICAL THERAPY	0	31,585	44,580	76,165	524
66.01	SPORTS THERAPY	0	0	0	0	0
67.00	OCCUPATIONAL THERAPY	0	4,721	6,664	11,385	111
68.00	SPEECH PATHOLOGY	0	2,700	3,811	6,511	60
69.00	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	ELECTROENCEPHALOGRAPHY	0	1,686	2,379	4,065	0
70.01	CARDIOPULMONARY	0	8,787	12,402	21,189	39
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	23,546	33,233	56,779	109
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	EMERGENCY	0	45,391	64,066	109,457	811
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0	0	0	0	0
101.00	HOME HEALTH AGENCY	0	0	0	0	395
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00	HOSPICE	0	0	0	0	42
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	714,308	1,008,191	1,722,499	9,362
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,020	5,673	9,693	0
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	550
192.01	CARLISLE CLINIC	0	0	0	0	35
192.02	HOSPICE	0	0	0	0	0
194.00	MEALS ON WHEELS	0	0	0	0	0
194.01	GUEST MEALS	0	0	0	0	0
194.02	MARKETING	0	2,151	3,036	5,187	58
200.00	Cross Foot Adjustments				0	
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	0	720,479	1,016,900	1,737,379	10,005

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151327			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/25/2012 9:17 am	
Cost Center Description	IS/ACCOUNTING /MARKETING	BUSINESS OFFICE & ADMINISTRATION	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE			
	5.01	5.02	5.03	7.00	8.00			
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.01	IS/ACCOUNTING/MARKETING	44,285						5.01
5.02	BUSINESS OFFICE & ADMINISTRATION	2,155	39,682					5.02
5.03	OTHER ADMINISTRATIVE AND GENERAL	3,221	3,113	67,145				5.03
7.00	OPERATION OF PLANT	2,782	2,689	4,456	205,360			7.00
8.00	LAUNDRY & LINEN SERVICE	181	175	290	1,502	12,356		8.00
9.00	HOUSEKEEPING	999	965	1,600	3,506	0		9.00
10.00	DIETARY	430	1,069	1,771	7,341	73		10.00
11.00	CAFETERIA	40	38	63	2,493	46		11.00
13.00	NURSING ADMINISTRATION	606	586	971	1,532	0		13.00
14.00	CENTRAL SERVICES & SUPPLY	476	460	762	6,393	0		14.00
15.00	PHARMACY	2,967	2,867	4,754	3,887	0		15.00
16.00	MEDICAL RECORDS & LIBRARY	1,073	1,037	1,718	8,094	0		16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	6,107	5,896	9,764	42,232	4,023		30.00
31.00	INTENSIVE CARE UNIT	1,330	1,286	2,131	11,290	259		31.00
43.00	NURSERY	321	310	515	904	257		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	2,221	2,147	3,556	36,655	2,835		50.00
52.00	DELIVERY ROOM & LABOR ROOM	141	136	226	1,268	256		52.00
53.00	ANESTHESIOLOGY	1,377	1,331	2,207	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,421	2,340	3,878	15,356	721		54.00
54.01	ULTRASOUND	450	435	722	923	0		54.01
56.00	RADIOISOTOPE	330	318	528	1,141	0		56.00
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	2,951	2,852	4,728	8,230	39		60.00
60.01	BLOOD LABORATORY	0	0	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	360	348	577	516	0		63.00
64.00	INTRAVENOUS THERAPY	67	65	108	915	0		64.00
65.00	RESPIRATORY THERAPY	1,282	1,240	2,055	6,820	209		65.00
66.00	PHYSICAL THERAPY	1,679	1,623	2,690	11,247	1,344		66.00
66.01	SPORTS THERAPY	0	0	0	0	0		66.01
67.00	OCCUPATIONAL THERAPY	339	328	544	1,681	0		67.00
68.00	SPEECH PATHOLOGY	186	180	298	961	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	13	13	21	600	0		70.00
70.01	CARDIOPULMONARY	163	157	261	3,129	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,616	1,562	2,589	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	159	154	255	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	RURAL HEALTH CLINIC	552	534	884	8,384	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
91.00	EMERGENCY	3,547	3,428	5,682	16,163	2,294		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	CORF	0	0	0	0	0		99.10
101.00	HOME HEALTH AGENCY	1,299	0	1,979	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
116.00	HOSPICE	0	0	214	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	43,841	39,682	62,797	203,163	12,356		118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	33	1,431	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	3,444	0	0		192.00
192.01	CARLSLE CLINIC	0	0	195	0	0		192.01
192.02	HOSPICE	0	0	0	0	0		192.02
194.00	MEALS ON WHEELS	0	0	0	0	0		194.00
194.01	GUEST MEALS	0	0	0	0	0		194.01
194.02	MARKETING	444	0	676	766	0		194.02
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)	44,285	39,682	67,145	205,360	12,356		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151327			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 5/25/2012 9:17 am	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY		
		9.00	10.00	11.00	13.00	14.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00	EMPLOYEE BENEFITS							4.00
5.01	IS/ACCOUNTING/MARKETING							5.01
5.02	BUSINESS OFFICE & ADMITTING							5.02
5.03	OTHER ADMINISTRATIVE AND GENERAL							5.03
7.00	OPERATION OF PLANT							7.00
8.00	LAUNDRY & LINEN SERVICE							8.00
9.00	HOUSEKEEPING	31,124						9.00
10.00	DIETARY	1,140	61,808					10.00
11.00	CAFETERIA	387	30,002	49,954				11.00
13.00	NURSING ADMINISTRATION	238	0	1,129	15,616			13.00
14.00	CENTRAL SERVICES & SUPPLY	993	0	1,002	0	53,515		14.00
15.00	PHARMACY	604	0	1,672	0	424		15.00
16.00	MEDICAL RECORDS & LIBRARY	1,257	0	2,521	0	0		16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	ADULTS & PEDIATRICS	6,564	16,352	13,238	7,549	2,395		30.00
31.00	INTENSIVE CARE UNIT	1,754	976	2,211	1,261	238		31.00
43.00	NURSERY	141	0	570	324	153		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	OPERATING ROOM	5,694	1,639	3,324	1,895	4,415		50.00
52.00	DELIVERY ROOM & LABOR ROOM	197	0	67	39	152		52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	2,386	0	3,194	0	945		54.00
54.01	ULTRASOUND	143	0	433	0	0		54.01
56.00	RADIOISOTOPE	177	0	113	0	0		56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0		59.00
60.00	LABORATORY	1,278	0	4,340	0	2,937		60.00
60.01	BLOOD LABORATORY	0	0	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	80	0	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	142	0	0	0	0		64.00
65.00	RESPIRATORY THERAPY	1,059	0	2,311	0	1,502		65.00
66.00	PHYSICAL THERAPY	1,747	0	2,854	0	392		66.00
66.01	SPORTS THERAPY	0	0	0	0	0		66.01
67.00	OCCUPATIONAL THERAPY	261	0	550	0	11		67.00
68.00	SPEECH PATHOLOGY	149	0	330	0	12		68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	93	0	0	0	0		70.00
70.01	CARDIOPULMONARY	486	0	0	0	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	34,723		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	3,948		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	RURAL HEALTH CLINIC	1,302	0	703	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
91.00	EMERGENCY	2,511	0	5,042	2,875	1,129		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.10	CORF	0	0	0	0	0		99.10
101.00	HOME HEALTH AGENCY	0	0	2,631	1,501	129		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
116.00	HOSPICE	0	0	303	172	10		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	30,783	48,969	48,538	15,616	53,515		118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	222	0	0	0	0		190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	1,299	0	0		192.00
192.01	CARLISLE CLINIC	0	0	0	0	0		192.01
192.02	HOSPICE	0	0	0	0	0		192.02
194.00	MEALS ON WHEELS	0	11,199	0	0	0		194.00
194.01	GUEST MEALS	0	1,640	0	0	0		194.01
194.02	MARKETING	119	0	117	0	0		194.02
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)	31,124	61,808	49,954	15,616	53,515		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151327

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	15.00	16.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 IS/ACCOUNTING/MARKETING						5.01
5.02 BUSINESS OFFICE & ADMITTING						5.02
5.03 OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION						13.00
14.00 CENTRAL SERVICES & SUPPLY						14.00
15.00 PHARMACY	43,797					15.00
16.00 MEDICAL RECORDS & LIBRARY	0	70,790				16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	6,655	408,631	0	408,631	30.00
31.00 INTENSIVE CARE UNIT	0	671	100,262	0	100,262	31.00
43.00 NURSERY	0	283	10,004	0	10,004	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	5,974	319,136	0	319,136	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	277	11,360	0	11,360	52.00
53.00 ANESTHESIOLOGY	0	1,714	6,629	0	6,629	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	12,673	148,407	0	148,407	54.00
54.01 ULTRASOUND	0	2,732	12,091	0	12,091	54.01
56.00 RADIOISOTOPE	0	576	10,909	0	10,909	56.00
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	11,176	94,802	0	94,802	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	1,177	6,552	0	6,552	63.00
64.00 INTRAVENOUS THERAPY	0	775	8,270	0	8,270	64.00
65.00 RESPIRATORY THERAPY	0	2,032	65,088	0	65,088	65.00
66.00 PHYSICAL THERAPY	0	1,947	102,212	0	102,212	66.00
66.01 SPORTS THERAPY	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	298	15,508	0	15,508	67.00
68.00 SPEECH PATHOLOGY	0	175	8,862	0	8,862	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	50	4,855	0	4,855	70.00
70.01 CARDIOPULMONARY	0	291	25,715	0	25,715	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,142	47,632	0	47,632	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	139	4,655	0	4,655	72.00
73.00 DRUGS CHARGED TO PATIENTS	43,797	4,030	47,827	0	47,827	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	342	69,589	0	69,589	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	0	9,661	162,600	0	162,600	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	7,934	0	7,934	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00 HOSPICE	0	0	741	0	741	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	43,797	70,790	1,700,271	0	1,700,271	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	11,379	0	11,379	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	5,293	0	5,293	192.00
192.01 CARLSLE CLINIC	0	0	230	0	230	192.01
192.02 HOSPICE	0	0	0	0	0	192.02
194.00 MEALS ON WHEELS	0	0	11,199	0	11,199	194.00
194.01 GUEST MEALS	0	0	1,640	0	1,640	194.01
194.02 MARKETING	0	0	7,367	0	7,367	194.02
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	43,797	70,790	1,737,379	0	1,737,379	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151327

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

Worksheet B-1

Date/Time Prepared: 5/25/2012 9:17 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	IS/ACCOUNTING /MARKETING (ACCUM. COST)	BUSINESS OFFICE & ADMINISTRATION (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT	94,459					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		94,459				2.00
4.00 EMPLOYEE BENEFITS	544	544	9,705,265			4.00
5.01 IS/ACCOUNTING/MARKETING	2,387	2,387	369,246	18,938,318		5.01
5.02 BUSINESS OFFICE & ADMINISTRATION	2,012	2,012	505,601	921,784	18,236,424	5.02
5.03 OTHER ADMINISTRATIVE AND GENERAL	3,299	3,299	129,472	1,377,690	1,430,816	5.03
7.00 OPERATION OF PLANT	10,606	10,606	347,003	1,190,073	1,235,965	7.00
8.00 LAUNDRY & LINEN SERVICE	553	553	35,828	77,450	80,437	8.00
9.00 HOUSEKEEPING	1,291	1,291	299,877	427,153	443,625	9.00
10.00 DIETARY	2,703	2,703	260,129	184,011	491,107	10.00
11.00 CAFETERIA	918	918	0	16,960	17,614	11.00
13.00 NURSING ADMINISTRATION	564	564	174,587	259,246	269,243	13.00
14.00 CENTRAL SERVICES & SUPPLY	2,354	2,354	128,441	203,551	211,400	14.00
15.00 PHARMACY	1,431	1,431	292,648	1,268,846	1,317,775	15.00
16.00 MEDICAL RECORDS & LIBRARY	2,980	2,980	270,798	458,750	476,440	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	15,548	15,548	1,822,637	2,608,440	2,709,031	30.00
31.00 INTENSIVE CARE UNIT	4,157	4,157	383,754	569,073	591,018	31.00
43.00 NURSERY	333	333	97,947	137,358	142,655	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	13,496	13,496	533,144	950,038	986,673	50.00
52.00 DELIVERY ROOM & LABOR ROOM	467	467	11,750	60,259	62,583	52.00
53.00 ANESTHESIOLOGY	0	0	0	588,956	611,667	53.00
54.00 RADIOLOGY-DIAGNOSTIC	5,654	5,654	485,262	1,035,488	1,075,418	54.00
54.01 ULTRASOUND	340	340	0	192,675	200,105	54.01
56.00 RADIOISOTOPE	420	420	0	140,986	146,003	56.00
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	3,030	3,030	523,613	1,262,164	1,310,836	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	190	190	0	154,058	159,999	63.00
64.00 INTRAVENOUS THERAPY	337	337	0	28,723	29,831	64.00
65.00 RESPIRATORY THERAPY	2,511	2,511	381,686	548,530	569,682	65.00
66.00 PHYSICAL THERAPY	4,141	4,141	508,312	718,130	745,823	66.00
66.01 SPORTS THERAPY	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	619	619	108,114	145,187	150,786	67.00
68.00 SPEECH PATHOLOGY	354	354	58,403	79,498	82,564	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	221	221	0	5,568	5,783	70.00
70.01 CARDIOPULMONARY	1,152	1,152	37,460	69,637	72,322	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	691,043	717,691	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	68,143	70,771	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	3,087	3,087	105,589	236,166	245,273	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	5,951	5,951	786,888	1,516,990	1,575,488	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	383,451	555,756	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00 HOSPICE	0	0	40,617	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	93,650	93,650	9,082,257	18,748,380	18,236,424	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	527	527	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	533,299	0	0	192.00
192.01 CARLISLE CLINIC	0	0	33,545	0	0	192.01
192.02 HOSPICE	0	0	0	0	0	192.02
194.00 MEALS ON WHEELS	0	0	0	0	0	194.00
194.01 GUEST MEALS	0	0	0	0	0	194.01
194.02 MARKETING	282	282	56,164	189,938	0	194.02
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)	720,479	1,016,900	2,174,682	724,653	956,863	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	7.627426	10.765517	0.224072	0.038264	0.052470	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			10,005	44,285	39,682	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151327

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

Worksheet B-1

Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	IS/ACCOUNTING /MARKETING (ACCUM. COST)	BUSINESS OFFICE & ADMINISTRATION (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001031	0.002338	0.002176	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151327

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

Worksheet B-1

Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
	5A.03	5.03	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 IS/ACCOUNTING/MARKETING						5.01
5.02 BUSINESS OFFICE & ADMINITTING						5.02
5.03 OTHER ADMINISTRATIVE AND GENERAL	-1,505,203	19,583,260				5.03
7.00 OPERATION OF PLANT	0	1,299,572	75,611			7.00
8.00 LAUNDRY & LINEN SERVICE	0	84,587	553	112,243		8.00
9.00 HOUSEKEEPING	0	466,654	1,291	0	73,767	9.00
10.00 DIETARY	0	516,585	2,703	659	2,703	10.00
11.00 CAFETERIA	0	18,458	918	417	918	11.00
13.00 NURSING ADMINISTRATION	0	283,238	564	0	564	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	222,232	2,354	0	2,354	14.00
15.00 PHARMACY	0	1,386,408	1,431	0	1,431	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	501,044	2,980	0	2,980	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	0	2,849,020	15,548	36,560	15,548	30.00
31.00 INTENSIVE CARE UNIT	0	621,498	4,157	2,350	4,157	31.00
43.00 NURSERY	0	150,067	333	2,333	333	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0	1,037,026	13,496	25,750	13,496	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	65,810	467	2,321	467	52.00
53.00 ANESTHESIOLOGY	0	643,586	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	1,131,048	5,654	6,548	5,654	54.00
54.01 ULTRASOUND	0	210,519	340	0	340	54.01
56.00 RADIOISOTOPE	0	154,042	420	0	420	56.00
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	1,378,964	3,030	358	3,030	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	168,331	190	0	190	63.00
64.00 INTRAVENOUS THERAPY	0	31,359	337	0	337	64.00
65.00 RESPIRATORY THERAPY	0	599,183	2,511	1,900	2,511	65.00
66.00 PHYSICAL THERAPY	0	784,376	4,141	12,212	4,141	66.00
66.01 SPORTS THERAPY	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	158,597	619	0	619	67.00
68.00 SPEECH PATHOLOGY	0	86,840	354	0	354	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	6,066	221	0	221	70.00
70.01 CARDIOPULMONARY	0	76,001	1,152	0	1,152	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	755,142	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	74,463	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	257,813	3,087	0	3,087	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	0	1,657,173	5,951	20,835	5,951	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	577,002	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00 HOSPICE	0	62,531	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-1,505,203	18,315,235	74,802	112,243	72,958	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,693	527	0	527	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	1,004,245	0	0	0	192.00
192.01 CARLSLE CLINIC	0	56,907	0	0	0	192.01
192.02 HOSPICE	0	0	0	0	0	192.02
194.00 MEALS ON WHEELS	0	0	0	0	0	194.00
194.01 GUEST MEALS	0	0	0	0	0	194.01
194.02 MARKETING	0	197,180	282	0	282	194.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)		1,505,203	1,399,460	101,324	526,417	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)		0.076862	18.508683	0.902720	7.136213	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		67,145	205,360	12,356	31,124	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.003429	2.716007	0.110083	0.421923	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151327

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

Worksheet B-1

Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 IS/ACCOUNTING/MARKETING						5.01
5.02 BUSINESS OFFICE & ADMITTING						5.02
5.03 OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY	47,475					10.00
11.00 CAFETERIA	23,044	14,999				11.00
13.00 NURSING ADMINISTRATION	0	339	171,036			13.00
14.00 CENTRAL SERVICES & SUPPLY	0	301	0	923,619		14.00
15.00 PHARMACY	0	502	0	7,317	100	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	757	0	0	0	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 ADULTS & PEDIATRICS	12,560	3,975	82,681	41,341	0	30.00
31.00 INTENSIVE CARE UNIT	750	664	13,816	4,116	0	31.00
43.00 NURSERY	0	171	3,547	2,638	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	1,259	998	20,759	76,206	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	20	425	2,624	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	959	0	16,306	0	54.00
54.01 ULTRASOUND	0	130	0	0	0	54.01
56.00 RADIOISOTOPE	0	34	0	0	0	56.00
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	1,303	0	50,690	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
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	694	0	25,921	0	65.00
66.00 PHYSICAL THERAPY	0	857	0	6,760	0	66.00
66.01 SPORTS THERAPY	0	0	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	165	0	197	0	67.00
68.00 SPEECH PATHOLOGY	0	99	0	203	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 CARDIOPULMONARY	0	0	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	599,285	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	68,143	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	100	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0	211	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	0	1,514	31,488	19,480	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	790	16,435	2,220	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00 HOSPICE	0	91	1,885	172	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	37,613	14,574	171,036	923,619	100	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	0	390	0	0	0	192.00
192.01 CARLSLE CLINIC	0	0	0	0	0	192.01
192.02 HOSPICE	0	0	0	0	0	192.02
194.00 MEALS ON WHEELS	8,602	0	0	0	0	194.00
194.01 GUEST MEALS	1,260	0	0	0	0	194.01
194.02 MARKETING	0	35	0	0	0	194.02
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)	626,204	347,749	327,332	306,660	1,543,736	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	13.190184	23.184812	1.913819	0.332020	15.437.360000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	61,808	49,954	15,616	53,515	43,797	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1.301906	3.330489	0.091302	0.057941	437.970000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151327

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

Worksheet B-1  
Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
	16.00	
<b>GENERAL SERVICE COST CENTERS</b>		
1.00 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00 EMPLOYEE BENEFITS		4.00
5.01 IS/ACCOUNTING/MARKETING		5.01
5.02 BUSINESS OFFICE & ADMITTING		5.02
5.03 OTHER ADMINISTRATIVE AND GENERAL		5.03
7.00 OPERATION OF PLANT		7.00
8.00 LAUNDRY & LINEN SERVICE		8.00
9.00 HOUSEKEEPING		9.00
10.00 DIETARY		10.00
11.00 CAFETERIA		11.00
13.00 NURSING ADMINISTRATION		13.00
14.00 CENTRAL SERVICES & SUPPLY		14.00
15.00 PHARMACY		15.00
16.00 MEDICAL RECORDS & LIBRARY	52,807,339	16.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>		
30.00 ADULTS & PEDIATRICS	4,963,000	30.00
31.00 INTENSIVE CARE UNIT	500,337	31.00
43.00 NURSERY	210,795	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>		
50.00 OPERATING ROOM	4,454,665	50.00
52.00 DELIVERY ROOM & LABOR ROOM	206,454	52.00
53.00 ANESTHESIOLOGY	1,277,842	53.00
54.00 RADIOLOGY-DIAGNOSTIC	9,469,692	54.00
54.01 ULTRASOUND	2,037,619	54.01
56.00 RADIOISOTOPE	429,310	56.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00 CARDIAC CATHETERIZATION	0	59.00
60.00 LABORATORY	8,334,093	60.00
60.01 BLOOD LABORATORY	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	877,931	63.00
64.00 INTRAVENOUS THERAPY	578,265	64.00
65.00 RESPIRATORY THERAPY	1,515,194	65.00
66.00 PHYSICAL THERAPY	1,451,573	66.00
66.01 SPORTS THERAPY	0	66.01
67.00 OCCUPATIONAL THERAPY	222,435	67.00
68.00 SPEECH PATHOLOGY	130,183	68.00
69.00 ELECTROCARDIOLOGY	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	36,949	70.00
70.01 CARDIOPULMONARY	217,352	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,325,888	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	103,718	72.00
73.00 DRUGS CHARGED TO PATIENTS	3,005,132	73.00
75.00 ASC (NON-DISTINCT PART)	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>		
88.00 RURAL HEALTH CLINIC	254,760	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00 EMERGENCY	7,204,152	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>		
99.10 CORF	0	99.10
101.00 HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>		
116.00 HOSPICE	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	52,807,339	118.00
<b>NONREIMBURSABLE COST CENTERS</b>		
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01 CARLISLE CLINIC	0	192.01
192.02 HOSPICE	0	192.02
194.00 MEALS ON WHEELS	0	194.00
194.01 GUEST MEALS	0	194.01
194.02 MARKETING	0	194.02
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)	633,528	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.011997	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	70,790	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.001341	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151327

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

		Title XVIII		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	ADULTS & PEDIATRICS	3,989,063		3,989,063	0	0 30.00
31.00	INTENSIVE CARE UNIT	837,094		837,094	0	0 31.00
43.00	NURSERY	186,404		186,404	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	1,644,300		1,644,300	0	0 50.00
52.00	DELIVERY ROOM & LABOR ROOM	89,565		89,565	0	0 52.00
53.00	ANESTHESIOLOGY	708,383		708,383	0	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,510,143		1,510,143	0	0 54.00
54.01	ULTRASOUND	262,878		262,878	0	0 54.01
56.00	RADIOISOTOPE	182,591		182,591	0	0 56.00
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	1,710,005		1,710,005	0	0 60.00
60.01	BLOOD LABORATORY	0		0	0	0 60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	196,675		196,675	0	0 63.00
64.00	INTRAVENOUS THERAPY	49,348		49,348	0	0 64.00
65.00	RESPIRATORY THERAPY	754,220	0	754,220	0	0 65.00
66.00	PHYSICAL THERAPY	1,001,412	0	1,001,412	0	0 66.00
66.01	SPORTS THERAPY	0	0	0	0	0 66.01
67.00	OCCUPATIONAL THERAPY	193,220	0	193,220	0	0 67.00
68.00	SPEECH PATHOLOGY	106,517	0	106,517	0	0 68.00
69.00	ELECTROCARDIOLOGY	0		0	0	0 69.00
70.00	ELECTROENCEPHALOGRAPHY	12,642		12,642	0	0 70.00
70.01	CARDIOPULMONARY	113,994		113,994	0	0 70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,076,055		1,076,055	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	104,055		104,055	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	1,579,789		1,579,789	0	0 73.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	364,742		364,742	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0 89.00
91.00	EMERGENCY	2,144,228		2,144,228	0	0 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,250,165		1,250,165	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.10	CORF	0		0		0 99.10
101.00	HOME HEALTH AGENCY	671,859		671,859		0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
116.00	HOSPICE	73,112		73,112		0 116.00
200.00	Subtotal (see instructions)	20,812,459	0	20,812,459	0	0 200.00
201.00	Less Observation Beds	1,250,165		1,250,165		0 201.00
202.00	Total (see instructions)	19,562,294	0	19,562,294	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151327

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

		Title XVIII			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	3,215,274		3,215,274			30.00
31.00	INTENSIVE CARE UNIT	500,337		500,337			31.00
43.00	NURSERY	210,795		210,795			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	873,130	3,581,535	4,454,665	0.369119	0.000000	50.00
52.00	DELIVERY ROOM & LABOR ROOM	160,143	46,311	206,454	0.433825	0.000000	52.00
53.00	ANESTHESIOLOGY	632,929	644,913	1,277,842	0.554359	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	580,909	8,888,783	9,469,692	0.159471	0.000000	54.00
54.01	ULTRASOUND	386,488	1,651,131	2,037,619	0.129012	0.000000	54.01
56.00	RADIOISOTOPE	43,217	386,093	429,310	0.425313	0.000000	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	1,040,210	7,293,883	8,334,093	0.205182	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	309,273	568,658	877,931	0.224021	0.000000	63.00
64.00	INTRAVENOUS THERAPY	251,128	327,137	578,265	0.085338	0.000000	64.00
65.00	RESPIRATORY THERAPY	635,910	879,284	1,515,194	0.497771	0.000000	65.00
66.00	PHYSICAL THERAPY	68,944	1,382,629	1,451,573	0.689881	0.000000	66.00
66.01	SPORTS THERAPY	0	0	0	0.000000	0.000000	66.01
67.00	OCCUPATIONAL THERAPY	17,819	204,616	222,435	0.868658	0.000000	67.00
68.00	SPEECH PATHOLOGY	12,766	117,417	130,183	0.818210	0.000000	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	5,025	31,924	36,949	0.342147	0.000000	70.00
70.01	CARDIOPULMONARY	0	217,352	217,352	0.524467	0.000000	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,093,091	3,232,797	5,325,888	0.202042	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	24,514	79,204	103,718	1.003249	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,104,092	1,901,040	3,005,132	0.525697	0.000000	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	254,760	254,760			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
91.00	EMERGENCY	269,530	6,934,622	7,204,152	0.297638	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	41,904	1,705,822	1,747,726	0.715309	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0			99.10
101.00	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	12,477,428	40,329,911	52,807,339			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	12,477,428	40,329,911	52,807,339			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/25/2012 9:17 am
		Title XVII	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		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
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	ULTRASOUND	0.000000		54.01
56.00	RADIOISOTOPE	0.000000		56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
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
66.01	SPORTS THERAPY	0.000000		66.01
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	CARDIOPULMONARY	0.000000		70.01
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
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
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: 151327

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

		Title XIX		Hospital			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE			
				Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	3,989,063		3,989,063	0	0	30.00
31.00	INTENSIVE CARE UNIT	837,094		837,094	0	0	31.00
43.00	NURSERY	186,404		186,404	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	1,644,300		1,644,300	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	89,565		89,565	0	0	52.00
53.00	ANESTHESIOLOGY	708,383		708,383	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	1,510,143		1,510,143	0	0	54.00
54.01	ULTRASOUND	262,878		262,878	0	0	54.01
56.00	RADIOISOTOPE	182,591		182,591	0	0	56.00
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	1,710,005		1,710,005	0	0	60.00
60.01	BLOOD LABORATORY	0		0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	196,675		196,675	0	0	63.00
64.00	INTRAVENOUS THERAPY	49,348		49,348	0	0	64.00
65.00	RESPIRATORY THERAPY	754,220	0	754,220	0	0	65.00
66.00	PHYSICAL THERAPY	1,001,412	0	1,001,412	0	0	66.00
66.01	SPORTS THERAPY	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	193,220	0	193,220	0	0	67.00
68.00	SPEECH PATHOLOGY	106,517	0	106,517	0	0	68.00
69.00	ELECTROCARDIOLOGY	0		0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	12,642		12,642	0	0	70.00
70.01	CARDIOPULMONARY	113,994		113,994	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,076,055		1,076,055	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	104,055		104,055	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,579,789		1,579,789	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	364,742		364,742	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
91.00	EMERGENCY	2,144,228		2,144,228	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1,250,165		1,250,165	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0		0		0	99.10
101.00	HOME HEALTH AGENCY	671,859		671,859		0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	HOSPICE	73,112		73,112		0	116.00
200.00	Subtotal (see instructions)	20,812,459	0	20,812,459	0	0	200.00
201.00	Less Observation Beds	1,250,165		1,250,165		0	201.00
202.00	Total (see instructions)	19,562,294	0	19,562,294	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151327

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

		Title XIX			Hospital		
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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	ADULTS & PEDIATRICS	3,215,274		3,215,274			30.00
31.00	INTENSIVE CARE UNIT	500,337		500,337			31.00
43.00	NURSERY	210,795		210,795			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	873,130	3,581,535	4,454,665	0.369119	0.000000	50.00
52.00	DELIVERY ROOM & LABOR ROOM	160,143	46,311	206,454	0.433825	0.000000	52.00
53.00	ANESTHESIOLOGY	632,929	644,913	1,277,842	0.554359	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	580,909	8,888,783	9,469,692	0.159471	0.000000	54.00
54.01	ULTRASOUND	386,488	1,651,131	2,037,619	0.129012	0.000000	54.01
56.00	RADIOISOTOPE	43,217	386,093	429,310	0.425313	0.000000	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	1,040,210	7,293,883	8,334,093	0.205182	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	309,273	568,658	877,931	0.224021	0.000000	63.00
64.00	INTRAVENOUS THERAPY	251,128	327,137	578,265	0.085338	0.000000	64.00
65.00	RESPIRATORY THERAPY	635,910	879,284	1,515,194	0.497771	0.000000	65.00
66.00	PHYSICAL THERAPY	68,944	1,382,629	1,451,573	0.689881	0.000000	66.00
66.01	SPORTS THERAPY	0	0	0	0.000000	0.000000	66.01
67.00	OCCUPATIONAL THERAPY	17,819	204,616	222,435	0.868658	0.000000	67.00
68.00	SPEECH PATHOLOGY	12,766	117,417	130,183	0.818210	0.000000	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0.000000	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	5,025	31,924	36,949	0.342147	0.000000	70.00
70.01	CARDIOPULMONARY	0	217,352	217,352	0.524467	0.000000	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,093,091	3,232,797	5,325,888	0.202042	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	24,514	79,204	103,718	1.003249	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	1,104,092	1,901,040	3,005,132	0.525697	0.000000	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	254,760	254,760	1.431708	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
91.00	EMERGENCY	269,530	6,934,622	7,204,152	0.297638	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	41,904	1,705,822	1,747,726	0.715309	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.10	CORF	0	0	0			99.10
101.00	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
116.00	HOSPICE	0	0	0			116.00
200.00	Subtotal (see instructions)	12,477,428	40,329,911	52,807,339			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	12,477,428	40,329,911	52,807,339			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/25/2012 9:17 am
		Title XIX	Hospital	

Cost Center Description		PPS Inpatient Ratio		
		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
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	ULTRASOUND	0.000000		54.01
56.00	RADIOISOTOPE	0.000000		56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.000000		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
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
66.01	SPORTS THERAPY	0.000000		66.01
67.00	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	SPEECH PATHOLOGY	0.000000		68.00
69.00	ELECTROCARDIOLOGY	0.000000		69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000		70.00
70.01	CARDIOPULMONARY	0.000000		70.01
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
75.00	ASC (NON-DISTINCT PART)	0.000000		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	0.000000		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	EMERGENCY	0.000000		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.10	CORF			99.10
101.00	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/25/2012 9:17 am
--	--	----------------------	---	--

Cost Center Description		Capital Related Cost (from Wkst. C, 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	319,136	4,454,665	0.071641	332,055	23,789	50.00
52.00	DELIVERY ROOM & LABOR ROOM	11,360	206,454	0.055024	1,049	58	52.00
53.00	ANESTHESIOLOGY	6,629	1,277,842	0.005188	150,966	783	53.00
54.00	RADIOLOGY-DIAGNOSTIC	148,407	9,469,692	0.015672	241,160	3,779	54.00
54.01	ULTRASOUND	12,091	2,037,619	0.005934	289,978	1,721	54.01
56.00	RADIOISOTOPE	10,909	429,310	0.025411	40,873	1,039	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	94,802	8,334,093	0.011375	688,018	7,826	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	6,552	877,931	0.007463	205,487	1,534	63.00
64.00	INTRAVENOUS THERAPY	8,270	578,265	0.014301	112,430	1,608	64.00
65.00	RESPIRATORY THERAPY	65,088	1,515,194	0.042957	297,254	12,769	65.00
66.00	PHYSICAL THERAPY	102,212	1,451,573	0.070415	23,453	1,651	66.00
66.01	SPORTS THERAPY	0	0	0.000000	0	0	66.01
67.00	OCCUPATIONAL THERAPY	15,508	222,435	0.069719	3,880	271	67.00
68.00	SPEECH PATHOLOGY	8,862	130,183	0.068073	8,615	586	68.00
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	4,855	36,949	0.131397	3,350	440	70.00
70.01	CARDIOPULMONARY	25,715	217,352	0.118310	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	47,632	5,325,888	0.008943	831,832	7,439	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	4,655	103,718	0.044881	846	38	72.00
73.00	DRUGS CHARGED TO PATIENTS	47,827	3,005,132	0.015915	546,338	8,695	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	69,589	254,760	0.273155	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	EMERGENCY	162,600	7,204,152	0.022570	36,911	833	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,747,726	0.000000	6,265	0	92.00
200.00	Total (Lines 50-199)	1,172,699	48,880,933		3,820,760	74,859	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151327

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
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	ULTRASOUND	0	0	0	0	0	54.01
56.00	RADIOLOGY	0	0	0	0	0	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
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
66.01	SPORTS THERAPY	0	0	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	CARDIOPULMONARY	0	0	0	0	0	70.01
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
75.00	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/25/2012 9:17 am
--	----------------------	---------------------------------------	---

Cost Center Description		Title XVIII				Hospital	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	Cost
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	OPERATING ROOM	0	4,454,665	0.000000	0.000000	332,055	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	206,454	0.000000	0.000000	1,049	52.00
53.00	ANESTHESIOLOGY	0	1,277,842	0.000000	0.000000	150,966	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	9,469,692	0.000000	0.000000	241,160	54.00
54.01	ULTRASOUND	0	2,037,619	0.000000	0.000000	289,978	54.01
56.00	RADIOISOTOPE	0	429,310	0.000000	0.000000	40,873	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	8,334,093	0.000000	0.000000	688,018	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	877,931	0.000000	0.000000	205,487	63.00
64.00	INTRAVENOUS THERAPY	0	578,265	0.000000	0.000000	112,430	64.00
65.00	RESPIRATORY THERAPY	0	1,515,194	0.000000	0.000000	297,254	65.00
66.00	PHYSICAL THERAPY	0	1,451,573	0.000000	0.000000	23,453	66.00
66.01	SPORTS THERAPY	0	0	0.000000	0.000000	0	66.01
67.00	OCCUPATIONAL THERAPY	0	222,435	0.000000	0.000000	3,880	67.00
68.00	SPEECH PATHOLOGY	0	130,183	0.000000	0.000000	8,615	68.00
69.00	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	36,949	0.000000	0.000000	3,350	70.00
70.01	CARDIOPULMONARY	0	217,352	0.000000	0.000000	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,325,888	0.000000	0.000000	831,832	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	103,718	0.000000	0.000000	846	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	3,005,132	0.000000	0.000000	546,338	73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	RURAL HEALTH CLINIC	0	254,760	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	EMERGENCY	0	7,204,152	0.000000	0.000000	36,911	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,747,726	0.000000	0.000000	6,265	92.00
200.00	Total (Lines 50-199)	0	48,880,933			3,820,760	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/25/2012 9:17 am
--	----------------------	---	--

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	Cost
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0	0	0		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	ANESTHESIOLOGY	0	0	0		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	ULTRASOUND	0	0	0		54.01
56.00	RADIOISOTOPE	0	0	0		56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	LABORATORY	0	0	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	RESPIRATORY THERAPY	0	0	0		65.00
66.00	PHYSICAL THERAPY	0	0	0		66.00
66.01	SPORTS THERAPY	0	0	0		66.01
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	SPEECH PATHOLOGY	0	0	0		68.00
69.00	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01	CARDIOPULMONARY	0	0	0		70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
75.00	ASC (NON-DISTINCT PART)	0	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00	EMERGENCY	0	0	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
200.00	Total (Lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/25/2012 9:17 am
	Title XVIII	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0.369119	0	1,390,434	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0.433825	0	484	0		52.00
53.00 ANESTHESIOLOGY	0.554359	0	187,628	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.159471	0	3,053,058	0		54.00
54.01 ULTRASOUND	0.129012	0	569,954	0		54.01
56.00 RADIOISOTOPE	0.425313	0	229,123	0		56.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00 LABORATORY	0.205182	0	3,226,330	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0.224021	0	244,823	0		63.00
64.00 INTRAVENOUS THERAPY	0.085338	0	165,673	0		64.00
65.00 RESPIRATORY THERAPY	0.497771	0	665,604	0		65.00
66.00 PHYSICAL THERAPY	0.689881	0	517,387	0		66.00
66.01 SPORTS THERAPY	0.000000	0	0	0		66.01
67.00 OCCUPATIONAL THERAPY	0.868658	0	57,412	0		67.00
68.00 SPEECH PATHOLOGY	0.818210	0	13,143	0		68.00
69.00 ELECTROCARDIOLOGY	0.000000	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.342147	0	9,213	0		70.00
70.01 CARDIOPULMONARY	0.524467	0	133,171	0		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.202042	0	1,049,561	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1.003249	0	65,982	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.525697	0	789,882	12,516		73.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	0.000000					88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
91.00 EMERGENCY	0.297638	0	2,127,352	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.715309	0	821,732	0		92.00
200.00 Subtotal (see instructions)		0	15,317,946	12,516		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		0	15,317,946	12,516		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/25/2012 9:17 am
	Title XVIII	Hospital	Cost

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	513,236	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	210	0	52.00
53.00 ANESTHESIOLOGY	0	104,013	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	486,874	0	54.00
54.01 ULTRASOUND	0	73,531	0	54.01
56.00 RADIOISOTOPE	0	97,449	0	56.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	661,985	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	54,845	0	63.00
64.00 INTRAVENOUS THERAPY	0	14,138	0	64.00
65.00 RESPIRATORY THERAPY	0	331,318	0	65.00
66.00 PHYSICAL THERAPY	0	356,935	0	66.00
66.01 SPORTS THERAPY	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	49,871	0	67.00
68.00 SPEECH PATHOLOGY	0	10,754	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	3,152	0	70.00
70.01 CARDIOPULMONARY	0	69,844	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	212,055	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	66,196	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	415,239	6,580	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00 EMERGENCY	0	633,181	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	587,792	0	92.00
200.00 Subtotal (see instructions)	0	4,742,618	6,580	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	4,742,618	6,580	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/25/2012 9:17 am
		Component CCN: 15Z327		
Title XVIII			Swing Beds - SNF	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	OPERATING ROOM	0.369119	0	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.433825	0	0	0	52.00
53.00	ANESTHESIOLOGY	0.554359	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.159471	0	0	0	54.00
54.01	ULTRASOUND	0.129012	0	0	0	54.01
56.00	RADIOISOTOPE	0.425313	0	0	0	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.205182	0	0	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.224021	0	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.085338	0	0	0	64.00
65.00	RESPIRATORY THERAPY	0.497771	0	0	0	65.00
66.00	PHYSICAL THERAPY	0.689881	0	0	0	66.00
66.01	SPORTS THERAPY	0.000000	0	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.868658	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0.818210	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.342147	0	0	0	70.00
70.01	CARDIOPULMONARY	0.524467	0	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.202042	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1.003249	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.525697	0	0	0	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	RURAL HEALTH CLINIC	0.000000				88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
91.00	EMERGENCY	0.297638	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.715309	0	0	0	92.00
200.00	Subtotal (see instructions)		0	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151327 Component CCN: 15Z327	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/25/2012 9:17 am
Title XVIII		Swing Beds - SNF	Cost

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 ULTRASOUND	0	0	0	54.01
56.00 RADIOISOTOPE	0	0	0	56.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 RESPIRATORY THERAPY	0	0	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	66.00
66.01 SPORTS THERAPY	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01 CARDIOPULMONARY	0	0	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00 EMERGENCY	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Subtotal (see instructions)	0	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/25/2012 9:17 am
Title XIX		Hospital	

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
		1.00	2.00	3.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 OPERATING ROOM	0.369119	0	426,535	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0.433825	0	29,028	0		52.00
53.00 ANESTHESIOLOGY	0.554359	0	109,779	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.159471	0	1,237,704	0		54.00
54.01 ULTRASOUND	0.129012	0	286,576	0		54.01
56.00 RADIOISOTOPE	0.425313	0	29,657	0		56.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00 LABORATORY	0.205182	0	1,162,629	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0.224021	0	0	0		63.00
64.00 INTRAVENOUS THERAPY	0.085338	0	37,994	0		64.00
65.00 RESPIRATORY THERAPY	0.497771	0	124,867	0		65.00
66.00 PHYSICAL THERAPY	0.689881	0	155,196	0		66.00
66.01 SPORTS THERAPY	0.000000	0	0	0		66.01
67.00 OCCUPATIONAL THERAPY	0.868658	0	34,198	0		67.00
68.00 SPEECH PATHOLOGY	0.818210	0	74,263	0		68.00
69.00 ELECTROCARDIOLOGY	0.000000	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.342147	0	9,213	0		70.00
70.01 CARDIOPULMONARY	0.524467	0	5,542	0		70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.202042	0	492,683	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1.003249	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.525697	0	257,825	0		73.00
75.00 ASC (NON-DISTINCT PART)	0.000000	0	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 RURAL HEALTH CLINIC	1.431708					88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
91.00 EMERGENCY	0.297638	0	1,300,357	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.715309	0	307,892	0		92.00
200.00 Subtotal (see instructions)		0	6,081,938	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		0	6,081,938	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/25/2012 9:17 am
Title XIX		Hospital	

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 OPERATING ROOM	0	157,442	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	12,593	0	52.00
53.00 ANESTHESIOLOGY	0	60,857	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	197,378	0	54.00
54.01 ULTRASOUND	0	36,972	0	54.01
56.00 RADIOISOTOPE	0	12,614	0	56.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 LABORATORY	0	238,551	0	60.00
60.01 BLOOD LABORATORY	0	0	0	60.01
63.00 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 INTRAVENOUS THERAPY	0	3,242	0	64.00
65.00 RESPIRATORY THERAPY	0	62,155	0	65.00
66.00 PHYSICAL THERAPY	0	107,067	0	66.00
66.01 SPORTS THERAPY	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	29,706	0	67.00
68.00 SPEECH PATHOLOGY	0	60,763	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	3,152	0	70.00
70.01 CARDIOPULMONARY	0	2,907	0	70.01
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	99,543	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	135,538	0	73.00
75.00 ASC (NON-DISTINCT PART)	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00 EMERGENCY	0	387,036	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	220,238	0	92.00
200.00 Subtotal (see instructions)	0	1,827,754	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	1,827,754	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/25/2012 9:17 am
Cost Center Description		Cost		
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,659	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,925	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)		3,925	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		713	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		21	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,447	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)		713	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			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		189.67	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)		3,989,063	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		3,983	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)		616,607	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,372,456	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,158,705	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,158,705	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.067670	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)		804.77	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)		3,372,456	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)		859.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,243,291	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,243,291	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/25/2012 9:17 am	
Title XVIII			Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	837,094	250	3,348.38	177	592,663	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)					1,144,060	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,980,014	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					612,624	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)					612,624	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					1,455	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					859.22	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,250,165	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151327		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/25/2012 9:17 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/25/2012 9:17 am
		Title XIX	Hospital	
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,659	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,925	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)		3,925	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		713	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		21	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)		353	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)		298	15.00
16.00	Nursery days (title V or XIX only)		197	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			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		189.67	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)		3,989,063	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		3,983	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)		616,607	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,372,456	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,158,705	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,158,705	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.067670	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)		804.77	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)		3,372,456	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)		859.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		303,305	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)		303,305	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/25/2012 9:17 am	
Title XIX			Hospital			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	186,404	298	625.52	197	123,227	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	837,094	250	3,348.38	14	46,877	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)					0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					473,409	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					473,409	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					1,455	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					859.22	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,250,165	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151327		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/25/2012 9:17 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	3,372,456	0.000000	1,250,165	0	90.00
91.00	Nursing School cost	0	3,372,456	0.000000	1,250,165	0	91.00
92.00	Allied health cost	0	3,372,456	0.000000	1,250,165	0	92.00
93.00	All other Medical Education	0	3,372,456	0.000000	1,250,165	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/25/2012 9:17 am
--	--	----------------------	---	---

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	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		1,741,136		30.00
31.00	INTENSIVE CARE UNIT		333,423		31.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.369119	332,055	122,568	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.433825	1,049	455	52.00
53.00	ANESTHESIOLOGY	0.554359	150,966	83,689	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.159471	241,160	38,458	54.00
54.01	ULTRASOUND	0.129012	289,978	37,411	54.01
56.00	RADIOISOTOPE	0.425313	40,873	17,384	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.205182	688,018	141,169	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.224021	205,487	46,033	63.00
64.00	INTRAVENOUS THERAPY	0.085338	112,430	9,595	64.00
65.00	RESPIRATORY THERAPY	0.497771	297,254	147,964	65.00
66.00	PHYSICAL THERAPY	0.689881	23,453	16,180	66.00
66.01	SPORTS THERAPY	0.000000	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.868658	3,880	3,370	67.00
68.00	SPEECH PATHOLOGY	0.818210	8,615	7,049	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.342147	3,350	1,146	70.00
70.01	CARDIOPULMONARY	0.524467	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.202042	831,832	168,065	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1.003249	846	849	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.525697	546,338	287,208	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	EMERGENCY	0.297638	36,911	10,986	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.715309	6,265	4,481	92.00
200.00	Total (sum of lines 50-94 and 96-98)		3,820,760	1,144,060	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)		3,820,760		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3	
		Component CCN: 15Z327		Date/Time Prepared: 5/25/2012 9:17 am	
Cost Center Description		Title XVIII	Swing Beds - SNF	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	ADULTS & PEDIATRICS		0		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
43.00	NURSERY				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	OPERATING ROOM	0.369119	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.433825	0	0	52.00
53.00	ANESTHESIOLOGY	0.554359	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.159471	23,972	3,823	54.00
54.01	ULTRASOUND	0.129012	10,963	1,414	54.01
56.00	RADIOISOTOPE	0.425313	0	0	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.205182	153,983	31,595	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.224021	5,759	1,290	63.00
64.00	INTRAVENOUS THERAPY	0.085338	53,258	4,545	64.00
65.00	RESPIRATORY THERAPY	0.497771	85,259	42,439	65.00
66.00	PHYSICAL THERAPY	0.689881	36,251	25,009	66.00
66.01	SPORTS THERAPY	0.000000	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.868658	13,253	11,512	67.00
68.00	SPEECH PATHOLOGY	0.818210	3,148	2,576	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.342147	0	0	70.00
70.01	CARDIOPULMONARY	0.524467	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.202042	105,736	21,363	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1.003249	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.525697	220,656	115,998	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	EMERGENCY	0.297638	633	188	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.715309	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		712,871	261,752	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)		712,871		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/25/2012 9:17 am
--	--	----------------------	---	---

Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		612,969		30.00
31.00	INTENSIVE CARE UNIT		39,543		31.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000	209,531	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000	106,726	0	52.00
53.00	ANESTHESIOLOGY	0.000000	235,005	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000	90,068	0	54.00
54.01	ULTRASOUND	0.000000	21,940	0	54.01
56.00	RADIOISOTOPE	0.000000	1,984	0	56.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.000000	195,443	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	INTRAVENOUS THERAPY	0.000000	25,845	0	64.00
65.00	RESPIRATORY THERAPY	0.000000	60,417	0	65.00
66.00	PHYSICAL THERAPY	0.000000	2,754	0	66.00
66.01	SPORTS THERAPY	0.000000	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	ELECTROCARDIOLOGY	0.000000	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000	838	0	70.00
70.01	CARDIOPULMONARY	0.000000	0	0	70.01
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	417,836	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000	118,462	0	73.00
75.00	ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
91.00	EMERGENCY	0.000000	99,442	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	16,388	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,602,679	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)		1,602,679	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/25/2012 9:17 am
		Title XVII	Hospital	Cost
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			4,749,198 1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			4,749,198 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			4,796,690 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			38,378 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			2,398,480 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)			2,359,832 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)			2,359,832 30.00
31.00	Primary payer payments			1,123 31.00
32.00	Subtotal (line 30 minus line 31)			2,358,709 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)			691,276 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			691,276 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			560,807 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			3,049,985 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			3,049,985 40.00
41.00	Interim payments			2,833,816 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)			216,169 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 151327

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

		Title XVIII		Hospital		Cost	
		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		2,387,740		2,984,208	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/19/2011	120,097		0		3.01
3.02		12/14/2011	45,335		0		3.02
3.03			0		0		3.03
3.04			0		0		3.04
3.05			0		0		3.05
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	07/19/2011	100,479		3.50
3.51			0	12/14/2011	49,913		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)		165,432		-150,392		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)		2,553,172		2,833,816		4.00
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0		5.01
5.02			0		0		5.02
5.03			0		0		5.03
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0		5.50
5.51			0		0		5.51
5.52			0		0		5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0		5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		103,019		216,169		6.01
6.02	SETTLEMENT TO PROGRAM		0		0		6.02
7.00	Total Medicare program liability (see instructions)		2,656,191		3,049,985		7.00
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor						8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 151327

Period: From 01/01/2011

Worksheet E-1

Component CCN: 15Z327

To 12/31/2011

Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

Title XVIII

Swing Beds - SNF

Cost

		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		887,404		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM	07/19/2011	16,371		0	3.50
3.51		12/14/2011	7,067		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)		-23,438		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)		863,966		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		9,673		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		873,639		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: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet E-2	
		Component CCN: 15Z327		Date/Time Prepared: 5/25/2012 9:17 am	
		Title XVIII	Swing Beds - SNF	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)		618,750	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)				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)		264,370	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		713	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)		883,120	0	8.00
9.00	Primary payer payments (see instructions)		0	0	9.00
10.00	Subtotal (line 8 minus line 9)		883,120	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0	11.00
12.00	Subtotal (line 10 minus line 11)		883,120	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		9,481	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)		873,639	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	16.00
17.00	Reimbursable bad debts (see instructions)		0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)		873,639	0	19.00
20.00	Interim payments		863,966	0	20.00
21.00	Tentative settlement (for contractor use only)		0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)		9,673	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part V Date/Time Prepared: 5/25/2012 9:17 am
		Title XVII	Hospital	Cost
		1.00		
<b>PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)</b>				
1.00	Inpatient services		2,980,014	1.00
2.00	Nursing and Allied Health Managed Care payment (see instruction)		0	2.00
3.00	Organ acquisition		0	3.00
4.00	Subtotal (sum of lines 1 thru 3)		2,980,014	4.00
5.00	Primary payer payments		10,561	5.00
6.00	Total cost (line 4 less line 5) . For CAH (see instructions)		2,999,253	6.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
7.00	Routine service charges		0	7.00
8.00	Ancillary service charges		0	8.00
9.00	Organ acquisition charges, net of revenue		0	9.00
10.00	Total reasonable charges		0	10.00
<b>Customary charges</b>				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	11.00
12.00	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	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)		0.000000	13.00
14.00	Total customary charges (see instructions)		0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)		0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)		0	16.00
17.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	17.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)		2,999,253	19.00
20.00	Deductibles (exclude professional component)		430,032	20.00
21.00	Excess reasonable cost (from line 16)		0	21.00
22.00	Subtotal (line 19 minus line 20)		2,569,221	22.00
23.00	Coinurance		566	23.00
24.00	Subtotal (line 22 minus line 23)		2,568,655	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		87,536	25.00
26.00	Adjusted reimbursable bad debts (see instructions)		87,536	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		64,021	27.00
28.00	Subtotal (sum of lines 24 and 25 or 26)		2,656,191	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	29.00
29.99	Recovery of Accelerated Depreciation		0	29.99
30.00	Subtotal (line 28, plus or minus lines 29)		2,656,191	30.00
31.00	Interim payments		2,553,172	31.00
32.00	Tentative settlement (for contractor use only)		0	32.00
33.00	Balance due provider/program (line 30 minus the sum of lines 31, and 32)		103,019	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/25/2012 9:17 am
		Title XIX	Hospital	
				1.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		1,827,754	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,827,754	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		1,827,754	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		652,512	8.00
9.00	Ancillary service charges		7,684,617	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)		8,337,129	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)		8,337,129	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		6,509,375	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		1,827,754	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.		1,827,754	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)		1,827,754	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		1,827,754	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		1,827,754	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		1,827,754	40.00
41.00	Interim payments		1,827,754	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)      Provider CCN: 151327      Period: From 01/01/2011 To 12/31/2011      Worksheet G  
 Date/Time Prepared: 5/25/2012 9:17 am

		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	1,433,550	0	0	0	1.00
2.00	Temporary investments	12,710,552	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	7,105,903	0	0	0	4.00
5.00	Other receivable	30,187,004	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-34,714,620	0	0	0	6.00
7.00	Inventory	322,941	0	0	0	7.00
8.00	Prepaid expenses	1,388,753	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	18,434,083	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	1,367,817	0	0	0	12.00
13.00	Land improvements	435,913	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	18,117,278	0	0	0	15.00
16.00	Accumulated depreciation	-16,987,150	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	906,838	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	11,163,826	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)	15,004,522	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	33,438,605	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	460,332	0	0	0	37.00
38.00	Salaries, wages, and fees payable	361,501	0	0	0	38.00
39.00	Payroll taxes payable	592,648	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	2,324,566	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	3,739,047	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	335,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	335,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	4,074,047	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	29,364,558				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	29,364,558	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	33,438,605	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 151327

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

Worksheet G-1

Date/Time Prepared:  
5/25/2012 9:17 am

	General Fund		Special Purpose Fund			
	1.00	2.00	3.00	4.00		
	1.00	Fund balances at beginning of period		28,673,330		
2.00	Net income (loss) (from Wkst. G-3, line 29)		691,228			2.00
3.00	Total (sum of line 1 and line 2)		29,364,558		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		29,364,558		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		29,364,558		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 151327

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

Worksheet G-1

Date/Time Prepared:  
5/25/2012 9:17 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 151327

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

Worksheet G-2 Parts

Date/Time Prepared:  
5/25/2012 9:17 am

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	3,158,705		3,158,705	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	355,247		355,247	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)	3,513,952		3,513,952	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	514,580		514,580	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)	514,580		514,580	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	4,028,532		4,028,532	17.00
18.00	Ancillary services	8,611,469	40,841,803	49,453,272	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	27,027	27,027	26.00
27.00	OTHER (SPECIFY)	0	2,088,732	2,088,732	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	12,640,001	42,957,562	55,597,563	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		22,611,693		29.00
30.00	EXPENSES NOT INCLUDED ON WORKSHEET A	3,951,320			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)		3,951,320		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)		26,563,013		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet G-3 Date/Time Prepared: 5/25/2012 9:17 am
------------------------------------	----------------------	---	---

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	55,597,563	1.00
2.00	Less contractual allowances and discounts on patients' accounts	28,665,016	2.00
3.00	Net patient revenues (line 1 minus line 2)	26,932,547	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	26,563,013	4.00
5.00	Net income from service to patients (line 3 minus line 4)	369,534	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	85,297	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	107,840	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	273	16.00
17.00	Revenue from sale of drugs to other than patients	10,449	17.00
18.00	Revenue from sale of medical records and abstracts	124	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	1,317	21.00
22.00	Rental of hospital space	750	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	115,644	24.00
25.00	Total other income (sum of lines 6-24)	321,694	25.00
26.00	Total (line 5 plus line 25)	691,228	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	691,228	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 151327

Period: From 01/01/2011

Worksheet H

HHA CCN: 157542

To 12/31/2011

Date/Time Prepared: 5/25/2012 9:17 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
	1.00	2.00	3.00	4.00	5.00	
<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	98,552	0	6,472	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	177,083	0	11,629	0	6.00
7.00	Physical Therapy	47,395	0	3,113	0	7.00
8.00	Occupational Therapy	23,228	0	1,525	0	8.00
9.00	Speech Pathology	1,625	0	107	0	9.00
10.00	Medical Social Services	7,034	0	462	0	10.00
11.00	Home Health Aide	28,534	0	1,874	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
<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)	383,451	0	25,182	0	24.00

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS		Provider CCN: 151327 HHA CCN: 157542		Period: From 01/01/2011 To 12/31/2011		Worksheet H Date/Time Prepared: 5/25/2012 9:17 am	
				Home Health Agency I		PPS	
		Total (sum of col. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
		6.00	7.00	8.00	9.00	10.00	
<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	0	0	0	0	4.00
5.00	Administrative and General	166,207	0	166,207	0	166,207	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	188,712	0	188,712	0	188,712	6.00
7.00	Physical Therapy	50,508	0	50,508	0	50,508	7.00
8.00	Occupational Therapy	24,753	0	24,753	0	24,753	8.00
9.00	Speech Pathology	1,732	0	1,732	0	1,732	9.00
10.00	Medical Social Services	7,496	0	7,496	0	7,496	10.00
11.00	Home Health Aide	30,408	0	30,408	0	30,408	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)	469,816	0	469,816	0	469,816	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST	Provider CCN: 151327	Period: From 01/01/2011	Worksheet H-1 Part I Date/Time Prepared: 5/25/2012 9:17 am
	HHA CCN: 157542	To 12/31/2011	
		Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	166,207	0	0	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	188,712	0	0	0	6.00
7.00	Physical Therapy	50,508	0	0	0	7.00
8.00	Occupational Therapy	24,753	0	0	0	8.00
9.00	Speech Pathology	1,732	0	0	0	9.00
10.00	Medical Social Services	7,496	0	0	0	10.00
11.00	Home Health Aide	30,408	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
<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)	469,816	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST

Provider CCN: 151327

Period:

Worksheet H-1

HHA CCN: 157542

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

Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

Home Health  
Agency I

PPS

	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00 Capital Related - Bldg. & Fixtures	0			1.00
2.00 Capital Related - Movable Equipment	0			2.00
3.00 Plant Operation & Maintenance	0			3.00
4.00 Transportation				4.00
5.00 Administrative and General	166,207	166,207		5.00
<b>HHA REIMBURSABLE SERVICES</b>				
6.00 Skilled Nursing Care	188,712	103,308	292,020	6.00
7.00 Physical Therapy	50,508	27,650	78,158	7.00
8.00 Occupational Therapy	24,753	13,551	38,304	8.00
9.00 Speech Pathology	1,732	948	2,680	9.00
10.00 Medical Social Services	7,496	4,104	11,600	10.00
11.00 Home Health Aide	30,408	16,646	47,054	11.00
12.00 Supplies (see instructions)	0	0	0	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)	303,609		469,816	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 151327

Period: From 01/01/2011

Worksheet H-1

HHA CCN: 157542

To 12/31/2011

Part II  
Date/Time Prepared:  
5/25/2012 9:17 am

Home Health  
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-166,207	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-166,207	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 151327	Period: From 01/01/2011	Worksheet H-1 Part II Date/Time Prepared: 5/25/2012 9:17 am
	HHA CCN: 157542	To 12/31/2011	
		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	303,609	5.00
<b>HHA REIMBURSABLE SERVICES</b>			
6.00	Skilled Nursing Care	188,712	6.00
7.00	Physical Therapy	50,508	7.00
8.00	Occupational Therapy	24,753	8.00
9.00	Speech Pathology	1,732	9.00
10.00	Medical Social Services	7,496	10.00
11.00	Home Health Aide	30,408	11.00
12.00	Supplies (see instructions)	0	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)	303,609	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	166,207	25.00
26.00	Unit Cost Multiplier	0.547438	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 151327

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157542

To 12/31/2011

Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

Home Health Agency I

PPS

	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	IS/ACCOUNTING /MARKETING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
1.00	Administrative and General	0	0	22,083	845	1.00
2.00	Skilled Nursing Care	292,020	0	39,679	12,693	2.00
3.00	Physical Therapy	78,158	0	10,620	3,397	3.00
4.00	Occupational Therapy	38,304	0	5,205	1,665	4.00
5.00	Speech Pathology	2,680	0	364	116	5.00
6.00	Medical Social Services	11,600	0	1,576	504	6.00
7.00	Home Health Aide	47,054	0	6,394	2,045	7.00
8.00	Supplies (see instructions)	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	9.00
10.00	DME	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	469,816	0	85,921	21,265	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: 151327	Period: From 01/01/2011	Worksheet H-2 Part I
		HHA CCN: 157542	To 12/31/2011	Date/Time Prepared: 5/25/2012 9:17 am
			Home Health Agency I	PPS

	BUSINESS OFFICE & ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE		
	5.02	5A.02	5.03	7.00	8.00		
1.00	Administrative and General	0	22,928	1,762	0	0	1.00
2.00	Skilled Nursing Care	0	344,392	26,472	0	0	2.00
3.00	Physical Therapy	0	92,175	7,085	0	0	3.00
4.00	Occupational Therapy	0	45,174	3,472	0	0	4.00
5.00	Speech Pathology	0	3,160	243	0	0	5.00
6.00	Medical Social Services	0	13,680	1,051	0	0	6.00
7.00	Home Health Aide	0	55,493	4,265	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	577,002	44,350	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		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: 151327

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157542

To 12/31/2011

Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

Home Health  
Agency I

PPS

		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	4,707	31,454	737	1.00
2.00	Skilled Nursing Care	0	0	8,461	0	0	2.00
3.00	Physical Therapy	0	0	2,272	0	0	3.00
4.00	Occupational Therapy	0	0	1,113	0	0	4.00
5.00	Speech Pathology	0	0	70	0	0	5.00
6.00	Medical Social Services	0	0	325	0	0	6.00
7.00	Home Health Aide	0	0	1,368	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	18,316	31,454	737	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: 151327	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 157542	To 12/31/2011	Part I
				Date/Time Prepared: 5/25/2012 9:17 am
			Home Health Agency I	PPS

	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
	15.00	16.00	24.00	25.00	26.00	
1.00 Administrative and General	0	0	61,588	0	61,588	1.00
2.00 Skilled Nursing Care	0	0	379,325	0	379,325	2.00
3.00 Physical Therapy	0	0	101,532	0	101,532	3.00
4.00 Occupational Therapy	0	0	49,759	0	49,759	4.00
5.00 Speech Pathology	0	0	3,473	0	3,473	5.00
6.00 Medical Social Services	0	0	15,056	0	15,056	6.00
7.00 Home Health Aide	0	0	61,126	0	61,126	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	671,859	0	671,859	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: 151327	Period: From 01/01/2011	Worksheet H-2 Part I
		HHA CCN: 157542	To 12/31/2011	Date/Time Prepared: 5/25/2012 9:17 am
			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	38,281	417,606	2.00
3.00	Physical Therapy	10,247	111,779	3.00
4.00	Occupational Therapy	5,022	54,781	4.00
5.00	Speech Pathology	350	3,823	5.00
6.00	Medical Social Services	1,519	16,575	6.00
7.00	Home Health Aide	6,169	67,295	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) (2)	61,588	671,859	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.	0.100919		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: 151327 HHA CCN: 157542	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/25/2012 9:17 am
		Home Health Agency I	PPS

	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	IS/ACCOUNTING /MARKETING (ACCUM. COST)	BUSINESS OFFICE & ADMITTING (ACCUM. COST)		
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					4.00
1.00	Administrative and General	0	0	98,552	22,088	0	1.00
2.00	Skilled Nursing Care	0	0	177,083	331,709	0	2.00
3.00	Physical Therapy	0	0	47,395	88,780	0	3.00
4.00	Occupational Therapy	0	0	23,228	43,510	0	4.00
5.00	Speech Pathology	0	0	1,625	3,044	0	5.00
6.00	Medical Social Services	0	0	7,034	13,176	0	6.00
7.00	Home Health Aide	0	0	28,534	53,449	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	383,451	555,756	0	20.00
21.00	Total cost to be allocated	0	0	85,921	21,265	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.224073	0.038263	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 151327 HHA CCN: 157542	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/25/2012 9:17 am
		Home Health Agency I	PPS

		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5A.03	5.03	7.00	8.00	9.00	
1.00	Administrative and General	0	22,928	0	0	0	1.00
2.00	Skilled Nursing Care	0	344,392	0	0	0	2.00
3.00	Physical Therapy	0	92,175	0	0	0	3.00
4.00	Occupational Therapy	0	45,174	0	0	0	4.00
5.00	Speech Pathology	0	3,160	0	0	0	5.00
6.00	Medical Social Services	0	13,680	0	0	0	6.00
7.00	Home Health Aide	0	55,493	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)		577,002	0	0	0	20.00
21.00	Total cost to be allocated		44,350	0	0	0	21.00
22.00	Unit cost multiplier		0.076863	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II
	HHA CCN: 157542		Date/Time Prepared: 5/25/2012 9:17 am
		Home Health Agency I	PPS

	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	0	203	16,435	2,220	0	1.00
2.00 Skilled Nursing Care	0	365	0	0	0	2.00
3.00 Physical Therapy	0	98	0	0	0	3.00
4.00 Occupational Therapy	0	48	0	0	0	4.00
5.00 Speech Pathology	0	3	0	0	0	5.00
6.00 Medical Social Services	0	14	0	0	0	6.00
7.00 Home Health Aide	0	59	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	790	16,435	2,220	0	20.00
21.00 Total cost to be allocated	0	18,316	31,454	737	0	21.00
22.00 Unit cost multiplier	0.000000	23.184810	1.913842	0.331982	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 151327	Period: From 01/01/2011	Worksheet H-2
	HHA CCN: 157542	To 12/31/2011	Part II Date/Time Prepared: 5/25/2012 9:17 am
		Home Health Agency I	PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 151327 HHA CCN: 157542		Period: From 01/01/2011 To 12/31/2011		Worksheet H-3 Parts I-III Date/Time Prepared: 5/25/2012 9:17 am	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	417,606		417,606	1,602	1.00
2.00	Physical Therapy	3.00	111,779	0	111,779	963	2.00
3.00	Occupational Therapy	4.00	54,781	0	54,781	457	3.00
4.00	Speech Pathology	5.00	3,823	0	3,823	38	4.00
5.00	Medical Social Services	6.00	16,575		16,575	13	5.00
6.00	Home Health Aide	7.00	67,295		67,295	791	6.00
7.00	Total (sum of lines 1-6)		671,859	0	671,859	3,864	7.00
				Program Visits			
				Part A		Part B	
						Not Subject to Deductibles & Coinsurance	Subject to Deductibles
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		45460	511	691		8.00
9.00	Physical Therapy		45460	368	301		9.00
10.00	Occupational Therapy		45460	186	148		10.00
11.00	Speech Pathology		45460	13	11		11.00
12.00	Medical Social Services		45460	2	4		12.00
13.00	Home Health Aide		45460	126	257		13.00
14.00	Total (sum of lines 8-13)			1,206	1,412		14.00
				Total HHA Costs (cols. 1 + 2)		Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	6,402	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	16.00
				Cost to Charge Ratio		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	0.689881	0	0	1.00
1.01	Physical Therapy 1		66.01	0.000000	0	0	1.01
2.00	Occupational Therapy		67.00	0.868658	0	0	2.00
3.00	Speech Pathology		68.00	0.818210	0	0	3.00
4.00	Cost of Medical Supplies		71.00	0.202042	0	0	4.00
5.00	Cost of Drugs		73.00	0.525697	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 151327	Period: From 01/01/2011	Worksheet H-3	
		HHA CCN: 157542	To 12/31/2011	Parts I-III	
		Title XVII	Home Health Agency I	Date/Time Prepared: 5/25/2012 9:17 am	
				PPS	
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Program Visits			
		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	5.00	6.00	7.00	8.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION					
Cost Per Visit Computation					
1.00	Skilled Nursing Care	260.68	511	691	1.00
2.00	Physical Therapy	116.07	368	301	2.00
3.00	Occupational Therapy	119.87	186	148	3.00
4.00	Speech Pathology	100.61	13	11	4.00
5.00	Medical Social Services	1,275.00	2	4	5.00
6.00	Home Health Aide	85.08	126	257	6.00
7.00	Total (sum of lines 1-6)		1,206	1,412	7.00
Cost Center Description					
		5.00	6.00	7.00	8.00
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
9.00	Physical Therapy				9.00
10.00	Occupational Therapy				10.00
11.00	Speech Pathology				11.00
12.00	Medical Social Services				12.00
13.00	Home Health Aide				13.00
14.00	Total (sum of lines 8-13)				14.00
Cost Center Description					
		5.00	6.00	7.00	8.00
Program Covered Charges					
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
			5.00	6.00	
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	0.000000	0	6,402	15.00
16.00	Cost of Drugs	0.000000	0	0	16.00
Cost Center Description			Transfer to Part I as Indicated		
			4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS					
1.00	Physical Therapy		col. 2, line 2.00		1.00
1.01	Physical Therapy 1		col. 2, line 2.01		1.01
2.00	Occupational Therapy		col. 2, line 3.00		2.00
3.00	Speech Pathology		col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies		col. 2, line 15.00		4.00
5.00	Cost of Drugs		col. 2, line 16.00		5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 151327	Period: From 01/01/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 5/25/2012 9:17 am
	HHA CCN: 157542	To 12/31/2011	
	Title XVII I	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
9.00	10.00	11.00	12.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	133,207	180,130		313,337	1.00
2.00	Physical Therapy	42,714	34,937		77,651	2.00
3.00	Occupational Therapy	22,296	17,741		40,037	3.00
4.00	Speech Pathology	1,308	1,107		2,415	4.00
5.00	Medical Social Services	2,550	5,100		7,650	5.00
6.00	Home Health Aide	10,720	21,866		32,586	6.00
7.00	Total (sum of lines 1-6)	212,795	260,881		473,676	7.00
Cost Center Description						
		10.00	11.00	12.00		
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00
Cost of Services						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
9.00	10.00	11.00				
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0	0	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 151327 HHA CCN: 157542	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/25/2012 9:17 am
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
<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
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		228,061	245,436
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		3,059	2,624
14.00	Total PPS Reimbursement - PEP Episodes		0	3,415
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		231,120	251,475
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		231,120	251,475
25.00	Coinurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		231,120	251,475
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		231,120	251,475
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		231,120	251,475
32.00	Interim payments (see instructions)		231,120	251,475
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 151327 HHA CCN: 157542	Period: From 01/01/2011 To 12/31/2011	Worksheet H-5 Date/Time Prepared: 5/25/2012 9:17 am
		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		231,120		251,475	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		231,120		251,475	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		231,120		251,475	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 151327

Period: From 01/01/2011

Worksheet K

Hospice CCN: 151604

To 12/31/2011

Date/Time Prepared: 5/25/2012 9:17 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	24,968	0	1,768	0	5,089	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	15,649	0	0	18	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	3,068	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	2,870	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)	40,617	0	1,768	18	11,027	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 151327

Period: From 01/01/2011

Worksheet K

Hospice CCN: 151604

To 12/31/2011

Date/Time Prepared: 5/25/2012 9:17 am

		Hospice I				
	Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
	6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	31,825	0	31,825	0	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	15,667	0	15,667	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	3,068	0	3,068	0	20.00
21.00	Other	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	2,870	0	2,870	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)	53,430	0	53,430	0	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 151327

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 151604

To 12/31/2011

Date/Time Prepared: 5/25/2012 9:17 am

		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	7,934	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	15,649	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						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)	7,934	0	0	0	15,649	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 151327

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 151604

To 12/31/2011

Date/Time Prepared: 5/25/2012 9:17 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	17,034	24,968	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	15,649	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	17,034	40,617	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet K-3
		Hospice CCN: 151604		Date/Time Prepared: 5/25/2012 9:17 am

		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	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	0	0	0	0	18	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						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	0	0	0	18	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet K-3
		Hospice CCN: 151604		Date/Time Prepared: 5/25/2012 9:17 am

		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	0	0	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	18	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	0	18	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 151327

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151604

To 12/31/2011

Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	31,825	0	0	0	0	6.00
<b>INPATIENT CARE SERVICE</b>							
7.00	Inpatient - General Care	15,667	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	3,068	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	2,870	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)	53,430	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 151327

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151604

To 12/31/2011

Part I  
Date/Time Prepared:  
5/25/2012 9:17 am

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related Costs-Bldg and Fixt.		0			1.00
2.00	Capital Related Costs-Movable Equip.		0			2.00
3.00	Plant Operation and Maintenance		0			3.00
4.00	Transportation - Staff		0			4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	31,825			6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	15,667	23,078	38,745	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	3,068	4,519	7,587	20.00
21.00	Other	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	2,870	4,228	7,098	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	21,605	31,825	53,430	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151327

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151604

To 12/31/2011

Part II  
Date/Time Prepared:  
5/25/2012 9:17 am

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151327

Period:

Worksheet K-4

Hospice CCN: 151604

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

Part II  
Date/Time Prepared:  
5/25/2012 9:17 am

Hospice I

		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	-31,825	21,605	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	15,667	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	0	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	3,068	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	2,870	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)		31,825	39.00
40.00	Unit Cost Multiplier		1.473039	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 151327	Period: From 01/01/2011	Worksheet K-5
		Hospice CCN: 151604	To 12/31/2011	Part I
				Date/Time Prepared: 5/25/2012 9:17 am
		Hospice I		

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	IS/ACCOUNTING /MARKETING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
1.00 Administrative and General	0	0	0	9,101	0	1.00
2.00 Inpatient - General Care	38,745	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	7,587	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	7,098	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)	53,430	0	0	9,101	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 151327	Period: From 01/01/2011	Worksheet K-5
		Hospice CCN: 151604	To 12/31/2011	Part I
				Date/Time Prepared: 5/25/2012 9:17 am

Cost Center Description		BUSINESS OFFICE & ADMI TTING	Subtotal	OTHER ADMI NI STRATI V E AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.02	5A.02	5.03	7.00	8.00	
1.00	Administrative and General	0	9,101	699	0	0	1.00
2.00	Inpatient - General Care	0	38,745	2,978	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	7,587	583	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	7,098	546	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	62,531	4,806	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)		0.000000				35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 151327	Period: From 01/01/2011	Worksheet K-5 Part I
		Hospice CCN: 151604	To 12/31/2011	Date/Time Prepared: 5/25/2012 9:17 am

Cost Center Description	Hospice I					
	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	0	2,110	3,608	57	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	2,110	3,608	57	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 151327	Period: From 01/01/2011	Worksheet K-5 Part I
		Hospice CCN: 151604	To 12/31/2011	Date/Time Prepared: 5/25/2012 9:17 am

Cost Center Description	Hospice I					
	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)	
	15.00	16.00	24.00	25.00	26.00	
1.00 Administrative and General	0	0	15,575			1.00
2.00 Inpatient - General Care	0	0	41,723	0	41,723	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	8,170	0	8,170	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	7,644	0	7,644	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	73,112	0	73,112	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 151327	Period: From 01/01/2011	Worksheet K-5
		Hospice CCN: 151604	To 12/31/2011	Part I
				Date/Time Prepared: 5/25/2012 9:17 am
		Hospice I		

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (col. 26 ± 27)	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	11,294	53,017	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	2,212	10,382	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	2,069	9,713	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)		73,112	34.00
35.00	Unit Cost Multiplier (see instructions)	0.270695		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 151327

Hospice CCN: 151604

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	IS/ACCOUNTING /MARKETING (ACCUM. COST)	BUSINESS OFFICE & ADMINISTRATION (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
1.00 Administrative and General	0	0	40,617	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	40,617	0	0	34.00
35.00 Total cost to be allocated	0	0	9,101	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.224069	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 151327  
Hospice CCN: 151604

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description	Reconciliation	Hospice I					
		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
	5A.03	5.03	7.00	8.00	9.00		
1.00 Administrative and General	0	9,101	0	0	0	1.00	
2.00 Inpatient - General Care	0	38,745	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	0	4.00	
5.00 Nursing Care	0	0	0	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	7,587	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	7,098	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)		62,531	0	0	0	34.00	
35.00 Total cost to be allocated		4,806	0	0	0	35.00	
36.00 Unit Cost Multiplier (see instructions)		0.076858	0.000000	0.000000	0.000000	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 151327

Hospice CCN: 151604

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

Worksheet K-5  
Part II  
Date/Time Prepared:  
5/25/2012 9:17 am

Cost Center Description	Hospice I					PHARMACY (COSTED REQUIS.)	
	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)			
	10.00	11.00	13.00	14.00	15.00		
1.00 Administrative and General	0	91	1,885	172	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specif y	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	91	1,885	172	0	0	34.00
35.00 Total cost to be allocated	0	2,110	3,608	57	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	23.186813	1.914058	0.331395	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS STATISTICAL BASIS	Provider CCN: 151327 Hospice CCN: 151604	Period: From 01/01/2011 To 12/31/2011	Worksheet K-5 Part II Date/Time Prepared: 5/25/2012 9:17 am
--	---	---	--

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 151327	Period: From 01/01/2011	Worksheet K-5
		Hospice CCN: 151604	To 12/31/2011	Part III
				Date/Time Prepared: 5/25/2012 9:17 am

Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.689881	0	0	1.00
1.01	SPORTS THERAPY	66.01	0.000000	0	0	1.01
2.00	OCCUPATIONAL THERAPY	67.00	0.868658	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.818210	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.525697	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.205182	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.202042	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00				9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00				10.00
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 151327

Period:

Worksheet K-6

Hospice CCN: 151604

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

Date/Time Prepared:  
5/25/2012 9:17 am

		Hospice I			Total	
		Title XVIII	Title XIX	Other	4.00	
		1.00	2.00	3.00		
1.00	Total cost (see instructions)				73,112	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				84	2.00
3.00	Average cost per diem (line 1 divided by line 2)				870.38	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	84				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	73,112				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 151327 Component CCN: 158509	Period: From 01/01/2011 To 12/31/2011	Worksheet M-1 Date/Time Prepared: 5/25/2012 9:17 am
--	---	---	---

		Title XVIII		Rural Health Clinic (RHC) I			
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>							
1.00	Physician	7,610	0	7,610	0	7,610	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	49,432	0	49,432	0	49,432	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	48,547	0	48,547	0	48,547	9.00
10.00	Subtotal (sum of lines 1-9)	105,589	0	105,589	0	105,589	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	8,014	8,014	0	8,014	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	2,114	2,114	0	2,114	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	10,128	10,128	0	10,128	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	105,589	10,128	115,717	0	115,717	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	0	28.00
<b>FACILITY OVERHEAD</b>							
29.00	Facility Costs	0	34,681	34,681	0	34,681	29.00
30.00	Administrative Costs	0	5,070	5,070	0	5,070	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	39,751	39,751	0	39,751	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	105,589	49,879	155,468	0	155,468	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet M-1
	Component CCN: 158509		Date/Time Prepared: 5/25/2012 9:17 am
Title XVIII		Rural Health Clinic (RHC) I	

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
<b>FACILITY HEALTH CARE STAFF COSTS</b>				
1.00	Physician	0	7,610	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	49,432	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	48,547	9.00
10.00	Subtotal (sum of lines 1-9)	0	105,589	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	14.00
15.00	Medical Supplies	0	8,014	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	2,114	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	10,128	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	115,717	22.00
<b>COSTS OTHER THAN RHC/FQHC SERVICES</b>				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	28.00
<b>FACILITY OVERHEAD</b>				
29.00	Facility Costs	0	34,681	29.00
30.00	Administrative Costs	0	5,070	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	39,751	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	155,468	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet M-2
		Component CCN: 158509		Date/Time Prepared: 5/25/2012 9:17 am

		Title XVIII	Rural Health Clinic (RHC) I	
--	--	-------------	-----------------------------	--

	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>VISITS AND PRODUCTIVITY</b>						
<b>Positions</b>						
1.00	Physician	0.10	176	4,200	420	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.80	1,538	2,100	1,680	3.00
4.00	Subtotal (sum of lines 1-3)	0.90	1,714		2,100	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	0.90	1,714		2,100	8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	

<b>DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES</b>					
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)			115,717	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)			0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)			115,717	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)			1.000000	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)			39,751	14.00
15.00	Parent provider overhead allocated to facility (see instructions)			209,274	15.00
16.00	Total overhead (sum of lines 14 and 15)			249,025	16.00
17.00	Allowable GME overhead (see instructions)			0	17.00
18.00	Subtract line 17 from line 16			249,025	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)			249,025	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)			364,742	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet M-3
		Component CCN: 158509		Date/Time Prepared: 5/25/2012 9:17 am
		Title XVII I	Rural Health Clinic (RHC) I	
				1.00
<b>DETERMINATION OF RATE FOR RHC/FQHC SERVICES</b>				
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		364,742	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		334	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		364,408	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		2,100	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		2,100	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		173.53	7.00
		<b>Calculation of Limit (1)</b>		
		<b>Prior to January 1</b>	<b>On or After January 1</b>	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27, Sec. 505 or your contractor)	174.14	174.14	8.00
9.00	Rate for Program covered visits (see instructions)	173.53	173.53	9.00
<b>CALCULATION OF SETTLEMENT</b>				
10.00	Program covered visits excluding mental health services (from contractor records)	0	0	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	0	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)	0	0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *	0	0	16.00
16.01	Total program charges (see instructions)(from contractor's records)		0	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		0	16.04
16.05	Total program cost (see instructions)		0	16.05
17.00	Primary payer amounts		0	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		0	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		0	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		260	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		260	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		260	26.00
27.00	Interim payments		0	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		260	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, chapter 1, section 115.2		0	30.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 151327	Period: From 01/01/2011 To 12/31/2011	Worksheet M-4
		Component CCN: 158509		Date/Time Prepared: 5/25/2012 9:17 am
		Title XVIII	Rural Health Clinic (RHC) I	
		Pneumococcal	Influenza	
		1.00	2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	105,589	105,589	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000000	0.000000	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	0	0	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	59	47	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	59	47	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	115,717	115,717	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	249,025	249,025	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.000510	0.000406	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	127	101	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	186	148	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	1	4	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	186.00	37.00	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	1	2	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	186	74	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)		334	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)		260	16.00