

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: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet S Parts I-III Date/Time Prepared: 11/29/2012 9:53 am
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/29/2012 Time: 9:53 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SAINT JOHN'S HEALTH SYSTEM for the cost reporting period beginning 07/01/2011 and ending 06/30/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-276,530	-190,041	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	11,643	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-264,887	-190,041	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.

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

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

Date: 11/29/2012 Time: 9:53 am

**PART II - CERTIFICATION**

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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 SAINT JOHN'S HEALTH SYSTEM for the cost reporting period beginning 07/01/2011 and ending 06/30/2012 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: 11/29/2012 Time: 9:53 am  
 LSZZCqNMY58rnFMS7tD9GAI GYsoFr0  
 2I X8k0Bzt16Xkm77aKMvxaMKasEFI h  
 6I eV1kl tRB05WYmn  
 PI: Date: 11/29/2012 Time: 9:53 am  
 0BwwZRQ5PFxkTwRQLWveZdOf1Y4011  
 nKApt0mofP7LcXwDfI m6hku5K4yTN2  
 9vBGYqMbj m0UuvWbt

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

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	Hospital	0	-276,530	-190,041	0	0
2.00	Subprovider - IPF	0	0	0	0	0
3.00	Subprovider - IRF	0	11,643	0	0	0
4.00	SUBPROVIDER I	0	0	0	0	0
5.00	Swing bed - SNF	0	0	0	0	0
6.00	Swing bed - NF	0	0	0	0	0
7.00	SKILLED NURSING FACILITY	0	0	0	0	0
8.00	NURSING FACILITY	0	0	0	0	0
9.00	HOME HEALTH AGENCY I	0	0	0	0	0
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00	CMHC I	0	0	0	0	0
200.00	Total	0	-264,887	-190,041	0	0

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: 150088		Period: From 07/01/2011 To 06/30/2012		Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 9:46 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00 Street: 2015 JACKSON STREET		PO Box:									
2.00 City: ANDERSON		State: IN		Zip Code: 46016-		County: MADISON					
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		SAINT JOHN'S HEALTH SYSTEM	150088	11300	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		BENNETT REHAB. CENTER	15T088	11300	5	06/01/1989	N	P	O	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF							N	N	N	7.00
8.00	Swing Beds - NF							N	N	N	8.00
9.00	Hospital-Based SNF							N	N	N	9.00
10.00	Hospital-Based NF							N	N	N	10.00
10.01	ICF/MR							N	N	N	10.01
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		SAINT JOHN'S HOME HEALTH CARE	157059	11300		02/19/1979	N	P	N	12.00
13.00	Separately Certified ASC							N	N	N	13.00
14.00	Hospital-Based Hospice		SAINT JOHN'S HOSPICE	151516	11300		07/02/1992				14.00
15.00	Hospital-Based Health Clinic - RHC							N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC							N	N	N	16.00
17.00	Hospital-Based (CMHC) 1							N	N	N	17.00
17.10	Hospital-Based (CORF) 1							N	N	N	17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2011	06/30/2012		20.00	
21.00	Type of Control (see instructions)						1		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3	N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid 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 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 paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			3,074	1,693	0	12	1,333	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			228	34	0	0	6	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: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 9:46 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	Y	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<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.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.00
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. 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: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet S-2  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 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. (see instructions)			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	If line 63 is yes, then, for each primary care residency program in which you are training residents, 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. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

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		1.00	2.00	3.00		
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
<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.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N		0	76.00
		1.00				
<b>Long Term Care Hospital PPS</b>						
80.00	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)			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		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00	97.00
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	Y	Y	N	Y	109.00
		1.00		2.00		3.00
<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. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 9:46 am	
			1.00	2.00	3.00
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
			Premiums	Losses	Insurance
			1.00	2.00	3.00
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	40,981	0	0	118.01
			1.00	2.00	
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
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:		
142.00	Street:	PO Box:			
143.00	City:	State:	Zip Code:		
			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, line 74, 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 9:46 am
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		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	Y	N	N	N	155.00	
156.00	Subprovider - IPF	Y	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
					1.00		
<b>Multi-campus</b>							
165.00	Is this hospital part of a Multi-campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00	
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
					1.00		
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.				N	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150088		Period: From 07/01/2011 To 06/30/2012		Worksheet S-2 Part II Date/Time Prepared: 11/29/2012 9:46 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.	N					4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N					5.00
		Y/N	Legal Oper.				
		1.00	2.00				
Approved Educational Activities							
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N					6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N					8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N					9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.					Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.					N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.					N	14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.					N	15.00
		Part A					
		Description	Y/N	Date			
		0	1.00	2.00			
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N					16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		11/01/2012			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N					18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N					19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N					20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 11/29/2012 9:46 am
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		Part A		
Description		Y/N	Date	
0		1.00	2.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>				
<b>Capital Related Cost</b>				
22.00	Have assets been 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	N		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	N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		31.00
<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.	Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	Y		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?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	Y		40.00
		1.00	2.00	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KATHY	ZAMBOS	41.00
42.00	Enter the employer/company name of the cost report preparer.	SAINT JOHN'S HEALTH SYSTEM		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	765-646-8128	KJZAMBOS@SJHSNET.ORG	43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/01/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		3.00		
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR-BUDGET & REIMBURSEMENT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 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	244	89,304	0.00		1.00
2.00 HMO						2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		244	89,304	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,222	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		261	95,526	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	13	4,758			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00 NURSING FACILITY	45.00	0	0			20.00
20.01 ICF/MR	45.01	0	0	0.00		20.01
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	1	366			24.00
25.00 CMHC - CMHC	99.00					25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		275				27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF	40.00					28.01
28.02 SUBPROVIDER - IRF	41.00					28.02
28.03 SUBPROVIDER	42.00					28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	12,911	2,973	25,865		1.00
2.00 HMO		2,044	2,280			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		228	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	12,911	2,973	25,865		7.00
8.00 INTENSIVE CARE UNIT	0	3,472	172	5,589		8.00
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		812	1,112		13.00
14.00 Total (see instructions)	0	16,383	3,957	32,566		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	1,858	257	3,247		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0		0	0		20.00
20.01 ICF/MR	0	0	0	0		20.01
21.00 OTHER LONG TERM CARE				0		21.00
22.00 HOME HEALTH AGENCY	0	24,371	0	36,082		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		0	0	0		24.00
25.00 CMHC - CMHC	0	0	0	0		25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		106	851		28.00
28.01 SUBPROVIDER - IPF				0		28.01
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			47	65		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 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	3,246	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	1,203.18	0.00	0	3,246	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	17.51	0.00	0	149	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
20.01 ICF/MR	0.00	0.00	0.00	0	0	20.01
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY	0.00	51.45	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00	0.00	0.00			23.00
24.00 HOSPICE	0.00	22.93	0.00			24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	0.00	1,295.07	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
28.03 SUBPROVIDER						28.03
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet S-3  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 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)	1,437	8,239		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	1,437	8,239		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	23	260		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
20.01 ICF/MR	0	0		20.01
21.00 OTHER LONG TERM CARE		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
28.03 SUBPROVIDER				28.03
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	71,086,140	0	71,086,140	2,421,594.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		12,135,177	1,211,887	13,347,064	481,431.00	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		0	0	0	0.00	11.00
12.00	Contract management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	13.00
14.00	Home office salaries & wage-related costs		6,395,601	0	6,395,601	104,233.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00	16.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		16,797,313	0	16,797,313		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0		18.00
19.00	Excluded areas		3,926,357	0	3,926,357		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A - Administrative		0	0	0		22.00
22.01	Physician Part A - Teaching		0	0	0		22.01
23.00	Physician Part B		0	0	0		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	606,014	0	606,014	19,514.00	26.00
27.00	Administrative & General	5.00	12,767,567	-135,833	12,631,734	291,322.00	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	28.00
29.00	Maintenance & Repairs	6.00	1,742,874	0	1,742,874	83,120.00	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	30.00
31.00	Laundry & Linen Service	8.00	207,570	0	207,570	13,177.00	31.00
32.00	Housekeeping	9.00	1,035,984	0	1,035,984	64,076.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	33.00
34.00	Dietary	10.00	1,033,503	-594,155	439,348	21,158.00	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	35.00
36.00	Cafeteria	11.00	0	594,155	594,155	37,432.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	670,376	0	670,376	17,941.00	38.00
39.00	Central Services and Supply	14.00	814,405	0	814,405	47,976.00	39.00
40.00	Pharmacy	15.00	2,603,254	0	2,603,254	74,019.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,102,320	0	1,102,320	28,598.00	41.00
42.00	Social Service	17.00	0	0	0	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet S-3  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART II - WAGE DATA</b>			
<b>SALARIES</b>			
1.00	Total salaries (see instructions)	29.36	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A - Administrative	0.00	4.00
4.01	Physicians - Part A - Teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	27.72	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>			
11.00	Contract labor (see instructions)	0.00	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	0.00	13.00
14.00	Home office salaries & wage-related costs	61.36	14.00
15.00	Home office: Physician Part A - Administrative	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative	0.00	16.00
<b>WAGE-RELATED COSTS</b>			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A - Administrative		22.00
22.01	Physician Part A - Teaching		22.01
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>			
26.00	Employee Benefits	31.06	26.00
27.00	Administrative & General	43.36	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	20.97	29.00
30.00	Operation of Plant	0.00	30.00
31.00	Laundry & Linen Service	15.75	31.00
32.00	Housekeeping	16.17	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	20.77	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	15.87	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	37.37	38.00
39.00	Central Services and Supply	16.98	39.00
40.00	Pharmacy	35.17	40.00
41.00	Medical Records & Medical Records Library	38.55	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet S-3  
Part III  
Date/Time Prepared:  
11/29/2012 9:46 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>						
1.00	Net salaries (see instructions)	71,086,140	0	71,086,140	2,421,594.00	1.00
2.00	Excluded area salaries (see instructions)	12,135,177	1,211,887	13,347,064	481,431.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	58,950,963	-1,211,887	57,739,076	1,940,163.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,395,601	0	6,395,601	104,233.00	4.00
5.00	Subtotal wage-related costs (see inst.)	16,797,313	0	16,797,313	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	82,143,877	-1,211,887	80,931,990	2,044,396.00	6.00
7.00	Total overhead cost (see instructions)	22,583,867	-135,833	22,448,034	698,333.00	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part III Date/Time Prepared: 11/29/2012 9:46 am
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>			
1.00	Net salaries (see instructions)	29.36	1.00
2.00	Excluded area salaries (see instructions)	27.72	2.00
3.00	Subtotal salaries (line 1 minus line 2)	29.76	3.00
4.00	Subtotal other wages & related costs (see inst.)	61.36	4.00
5.00	Subtotal wage-related costs (see inst.)	29.09	5.00
6.00	Total (sum of lines 3 thru 5)	39.59	6.00
7.00	Total overhead cost (see instructions)	32.15	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2012 9:46 am
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		2,949,678	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,913,190	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		11,579,901	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		141,874	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		72,242	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		390,413	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		563,978	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		3,538,121	17.00
18.00	Medicare Taxes - Employers Portion Only		1,030,749	18.00
19.00	Unemployment Insurance		131,135	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		155,133	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		22,466,414	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part V Date/Time Prepared: 11/29/2012 9:46 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		1,713,187	0 1.00
2.00	Hospital		1,636,671	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
9.01	Hospital-Based NF		0	0 9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		76,516	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150088		Period: From 07/01/2011 To 06/30/2012		Worksheet S-4	
		Component CCN: 157059				Date/Time Prepared: 11/29/2012 9:46 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	0	0	0	0	
2.00	Unduplicated Census Count (see instructions)	0.00	1,004.00	33.00	800.00	1,837.00	
				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		0.00	0.00	0.00	
4.00	Director(s) and Assistant Director(s)			2.06	0.00	2.06	
5.00	Other Administrative Personnel			3.95	0.00	3.95	
6.00	Direct Nursing Service			31.05	0.00	31.05	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			9.00	0.00	9.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			4.18	0.00	4.18	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			1.40	0.00	1.40	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			1.18	0.00	1.18	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			4.51	0.00	4.51	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			6			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			11300			
20.01				26900			
20.02				29020			
20.03				29140			
20.04				34620			
20.05				99915			
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	9,769	122	287	168	10,346	
22.00	Skilled Nursing Visit Charges	1,808,966	22,396	55,370	31,504	1,918,236	
23.00	Physical Therapy Visits	6,465	58	38	98	6,659	
24.00	Physical Therapy Visit Charges	1,412,795	12,454	9,344	21,774	1,456,367	
25.00	Occupational Therapy Visits	2,400	42	4	33	2,479	
26.00	Occupational Therapy Visit Charges	507,900	7,696	1,052	7,329	523,977	
27.00	Speech Pathology Visits	633	35	1	16	685	
28.00	Speech Pathology Visit Charges	140,529	7,605	213	3,608	151,955	
29.00	Medical Social Service Visits	757	11	16	14	798	
30.00	Medical Social Service Visit Charges	216,502	3,146	4,576	4,004	228,228	
31.00	Home Health Aide Visits	3,276	81	9	38	3,404	
32.00	Home Health Aide Visit Charges	383,292	9,477	1,053	4,446	398,268	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	23,300	349	355	367	24,371	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	4,469,984	62,774	71,608	72,665	4,677,031	
36.00	Total Number of Episodes (standard/non outlier)	1,236		129	33	1,398	
37.00	Total Number of Outlier Episodes		6		0	6	
38.00	Total Non-Routine Medical Supply Charges	111,458	731	4,243	657	117,089	

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150088 Component CCN: 151516		Period: From 07/01/2011 To 06/30/2012		Worksheet S-9 Parts I & II Date/Time Prepared: 11/29/2012 9:46 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	1.00
2.00	Routine Home Care	16,195	112	3,154	107	1,306	2.00
3.00	Inpatient Respite Care	34	0	34	0	0	3.00
4.00	General Inpatient Care	541	9	388	9	29	4.00
5.00	Total Hospice Days	16,770	121	3,576	116	1,335	5.00
<b>Part II - CENSUS DATA</b>							
6.00	Number of Patients Receiving Hospice Care	269	13	113	7	30	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00			7.00
8.00	Average Length of Stay (line 5/line 6)	62.34	9.31	31.65	16.57	44.50	8.00
9.00	Unduplicated Census Count	235	12	117	6	26	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150088 Component CCN: 151516	Period: From 07/01/2011 To 06/30/2012	Worksheet S-9 Parts I & II Date/Time Prepared: 11/29/2012 9:46 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	17,613	2.00
3.00	Inpatient Respite Care	34	3.00
4.00	General Inpatient Care	579	4.00
5.00	Total Hospice Days	18,226	5.00
<b>Part II - CENSUS DATA</b>			
6.00	Number of Patients Receiving Hospice Care	312	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare		7.00
8.00	Average Length of Stay (line 5/line 6)	58.42	8.00
9.00	Unduplicated Census Count	273	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet S-10 Date/Time Prepared: 11/29/2012 9:46 am
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				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)			0.323229	1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid			21,426,378	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			56,663,544	6.00
7.00	Medicaid cost (line 1 times line 6)			18,315,301	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00
<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			359,723	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00
				Uninsured patients	Insured patients
				1.00	2.00
				Total (col. 1 + col. 2)	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	28,839,450	0	28,839,450	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	9,321,747	0	9,321,747	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)	9,321,747	0	9,321,747	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)			13,673,605	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			401,605	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			13,272,000	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			4,289,895	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			13,611,642	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,611,642	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet A  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		2,178,550	2,178,550	785,597	2,964,147	1.00
1.01	00101		0	0	0	0	1.01
3.00	00300		0	0	0	0	3.00
4.00	00400	606,014	539,162	1,145,176	0	1,145,176	4.00
5.01	00510	248,974	560,244	809,218	797	810,015	5.01
5.02	00520	116,118	188,168	304,286	0	304,286	5.02
5.03	00530	216,814	294,771	511,585	0	511,585	5.03
5.04	00540	1,072,519	545,964	1,618,483	0	1,618,483	5.04
5.05	00550	1,203,487	1,461,434	2,664,921	0	2,664,921	5.05
5.06	00560	9,909,655	36,486,388	46,396,043	-566,089	45,829,954	5.06
6.00	00600	1,742,874	5,507,824	7,250,698	20,596	7,271,294	6.00
7.00	00700	0	0	0	0	0	7.00
8.00	00800	207,570	345,780	553,350	0	553,350	8.00
9.00	00900	1,035,984	1,525,389	2,561,373	0	2,561,373	9.00
10.00	01000	1,033,503	2,273,370	3,306,873	-1,901,101	1,405,772	10.00
11.00	01100	0	0	0	1,901,101	1,901,101	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	670,376	194,204	864,580	0	864,580	13.00
14.00	01400	814,405	2,210,719	3,025,124	-2,627,831	397,293	14.00
15.00	01500	2,603,254	10,781,123	13,384,377	-18,891,961	-5,507,584	15.00
16.00	01600	1,102,320	544,014	1,646,334	0	1,646,334	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	64,229	23,641	87,870	0	87,870	23.00
23.01	02301	70,203	30,007	100,210	19,456	119,666	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	12,830,110	5,780,411	18,610,521	-2,332,559	16,277,962	30.00
31.00	03100	2,621,308	1,847,759	4,469,067	-27	4,469,040	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	927,994	533,218	1,461,212	0	1,461,212	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	4,007,755	8,067,885	12,075,640	-4,070,416	8,005,224	50.00
50.01	05001	5,617	6,628,222	6,633,839	-1,198,884	5,434,955	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	53,751	53,751	53.00
54.00	05400	3,958,920	3,694,994	7,653,914	15,285	7,669,199	54.00
55.00	05500	877,100	1,482,790	2,359,890	45,749	2,405,639	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	2,567,939	4,422,947	6,990,886	-926,163	6,064,723	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	913,594	913,594	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	1,066,538	573,909	1,640,447	127,500	1,767,947	65.00
66.00	06600	1,451,958	750,155	2,202,113	21,883	2,223,996	66.00
67.00	06700	1,068,931	274,107	1,343,038	0	1,343,038	67.00
68.00	06800	107,528	173,255	280,783	0	280,783	68.00
69.00	06900	1,274,269	1,057,519	2,331,788	-5,960	2,325,828	69.00
70.00	07000	441,448	199,919	641,367	0	641,367	70.00
71.00	07100	0	0	0	3,642,295	3,642,295	71.00
72.00	07200	0	0	0	4,320,668	4,320,668	72.00
73.00	07300	0	0	0	27,442,528	27,442,528	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet A  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.00	03020 CHEMOTHERAPY	760,770	9,081,619	9,842,389	-8,630,932	1,211,457	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	0	0	749,296	749,296	90.01
91.00	09100 EMERGENCY	3,326,905	11,275,363	14,602,268	-11,902	14,590,366	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	3,308,440	1,346,670	4,655,110	0	4,655,110	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	598,803	598,803	-598,803	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	1,172,118	1,117,779	2,289,897	0	2,289,897	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	64,493,947	124,598,076	189,092,023	-1,702,532	187,389,491	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	190,659	106,624	297,283	0	297,283	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,819,737	1,422,228	4,241,965	60,299	4,302,264	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	119,470	100,045	219,515	0	219,515	194.00
194.02	07951 CHILDREN'S CLINIC	321,885	184,959	506,844	0	506,844	194.02
194.04	07952 HEALTH RESOURCE CENTER	48,220	15,709	63,929	0	63,929	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	0	0	1,591,215	1,591,215	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	286,264	169,412	455,676	0	455,676	194.07
194.10	07955 DME	1,688,854	3,803,143	5,491,997	20,806	5,512,803	194.10
194.12	07956 MED ONE/TWO	1,117,104	860,714	1,977,818	0	1,977,818	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	693	693	0	693	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	188,751	188,751	194.15
194.16	07960 MOB	0	5,184	5,184	-262	4,922	194.16
194.17	07961 ASB	0	214,552	214,552	-146,378	68,174	194.17
194.18	07962 MAB	0	48,742	48,742	-11,899	36,843	194.18
200.00	TOTAL (SUM OF LINES 118-199)	71,086,140	131,530,081	202,616,221	0	202,616,221	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet A  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,562,615	4,526,762	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.01
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	1,288,721	2,433,897	4.00
5.01	00510	NONPATIENT TELEPHONES	-143,257	666,758	5.01
5.02	00520	DATA PROCESSING	0	304,286	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	-18	511,567	5.03
5.04	00540	ADMINITTING	0	1,618,483	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	2,664,921	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,201,339	50,031,293	5.06
6.00	00600	MAINTENANCE & REPAIRS	-213,270	7,058,024	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-956	552,394	8.00
9.00	00900	HOUSEKEEPING	-11,192	2,550,181	9.00
10.00	01000	DIETARY	-943,372	462,400	10.00
11.00	01100	CAFETERIA	0	1,901,101	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-643	863,937	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-33	397,260	14.00
15.00	01500	PHARMACY	-120	-5,507,704	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-54,840	1,591,494	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED PRGM	-648	87,222	23.00
23.01	02301	SCH OF RADIOLOGY	0	119,666	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-43,118	16,234,844	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,469,040	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	-43,609	1,417,603	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/MR	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-11,401	7,993,823	50.00
50.01	05001	SURGERY CENTER	-68,045	5,366,910	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53,751	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-43,266	7,625,933	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-25,558	2,380,081	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-57,764	6,006,959	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	913,594	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-60,697	1,707,250	65.00
66.00	06600	PHYSICAL THERAPY	-15,243	2,208,753	66.00
67.00	06700	OCCUPATIONAL THERAPY	-9,563	1,333,475	67.00
68.00	06800	SPEECH PATHOLOGY	0	280,783	68.00
69.00	06900	ELECTROCARDIOLOGY	-740	2,325,088	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-21,154	620,213	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,642,295	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,320,668	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,442,528	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	CHEMOTHERAPY	0	1,211,457	76.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet A  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	749,296	90.01
91.00	09100 EMERGENCY	-9,605,882	4,984,484	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	-2,080	4,653,030	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	-81,426	2,208,471	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-4,405,220	182,984,271	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	-47,557	249,726	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-603,917	3,698,347	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 FOUNDATION	0	219,515	194.00
194.02	07951 CHILDREN'S CLINIC	-36,882	469,962	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	63,929	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	1,591,215	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	455,676	194.07
194.10	07955 DME	-375,124	5,137,679	194.10
194.12	07956 MED ONE/TWO	-96,322	1,881,496	194.12
194.13	07957 UNUSED SPACE	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	693	194.14
194.15	07959 PHYSICIANS RECRUITING	0	188,751	194.15
194.16	07960 MOB	0	4,922	194.16
194.17	07961 ASB	0	68,174	194.17
194.18	07962 MAB	0	36,843	194.18
200.00	TOTAL (SUM OF LINES 118-199)	-5,565,022	197,051,199	200.00

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		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
<b>A - PHARMACY/IV RECLASS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	27,442,528	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	27,442,528	
<b>B - ANESTHESIA RECLASS</b>					
1.00	ANESTHESIOLOGY	53.00	0	53,751	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	53,751	
<b>C - MEDICAL SUPPLIES RECLASS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,435,342	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	214,983	2.00
	TOTALS		0	1,650,325	
<b>D - CAFETERIA/CLASSIC CATERING RECLASS</b>					
1.00	CAFETERIA	11.00	594,155	1,306,946	1.00
	TOTALS		594,155	1,306,946	
<b>E - MAB OTHER EXPENSE</b>					
1.00	NONPATIENT TELEPHONES	5.01	0	797	1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	4,759	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,637	3.00
4.00	ELECTROCARDIOLOGY	69.00	0	3,373	4.00
	TOTALS		0	11,566	
<b>F - MAB DEPRECIATION EXPENSE</b>					
1.00	MAINTENANCE & REPAIRS	6.00	0	15,837	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	8,776	2.00
3.00	ELECTROCARDIOLOGY	69.00	0	11,223	3.00
4.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,653	4.00
	TOTALS		0	38,489	
<b>G - MOB OTHER EXPENSE</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	217	2.00
	TOTALS		0	262	
<b>I - PROPERTY TAX RECLASS</b>					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	72,399	1.00
	TOTALS		0	72,399	
<b>J - INTEREST EXPENSE RECLASS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	598,803	1.00
	TOTALS		0	598,803	
<b>K - ANDERSON CENTER OUTPATIENT RECLASS</b>					
1.00	ANDERSON CENTER OP CLINIC	90.01	561,510	187,786	1.00
	TOTALS		561,510	187,786	
<b>L - WHOLE BLOOD RECLASS</b>					
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	93,646	819,948	1.00
	TOTALS		93,646	819,948	
<b>M - CAPITAL RELATED DEPRECIATION RECLASS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,821,076	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	1,821,076	
<b>N - ADOLESCENT RESIDENTIAL RECLASS</b>					
1.00	ADOLESCENT RESIDENTIAL	194.05	1,192,431	398,784	1.00
	TOTALS		1,192,431	398,784	
<b>P - PHYSICIANS RECRUITMENT RECLASS</b>					
1.00	PHYSICIANS RECRUITING	194.15	0	188,751	1.00
	TOTALS		0	188,751	
<b>R - ASB OTHER EXPENSE</b>					
1.00	OPERATING ROOM	50.00	0	9,985	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	27,809	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	39,195	3.00
4.00	PHYSICAL THERAPY	66.00	0	18,748	4.00
5.00	CHEMOTHERAPY	76.00	0	6,683	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	5,162	6.00
7.00	DME	194.10	0	17,825	7.00
	TOTALS		0	125,407	

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>S - ASB DEPRECIATION EXPENSE</b>					
1.00	OPERATING ROOM	50.00	0	1,670	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,650	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	6,554	3.00
4.00	PHYSICAL THERAPY	66.00	0	3,135	4.00
5.00	CHEMOTHERAPY	76.00	0	1,118	5.00
6.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	863	6.00
7.00	DME	194.10	0	2,981	7.00
	<b>TOTALS</b>		0	20,971	
<b>U - PROPERTY INSURANCE</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	22,418	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	73,377	2.00
	<b>TOTALS</b>		0	95,795	
<b>V - RAD TECH PARAMED</b>					
1.00	SCH OF RADIOLOGY	23.01	19,456	0	1.00
	<b>TOTALS</b>		19,456	0	
<b>Y - INFECTION CONTROL</b>					
1.00	ADULTS & PEDIATRICS	30.00	8,333	0	1.00
	<b>TOTALS</b>		8,333	0	
<b>Z - RESPIRATORY MEDICAL DIRECTOR</b>					
1.00	RESPIRATORY THERAPY	65.00	127,500	0	1.00
	<b>TOTALS</b>		127,500	0	
<b>AB - MEDICAL SUPPLIES &amp; IMPLANTABLE DEVIC</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,245,272	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,105,685	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	<b>TOTALS</b>		0	6,350,957	
500.00	<b>Grand Total: Increases</b>		2,597,031	41,184,544	500.00

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - PHARMACY/IV RECLASS</b>							
1.00	PHARMACY	15.00	0	18,803,795	0		1.00
2.00	CHEMOTHERAPY	76.00	0	8,638,733	0		2.00
	TOTALS		0	27,442,528			
<b>B - ANESTHESIA RECLASS</b>							
1.00	LABORATORY	60.00	0	12,569	0		1.00
2.00	SURGERY CENTER	50.01	0	2,863	0		2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	38,319	0		3.00
	TOTALS		0	53,751			
<b>C - MEDICAL SUPPLIES RECLASS</b>							
1.00		0.00	0	0	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,650,325	0		2.00
	TOTALS		0	1,650,325			
<b>D - CAFETERIA/CLASSIC CATERING RECLASS</b>							
1.00	DIETARY	10.00	594,155	1,306,946	0		1.00
	TOTALS		594,155	1,306,946			
<b>E - MAB OTHER EXPENSE</b>							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00	MAB	194.18	0	11,566	0		4.00
	TOTALS		0	11,566			
<b>F - MAB DEPRECIATION EXPENSE</b>							
1.00	MAB	194.18	0	333	9		1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	38,156	9		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	9		4.00
	TOTALS		0	38,489			
<b>G - MOB OTHER EXPENSE</b>							
1.00		0.00	0	0	0		1.00
2.00	MOB	194.16	0	262	0		2.00
	TOTALS		0	262			
<b>I - PROPERTY TAX RECLASS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	72,399	9		1.00
	TOTALS		0	72,399			
<b>J - INTEREST EXPENSE RECLASS</b>							
1.00	INTEREST EXPENSE	113.00	0	598,803	11		1.00
	TOTALS		0	598,803			
<b>K - ANDERSON CENTER OUTPATIENT RECLASS</b>							
1.00	ADULTS & PEDIATRICS	30.00	561,510	187,786	0		1.00
	TOTALS		561,510	187,786			
<b>L - WHOLE BLOOD RECLASS</b>							
1.00	LABORATORY	60.00	93,646	819,948	0		1.00
	TOTALS		93,646	819,948			
<b>M - CAPITAL RELATED DEPRECIATION RECLASS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,622,175	9		1.00
2.00	SURGERY CENTER	50.01	0	35,021	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	145,755	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	18,125	0		4.00
	TOTALS		0	1,821,076			
<b>N - ADOLESCENT RESIDENTIAL RECLASS</b>							
1.00	ADULTS & PEDIATRICS	30.00	1,192,431	398,784	0		1.00
	TOTALS		1,192,431	398,784			
<b>P - PHYSICIANS RECRUITMENT RECLASS</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	188,751	0		1.00
	TOTALS		0	188,751			
<b>R - ASB OTHER EXPENSE</b>							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00	ASB	194.17	0	125,407	0		7.00
	TOTALS		0	125,407			

RECLASSIFICATIONS

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>S - ASB DEPRECIATION EXPENSE</b>							
1.00		0.00	0	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00	ASB	194.17	0	20,971	0		7.00
	<b>TOTALS</b>		0	20,971			
<b>U - PROPERTY INSURANCE</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	95,795	12		1.00
2.00		0.00	0	0	12		2.00
	<b>TOTALS</b>		0	95,795			
<b>V - RAD TECH PARAMED</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	19,456	0	0		1.00
	<b>TOTALS</b>		19,456	0			
<b>Y - INFECTION CONTROL</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	8,333	0	0		1.00
	<b>TOTALS</b>		8,333	0			
<b>Z - RESPIRATORY MEDICAL DIRECTOR</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	127,500	0	0		1.00
	<b>TOTALS</b>		127,500	0			
<b>AB - MEDICAL SUPPLIES &amp; IMPLANTABLE DEVIC</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	977,506	0		1.00
2.00	PHARMACY	15.00	0	88,166	0		2.00
3.00	OPERATING ROOM	50.00	0	4,082,071	0		3.00
4.00	SURGERY CENTER	50.01	0	1,161,000	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,348	0		5.00
6.00	EMERGENCY	91.00	0	11,902	0		6.00
7.00	ADULTS & PEDIATRICS	30.00	0	381	0		7.00
8.00	INTENSIVE CARE UNIT	31.00	0	27	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	20,556	0		9.00
	<b>TOTALS</b>		0	6,350,957			
500.00	<b>Grand Total: Decreases</b>		2,597,031	41,184,544			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150088

Period:  
From 07/01/2011  
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Worksheet A-7  
Parts I-III  
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	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	5,292,602	0	0	0	1.00
2.00	Land Improvements	2,430,620	0	0	0	2.00
3.00	Buildings and Fixtures	44,849,897	0	0	0	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	39,597,129	26,477	0	26,477	5.00
6.00	Movable Equipment	45,642,965	2,401,592	0	2,401,592	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	137,813,213	2,428,069	0	2,428,069	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	137,813,213	2,428,069	0	2,428,069	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	2,178,550	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	2,178,550	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	85,330,125	1,573,997	83,756,128	1.000000	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0.000000	1.01
3.00	Total (sum of lines 1-2)	85,330,125	1,573,997	83,756,128	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150088

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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	5,292,602	0		1.00		
2.00	Land Improvements	2,430,620	2,083,772		2.00		
3.00	Buildings and Fixtures	44,849,897	29,417,991		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	39,623,606	33,673,760		5.00		
6.00	Movable Equipment	47,920,270	41,016,132		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	140,116,995	106,191,655		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	140,116,995	106,191,655		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	2,178,550		1.00		
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0		1.01		
3.00	Total (sum of lines 1-2)	0	2,178,550		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	4,490,912	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	0	0	0	4,490,912	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

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Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-59,945	95,795	0	0	4,526,762	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.01
3.00	Total (sum of lines 1-2)	-59,945	95,795	0	0	4,526,762	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150088

Period:  
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Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-458,649	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
1.01 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.01	1.01
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0*** Cost Center Deleted ***	2.00	2.00
3.00 Investment income - other (chapter 2)	B	-140,157	NEW CAP REL COSTS-BLDG & FIXT	1.00	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	-92,245	NONPATIENT TELEPHONES	5.01	7.00
8.00 Television and radio service (chapter 21)	A	-1,439	MAINTENANCE & REPAIRS	6.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-9,773,472			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	21,366,552			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Cafeteria-employees and guests	A	-929,517	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		0		0.00	17.00
18.00 Sale of medical records and abstracts	B	-54,840	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines		0		0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
26.01 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.01	26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0*** Cost Center Deleted ***	2.00	27.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00 Physicians' assistant			0	0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0	0.00	32.00
33.00 MIS. INCOME	B	-14	PURCHASING RECEIVING AND STORES	5.03	33.00
33.04 MIS. INCOME			0	0.00	33.04
33.07 MIS. INCOME	B	-285,352	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.07
33.11 MIS. INCOME	B	-2,356	MAINTENANCE & REPAIRS	6.00	33.11
33.14 MIS. INCOME	B	-956	LAUNDRY & LINEN SERVICE	8.00	33.14
33.18 MIS. INCOME	B	-10,020	ELECTROENCEPHALOGRAPHY	70.00	33.18
34.00 MIS. INCOME	B	-11,018	DIETARY	10.00	34.00
35.00 MIS. INCOME	B	-643	NURSING ADMINISTRATION	13.00	35.00
35.03 MIS. INCOME	B	-33	CENTRAL SERVICES & SUPPLY	14.00	35.03
35.08 MIS. INCOME	B	-648	PARAMED ED PRGM	23.00	35.08
35.09 MIS. INCOME	B	-465	ADULTS & PEDIATRICS	30.00	35.09
35.11 MIS. INCOME	B	-11,389	OPERATING ROOM	50.00	35.11
35.13 MIS. INCOME	B	-67,305	SURGERY CENTER	50.01	35.13
35.14 MIS. INCOME	B	-43,266	RADIOLOGY-DIAGNOSTIC	54.00	35.14

ADJUSTMENTS TO EXPENSES

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet A-8

Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #		
			1.00	2.00	3.00	4.00
35.16	MI SC INCOME	B	-57,764	LABORATORY	60.00	35.16
35.17	MI SC INCOME	B	-3,240	RESPIRATORY THERAPY	65.00	35.17
35.18	MI SC INCOME	B	-15,243	PHYSICAL THERAPY	66.00	35.18
35.20	MI SC INCOME	B	-9,563	OCCUPATIONAL THERAPY	67.00	35.20
35.21	MI SC INCOME	B	-10,020	ELECTROENCEPHALOGRAPHY	70.00	35.21
35.22	MI SC INCOME	B	-2,080	HOME HEALTH AGENCY	101.00	35.22
35.23	MI SC INCOME	B	-47,557	RESEARCH	191.00	35.23
35.24	MI SC INCOME	B	-2,855	PHYSICIANS' PRIVATE OFFICES	192.00	35.24
35.25	MI SC INCOME	B	-135	EMERGENCY	91.00	35.25
35.26	MI SC INCOME	B	-116	DME	194.10	35.26
35.27	MI SC INCOME	B	-492	MED ONE/TWO	194.12	35.27
36.00	PHYSICIANS' PHONE SERVICE	A	-50,052	NONPATIENT TELEPHONES	5.01	36.00
36.01	BAD DEBT & RECOVERIES	A	-12,662,393	OTHER ADMINISTRATIVE AND GENERAL	5.06	36.01
36.02			0		0.00	36.02
36.03	BAD DEBT & RECOVERIES	A	-2,666	ADULTS & PEDIATRICS	30.00	36.03
36.04	BAD DEBT & RECOVERIES	A	-36,882	CHILDREN'S CLINIC	194.02	36.04
36.05	BAD DEBT & RECOVERIES	A	-375,008	DME	194.10	36.05
36.06	BAD DEBT & RECOVERIES	A	-222,581	PHYSICIANS' PRIVATE OFFICES	192.00	36.06
36.07	BAD DEBT & RECOVERIES	A	-81,426	HOSPICE	116.00	36.07
36.08	INCOME/SALES TAX	A	-740	SURGERY CENTER	50.01	36.08
36.10	INCOME/SALES TAX	A	-4	PURCHASING RECEIVING AND STORES	5.03	36.10
36.11	INCOME/SALES TAX	A	-327	OTHER ADMINISTRATIVE AND GENERAL	5.06	36.11
36.12	INCOME/SALES TAX	A	-2,837	DIETARY	10.00	36.12
36.13	INCOME/SALES TAX	A	-120	PHARMACY	15.00	36.13
36.15	INCOME/SALES TAX	A	-12	OPERATING ROOM	50.00	36.15
36.16	INCOME/SALES TAX	A	-740	ELECTROCARDIOLOGY	69.00	36.16
37.00	INCOME/SALES TAX	A	-314	MED ONE/TWO	194.12	37.00
37.01	CARRYFORWARD ADJUSTMENTS	A	-14,421	NEW CAP REL COSTS-BLDG & FIXT	1.00	37.01
37.03	PHYSICIAN OFFICE DEPRECIATION	A	-1,600	NEW CAP REL COSTS-BLDG & FIXT	1.00	37.03
37.04	PHYSICIAN OFFICE DEPRECIATION	A	-10,906	NEW CAP REL COSTS-BLDG & FIXT	1.00	37.04
37.09	MAB DEPRECIATION IN CAP REL	A	-119,175	NEW CAP REL COSTS-BLDG & FIXT	1.00	37.09
38.00	BAD DEBT & RECOVERIES	A	-95,516	MED ONE/TWO	194.12	38.00
38.04			0		0.00	38.04
38.06	BILLING FEES	A	-241,194	PHYSICIANS' PRIVATE OFFICES	192.00	38.06
38.09	A&G MISCELLANEOUS EXPENSE	A	-240,457	OTHER ADMINISTRATIVE AND GENERAL	5.06	38.09
38.10	A&G DUES & MEMBERSHIP	A	-5,898	OTHER ADMINISTRATIVE AND GENERAL	5.06	38.10
39.00	A&G PURCHASED SERVICES	A	-82,352	OTHER ADMINISTRATIVE AND GENERAL	5.06	39.00
39.01	CORPORATION ADMINISTRATION TRAVEL &	A	-13,747	OTHER ADMINISTRATIVE AND GENERAL	5.06	39.01
40.00	OTHER ADJUSTMENTS (SPECIFY)		0		0.00	40.00
41.00	ADVERTISING&MARKETING	A	-350	OTHER ADMINISTRATIVE AND GENERAL	5.06	41.00
42.00	MI SC REVENUE LEASED BLDGS	B	-960	NONPATIENT TELEPHONES	5.01	42.00
43.00	MI SC REVENUE LEASED BLDGS	B	-10,491	OTHER ADMINISTRATIVE AND GENERAL	5.06	43.00
44.00	MI SC REVENUE LEASED BLDGS	B	-458,170	MAINTENANCE & REPAIRS	6.00	44.00
44.03	MI SC REVENUE LEASED BLDGS	B	-11,192	HOUSEKEEPING	9.00	44.03
44.04	MI SC REVENUE LEASED BLDGS	B	-137,287	PHYSICIANS' PRIVATE OFFICES	192.00	44.04
45.04	IHHA LOBBY DUES	A	-18,907	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.04
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-5,565,022			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet A-8  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.01
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	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
26.01	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.01
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	MISC. INCOME	0	33.00
33.04		0	33.04
33.07	MISC. INCOME	0	33.07
33.11	MISC. INCOME	0	33.11
33.14	MISC. INCOME	0	33.14
33.18	MISC. INCOME	0	33.18
34.00	MISC. INCOME	0	34.00
35.00	MISC INCOME	0	35.00
35.03	MISC INCOME	0	35.03
35.08	MISC INCOME	0	35.08
35.09	MISC INCOME	0	35.09
35.11	MISC INCOME	0	35.11
35.13	MISC INCOME	0	35.13
35.14	MISC INCOME	0	35.14
35.16	MISC INCOME	0	35.16
35.17	MISC INCOME	0	35.17
35.18	MISC INCOME	0	35.18
35.20	MISC INCOME	0	35.20
35.21	MISC INCOME	0	35.21
35.22	MISC INCOME	0	35.22
35.23	MISC INCOME	0	35.23
35.24	MISC INCOME	0	35.24
35.25	MISC INCOME	0	35.25
35.26	MISC INCOME	0	35.26
35.27	MISC INCOME	0	35.27

ADJUSTMENTS TO EXPENSES

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet A-8

Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
36.00	PHYSICIANS' PHONE SERVICE	0	36.00
36.01	BAD DEBT & RECOVERIES	0	36.01
36.02		0	36.02
36.03	BAD DEBT & RECOVERIES	0	36.03
36.04	BAD DEBT & RECOVERIES	0	36.04
36.05	BAD DEBT & RECOVERIES	0	36.05
36.06	BAD DEBT & RECOVERIES	0	36.06
36.07	BAD DEBT & RECOVERIES	0	36.07
36.08	INCOME/SALES TAX	0	36.08
36.10	INCOME/SALES TAX	0	36.10
36.11	INCOME/SALES TAX	0	36.11
36.12	INCOME/SALES TAX	0	36.12
36.13	INCOME/SALES TAX	0	36.13
36.15	INCOME/SALES TAX	0	36.15
36.16	INCOME/SALES TAX	0	36.16
37.00	INCOME/SALES TAX	0	37.00
37.01	CARRYFORWARD ADJUSTMENTS	9	37.01
37.03	PHYSICIAN OFFICE DEPRECIATION	9	37.03
37.04	PHYSICIAN OFFICE DEPRECIATION	9	37.04
37.09	MAB DEPRECIATION IN CAP REL	9	37.09
38.00	BAD DEBT & RECOVERIES	0	38.00
38.04		0	38.04
38.06	BILLING FEES	0	38.06
38.09	A&G MISCELLANEOUS EXPENSE	0	38.09
38.10	A&G DUES & MEMBERSHIP	0	38.10
39.00	A&G PURCHASED SERVICES	0	39.00
39.01	CORPORATION ADMINISTRATION TRAVEL &	0	39.01
40.00	OTHER ADJUSTMENTS (SPECIFY)	0	40.00
41.00	ADVERTISING&MARKETING	0	41.00
42.00	MISC REVENUE LEASED BLDGS	0	42.00
43.00	MISC REVENUE LEASED BLDGS	0	43.00
44.00	MISC REVENUE LEASED BLDGS	0	44.00
44.03	MISC REVENUE LEASED BLDGS	0	44.03
44.04	MISC REVENUE LEASED BLDGS	0	44.04
45.04	IHHA LOBBY DUES	0	45.04
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: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet A-8-1

Date/Time Prepared:  
11/29/2012 9:46 am

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	6.00	MAINTENANCE & REPAIRS	SVHEALTH TRIMEDIX	1.00
2.00	4.00	EMPLOYEE BENEFITS	SVHEALTH-HOME OFFICE-SELF INS	2.00
3.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	SVHEALTH-HOME OFFICE-NEW	3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	SVHEALTH-HOME OFFICE-A&G	4.00
4.60	1.00	NEW CAP REL COSTS-BLDG & FIXT	SVHEALTH-I INTEREST	4.60
4.70	5.06	OTHER ADMINISTRATIVE AND GENERAL	SVHEALTH-CAP INTEREST	4.70
4.80	0.00			4.80
4.90	0.00			4.90
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	
<b>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	B		0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

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

Provider CCN: 150088

Period: From 07/01/2011 To 06/30/2012

Worksheet A-8-1

Date/Time Prepared: 11/29/2012 9:46 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	2,512,248	2,263,553	248,695	0	1.00
2.00	11,716,887	10,428,166	1,288,721	0	2.00
3.00	2,367,465	0	2,367,465	9	3.00
4.00	17,529,887	0	17,529,887	0	4.00
4.60	466,233	526,175	-59,942	11	4.60
4.70	64,354	72,628	-8,274	0	4.70
4.80	0	0	0	0	4.80
4.90	0	0	0	0	4.90
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	34,657,074	13,290,522	21,366,552	5.00

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

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

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

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

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

6.00		ST VINCENT HEALTH	100.00	HEALTH SYSTEM	6.00
7.00			0.00		7.00
8.00			0.00		8.00
9.00			0.00		9.00
10.00			0.00		10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:  
11/29/2012 9:46 am

		Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
		1.00	2.00	3.00	4.00	
1.00		31.00	INTENSIVE CARE UNIT	267,081	0	1.00
2.00		41.00	SUBPROVIDER - IRF	105,000	0	2.00
3.00		55.00	RADIOLOGY-THERAPEUTIC	75,000	0	3.00
4.00		60.00	LABORATORY	187,000	0	4.00
5.00		0.00		0	0	5.00
6.00		70.00	ELECTROENCEPHALOGRAPHY	9,000	0	6.00
7.00		91.00	EMERGENCY	9,673,401	9,312,279	7.00
8.00		30.00	ADULTS & PEDIATRICS	95,600	0	8.00
9.00		30.00	ADULTS & PEDIATRICS	8,333	0	9.00
10.00		65.00	RESPIRATORY THERAPY	127,500	0	10.00
200.00				10,547,915	9,312,279	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:  
11/29/2012 9:46 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	267,081	136,700	8,494	558,236	27,912	1.00
2.00	105,000	171,400	745	61,391	3,070	2.00
3.00	75,000	171,400	600	49,442	2,472	3.00
4.00	187,000	219,500	1,904	200,927	10,046	4.00
5.00	0	0	0	0	0	5.00
6.00	9,000	136,700	120	7,886	394	6.00
7.00	361,122	171,400	821	67,654	3,383	7.00
8.00	95,600	171,400	720	59,331	2,967	8.00
9.00	8,333	171,400	56	4,615	231	9.00
10.00	127,500	171,400	850	70,043	3,502	10.00
200.00	1,235,636		14,310	1,079,525	53,977	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:  
11/29/2012 9:46 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	558,236	1.00
2.00	0	0	0	0	61,391	2.00
3.00	0	0	0	0	49,442	3.00
4.00	0	0	0	0	200,927	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	7,886	6.00
7.00	0	0	0	0	67,654	7.00
8.00	0	0	0	0	59,331	8.00
9.00	0	0	0	0	4,615	9.00
10.00	0	0	0	0	70,043	10.00
200.00	0	0	0	0	1,079,525	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet A-8-2  
Date/Time Prepared:  
11/29/2012 9:46 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	0	1.00
2.00	43,609	43,609	2.00
3.00	25,558	25,558	3.00
4.00	0	0	4.00
5.00	0	0	5.00
6.00	1,114	1,114	6.00
7.00	293,468	9,605,747	7.00
8.00	36,269	36,269	8.00
9.00	3,718	3,718	9.00
10.00	57,457	57,457	10.00
200.00	461,193	9,773,472	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		1.00	1.01			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	4,526,762	4,526,762				1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT	0	0	0			1.01
4.00 00400 EMPLOYEE BENEFITS	2,433,897	59,965	0	2,493,862		4.00
5.01 00510 NONPATIENT TELEPHONES	666,758	610	0	8,810	676,178	5.01
5.02 00520 DATA PROCESSING	304,286	100,362	0	4,109	5,601	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	511,567	29,833	0	7,672	7,202	5.03
5.04 00540 ADMINITTING	1,618,483	8,240	0	37,950	12,803	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	2,664,921	80,135	0	42,584	19,205	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	50,031,293	297,861	0	350,643	74,420	5.06
6.00 00600 MAINTENANCE & REPAIRS	7,058,024	539,785	0	61,670	24,006	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	552,394	76,213	0	7,345	2,401	8.00
9.00 00900 HOUSEKEEPING	2,550,181	96,605	0	36,657	8,802	9.00
10.00 01000 DIETARY	462,400	269,520	0	15,546	2,401	10.00
11.00 01100 CAFETERIA	1,901,101	0	0	21,024	6,402	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	863,937	47,291	0	23,721	8,802	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	397,260	153,569	0	28,817	4,801	14.00
15.00 01500 PHARMACY	-5,507,704	46,661	0	92,114	17,605	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,591,494	50,486	0	39,004	32,008	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	87,222	1,259	0	2,273		23.00
23.01 02301 SCH OF RADIOLOGY	119,666	1,065	0	3,172	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	16,234,844	910,013	0	391,913	81,624	30.00
31.00 03100 INTENSIVE CARE UNIT	4,469,040	141,949	0	92,752	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	1,417,603	96,828	0	32,836	10,403	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	7,993,823	195,824	0	141,810	49,613	50.00
50.01 05001 SURGERY CENTER	5,366,910	0	0	199	16,004	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	53,751	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,625,933	164,210	0	139,394	60,016	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,380,081	0	0	31,035	12,003	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	6,006,959	121,461	0	87,550	36,810	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	913,594	0	0	3,314	1,600	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,707,250	69,116	0	37,738	4,801	65.00
66.00 06600 PHYSICAL THERAPY	2,208,753	84,124	0	51,376	16,004	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,333,475	61,234	0	37,823	14,404	67.00
68.00 06800 SPEECH PATHOLOGY	280,783	0	0	3,805	2,401	68.00
69.00 06900 ELECTROCARDIOLOGY	2,325,088	82,904	0	45,089	15,204	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	620,213	112,746	0	15,620	19,205	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,642,295	0	0	0	1,600	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	4,320,668	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	27,442,528	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
			NEW BLDG & FIXT	NEW BLDG & FIXT			
		0	1.00	1.01	4.00	5.01	
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 CHEMOTHERAPY	1,211,457	0	0	26,919	8,002	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	749,296	33,890	0	19,868	0	90.01
91.00	09100 EMERGENCY	4,984,484	217,911	0	117,719	12,003	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	4,653,030	77,201	0	117,066	7,202	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	2,208,471	10,787	0	41,474	6,402	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	182,984,271	4,239,658	0	2,218,411	601,760	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,223	0	6,746	0	190.00
191.00	19100 RESEARCH	249,726	0	0	0	800	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,698,347	17,710	0	99,774	43,211	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	219,515	6,158	0	4,227	1,600	194.00
194.02	07951 CHILDREN'S CLINIC	469,962	0	0	11,390	0	194.02
194.04	07952 HEALTH RESOURCE CENTER	63,929	5,355	0	1,706	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	1,591,215	97,709	0	42,193	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	455,676	27,547	0	10,129	0	194.07
194.10	07955 DME	5,137,679	89,934	0	59,758	8,802	194.10
194.12	07956 MED ONE/TWO	1,881,496	0	0	39,528	12,803	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	693	24,468	0	0	7,202	194.14
194.15	07959 PHYSICIANS RECRUITING	188,751	0	0	0	0	194.15
194.16	07960 MOB	4,922	0	0	0	0	194.16
194.17	07961 ASB	68,174	0	0	0	0	194.17
194.18	07962 MAB	36,843	0	0	0	0	194.18
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)	197,051,199	4,526,762	0	2,493,862	676,178	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00510						5.01
5.02	00520	414,358					5.02
5.03	00530	0	556,274				5.03
5.04	00540	0	871	1,678,347			5.04
5.05	00550	0	753	0	2,807,598		5.05
5.06	00560	3	6,332	12	19	50,760,583	5.06
6.00	00600	0	300	0	0	7,683,785	6.00
7.00	00700	0	0	0	0	0	7.00
8.00	00800	0	3,284	0	0	641,637	8.00
9.00	00900	0	3,340	0	0	2,695,585	9.00
10.00	01000	85	2,164	343	575	753,034	10.00
11.00	01100	0	2,926	0	0	1,931,453	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	188	0	0	943,939	13.00
14.00	01400	0	9,981	0	0	594,428	14.00
15.00	01500	0	0	0	0	-5,351,324	15.00
16.00	01600	0	246	0	0	1,713,238	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	28	0	0	90,782	23.00
23.01	02301	0	1	0	0	123,904	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	24,101	19,378	97,598	163,238	17,922,709	30.00
31.00	03100	7,161	7,792	28,998	48,500	4,796,192	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	2,346	1,247	9,499	15,888	1,586,650	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	40,963	165,596	165,882	277,446	9,030,957	50.00
50.01	05001	21,308	59,218	86,289	144,323	5,694,251	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	5,342	0	21,633	36,182	116,908	53.00
54.00	05400	70,524	25,947	285,999	478,817	8,850,840	54.00
55.00	05500	10,682	632	43,255	72,347	2,550,035	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	43,536	98,486	176,301	294,873	6,865,976	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	2,014	0	8,154	13,638	942,314	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	9,082	6,116	36,778	61,514	1,932,395	65.00
66.00	06600	6,954	1,162	28,159	47,098	2,443,630	66.00
67.00	06700	5,197	50	21,046	35,200	1,508,429	67.00
68.00	06800	600	4,453	2,429	4,063	298,534	68.00
69.00	06900	13,980	3,970	56,611	94,684	2,637,530	69.00
70.00	07000	3,950	464	15,994	26,751	814,943	70.00
71.00	07100	11,753	25,755	47,593	79,602	3,808,598	71.00
72.00	07200	7,385	17,724	29,907	50,021	4,425,705	72.00
73.00	07300	38,328	45,412	155,208	259,594	27,941,070	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	37,762	6,777	152,916	255,761	1,699,594	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	1,332	0	5,393	9,021	818,800	90.01
91.00	09100 EMERGENCY	36,755	13,769	148,839	248,941	5,780,421	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	4,042	2,431	16,369	27,378	4,904,719	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	2,683	8,743	10,865	18,173	2,307,598	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	407,868	545,536	1,652,070	2,763,647	182,259,842	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	24,969	190.00
191.00	19100 RESEARCH	0	35	0	0	250,561	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,464	2,206	9,978	16,689	3,890,379	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	0	203	0	0	231,703	194.00
194.02	07951 CHILDREN'S CLINIC	573	558	2,318	3,878	488,679	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	1	0	0	70,991	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	1,363	847	5,519	9,231	1,748,077	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	28	108	112	187	493,787	194.07
194.10	07955 DME	9	1,680	37	61	5,297,960	194.10
194.12	07956 MED ONE/TWO	2,053	4,951	8,313	13,905	1,963,049	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0	0	32,363	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	188,751	194.15
194.16	07960 MOB	0	0	0	0	4,922	194.16
194.17	07961 ASB	0	148	0	0	68,322	194.17
194.18	07962 MAB	0	1	0	0	36,844	194.18
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	414,358	556,274	1,678,347	2,807,598	197,051,199	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT					1.01	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.01	00510	NONPATIENT TELEPHONES					5.01	
5.02	00520	DATA PROCESSING					5.02	
5.03	00530	PURCHASING RECEIVING AND STORES					5.03	
5.04	00540	ADMINITTING					5.04	
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	50,760,583				5.06	
6.00	00600	MAINTENANCE & REPAIRS	2,572,070	10,255,855			6.00	
7.00	00700	OPERATION OF PLANT	0	0	0		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	214,782	232,674	0	1,089,093	8.00	
9.00	00900	HOUSEKEEPING	902,320	294,929	0	0	3,892,834	9.00
10.00	01000	DIETARY	252,071	822,827	0	0	104,267	10.00
11.00	01100	CAFETERIA	646,535	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	315,974	144,375	0	0	13,494	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	198,979	468,836	0	9,353	52,764	14.00
15.00	01500	PHARMACY	0	142,454	0	0	20,312	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	573,489	154,130	0	0	10,786	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	30,388	3,843	0	0	0	23.00
23.01	02301	SCH OF RADIOLOGY	41,476	3,252	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	5,999,448	2,777,334	0	424,005	1,597,010	30.00
31.00	03100	INTENSIVE CARE UNIT	1,605,477	433,363	0	130,336	268,487	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	531,115	295,609	0	52,423	229,125	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,023,023	597,839	0	121,848	373,081	50.00
50.01	05001	SURGERY CENTER	1,906,094	0	0	56,826	102,492	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	39,134	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,962,730	501,323	0	74,316	153,435	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	853,599	0	0	15,907	32,872	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,298,317	370,812	0	0	102,726	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	315,430	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	646,850	211,006	0	0	13,494	65.00
66.00	06600	PHYSICAL THERAPY	817,981	256,825	0	31,191	99,084	66.00
67.00	06700	OCCUPATIONAL THERAPY	504,932	186,943	0	0	5,276	67.00
68.00	06800	SPEECH PATHOLOGY	99,931	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	882,887	253,100	0	2,433	127,286	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	272,794	344,207	0	2,257	90,352	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,274,890	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,481,460	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,352,953	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	CHEMOTHERAPY	568,922	0	0	7,267	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	274,085	103,463	0	0	20,779	90.01
91.00	09100 EMERGENCY	1,934,938	665,268	0	148,074	361,828	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	1,641,806	235,689	0	0	13,494	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	772,445	32,931	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	45,809,325	9,533,032	0	1,076,236	3,792,444	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,358	55,634	0	0	0	190.00
191.00	19100 RESEARCH	83,873	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,302,265	54,067	0	10,010	9,572	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	77,560	18,801	0	0	6,490	194.00
194.02	07951 CHILDREN'S CLINIC	163,580	0	0	461	24,701	194.02
194.04	07952 HEALTH RESOURCE CENTER	23,764	16,347	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	585,151	298,299	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	165,290	84,101	0	0	13,494	194.07
194.10	07955 DME	1,773,439	120,874	0	0	12,561	194.10
194.12	07956 MED ONE/TWO	657,111	0	0	1,112	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	10,833	74,700	0	0	10,926	194.14
194.15	07959 PHYSICIANS RECRUITING	63,183	0	0	0	0	194.15
194.16	07960 MOB	1,648	0	0	0	11,673	194.16
194.17	07961 ASB	22,870	0	0	0	0	194.17
194.18	07962 MAB	12,333	0	0	1,274	10,973	194.18
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)	50,760,583	10,255,855	0	1,089,093	3,892,834	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,932,199					10.00
11.00	01100	0	2,577,988				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	25,794	0	1,443,576		13.00
14.00	01400	0	68,478	0	0	1,392,838	14.00
15.00	01500	0	106,651	0	0	8,748	15.00
16.00	01600	0	40,963	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	3,350	0	0	0	23.00
23.01	02301	0	3,940	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,343,650	543,227	0	592,680	84,516	30.00
31.00	03100	277,704	129,292	0	141,063	33,989	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	161,335	51,108	0	55,761	5,084	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	206,848	0	225,679	884,031	50.00
50.01	05001	0	251	0	0	112,613	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	219,661	0	0	49,357	54.00
55.00	05500	0	40,051	0	0	1,093	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	154,277	0	0	9,766	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	5,839	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	53,646	0	0	1,130	65.00
66.00	06600	0	71,538	0	0	4,914	66.00
67.00	06700	0	43,648	0	0	18	67.00
68.00	06800	0	3,975	0	0	25,806	68.00
69.00	06900	0	63,675	0	0	28,644	69.00
70.00	07000	0	22,900	0	0	1,828	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	38,706	0	0	34,811	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	30,787	0	0	0	90.01
91.00	09100 EMERGENCY	0	175,721	0	191,719	66,910	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	150,205	0	163,880	9,726	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	66,719	0	72,794	24,159	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	1,782,689	2,321,250	0	1,443,576	1,387,143	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	8,756	0	0	1	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	168	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	0	6,257	0	0	0	194.00
194.02	07951 CHILDREN'S CLINIC	0	20,097	0	0	900	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	2,920	0	0	3	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	149,510	65,380	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	24,709	0	0	261	194.07
194.10	07955 DME	0	128,619	0	0	377	194.10
194.12	07956 MED ONE/TWO	0	0	0	0	3,092	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	0	194.16
194.17	07961 ASB	0	0	0	0	893	194.17
194.18	07962 MAB	0	0	0	0	0	194.18
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,932,199	2,577,988	0	1,443,576	1,392,838	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	-5,073,159	2,492,606				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	144,972	0	0	0	30.00
31.00	03100	0	43,073	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	14,110	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	246,400	0	0	0	50.00
50.01	05001	0	128,173	0	0	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	32,133	0	0	0	53.00
54.00	05400	0	424,946	0	0	0	54.00
55.00	05500	0	64,251	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	261,876	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	12,112	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	54,630	0	0	0	65.00
66.00	06600	0	41,827	0	0	0	66.00
67.00	06700	0	31,261	0	0	0	67.00
68.00	06800	0	3,609	0	0	0	68.00
69.00	06900	0	84,089	0	0	0	69.00
70.00	07000	0	23,758	0	0	0	70.00
71.00	07100	0	70,695	0	0	0	71.00
72.00	07200	0	44,424	0	0	0	72.00
73.00	07300	0	230,545	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	227,141	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	8,011	0	0	0	90.01
91.00	09100 EMERGENCY	0	221,084	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	24,315	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	16,139	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	2,453,574	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	14,821	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	0	0	0	0	0	194.00
194.02	07951 CHILDREN'S CLINIC	0	3,444	0	0	0	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	0	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	8,198	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	166	0	0	0	194.07
194.10	07955 DME	0	54	0	0	0	194.10
194.12	07956 MED ONE/TWO	0	12,349	0	0	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	0	194.16
194.17	07961 ASB	0	0	0	0	0	194.17
194.18	07962 MAB	0	0	0	0	0	194.18
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	-5,073,159	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-5,073,159	2,492,606	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED PRGM	0	0	128,363			23.00
23.01 02301 SCH OF RADIOLOGY	0	0	0	172,572		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	31,429,551	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	7,858,976	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	2,982,320	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	14,709,706	50.00
50.01 05001 SURGERY CENTER	0	0	0	0	8,000,700	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	188,175	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	128,363	172,572	13,537,543	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	3,557,808	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	10,063,750	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	1,275,695	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	2,913,151	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	3,766,990	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	2,280,507	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	431,855	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	4,079,644	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	1,573,039	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,154,183	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	5,951,589	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	37,524,568	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 CHEMOTHERAPY	0	0	0	0	2,576,441	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	SCH OF RADIOLOGY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ANDERSON CENTER OP CLINIC	0	0	0	0	1,255,925	90.01
91.00 09100 EMERGENCY	0	0	0	0	9,545,963	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	7,143,834	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	3,292,785	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	128,363	172,572	181,094,698	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	88,961	190.00
191.00 19100 RESEARCH	0	0	0	0	343,191	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	5,281,282	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FOUNDATION	0	0	0	0	340,811	194.00
194.02 07951 CHILDREN'S CLINIC	0	0	0	0	701,862	194.02
194.04 07952 HEALTH RESOURCE CENTER	0	0	0	0	114,025	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	0	0	0	0	2,854,615	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	0	0	0	0	781,808	194.07
194.10 07955 DME	0	0	0	0	7,333,884	194.10
194.12 07956 MED ONE/TWO	0	0	0	0	2,636,713	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	0	0	0	0	128,822	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	251,934	194.15
194.16 07960 MOB	0	0	0	0	18,243	194.16
194.17 07961 ASB	0	0	0	0	92,085	194.17
194.18 07962 MAB	0	0	0	0	61,424	194.18
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	-5,073,159	201.00
202.00 TOTAL (sum lines 118-201)	0	0	128,363	172,572	197,051,199	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00	
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT		1.01	
4.00	00400	EMPLOYEE BENEFITS		4.00	
5.01	00510	NONPATIENT TELEPHONES		5.01	
5.02	00520	DATA PROCESSING		5.02	
5.03	00530	PURCHASING RECEIVING AND STORES		5.03	
5.04	00540	ADMITTING		5.04	
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06	
6.00	00600	MAINTENANCE & REPAIRS		6.00	
7.00	00700	OPERATION OF PLANT		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE		8.00	
9.00	00900	HOUSEKEEPING		9.00	
10.00	01000	DIETARY		10.00	
11.00	01100	CAFETERIA		11.00	
12.00	01200	MAINTENANCE OF PERSONNEL		12.00	
13.00	01300	NURSING ADMINISTRATION		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00	
15.00	01500	PHARMACY		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00	
17.00	01700	SOCIAL SERVICE		17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00	
20.00	02000	NURSING SCHOOL		20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	
23.00	02300	PARAMED ED PRGM		23.00	
23.01	02301	SCH OF RADIOLOGY		23.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	31,429,551	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,858,976	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	2,982,320	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/MR	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	14,709,706	50.00
50.01	05001	SURGERY CENTER	0	8,000,700	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	188,175	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,537,543	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,557,808	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	10,063,750	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,275,695	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,913,151	65.00
66.00	06600	PHYSICAL THERAPY	0	3,766,990	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,280,507	67.00
68.00	06800	SPEECH PATHOLOGY	0	431,855	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,079,644	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,573,039	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,154,183	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,951,589	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	37,524,568	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
76.00	03020 CHEMOTHERAPY	0	2,576,441	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	1,255,925	90.01
91.00	09100 EMERGENCY	0	9,545,963	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	7,143,834	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	112.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	3,292,785	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	181,094,698	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	88,961	190.00
191.00	19100 RESEARCH	0	343,191	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	5,281,282	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 FOUNDATION	0	340,811	194.00
194.02	07951 CHILDREN'S CLINIC	0	701,862	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	114,025	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	2,854,615	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	781,808	194.07
194.10	07955 DME	0	7,333,884	194.10
194.12	07956 MED ONE/TWO	0	2,636,713	194.12
194.13	07957 UNUSED SPACE	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	128,822	194.14
194.15	07959 PHYSICIANS RECRUITING	0	251,934	194.15
194.16	07960 MOB	0	18,243	194.16
194.17	07961 ASB	0	92,085	194.17
194.18	07962 MAB	0	61,424	194.18
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	-5,073,159	201.00
202.00	TOTAL (sum lines 118-201)	0	197,051,199	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 00400 EMPLOYEE BENEFITS	3,322	59,965	0	63,287	63,287	4.00
5.01 00510 NONPATIENT TELEPHONES	57,610	610	0	58,220	224	5.01
5.02 00520 DATA PROCESSING	153,351	100,362	0	253,713	104	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	7,605	29,833	0	37,438	195	5.03
5.04 00540 ADMITTING	4,669	8,240	0	12,909	963	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	2,647	80,135	0	82,782	1,081	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	12,808	297,861	0	310,669	8,899	5.06
6.00 00600 MAINTENANCE & REPAIRS	30,119	539,785	0	569,904	1,565	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,003	76,213	0	77,216	186	8.00
9.00 00900 HOUSEKEEPING	12,006	96,605	0	108,611	930	9.00
10.00 01000 DIETARY	12,470	269,520	0	281,990	395	10.00
11.00 01100 CAFETERIA	16,864	0	0	16,864	534	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	306	47,291	0	47,597	602	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	84,208	153,569	0	237,777	731	14.00
15.00 01500 PHARMACY	328,029	46,661	0	374,690	2,338	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	6,020	50,486	0	56,506	990	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMEDICAL PRGM	639	1,259	0	1,898	58	23.00
23.01 02301 SCH OF RADIOLOGY	805	1,065	0	1,870	81	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	263,419	910,013	0	1,173,432	9,940	30.00
31.00 03100 INTENSIVE CARE UNIT	347,008	141,949	0	488,957	2,354	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	34,797	96,828	0	131,625	833	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	832,027	195,824	0	1,027,851	3,599	50.00
50.01 05001 SURGERY CENTER	281,809	0	0	281,809	5	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	5,894	0	0	5,894	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	987,144	164,210	0	1,151,354	3,538	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	361,087	0	0	361,087	788	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	157,602	121,461	0	279,063	2,222	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	84	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	47,161	69,116	0	116,277	958	65.00
66.00 06600 PHYSICAL THERAPY	209,369	84,124	0	293,493	1,304	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,396	61,234	0	63,630	960	67.00
68.00 06800 SPEECH PATHOLOGY	3,445	0	0	3,445	97	68.00
69.00 06900 ELECTROCARDIOLOGY	382,218	82,904	0	465,122	1,144	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	41,938	112,746	0	154,684	396	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		1.00	1.01			
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 CHEMOTHERAPY	19,191	0	0	19,191	683	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ANDERSON CENTER OP CLINIC	495	33,890	0	34,385	504	90.01
91.00 09100 EMERGENCY	102,961	217,911	0	320,872	2,988	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	57,801	77,201	0	135,002	2,971	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	19,031	10,787	0	29,818	1,053	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,891,274	4,239,658	0	9,130,932	56,297	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	18,223	0	18,223	171	190.00
191.00 19100 RESEARCH	19,543	0	0	19,543	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	143,580	17,710	0	161,290	2,532	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 FOUNDATION	648	6,158	0	6,806	107	194.00
194.02 07951 CHILDREN'S CLINIC	16,497	0	0	16,497	289	194.02
194.04 07952 HEALTH RESOURCE CENTER	0	5,355	0	5,355	43	194.04
194.05 07953 ADOLESCENT RESIDENTIAL	1,050	97,709	0	98,759	1,071	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	50,218	27,547	0	77,765	257	194.07
194.10 07955 DME	67,156	89,934	0	157,090	1,517	194.10
194.12 07956 MED ONE/TWO	169,933	0	0	169,933	1,003	194.12
194.13 07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14 07958 ADVERTISING AND MARKETING	493	24,468	0	24,961	0	194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16 07960 MOB	0	0	0	0	0	194.16
194.17 07961 ASB	9,766	0	0	9,766	0	194.17
194.18 07962 MAB	23,757	0	0	23,757	0	194.18
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers				0		201.00
202.00 TOTAL (sum lines 118-201)	5,393,915	4,526,762	0	9,920,677	63,287	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/29/2012 9:46 am
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Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00510	58,444					5.01
5.02	00520	484	254,301				5.02
5.03	00530	622	0	38,255			5.03
5.04	00540	1,107	0	60	15,039		5.04
5.05	00550	1,660	0	52	0	85,575	5.05
5.06	00560	6,432	2	435	0	1	5.06
6.00	00600	2,075	0	21	0	0	6.00
7.00	00700	0	0	0	0	0	7.00
8.00	00800	207	0	226	0	0	8.00
9.00	00900	761	0	230	0	0	9.00
10.00	01000	207	52	149	3	18	10.00
11.00	01100	553	0	201	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	761	0	13	0	0	13.00
14.00	01400	415	0	686	0	0	14.00
15.00	01500	1,522	0	0	0	0	15.00
16.00	01600	2,767	0	17	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	2	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	7,059	14,786	1,333	862	4,973	30.00
31.00	03100	0	4,393	536	256	1,477	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	899	1,439	86	84	484	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	4,288	25,130	11,386	1,465	8,452	50.00
50.01	05001	1,383	13,072	4,073	762	4,397	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	3,277	0	191	1,102	53.00
54.00	05400	5,187	43,368	1,785	2,744	14,631	54.00
55.00	05500	1,037	6,553	43	382	2,204	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	3,182	26,709	6,774	1,557	8,983	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	138	1,235	0	72	415	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	415	5,572	421	325	1,874	65.00
66.00	06600	1,383	4,266	80	249	1,435	66.00
67.00	06700	1,245	3,188	3	186	1,072	67.00
68.00	06800	207	368	306	21	124	68.00
69.00	06900	1,314	8,576	273	500	2,884	69.00
70.00	07000	1,660	2,423	32	141	815	70.00
71.00	07100	138	7,210	1,771	420	2,425	71.00
72.00	07200	0	4,531	1,219	264	1,524	72.00
73.00	07300	0	23,513	3,123	1,371	7,908	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	692	23,166	466	1,350	7,791	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	817	0	48	275	90.01
91.00	09100 EMERGENCY	1,037	22,548	947	1,314	7,584	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	622	2,480	167	145	834	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	553	1,646	601	96	554	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	52,012	250,320	37,517	14,808	84,236	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	69	0	2	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,735	1,512	152	88	508	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	138	0	14	0	0	194.00
194.02	07951 CHILDREN'S CLINIC	0	351	38	20	118	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	0	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	836	58	49	281	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	17	7	1	6	194.07
194.10	07955 DME	761	6	116	0	2	194.10
194.12	07956 MED ONE/TWO	1,107	1,259	341	73	424	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	622	0	0	0	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	0	194.16
194.17	07961 ASB	0	0	10	0	0	194.17
194.18	07962 MAB	0	0	0	0	0	194.18
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)	58,444	254,301	38,255	15,039	85,575	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/29/2012 9:46 am
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT					1.01
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	326,438				5.06
6.00	00600	MAINTENANCE & REPAIRS	16,543	590,108			6.00
7.00	00700	OPERATION OF PLANT	0	0	0		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,381	13,388	0	92,604	8.00
9.00	00900	HOUSEKEEPING	5,804	16,970	0	0	133,306
10.00	01000	DIETARY	1,621	47,344	0	0	3,570
11.00	01100	CAFETERIA	4,158	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,032	8,307	0	0	462
14.00	01400	CENTRAL SERVICES & SUPPLY	1,280	26,976	0	795	1,807
15.00	01500	PHARMACY	0	8,197	0	0	696
16.00	01600	MEDICAL RECORDS & LIBRARY	3,689	8,868	0	0	369
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM	195	221	0	0	0
23.01	02301	SCH OF RADIOLOGY	267	187	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	38,588	159,805	0	36,053	54,687
31.00	03100	INTENSIVE CARE UNIT	10,326	24,935	0	11,082	9,194
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	3,416	17,009	0	4,457	7,846
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	19,444	34,399	0	10,361	12,776
50.01	05001	SURGERY CENTER	12,260	0	0	4,832	3,510
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	252	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,056	28,845	0	6,319	5,254
55.00	05500	RADIOLOGY-THERAPEUTIC	5,490	0	0	1,353	1,126
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	14,782	21,336	0	0	3,518
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,029	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	4,160	12,141	0	0	462
66.00	06600	PHYSICAL THERAPY	5,261	14,777	0	2,652	3,393
67.00	06700	OCCUPATIONAL THERAPY	3,248	10,756	0	0	181
68.00	06800	SPEECH PATHOLOGY	643	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	5,679	14,563	0	207	4,359
70.00	07000	ELECTROENCEPHALOGRAPHY	1,755	19,805	0	192	3,094
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,200	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,529	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	60,109	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	CHEMOTHERAPY	3,659	0	0	618	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	1,763	5,953	0	0	712	90.01
91.00	09100 EMERGENCY	12,445	38,279	0	12,590	12,390	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	10,560	13,561	0	0	462	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	4,968	1,895	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	294,592	548,517	0	91,511	129,868	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	54	3,201	0	0	0	190.00
191.00	19100 RESEARCH	539	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	8,376	3,111	0	851	328	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	499	1,082	0	0	222	194.00
194.02	07951 CHILDREN'S CLINIC	1,052	0	0	39	846	194.02
194.04	07952 HEALTH RESOURCE CENTER	153	941	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	3,764	17,164	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	1,063	4,839	0	0	462	194.07
194.10	07955 DME	11,407	6,955	0	0	430	194.10
194.12	07956 MED ONE/TWO	4,226	0	0	95	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	70	4,298	0	0	374	194.14
194.15	07959 PHYSICIANS RECRUITING	406	0	0	0	0	194.15
194.16	07960 MOB	11	0	0	0	400	194.16
194.17	07961 ASB	147	0	0	0	0	194.17
194.18	07962 MAB	79	0	0	108	376	194.18
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)	326,438	590,108	0	92,604	133,306	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/29/2012 9:46 am
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	335,349					10.00
11.00	01100	0	22,310				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	223	0	59,997		13.00
14.00	01400	0	593	0	0	271,060	14.00
15.00	01500	0	923	0	0	1,702	15.00
16.00	01600	0	354	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	29	0	0	0	23.00
23.01	02301	0	34	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	233,201	4,702	0	24,632	16,447	30.00
31.00	03100	48,198	1,119	0	5,863	6,615	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	28,001	442	0	2,318	989	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	1,790	0	9,380	172,042	50.00
50.01	05001	0	2	0	0	21,916	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	1,901	0	0	9,605	54.00
55.00	05500	0	347	0	0	213	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	1,335	0	0	1,900	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	51	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	464	0	0	220	65.00
66.00	06600	0	619	0	0	956	66.00
67.00	06700	0	378	0	0	4	67.00
68.00	06800	0	34	0	0	5,022	68.00
69.00	06900	0	551	0	0	5,574	69.00
70.00	07000	0	198	0	0	356	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	335	0	0	6,775	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	266	0	0	0	90.01
91.00	09100 EMERGENCY	0	1,521	0	7,968	13,021	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	1,300	0	6,811	1,893	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	577	0	3,025	4,701	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	309,400	20,088	0	59,997	269,951	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	76	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	33	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	0	54	0	0	0	194.00
194.02	07951 CHILDREN'S CLINIC	0	174	0	0	175	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	25	0	0	1	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	25,949	566	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	214	0	0	51	194.07
194.10	07955 DME	0	1,113	0	0	73	194.10
194.12	07956 MED ONE/TWO	0	0	0	0	602	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	0	194.16
194.17	07961 ASB	0	0	0	0	174	194.17
194.18	07962 MAB	0	0	0	0	0	194.18
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)	335,349	22,310	0	59,997	271,060	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/29/2012 9:46 am
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Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	390,068					15.00
16.00	01600	0	73,560				16.00
17.00	01700	0	0	0			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0			21.00
22.00	02200	0	0	0			22.00
23.00	02300	0	0	0			23.00
23.01	02301	0	0	0			23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	4,277	0			30.00
31.00	03100	0	1,271	0			31.00
32.00	03200	0	0	0			32.00
33.00	03300	0	0	0			33.00
34.00	03400	0	0	0			34.00
40.00	04000	0	0	0			40.00
41.00	04100	0	416	0			41.00
42.00	04200	0	0	0			42.00
43.00	04300	0	0	0			43.00
44.00	04400	0	0	0			44.00
45.00	04500	0	0	0			45.00
45.01	04510	0	0	0			45.01
46.00	04600	0	0	0			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	7,269	0			50.00
50.01	05001	0	3,781	0			50.01
51.00	05100	0	0	0			51.00
52.00	05200	0	0	0			52.00
53.00	05300	0	948	0			53.00
54.00	05400	0	12,566	0			54.00
55.00	05500	0	1,895	0			55.00
56.00	05600	0	0	0			56.00
57.00	05700	0	0	0			57.00
58.00	05800	0	0	0			58.00
59.00	05900	0	0	0			59.00
60.00	06000	0	7,725	0			60.00
60.01	06001	0	0	0			60.01
61.00	06100	0	0	0			61.00
62.00	06200	0	0	0			62.00
63.00	06300	0	357	0			63.00
64.00	06400	0	0	0			64.00
65.00	06500	0	1,612	0			65.00
66.00	06600	0	1,234	0			66.00
67.00	06700	0	922	0			67.00
68.00	06800	0	106	0			68.00
69.00	06900	0	2,481	0			69.00
70.00	07000	0	701	0			70.00
71.00	07100	0	2,085	0			71.00
72.00	07200	0	1,310	0			72.00
73.00	07300	0	6,801	0			73.00
74.00	07400	0	0	0			74.00
75.00	07500	0	0	0			75.00
76.00	03020	0	6,700	0			76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000 CLINIC	0	0	0			90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	236	0			90.01
91.00	09100 EMERGENCY	0	6,522	0			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00	09500 AMBULANCE SERVICES	0	0	0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
99.00	09900 CMHC	0	0	0			99.00
99.10	09910 CORF	0	0	0			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100 HOME HEALTH AGENCY	0	717	0			101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600 HEART ACQUISITION	0	0	0			106.00
107.00	10700 LIVER ACQUISITION	0	0	0			107.00
108.00	10800 LUNG ACQUISITION	0	0	0			108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100 ISLET ACQUISITION	0	0	0			111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0			112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600 HOSPICE	0	476	0			116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	72,408	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100 RESEARCH	0	0	0			191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	437	0			192.00
193.00	19300 NONPAID WORKERS	0	0	0			193.00
194.00	07950 FOUNDATION	0	0	0			194.00
194.02	07951 CHILDREN'S CLINIC	0	102	0			194.02
194.04	07952 HEALTH RESOURCE CENTER	0	0	0			194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	242	0			194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	5	0			194.07
194.10	07955 DME	0	2	0			194.10
194.12	07956 MED ONE/TWO	0	364	0			194.12
194.13	07957 UNUSED SPACE	0	0	0			194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0			194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0			194.15
194.16	07960 MOB	0	0	0			194.16
194.17	07961 ASB	0	0	0			194.17
194.18	07962 MAB	0	0	0			194.18
200.00	Cross Foot Adjustments				0		0 200.00
201.00	Negative Cost Centers	390,068	0	0	0		0 201.00
202.00	TOTAL (sum lines 118-201)	390,068	73,560	0	0		0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0				22.00
23.00 02300 PARAMED PRGM			2,403			23.00
23.01 02301 SCH OF RADIOLOGY				2,439		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS					1,784,777	30.00
31.00 03100 INTENSIVE CARE UNIT					616,576	31.00
32.00 03200 CORONARY CARE UNIT					0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT					0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT					0	34.00
40.00 04000 SUBPROVIDER - IPF					0	40.00
41.00 04100 SUBPROVIDER - IRF					200,344	41.00
42.00 04200 SUBPROVIDER					0	42.00
43.00 04300 NURSERY					0	43.00
44.00 04400 SKILLED NURSING FACILITY					0	44.00
45.00 04500 NURSING FACILITY					0	45.00
45.01 04510 ICF/MR					0	45.01
46.00 04600 OTHER LONG TERM CARE					0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM					1,349,632	50.00
50.01 05001 SURGERY CENTER					351,802	50.01
51.00 05100 RECOVERY ROOM					0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM					0	52.00
53.00 05300 ANESTHESIOLOGY					11,664	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC					1,306,153	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC					382,518	55.00
56.00 05600 RADIOISOTOPE					0	56.00
57.00 05700 CT SCAN					0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)					0	58.00
59.00 05900 CARDIAC CATHETERIZATION					0	59.00
60.00 06000 LABORATORY					379,086	60.00
60.01 06001 BLOOD LABORATORY					0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY					0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS					0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.					4,381	63.00
64.00 06400 INTRAVENOUS THERAPY					0	64.00
65.00 06500 RESPIRATORY THERAPY					144,901	65.00
66.00 06600 PHYSICAL THERAPY					331,102	66.00
67.00 06700 OCCUPATIONAL THERAPY					85,773	67.00
68.00 06800 SPEECH PATHOLOGY					10,373	68.00
69.00 06900 ELECTROCARDIOLOGY					513,227	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY					186,252	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS					22,249	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT					18,377	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS					102,825	73.00
74.00 07400 RENAL DIALYSIS					0	74.00
75.00 07500 ASC (NON-DISTINCT PART)					0	75.00
76.00 03020 CHEMOTHERAPY					71,426	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC					0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00 09000 CLINIC					0	90.00
90.01 09001 ANDERSON CENTER OP CLINIC					44,959	90.01
91.00 09100 EMERGENCY					462,026	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS					0	94.00
95.00 09500 AMBULANCE SERVICES					0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD					0	97.00
99.00 09900 CMHC					0	99.00
99.10 09910 CORF					0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00 10100 HOME HEALTH AGENCY					177,525	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION					0	105.00
106.00 10600 HEART ACQUISITION					0	106.00
107.00 10700 LIVER ACQUISITION					0	107.00
108.00 10800 LUNG ACQUISITION					0	108.00
109.00 10900 PANCREAS ACQUISITION					0	109.00
110.00 11000 INTESTINAL ACQUISITION					0	110.00
111.00 11100 ISLET ACQUISITION					0	111.00
112.00 08600 OTHER ORGAN ACQUISITION					0	112.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
116.00 11600 HOSPICE					49,963	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	8,607,911	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					21,649	190.00
191.00 19100 RESEARCH					20,229	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES					182,953	192.00
193.00 19300 NONPAID WORKERS					0	193.00
194.00 07950 FOUNDATION					8,922	194.00
194.02 07951 CHILDREN'S CLINIC					19,701	194.02
194.04 07952 HEALTH RESOURCE CENTER					6,518	194.04
194.05 07953 ADOLESCENT RESIDENTIAL					148,739	194.05
194.07 07954 COMMUNITY BENEFIT/MISSION					84,687	194.07
194.10 07955 DME					179,472	194.10
194.12 07956 MED ONE/TWO					179,427	194.12
194.13 07957 UNUSED SPACE					0	194.13
194.14 07958 ADVERTISING AND MARKETING					30,325	194.14
194.15 07959 PHYSICIANS RECRUITING					406	194.15
194.16 07960 MOB					411	194.16
194.17 07961 ASB					10,097	194.17
194.18 07962 MAB					24,320	194.18
200.00 Cross Foot Adjustments	0	0	2,403	2,439	4,842	200.00
201.00 Negative Cost Centers	0	0	0	0	390,068	201.00
202.00 TOTAL (sum lines 118-201)	0	0	2,403	2,439	9,920,677	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/29/2012 9:46 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00	
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT		1.01	
4.00	00400	EMPLOYEE BENEFITS		4.00	
5.01	00510	NONPATIENT TELEPHONES		5.01	
5.02	00520	DATA PROCESSING		5.02	
5.03	00530	PURCHASING RECEIVING AND STORES		5.03	
5.04	00540	ADMITTING		5.04	
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06	
6.00	00600	MAINTENANCE & REPAIRS		6.00	
7.00	00700	OPERATION OF PLANT		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE		8.00	
9.00	00900	HOUSEKEEPING		9.00	
10.00	01000	DIETARY		10.00	
11.00	01100	CAFETERIA		11.00	
12.00	01200	MAINTENANCE OF PERSONNEL		12.00	
13.00	01300	NURSING ADMINISTRATION		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00	
15.00	01500	PHARMACY		15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00	
17.00	01700	SOCIAL SERVICE		17.00	
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00	
20.00	02000	NURSING SCHOOL		20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	
23.00	02300	PARAMED ED PRGM		23.00	
23.01	02301	SCH OF RADIOLOGY		23.01	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	1,784,777	30.00
31.00	03100	INTENSIVE CARE UNIT	0	616,576	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	200,344	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
45.01	04510	ICF/MR	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	1,349,632	50.00
50.01	05001	SURGERY CENTER	0	351,802	50.01
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	11,664	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,306,153	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	382,518	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	379,086	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	4,381	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	144,901	65.00
66.00	06600	PHYSICAL THERAPY	0	331,102	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	85,773	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,373	68.00
69.00	06900	ELECTROCARDIOLOGY	0	513,227	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	186,252	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,249	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	18,377	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	102,825	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
76.00	03020 CHEMOTHERAPY	0	71,426	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	44,959	90.01
91.00	09100 EMERGENCY	0	462,026	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	177,525	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	112.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	49,963	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	8,607,911	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	21,649	190.00
191.00	19100 RESEARCH	0	20,229	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	182,953	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 FOUNDATION	0	8,922	194.00
194.02	07951 CHILDREN'S CLINIC	0	19,701	194.02
194.04	07952 HEALTH RESOURCE CENTER	0	6,518	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	0	148,739	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	0	84,687	194.07
194.10	07955 DME	0	179,472	194.10
194.12	07956 MED ONE/TWO	0	179,427	194.12
194.13	07957 UNUSED SPACE	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	30,325	194.14
194.15	07959 PHYSICIANS RECRUITING	0	406	194.15
194.16	07960 MOB	0	411	194.16
194.17	07961 ASB	0	10,097	194.17
194.18	07962 MAB	0	24,320	194.18
200.00	Cross Foot Adjustments	0	4,842	200.00
201.00	Negative Cost Centers	0	390,068	201.00
202.00	TOTAL (sum lines 118-201)	0	9,920,677	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B-1  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (DEPT. REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)				
	1.00	1.01				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	467,507	0				1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT	0	0				1.01
4.00 00400 EMPLOYEE BENEFITS	6,193	0	70,480,124			4.00
5.01 00510 NONPATIENT TELEPHONES	63	0	248,974	845		5.01
5.02 00520 DATA PROCESSING	10,365	0	116,118	7	570,137,474	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	3,081	0	216,814	9	0	5.03
5.04 00540 ADMITTING	851	0	1,072,519	16	0	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	8,276	0	1,203,487	24	0	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	30,762	0	9,909,655	93	3,937	5.06
6.00 00600 MAINTENANCE & REPAIRS	55,747	0	1,742,874	30	0	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	7,871	0	207,570	3	0	8.00
9.00 00900 HOUSEKEEPING	9,977	0	1,035,984	11	0	9.00
10.00 01000 DIETARY	27,835	0	439,349	3	116,676	10.00
11.00 01100 CAFETERIA	0	0	594,155	8	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	4,884	0	670,376	11	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	15,860	0	814,405	6	0	14.00
15.00 01500 PHARMACY	4,819	0	2,603,254	22	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	5,214	0	1,102,320	40	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED PRGM	130	0	64,229	0	0	23.00
23.01 02301 SCH OF RADIOLOGY	110	0	89,659	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	93,983	0	11,076,169	102	33,151,539	30.00
31.00 03100 INTENSIVE CARE UNIT	14,660	0	2,621,308	0	9,849,744	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	10,000	0	927,994	13	3,226,647	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	20,224	0	4,007,755	62	56,345,728	50.00
50.01 05001 SURGERY CENTER	0	0	5,617	20	29,310,069	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	7,348,098	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,959	0	3,939,464	75	97,192,513	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	877,100	15	14,692,703	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	12,544	0	2,474,293	46	59,884,790	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	93,646	2	2,769,800	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	7,138	0	1,066,538	6	12,492,602	65.00
66.00 06600 PHYSICAL THERAPY	8,688	0	1,451,958	20	9,564,897	66.00
67.00 06700 OCCUPATIONAL THERAPY	6,324	0	1,068,931	18	7,148,746	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	107,528	3	825,192	68.00
69.00 06900 ELECTROCARDIOLOGY	8,562	0	1,274,269	19	19,229,128	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	11,644	0	441,448	24	5,432,815	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2	16,166,151	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	10,158,646	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	52,720,149	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B-1

Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description	CAPITAL RELATED COSTS					EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (DEPT. REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)							
	1.00	1.01	4.00	5.01	5.02				
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.00	
76.00 03020 CHEMOTHERAPY	0	0	760,770	10	51,941,730			76.00	
OUTPATIENT SERVICE COST CENTERS									
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	0	0	90.00	
90.01 09001 ANDERSON CENTER OP CLINIC	3,500	0	561,510	0	1,831,971			90.01	
91.00 09100 EMERGENCY	22,505	0	3,326,905	15	50,556,677			91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)								92.00	
OTHER REIMBURSABLE COST CENTERS									
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	0	97.00	
99.00 09900 CMHC	0	0	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	7,973	0	3,308,440	9	5,560,181			101.00	
SPECIAL PURPOSE COST CENTERS									
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	0	111.00	
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	0	0	112.00	
113.00 11300 INTEREST EXPENSE								113.00	
114.00 11400 UTILIZATION REVIEW-SNF								114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	1,114	0	1,172,118	8	3,690,610			116.00	
118.00 SUBTOTALS (SUM OF LINES 1-117)	437,856	0	62,695,503	752	561,211,739			118.00	
NONREIMBURSABLE COST CENTERS									
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,882	0	190,659	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	1	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,829	0	2,819,737	54	3,389,318			192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	0	193.00	
194.00 07950 FOUNDATION	636	0	119,470	2	0	0	0	194.00	
194.02 07951 CHILDREN'S CLINIC	0	0	321,885	0	787,528			194.02	
194.04 07952 HEALTH RESOURCE CENTER	553	0	48,220	0	0	0	0	194.04	
194.05 07953 ADOLESCENT RESIDENTIAL	10,091	0	1,192,431	0	1,874,607			194.05	
194.07 07954 COMMUNITY BENEFIT/MISSION	2,845	0	286,264	0	38,016			194.07	
194.10 07955 DME	9,288	0	1,688,854	11	12,420			194.10	
194.12 07956 MED ONE/TWO	0	0	1,117,101	16	2,823,846			194.12	
194.13 07957 UNUSED SPACE	0	0	0	0	0	0	0	194.13	
194.14 07958 ADVERTISING AND MARKETING	2,527	0	0	9	0	0	0	194.14	
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0	0	0	0	194.15	
194.16 07960 MOB	0	0	0	0	0	0	0	194.16	
194.17 07961 ASB	0	0	0	0	0	0	0	194.17	
194.18 07962 MAB	0	0	0	0	0	0	0	194.18	
200.00 Cross Foot Adjustments								200.00	
201.00 Negative Cost Centers								201.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	4,526,762	0	2,493,862	676,178	414,358			202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	9.682768	0.000000	0.035384	800.210651	0.000727			203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			63,287	58,444	254,301			204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000898	69.164497	0.000446			205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B-1

Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINITTING (DEPT. REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (DEPT. REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT						1.01
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES	16,612,792					5.03
5.04	00540	ADMINITTING	25,998	570,137,474				5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	22,479	0	570,137,474			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	189,101	3,937	3,937	-50,760,583	151,641,940	5.06
6.00	00600	MAINTENANCE & REPAIRS	8,969	0	0	0	7,683,785	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	98,068	0	0	0	641,637	8.00
9.00	00900	HOUSEKEEPING	99,738	0	0	0	2,695,585	9.00
10.00	01000	DIETARY	64,624	116,676	116,676	0	753,034	10.00
11.00	01100	CAFETERIA	87,395	0	0	0	1,931,453	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,625	0	0	0	943,939	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	298,066	0	0	0	594,428	14.00
15.00	01500	PHARMACY	0	0	0	5,351,324	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,333	0	0	0	1,713,238	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	846	0	0	0	90,782	23.00
23.01	02301	SCH OF RADIOLOGY	40	0	0	0	123,904	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	578,695	33,151,539	33,151,539	0	17,922,709	30.00
31.00	03100	INTENSIVE CARE UNIT	232,710	9,849,744	9,849,744	0	4,796,192	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	37,252	3,226,647	3,226,647	0	1,586,650	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,945,546	56,345,728	56,345,728	0	9,030,957	50.00
50.01	05001	SURGERY CENTER	1,768,505	29,310,069	29,310,069	0	5,694,251	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,348,098	7,348,098	0	116,908	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	774,880	97,192,513	97,192,513	0	8,850,840	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	18,879	14,692,703	14,692,703	0	2,550,035	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	2,941,212	59,884,790	59,884,790	0	6,865,976	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	2,769,800	2,769,800	0	942,314	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	182,637	12,492,602	12,492,602	0	1,932,395	65.00
66.00	06600	PHYSICAL THERAPY	34,715	9,564,897	9,564,897	0	2,443,630	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,503	7,148,746	7,148,746	0	1,508,429	67.00
68.00	06800	SPEECH PATHOLOGY	132,973	825,192	825,192	0	298,534	68.00
69.00	06900	ELECTROCARDIOLOGY	118,557	19,229,128	19,229,128	0	2,637,530	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,854	5,432,815	5,432,815	0	814,943	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	769,137	16,166,151	16,166,151	0	3,808,598	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	529,309	10,158,646	10,158,646	0	4,425,705	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,356,198	52,720,149	52,720,149	0	27,941,070	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

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From 07/01/2011  
To 06/30/2012

Worksheet B-1

Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (DEPT. REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (DEPT. REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
76.00	03020	CHEMOTHERAPY	202,384	51,941,730	51,941,730	0	1,699,594	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0	1,831,971	1,831,971	0	818,800	90.01
91.00	09100	EMERGENCY	411,211	50,556,677	50,556,677	0	5,780,421	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	72,596	5,560,181	5,560,181	0	4,904,719	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	261,095	3,690,610	3,690,610	0	2,307,598	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,292,130	561,211,739	561,211,739	-45,409,259	136,850,583	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	24,969	190.00
191.00	19100	RESEARCH	1,055	0	0	0	250,561	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	65,869	3,389,318	3,389,318	0	3,890,379	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	FOUNDATION	6,076	0	0	0	231,703	194.00
194.02	07951	CHILDREN'S CLINIC	16,656	787,528	787,528	0	488,679	194.02
194.04	07952	HEALTH RESOURCE CENTER	15	0	0	0	70,991	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	25,306	1,874,607	1,874,607	0	1,748,077	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	3,238	38,016	38,016	0	493,787	194.07
194.10	07955	DME	50,163	12,420	12,420	0	5,297,960	194.10
194.12	07956	MED ONE/TWO	147,858	2,823,846	2,823,846	0	1,963,049	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	0	0	0	0	32,363	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	0	188,751	194.15
194.16	07960	MOB	0	0	0	0	4,922	194.16
194.17	07961	ASB	4,409	0	0	0	68,322	194.17
194.18	07962	MAB	17	0	0	0	36,844	194.18
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)	556,274	1,678,347	2,807,598		50,760,583	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.033485	0.002944	0.004924		0.334740	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	38,255	15,039	85,575		326,438	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.002303	0.000026	0.000150		0.002153	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B-1

Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600	346,940					6.00
7.00	00700	0	0				7.00
8.00	00800	7,871	0	1,980,876			8.00
9.00	00900	9,977	0	0	83,370		9.00
10.00	01000	27,835	0	0	2,233	38,887	10.00
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	4,884	0	0	289	0	13.00
14.00	01400	15,860	0	17,011	1,130	0	14.00
15.00	01500	4,819	0	0	435	0	15.00
16.00	01600	5,214	0	0	231	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	130	0	0	0	0	23.00
23.01	02301	110	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	93,953	0	771,195	34,202	27,042	30.00
31.00	03100	14,660	0	237,059	5,750	5,589	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	10,000	0	95,349	4,907	3,247	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	20,224	0	221,621	7,990	0	50.00
50.01	05001	0	0	103,356	2,195	0	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	16,959	0	135,168	3,286	0	54.00
55.00	05500	0	0	28,932	704	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	12,544	0	0	2,200	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	7,138	0	0	289	0	65.00
66.00	06600	8,688	0	56,731	2,122	0	66.00
67.00	06700	6,324	0	0	113	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	8,562	0	4,425	2,726	0	69.00
70.00	07000	11,644	0	4,105	1,935	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	13,218	0	0	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B-1

Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	3,500	0	0	445	0	90.01
91.00	09100 EMERGENCY	22,505	0	269,321	7,749	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	7,973	0	0	289	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	1,114	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	322,488	0	1,957,491	81,220	35,878	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,882	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	1,829	0	18,207	205	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	636	0	0	139	0	194.00
194.02	07951 CHILDREN'S CLINIC	0	0	839	529	0	194.02
194.04	07952 HEALTH RESOURCE CENTER	553	0	0	0	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	10,091	0	0	0	3,009	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	2,845	0	0	289	0	194.07
194.10	07955 DME	4,089	0	0	269	0	194.10
194.12	07956 MED ONE/TWO	0	0	2,022	0	0	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	2,527	0	0	234	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	250	0	194.16
194.17	07961 ASB	0	0	0	0	0	194.17
194.18	07962 MAB	0	0	2,317	235	0	194.18
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)	10,255,855	0	1,089,093	3,892,834	1,932,199	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	29.560889	0.000000	0.549804	46.693463	49.687531	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	590,108	0	92,604	133,306	335,349	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.700894	0.000000	0.046749	1.598968	8.623679	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B-1  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,836,679					11.00
12.00	01200		0				12.00
13.00	01300	18,377	0	942,652			13.00
14.00	01400	48,787	0	0	7,153,255		14.00
15.00	01500	75,983	0	0	44,927	283,845	15.00
16.00	01600	29,184	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	2,387	0	0	0	78	23.00
23.01	02301	2,807	0	0	0	0	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	387,019	0	387,019	434,050	12,952	30.00
31.00	03100	92,114	0	92,114	174,558	4,712	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	36,412	0	36,412	26,112	258	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	147,368	0	147,368	4,540,154	33,425	50.00
50.01	05001	179	0	0	578,353	15,695	50.01
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	156,497	0	0	253,486	154,729	54.00
55.00	05500	28,534	0	0	5,612	29	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	109,914	0	0	50,154	7,506	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	4,160	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	38,220	0	0	5,802	36	65.00
66.00	06600	50,967	0	0	25,239	169	66.00
67.00	06700	31,097	0	0	93	0	67.00
68.00	06800	2,832	0	0	132,532	0	68.00
69.00	06900	45,365	0	0	147,109	2,361	69.00
70.00	07000	16,315	0	0	9,387	74	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period: From 07/01/2011 To 06/30/2012

Worksheet B-1

Date/Time Prepared: 11/29/2012 9:46 am

Cost Center Description		CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	
		11.00	12.00	13.00	14.00	15.00	
76.00	03020 CHEMOTHERAPY	27,576	0	0	178,781	8,932	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	21,934	0	0	0	0	90.01
91.00	09100 EMERGENCY	125,192	0	125,192	343,632	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	107,013	0	107,013	49,952	314	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	47,534	0	47,534	124,073	4,638	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,653,767	0	942,652	7,124,006	245,908	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	6,238	0	0	7	4	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	861	37,513	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 FOUNDATION	4,458	0	0	0	0	194.00
194.02	07951 CHILDREN'S CLINIC	14,318	0	0	4,623	1	194.02
194.04	07952 HEALTH RESOURCE CENTER	2,080	0	0	15	0	194.04
194.05	07953 ADOLESCENT RESIDENTIAL	46,580	0	0	0	0	194.05
194.07	07954 COMMUNITY BENEFIT/MISSION	17,604	0	0	1,340	0	194.07
194.10	07955 DME	91,634	0	0	1,936	0	194.10
194.12	07956 MED ONE/TWO	0	0	0	15,879	419	194.12
194.13	07957 UNUSED SPACE	0	0	0	0	0	194.13
194.14	07958 ADVERTISING AND MARKETING	0	0	0	0	0	194.14
194.15	07959 PHYSICIANS RECRUITING	0	0	0	0	0	194.15
194.16	07960 MOB	0	0	0	0	0	194.16
194.17	07961 ASB	0	0	0	4,588	0	194.17
194.18	07962 MAB	0	0	0	0	0	194.18
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,577,988	0	1,443,576	1,392,838	-5,073,159	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.403614	0.000000	1.531399	0.194714	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	22,310	0	59,997	271,060	390,068	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.012147	0.000000	0.063647	0.037893	1.374229	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B-1

Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		16.00	17.00	19.00	20.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT				1.01
4.00	00400	EMPLOYEE BENEFITS				4.00
5.01	00510	NONPATIENT TELEPHONES				5.01
5.02	00520	DATA PROCESSING				5.02
5.03	00530	PURCHASING RECEIVING AND STORES				5.03
5.04	00540	ADMITTING				5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	570,016,861			16.00
17.00	01700	SOCIAL SERVICE	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		22.00
23.00	02300	PARAMED PRGM	0	0		23.00
23.01	02301	SCH OF RADIOLOGY	0	0		23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	33,151,539	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	9,849,744	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,226,647	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	56,345,728	0	0	50.00
50.01	05001	SURGERY CENTER	29,310,069	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,348,098	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	97,192,513	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	14,692,703	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	59,884,790	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,769,800	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	12,492,602	0	0	65.00
66.00	06600	PHYSICAL THERAPY	9,564,897	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,148,746	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	825,192	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	19,229,128	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,432,815	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,166,151	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,158,646	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,720,149	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B-1

Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description			MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00	17.00	19.00	20.00	
76.00	03020	CHEMOTHERAPY	51,941,730	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	1,831,971	0	0	0	90.01
91.00	09100	EMERGENCY	50,556,677	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	5,560,181	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	3,690,610	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	561,091,126	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,389,318	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07950	FOUNDATION	0	0	0	0	194.00
194.02	07951	CHILDREN'S CLINIC	787,528	0	0	0	194.02
194.04	07952	HEALTH RESOURCE CENTER	0	0	0	0	194.04
194.05	07953	ADOLESCENT RESIDENTIAL	1,874,607	0	0	0	194.05
194.07	07954	COMMUNITY BENEFIT/MISSION	38,016	0	0	0	194.07
194.10	07955	DME	12,420	0	0	0	194.10
194.12	07956	MED ONE/TWO	2,823,846	0	0	0	194.12
194.13	07957	UNUSED SPACE	0	0	0	0	194.13
194.14	07958	ADVERTISING AND MARKETING	0	0	0	0	194.14
194.15	07959	PHYSICIANS RECRUITING	0	0	0	0	194.15
194.16	07960	MOB	0	0	0	0	194.16
194.17	07961	ASB	0	0	0	0	194.17
194.18	07962	MAB	0	0	0	0	194.18
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,492,606	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.004373	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	73,560	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000129	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (RAD SCH)	SCH OF RADIOLOGY (RAD SCH)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00			
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT					1.01
4.00 00400 EMPLOYEE BENEFITS					4.00
5.01 00510 NONPATIENT TELEPHONES					5.01
5.02 00520 DATA PROCESSING					5.02
5.03 00530 PURCHASING RECEIVING AND STORES					5.03
5.04 00540 ADMITTING					5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 02300 PARAMED PRGM			100		23.00
23.01 02301 SCH OF RADIOLOGY			0	100	23.01
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	0	0	50.00
50.01 05001 SURGERY CENTER	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	100	100	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM (RAD SCH)	SCH OF RADIOLOGY (RAD SCH)		
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00				
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0		75.00
76.00 03020 CHEMOTHERAPY	0	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	0		90.00
90.01 09001 ANDERSON CENTER OP CLINIC	0	0	0	0		90.01
91.00 09100 EMERGENCY	0	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
99.00 09900 CMHC	0	0	0	0		99.00
99.10 09910 CORF	0	0	0	0		99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0		105.00
106.00 10600 HEART ACQUISITION	0	0	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0		107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0		108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0		111.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0		112.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 11600 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	100	100		118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 19100 RESEARCH	0	0	0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00 19300 NONPAID WORKERS	0	0	0	0		193.00
194.00 07950 FOUNDATION	0	0	0	0		194.00
194.02 07951 CHILDREN'S CLINIC	0	0	0	0		194.02
194.04 07952 HEALTH RESOURCE CENTER	0	0	0	0		194.04
194.05 07953 ADOLESCENT RESIDENTIAL	0	0	0	0		194.05
194.07 07954 COMMUNITY BENEFIT/MISSION	0	0	0	0		194.07
194.10 07955 DME	0	0	0	0		194.10
194.12 07956 MED ONE/TWO	0	0	0	0		194.12
194.13 07957 UNUSED SPACE	0	0	0	0		194.13
194.14 07958 ADVERTISING AND MARKETING	0	0	0	0		194.14
194.15 07959 PHYSICIANS RECRUITING	0	0	0	0		194.15
194.16 07960 MOB	0	0	0	0		194.16
194.17 07961 ASB	0	0	0	0		194.17
194.18 07962 MAB	0	0	0	0		194.18
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	128,363	172,572		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	1,283.630000	1,725.720000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	2,403	2,439		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	24.030000	24.390000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/29/2012 9:46 am	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		31,429,551	39,987	31,469,538	30.00
31.00	03100 INTENSIVE CARE UNIT		7,858,976	0	7,858,976	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF		2,982,320	43,609	3,025,929	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		0	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
45.01	04510 ICF/MR		0	0	0	45.01
46.00	04600 OTHER LONG TERM CARE		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		14,709,706	0	14,709,706	50.00
50.01	05001 SURGERY CENTER		8,000,700	0	8,000,700	50.01
51.00	05100 RECOVERY ROOM		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY		188,175	0	188,175	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		13,537,543	0	13,537,543	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		3,557,808	25,558	3,583,366	55.00
56.00	05600 RADIOISOTOPE		0	0	0	56.00
57.00	05700 CT SCAN		0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	06000 LABORATORY		10,063,750	0	10,063,750	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,275,695	0	1,275,695	63.00
64.00	06400 INTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,913,151	57,457	2,970,608	65.00
66.00	06600 PHYSICAL THERAPY	0	3,766,990	0	3,766,990	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,280,507	0	2,280,507	67.00
68.00	06800 SPEECH PATHOLOGY	0	431,855	0	431,855	68.00
69.00	06900 ELECTROCARDIOLOGY		4,079,644	0	4,079,644	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		1,573,039	1,114	1,574,153	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		5,154,183	0	5,154,183	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		5,951,589	0	5,951,589	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		37,524,568	0	37,524,568	73.00
74.00	07400 RENAL DIALYSIS		0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
76.00	03020 CHEMOTHERAPY		2,576,441	0	2,576,441	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC		1,255,925	0	1,255,925	90.01
91.00	09100 EMERGENCY		9,545,963	293,468	9,839,431	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,002,418	0	1,002,418	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
99.00	09900 CMHC		0	0	0	99.00
99.10	09910 CORF		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY		7,143,834	0	7,143,834	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500 KIDNEY ACQUISITION		0	0	0	105.00
106.00	10600 HEART ACQUISITION		0	0	0	106.00
107.00	10700 LIVER ACQUISITION		0	0	0	107.00
108.00	10800 LUNG ACQUISITION		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION		0	0	0	112.00
113.00	11300 INTEREST EXPENSE		0	0	0	113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet C  
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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	
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	3,292,785		3,292,785		3,292,785	116.00
200.00		Subtotal (see instructions)	182,097,116	0	182,097,116	461,193	182,558,309	200.00
201.00		Less Observation Beds	1,002,418		1,002,418		1,002,418	201.00
202.00		Total (see instructions)	181,094,698	0	181,094,698	461,193	181,555,891	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150088		Period: From 07/01/2011 To 06/30/2012		Worksheet C Part I Date/Time Prepared: 11/29/2012 9:46 am	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	33,151,539		33,151,539			30.00
31.00	03100	INTENSIVE CARE UNIT	9,849,744		9,849,744			31.00
32.00	03200	CORONARY CARE UNIT	0		0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	0		0			40.00
41.00	04100	SUBPROVIDER - I/RF	3,226,647		3,226,647			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
45.01	04510	ICF/MR	0		0			45.01
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	17,905,979	38,439,749	56,345,728	0.261062	0.000000	50.00
50.01	05001	SURGERY CENTER	232,718	29,077,351	29,310,069	0.272968	0.000000	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,789,148	5,558,950	7,348,098	0.025609	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,529,698	76,662,815	97,192,513	0.139286	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	650,915	14,041,788	14,692,703	0.242148	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	22,267,914	37,616,876	59,884,790	0.168052	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,373,715	1,396,085	2,769,800	0.460573	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	11,014,777	1,477,825	12,492,602	0.233190	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	43,905	9,520,992	9,564,897	0.393835	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,544,547	604,199	7,148,746	0.319008	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	19,526	805,666	825,192	0.523339	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,434,329	14,794,799	19,229,128	0.212160	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	278,596	5,154,219	5,432,815	0.289544	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,925,913	8,240,238	16,166,151	0.318826	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,623,454	3,535,192	10,158,646	0.585864	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,208,193	19,511,956	52,720,149	0.711769	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	CHEMOTHERAPY	56,918	51,884,812	51,941,730	0.049603	0.000000	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	22,907	1,809,064	1,831,971	0.685559	0.000000	90.01
91.00	09100	EMERGENCY	11,386,628	39,170,049	50,556,677	0.188817	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	170,103	2,107,206	2,277,309	0.440177	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	5,560,181	5,560,181			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
113.00	11300	INTEREST EXPENSE	0	0	0			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

Period:  
From 07/01/2011  
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Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	3,690,610	3,690,610			116.00
200.00		Subtotal (see instructions)	192,707,813	370,660,622	563,368,435			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	192,707,813	370,660,622	563,368,435			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/29/2012 9:46 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
45.01	04510 ICF/MR			45.01
46.00	04600 OTHER LONG TERM CARE			46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.261062		50.00
50.01	05001 SURGERY CENTER	0.272968		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.025609		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.139286		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.243887		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.168052		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.460573		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.237789		65.00
66.00	06600 PHYSICAL THERAPY	0.393835		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.319008		67.00
68.00	06800 SPEECH PATHOLOGY	0.523339		68.00
69.00	06900 ELECTROCARDIOLOGY	0.212160		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.289749		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.318826		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.585864		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.711769		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 CHEMOTHERAPY	0.049603		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0.685559		90.01
91.00	09100 EMERGENCY	0.194622		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.440177		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
112.00	08600 OTHER ORGAN ACQUISITION			112.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/29/2012 9:46 am
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
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: 150088

Period:  
From 07/01/2011  
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		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE		Total Costs		
				Disallowance				
	1.00	2.00	3.00	4.00	5.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	31,429,551		31,429,551	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	7,858,976		7,858,976	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	2,982,320		2,982,320	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
45.01	04510	ICF/MR	0		0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	14,709,706		14,709,706	0	0	50.00
50.01	05001	SURGERY CENTER	8,000,700		8,000,700	0	0	50.01
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	188,175		188,175	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,537,543		13,537,543	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,557,808		3,557,808	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	10,063,750		10,063,750	0	0	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,275,695		1,275,695	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,913,151	0	2,913,151	0	0	65.00
66.00	06600	PHYSICAL THERAPY	3,766,990	0	3,766,990	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,280,507	0	2,280,507	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	431,855	0	431,855	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,079,644		4,079,644	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,573,039		1,573,039	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,154,183		5,154,183	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,951,589		5,951,589	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,524,568		37,524,568	0	0	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	CHEMOTHERAPY	2,576,441		2,576,441	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	1,255,925		1,255,925	0	0	90.01
91.00	09100	EMERGENCY	9,545,963		9,545,963	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,002,418		1,002,418	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	7,143,834		7,143,834	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0		0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

			Title XIX		Hospital		Cost
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
					Total Costs	RCE Disallowance	Total Costs
			1.00	2.00	3.00	4.00	5.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0 115.00
116.00	11600	HOSPICE	3,292,785		3,292,785		0 116.00
200.00		Subtotal (see instructions)	182,097,116	0	182,097,116	0	0 200.00
201.00		Less Observation Beds	1,002,418		1,002,418		0 201.00
202.00		Total (see instructions)	181,094,698	0	181,094,698	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet C  
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		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	33,151,539		33,151,539		30.00
31.00	03100	INTENSIVE CARE UNIT	9,849,744		9,849,744		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	3,226,647		3,226,647		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/MR	0		0		45.01
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	17,905,979	38,439,749	56,345,728	0.261062	50.00
50.01	05001	SURGERY CENTER	232,718	29,077,351	29,310,069	0.272968	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	1,789,148	5,558,950	7,348,098	0.025609	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,529,698	76,662,815	97,192,513	0.139286	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	650,915	14,041,788	14,692,703	0.242148	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	22,267,914	37,616,876	59,884,790	0.168052	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,373,715	1,396,085	2,769,800	0.460573	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	11,014,777	1,477,825	12,492,602	0.233190	65.00
66.00	06600	PHYSICAL THERAPY	43,905	9,520,992	9,564,897	0.393835	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,544,547	604,199	7,148,746	0.319008	67.00
68.00	06800	SPEECH PATHOLOGY	19,526	805,666	825,192	0.523339	68.00
69.00	06900	ELECTROCARDIOLOGY	4,434,329	14,794,799	19,229,128	0.212160	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	278,596	5,154,219	5,432,815	0.289544	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,925,913	8,240,238	16,166,151	0.318826	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,623,454	3,535,192	10,158,646	0.585864	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,208,193	19,511,956	52,720,149	0.711769	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03020	CHEMOTHERAPY	56,918	51,884,812	51,941,730	0.049603	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	22,907	1,809,064	1,831,971	0.685559	90.01
91.00	09100	EMERGENCY	11,386,628	39,170,049	50,556,677	0.188817	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	170,103	2,107,206	2,277,309	0.440177	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	5,560,181	5,560,181		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0		112.00
113.00	11300	INTEREST EXPENSE	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0		114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
6.00	7.00	8.00	9.00	10.00				
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	3,690,610	3,690,610			116.00
200.00		Subtotal (see instructions)	192,707,813	370,660,622	563,368,435			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	192,707,813	370,660,622	563,368,435			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet C  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
45.01	04510 ICF/MR				45.01
46.00	04600 OTHER LONG TERM CARE				46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.01	05001 SURGERY CENTER	0.000000			50.01
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03020 CHEMOTHERAPY	0.000000			76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0.000000			90.01
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
99.00	09900 CMHC				99.00
99.10	09910 CORF				99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100 HOME HEALTH AGENCY				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
105.00	10500 KIDNEY ACQUISITION				105.00
106.00	10600 HEART ACQUISITION				106.00
107.00	10700 LIVER ACQUISITION				107.00
108.00	10800 LUNG ACQUISITION				108.00
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
112.00	08600 OTHER ORGAN ACQUISITION				112.00
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)				115.00
116.00	11600 HOSPICE				116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/29/2012 9:46 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
				Cost
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)	11.00		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet D  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	1,784,777	0	1,784,777	26,716	66.81	30.00
31.00	03100 INTENSIVE CARE UNIT	616,576		616,576	5,589	110.32	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	04000 SUBPROVIDER - I/PF	0	0	0	0	0.00	40.00
41.00	04100 SUBPROVIDER - I/RP	200,344	0	200,344	3,247	61.70	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	04300 NURSERY	0		0	1,112	0.00	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	04500 NURSING FACILITY	0		0	0	0.00	45.00
45.01	04510 ICF/MR	0		0	0	0.00	45.01
200.00	Total (lines 30-199)	2,601,697		2,601,697	36,664		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part I Date/Time Prepared: 11/29/2012 9:46 am
		Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	12,911	862,584	30.00
31.00	03100 INTENSIVE CARE UNIT	3,472	383,031	31.00
32.00	03200 CORONARY CARE UNIT	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	1,858	114,639	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	45.00
45.01	04510 ICF/MR	0	0	45.01
200.00	Total (lines 30-199)	18,241	1,360,254	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part II Date/Time Prepared: 11/29/2012 9:46 am
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,349,632	56,345,728	0.023953	9,327,060	223,411	50.00
50.01	05001	SURGERY CENTER	351,802	29,310,069	0.012003	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	11,664	7,348,098	0.001587	771,984	1,225	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,306,153	97,192,513	0.013439	9,975,535	134,061	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	382,518	14,692,703	0.026035	463,642	12,071	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	379,086	59,884,790	0.006330	11,835,022	74,916	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,381	2,769,800	0.001582	801,912	1,269	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	144,901	12,492,602	0.011599	6,843,350	79,376	65.00
66.00	06600	PHYSICAL THERAPY	331,102	9,564,897	0.034616	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	85,773	7,148,746	0.011998	1,916,853	22,998	67.00
68.00	06800	SPEECH PATHOLOGY	10,373	825,192	0.012570	130	2	68.00
69.00	06900	ELECTROCARDIOLOGY	513,227	19,229,128	0.026690	3,139,222	83,786	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	186,252	5,432,815	0.034283	117,060	4,013	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,249	16,166,151	0.001376	4,538,652	6,245	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,377	10,158,646	0.001809	4,093,585	7,405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	102,825	52,720,149	0.001950	17,717,773	34,550	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	CHEMOTHERAPY	71,426	51,941,730	0.001375	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	44,959	1,831,971	0.024541	22,907	562	90.01
91.00	09100	EMERGENCY	462,026	50,556,677	0.009139	4,871,519	44,521	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	56,851	2,277,309	0.024964	124,480	3,108	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (Lines 50-199)	5,835,577	507,889,714		76,560,686	733,519	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150088		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 11/29/2012 9:46 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
200.00		Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part III Date/Time Prepared: 11/29/2012 9:46 am
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Title XVIII		Hospital		PSA Adj. Nursing School	PPS
			Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
	6.00	7.00	8.00	9.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,716	0.00	12,911	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,589	0.00	3,472	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,247	0.00	1,858	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	1,112	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	45.00
45.01	04510	ICF/MR	0	0.00	0	0	0	45.01
200.00		Total (lines 30-199)	36,664		18,241	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part III Date/Time Prepared: 11/29/2012 9:46 am
		Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00 03000 ADULTS & PEDIATRICS	0	0		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0		31.00
32.00 03200 CORONARY CARE UNIT	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 04000 SUBPROVIDER - I PF	0	0		40.00
41.00 04100 SUBPROVIDER - I RF	0	0		41.00
42.00 04200 SUBPROVIDER	0	0		42.00
43.00 04300 NURSERY	0	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0		44.00
45.00 04500 NURSING FACILITY	0	0		45.00
45.01 04510 ICF/MR	0	0		45.01
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/29/2012 9:46 am
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
50.01	05001	SURGERY CENTER	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	300,935	0	300,935	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
76.00	03020	CHEMOTHERAPY	0	0	0	0	76.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	09001	ANDERSON CENTER OP CLINIC	0	0	0	0	90.01	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
200.00		Total (lines 50-199)	0	0	300,935	0	300,935	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/29/2012 9:46 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	56,345,728	0.000000	0.000000	9,327,060	50.00
50.01	05001 SURGERY CENTER	0	29,310,069	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	7,348,098	0.000000	0.000000	771,984	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	300,935	97,192,513	0.003096	0.003096	9,975,535	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	14,692,703	0.000000	0.000000	463,642	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	59,884,790	0.000000	0.000000	11,835,022	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,769,800	0.000000	0.000000	801,912	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	12,492,602	0.000000	0.000000	6,843,350	65.00
66.00	06600 PHYSICAL THERAPY	0	9,564,897	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	7,148,746	0.000000	0.000000	1,916,853	67.00
68.00	06800 SPEECH PATHOLOGY	0	825,192	0.000000	0.000000	130	68.00
69.00	06900 ELECTROCARDIOLOGY	0	19,229,128	0.000000	0.000000	3,139,222	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,432,815	0.000000	0.000000	117,060	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,166,151	0.000000	0.000000	4,538,652	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	10,158,646	0.000000	0.000000	4,093,585	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	52,720,149	0.000000	0.000000	17,717,773	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 CHEMOTHERAPY	0	51,941,730	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	1,831,971	0.000000	0.000000	22,907	90.01
91.00	09100 EMERGENCY	0	50,556,677	0.000000	0.000000	4,871,519	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,277,309	0.000000	0.000000	124,480	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (Lines 50-199)	300,935	507,889,714			76,560,686	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/29/2012 9:46 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	26,966,184	0	0	0	50.00
50.01	05001 SURGERY CENTER	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	2,080,188	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	30,884	25,187,357	77,980	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	8,721,053	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	1,470,570	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	759,244	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	484,577	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	108,200	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	154,011	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,191,313	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,106,869	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,268,199	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,108,564	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	18,111,677	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 CHEMOTHERAPY	0	15,384,426	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	751,848	0	0	0	90.01
91.00	09100 EMERGENCY	0	6,524,677	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,244,520	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (Lines 50-199)	30,884	120,623,477	77,980	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/29/2012 9:46 am
Title XVIII		Hospital	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 SURGERY CENTER	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020 CHEMOTHERAPY	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/29/2012 9:46 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
	1.00	2.00	3.00	4.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.261062	26,966,184	0	0	50.00
50.01 05001 SURGERY CENTER	0.272968	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.025609	2,080,188	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.139286	25,187,357	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.242148	8,721,053	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	56.00
57.00 05700 CT SCAN	0.000000	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00 06000 LABORATORY	0.168052	1,470,570	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.460573	759,244	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.233190	484,577	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.393835	108,200	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.319008	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.523339	154,011	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.212160	7,191,313	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.289544	1,106,869	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.318826	2,268,199	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.585864	2,108,564	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.711769	18,111,677	0	6,929	73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
76.00 03020 CHEMOTHERAPY	0.049603	15,384,426	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0.000000				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00 09000 CLINIC	0.000000	0	0	0	90.00
90.01 09001 ANDERSON CENTER OP CLINIC	0.685559	751,848	0	0	90.01
91.00 09100 EMERGENCY	0.188817	6,524,677	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.440177	1,244,520	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00
95.00 09500 AMBULANCE SERVICES	0.000000		0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00
200.00		Subtotal (see instructions)	120,623,477	6,929	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	201.00
202.00		Net Charges (line 200 +/- line 201)	120,623,477	6,929	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/29/2012 9:46 am
Title XVIII		Hospital	PPS

Cost Center Description	Costs			Hospital	PPS
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	7,039,846	0	0		50.00
50.01 05001 SURGERY CENTER	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	53,272	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,508,246	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,111,786	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0		56.00
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	247,132	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	349,687	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	112,999	0	0		65.00
66.00 06600 PHYSICAL THERAPY	42,613	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	80,600	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	1,525,709	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	320,487	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	723,161	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	1,235,332	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	12,891,330	0	4,932		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00 03020 CHEMOTHERAPY	763,114	0	0		76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 ANDERSON CENTER OP CLINIC	515,436	0	0		90.01
91.00 09100 EMERGENCY	1,231,970	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	547,809	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00 Subtotal (see instructions)	33,300,529	0	4,932		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	33,300,529	0	4,932		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150088		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part II Date/Time Prepared: 11/29/2012 9:46 am		
		Component CCN: 15T088		Title XVIII		Subprovider - IRF		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,349,632	56,345,728	0.023953	49,540	1,187	50.00
50.01	05001	SURGERY CENTER	351,802	29,310,069	0.012003	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	11,664	7,348,098	0.001587	3,964	6	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,306,153	97,192,513	0.013439	121,764	1,636	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	382,518	14,692,703	0.026035	254	7	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	379,086	59,884,790	0.006330	430,535	2,725	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	4,381	2,769,800	0.001582	19,261	30	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	144,901	12,492,602	0.011599	263,628	3,058	65.00
66.00	06600	PHYSICAL THERAPY	331,102	9,564,897	0.034616	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	85,773	7,148,746	0.011998	2,143,587	25,719	67.00
68.00	06800	SPEECH PATHOLOGY	10,373	825,192	0.012570	423	5	68.00
69.00	06900	ELECTROCARDIOLOGY	513,227	19,229,128	0.026690	29,237	780	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	186,252	5,432,815	0.034283	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,249	16,166,151	0.001376	146,521	202	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,377	10,158,646	0.001809	2,046	4	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	102,825	52,720,149	0.001950	826,400	1,611	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	CHEMOTHERAPY	71,426	51,941,730	0.001375	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	44,959	1,831,971	0.024541	0	0	90.01
91.00	09100	EMERGENCY	462,026	50,556,677	0.009139	1,170	11	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	56,851	2,277,309	0.024964	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	5,835,577	507,889,714		4,038,330	36,981	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088 Component CCN: 15T088	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/29/2012 9:46 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 SURGERY CENTER	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	300,935	0	300,935	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 CHEMOTHERAPY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	300,935	0	300,935	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088 Component CCN: 15T088	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/29/2012 9:46 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	56,345,728	0.000000	0.000000	49,540	50.00
50.01	05001 SURGERY CENTER	0	29,310,069	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	7,348,098	0.000000	0.000000	3,964	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	300,935	97,192,513	0.003096	0.003096	121,764	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	14,692,703	0.000000	0.000000	254	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	59,884,790	0.000000	0.000000	430,535	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,769,800	0.000000	0.000000	19,261	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	12,492,602	0.000000	0.000000	263,628	65.00
66.00	06600 PHYSICAL THERAPY	0	9,564,897	0.000000	0.000000	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	7,148,746	0.000000	0.000000	2,143,587	67.00
68.00	06800 SPEECH PATHOLOGY	0	825,192	0.000000	0.000000	423	68.00
69.00	06900 ELECTROCARDIOLOGY	0	19,229,128	0.000000	0.000000	29,237	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	5,432,815	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,166,151	0.000000	0.000000	146,521	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	10,158,646	0.000000	0.000000	2,046	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	52,720,149	0.000000	0.000000	826,400	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 CHEMOTHERAPY	0	51,941,730	0.000000	0.000000	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	1,831,971	0.000000	0.000000	0	90.01
91.00	09100 EMERGENCY	0	50,556,677	0.000000	0.000000	1,170	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,277,309	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	300,935	507,889,714			4,038,330	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088 Component CCN: 15T088	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/29/2012 9:46 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 SURGERY CENTER	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	377	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 CHEMOTHERAPY	0	0	0	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50-199)	377	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150088 Component CCN: 15T088	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/29/2012 9:46 am
Title XVII		Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	05001 SURGERY CENTER	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020 CHEMOTHERAPY	0	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 ANDERSON CENTER OP CLINIC	0	0	90.01
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00	Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/29/2012 9:46 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		26,716	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,716	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		25,865	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		12,911	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<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		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		31,469,538	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		31,469,538	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		26,734,521	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		26,734,521	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.177112	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,033.62	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)		31,469,538	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)		1,177.93	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,208,254	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)		15,208,254	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 11/29/2012 9:46 am	
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	7,858,976	5,589	1,406.15	-224	-314,978		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					26,729,132		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					41,622,408		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,245,615		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					764,403		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,010,018		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,612,390		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)					851		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,177.93		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,002,418		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/29/2012 9:46 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	1,784,777	31,469,538	0.056714	1,002,418	56,851	90.00
91.00	Nursing School cost	0	31,469,538	0.000000	1,002,418	0	91.00
92.00	Allied health cost	0	31,469,538	0.000000	1,002,418	0	92.00
93.00	All other Medical Education	0	31,469,538	0.000000	1,002,418	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1
		Component CCN: 15T088		Date/Time Prepared: 11/29/2012 9:46 am
		Title XVIII	Subprovider - IRF	PPS
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)		3,247	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,247	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,247	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,858	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<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		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,025,929	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,025,929	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,186,976	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,186,976	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.949467	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)		981.51	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)		3,025,929	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)		931.92	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,731,507	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)		1,731,507	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1	
		Component CCN: 15T088				Date/Time Prepared: 11/29/2012 9:46 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,500,561		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,232,068		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					114,639		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					37,358		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					151,997		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,080,071		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088 Component CCN: 15T088		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/29/2012 9:46 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	200,344	3,025,929	0.066209	0	0	90.00
91.00	Nursing School cost	0	3,025,929	0.000000	0	0	91.00
92.00	Allied health cost	0	3,025,929	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,025,929	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/29/2012 9:46 am
Cost Center Description		Title XIX	Hospital	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)		26,716	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		26,716	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		25,865	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		2,973	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,112	15.00
16.00	Nursery days (title V or XIX only)		812	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		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		31,429,551	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		31,429,551	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,968,241	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,968,241	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		7.920273	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)		153.42	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)		31,429,551	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)		1,176.43	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,497,526	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,497,526	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1	
Date/Time Prepared: 11/29/2012 9:46 am		Title XIX		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)		
42.00 NURSERY (title V & XIX only)	0	1,112	0.00	812	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,858,976	5,589	1,406.15	172	241,858		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					6,026,874		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,766,258		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						851	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,176.43	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1,001,142	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150088		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/29/2012 9:46 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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/29/2012 9:46 am	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		13,371,776	30.00
31.00	03100	INTENSIVE CARE UNIT		5,574,598	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.261062	9,327,060	50.00
50.01	05001	SURGERY CENTER	0.272968	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.025609	771,984	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139286	9,975,535	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.243887	463,642	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.168052	11,835,022	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.460573	801,912	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.237789	6,843,350	65.00
66.00	06600	PHYSICAL THERAPY	0.393835	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.319008	1,916,853	67.00
68.00	06800	SPEECH PATHOLOGY	0.523339	130	68.00
69.00	06900	ELECTROCARDIOLOGY	0.212160	3,139,222	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.289749	117,060	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.318826	4,538,652	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.585864	4,093,585	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.711769	17,717,773	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	CHEMOTHERAPY	0.049603	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0.685559	22,907	90.01
91.00	09100	EMERGENCY	0.194622	4,871,519	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.440177	124,480	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		76,560,686	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		76,560,686	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3	
		Component CCN: 15T088		Date/Time Prepared: 11/29/2012 9:46 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,823,624	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.261062	49,540	50.00
50.01	05001	SURGERY CENTER	0.272968	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.025609	3,964	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139286	121,764	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.243887	254	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.168052	430,535	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.460573	19,261	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.237789	263,628	65.00
66.00	06600	PHYSICAL THERAPY	0.393835	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.319008	2,143,587	67.00
68.00	06800	SPEECH PATHOLOGY	0.523339	423	68.00
69.00	06900	ELECTROCARDIOLOGY	0.212160	29,237	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.289749	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.318826	146,521	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.585864	2,046	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.711769	826,400	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	CHEMOTHERAPY	0.049603	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0.685559	0	90.01
91.00	09100	EMERGENCY	0.194622	1,170	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.440177	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		4,038,330	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		4,038,330	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/29/2012 9:46 am	
Cost Center Description		Title XIX	Hospital	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	03000	ADULTS & PEDIATRICS		8,633,730	30.00
31.00	03100	INTENSIVE CARE UNIT		1,122,395	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.261062	2,477,801	50.00
50.01	05001	SURGERY CENTER	0.272968	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.025609	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139286	2,089,486	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.242148	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.168052	3,383,737	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.460573	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.233190	1,520,641	65.00
66.00	06600	PHYSICAL THERAPY	0.393835	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.319008	164,298	67.00
68.00	06800	SPEECH PATHOLOGY	0.523339	2,603	68.00
69.00	06900	ELECTROCARDIOLOGY	0.212160	354,868	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.289544	27,429	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.318826	143,748	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.585864	43,912	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.711769	5,205,203	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	CHEMOTHERAPY	0.049603	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0.685559	0	90.01
91.00	09100	EMERGENCY	0.188817	1,336,067	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.440177	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		16,749,793	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		16,749,793	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3	
		Component CCN: 15T088		Date/Time Prepared: 11/29/2012 9:46 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		253,993	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.261062	0	50.00
50.01	05001	SURGERY CENTER	0.272968	0	50.01
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.025609	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.139286	29,564	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.242148	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.168052	66,312	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.460573	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.233190	35,233	65.00
66.00	06600	PHYSICAL THERAPY	0.393835	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.319008	308,941	67.00
68.00	06800	SPEECH PATHOLOGY	0.523339	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.212160	1,173	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.289544	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.318826	1,143	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.585864	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.711769	139,512	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	CHEMOTHERAPY	0.049603	0	76.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	ANDERSON CENTER OP CLINIC	0.685559	0	90.01
91.00	09100	EMERGENCY	0.188817	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.440177	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		581,878	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		581,878	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/29/2012 9:46 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		21,779,998	1.00
2.00	Outlier payments for discharges. (see instructions)		1,722,598	2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		258.67	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.52	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		18.73	31.00
32.00	Sum of lines 30 and 31		23.25	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.40	33.00
34.00	Disproportionate share adjustment (see instructions)		1,829,520	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		25,332,116	47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/29/2012 9:46 am
		Title XVII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		25,332,116	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,917,037	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		30,884	58.00
59.00	Total (sum of amounts on lines 49 through 58)		27,280,037	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		27,280,037	61.00
62.00	Deductibles billed to program beneficiaries		2,545,224	62.00
63.00	Coinurance billed to program beneficiaries		91,365	63.00
64.00	Allowable bad debts (see instructions)		243,640	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		170,548	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		207,244	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		24,813,996	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Enter the time value of money for operating expenses, the capital outlier reconciliation amount and time value of money for capital related expenses by entering the sum of lines 93, 95 and 96. For SCH, if the hospital specific payment amount on line 48, is greater than the federal specific payment amount on line 47, do not complete this line.		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.95	Recovery of Accelerated Depreciation		0	70.95
70.96	Low Volume Payment-1		0	70.96
70.97	Low Volume Payment-2		0	70.97
70.98	Low Volume Payment-3		0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		24,813,996	71.00
72.00	Interim payments		25,090,526	72.00
73.00	Tentative settlement (for contractor use only)		0	73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)		-276,530	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		2,778,983	75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2		0	90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0	91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0	92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0	93.00
94.00	The rate used to calculate the Time Value of Money		0.00	94.00
95.00	Time Value of Money for operating expenses(see instructions)		0	95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0	96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/29/2012 9:46 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		4,932	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		33,222,549	2.00
3.00	PPS payments		23,051,009	3.00
4.00	Outlier payment (see instructions)		66,290	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.406	5.00
6.00	Line 2 times line 5		13,488,355	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		77,980	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		4,932	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		6,929	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)		6,929	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)		6,929	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,997	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)		4,932	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)		23,195,279	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		5,273,337	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)		17,926,874	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)		17,926,874	30.00
31.00	Primary payer payments		1,294	31.00
32.00	Subtotal (line 30 minus line 31)		17,925,580	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)		327,086	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		228,960	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		228,609	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		18,154,540	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)		18,154,540	40.00
41.00	Interim payments		18,344,581	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)		-190,041	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/29/2012 9:46 am
	Title XVIII	Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/29/2012 9:46 am
		Component CCN: 15T088	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<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)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		0	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		0	40.00
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150088 Component CCN: 15T088	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/29/2012 9:46 am
	Title XVIII	Subprovider - IRF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		25,283,028		18,273,030	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	03/16/2012	71,551	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	03/16/2012	154,452		0	3.50	
3.51		06/12/2012	38,050		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)		-192,502		71,551	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)		25,090,526		18,344,581	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		276,530		190,041	6.02	
7.00	Total Medicare program liability (see instructions)		24,813,996		18,154,540	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: 150088  
Component CCN: 15T088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet E-1  
Part I  
Date/Time Prepared:  
11/29/2012 9:46 am  
PPS

Title XVIII

Subprovider -  
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	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		2,271,098		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	03/16/2012	4,618		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	06/12/2012	2,081		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)		2,537		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)		2,273,635		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		11,643		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,285,278		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		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part III Date/Time Prepared: 11/29/2012 9:46 am
		Component CCN: 15T088	Title XVIII	Subprovider - IRF PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)		2,123,821	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0101	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		88,595	3.00
4.00	Outlier Payments		103,498	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)		0.00	5.00
6.00	New Teaching program adjustment. (see instructions)		0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)		0.00	9.00
10.00	Average Daily Census (see instructions)		8.871585	10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$ .		0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).		0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)		2,315,914	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)		0	14.00
15.00	Organ acquisition		0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	16.00
17.00	Subtotal (see instructions)		2,315,914	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		2,315,914	19.00
20.00	Deductibles		13,728	20.00
21.00	Subtotal (line 19 minus line 20)		2,302,186	21.00
22.00	Coinsurance		19,382	22.00
23.00	Subtotal (line 21 minus line 22)		2,282,804	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		2,996	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		2,097	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,996	26.00
27.00	Subtotal (sum of lines 23 and 25)		2,284,901	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	28.00
29.00	Other pass through costs (see instructions)		377	29.00
30.00	Outlier payments reconciliation		0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	31.00
31.99	Recovery of Accelerated Depreciation		0	31.99
32.00	Total amount payable to the provider (see instructions)		2,285,278	32.00
33.00	Interim payments		2,273,635	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)		11,643	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

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

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet G

Date/Time Prepared:  
11/29/2012 9:46 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	1,779,042	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	81,110,313	0	0	0	4.00
5.00	Other receivable	5,919,047	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-55,821,836	0	0	0	6.00
7.00	Inventory	3,558,546	0	0	0	7.00
8.00	Prepaid expenses	1,983,208	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)	38,528,320	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,292,602	0	0	0	12.00
13.00	Land improvements	2,430,620	0	0	0	13.00
14.00	Accumulated depreciation	-2,083,772	0	0	0	14.00
15.00	Buildings	44,849,897	0	0	0	15.00
16.00	Accumulated depreciation	-29,417,991	0	0	0	16.00
17.00	Leasehold improvements	1,573,997	0	0	0	17.00
18.00	Accumulated depreciation	-1,245,495	0	0	0	18.00
19.00	Fixed equipment	39,623,606	0	0	0	19.00
20.00	Accumulated depreciation	-33,673,760	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	47,929,570	0	0	0	23.00
24.00	Accumulated depreciation	-41,018,199	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)	34,261,075	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	62,832,187	5,129,254	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	300,882	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	63,133,069	5,129,254	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	135,922,464	5,129,254	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	7,939,987	0	0	0	37.00
38.00	Salaries, wages, and fees payable	10,108,332	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	125,848	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	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	18,174,167	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	15,964,793	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	2,574,349	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	18,539,142	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	36,713,309	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	99,209,155				52.00
53.00	Specific purpose fund		5,129,254			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)	99,209,155	5,129,254	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	135,922,464	5,129,254	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet G-1

Date/Time Prepared:  
11/29/2012 9:46 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		90,075,374		5,515,102	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		16,437,748			2.00
3.00	Total (sum of line 1 and line 2)		106,513,122		5,515,102	3.00
4.00	DONATIONS	0		470,284		4.00
5.00	INVESTMENT INCOME	0		-39,681		5.00
6.00	TRANSFER TO AFFILIATES	-7,980,867		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)		-7,980,867		430,603	10.00
11.00	Subtotal (line 3 plus line 10)		98,532,255		5,945,705	11.00
12.00	REIMBURSEMENT RESTRICTED	0		817,201		12.00
13.00	TRANSFER TO AFFILIATES	-676,900		0		13.00
14.00	UNREALIZED LOSS	0		-750		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)		-676,900		816,451	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		99,209,155		5,129,254	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet G-1

Date/Time Prepared:  
11/29/2012 9:46 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	26,734,521		26,734,521	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	3,186,976		3,186,976	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	29,921,497		29,921,497	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	9,264,376		9,264,376	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	9,264,376		9,264,376	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	39,185,873		39,185,873	17.00
18.00	Ancillary services	140,557,320	330,706,380	471,263,700	18.00
19.00	Outpatient services	11,431,934	39,395,458	50,827,392	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		5,560,181	5,560,181	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	1	3,690,610	3,690,611	26.00
27.00	HOMEMAKER	0	12,420	12,420	27.00
27.01	ADOLESCENT SERVICES	1,874,607	0	1,874,607	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	193,049,735	379,365,049	572,414,784	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		202,616,221		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		202,616,221		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150088

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet G-3

Date/Time Prepared:  
11/29/2012 9:46 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	572,414,784	1.00
2.00	Less contractual allowances and discounts on patients' accounts	366,615,327	2.00
3.00	Net patient revenues (line 1 minus line 2)	205,799,457	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	202,616,221	4.00
5.00	Net income from service to patients (line 3 minus line 4)	3,183,236	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	140,301	6.00
7.00	Income from investments	-1,550,112	7.00
8.00	Revenues from telephone and telegraph service	50,052	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	672,504	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	54,840	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MAB/MOB/ASC	618,100	24.00
24.01	GRANTS	375,956	24.01
24.02	DME	7,303,841	24.02
24.03	ER PHYSICIAN BILLING FEES	4,318,155	24.03
24.04	OTHER MISC INCOME	581,327	24.04
24.05	MEDICIAD EHR	689,548	24.05
25.00	Total other income (sum of lines 6-24)	13,254,512	25.00
26.00	Total (line 5 plus line 25)	16,437,748	26.00
27.00		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)	16,437,748	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150088

Period: From 07/01/2011

Worksheet H

HHA CCN: 157059

To 06/30/2012

Date/Time Prepared: 11/29/2012 9:46 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	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	332,414	81,136	0	0	163,240	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,610,139	393,007	94,711	79,446	0	6.00
7.00	Physical Therapy	728,369	177,782	69,163	0	0	7.00
8.00	Occupational Therapy	330,279	80,615	26,122	0	0	8.00
9.00	Speech Pathology	116,647	28,472	8,259	0	0	9.00
10.00	Medical Social Services	57,028	13,920	6,341	0	0	10.00
11.00	Home Health Aide	133,564	32,601	35,716	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	50,485	12.00
13.00	Drugs	0	0	0	0	5,654	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)	3,308,440	807,533	240,312	79,446	219,379	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: 150088

Period: From 07/01/2011

Worksheet H

HHA CCN: 157059

To 06/30/2012

Date/Time Prepared: 11/29/2012 9:46 am

Home Health Agency I

PPS

	Total (sum of col.s. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	576,790	0	576,790	-2,080	574,710 5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	2,177,303	0	2,177,303	0	2,177,303 6.00
7.00	Physical Therapy	975,314	0	975,314	0	975,314 7.00
8.00	Occupational Therapy	437,016	0	437,016	0	437,016 8.00
9.00	Speech Pathology	153,378	0	153,378	0	153,378 9.00
10.00	Medical Social Services	77,289	0	77,289	0	77,289 10.00
11.00	Home Health Aide	201,881	0	201,881	0	201,881 11.00
12.00	Supplies (see instructions)	50,485	0	50,485	0	50,485 12.00
13.00	Drugs	5,654	0	5,654	0	5,654 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)	4,655,110	0	4,655,110	-2,080	4,653,030 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: 150088	Period: From 07/01/2011	Worksheet H-1		
		HHA CCN: 157059	To 06/30/2012	Part I Date/Time Prepared: 11/29/2012 9:46 am		
		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	574,710	0	0	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>						
6.00	Skilled Nursing Care	2,177,303	0	0	0	6.00
7.00	Physical Therapy	975,314	0	0	0	7.00
8.00	Occupational Therapy	437,016	0	0	0	8.00
9.00	Speech Pathology	153,378	0	0	0	9.00
10.00	Medical Social Services	77,289	0	0	0	10.00
11.00	Home Health Aide	201,881	0	0	0	11.00
12.00	Supplies (see instructions)	50,485	0	0	0	12.00
13.00	Drugs	5,654	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)	4,653,030	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet H-1 Part I Date/Time Prepared: 11/29/2012 9:46 am
		HHA CCN: 157059	Home Health Agency I	PPS
		Subtotal (col s. 0-4)	Administrative & General	Total (col s. 4A + 5)
		4A.00	5.00	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	574,710	574,710	5.00
<b>HHA REIMBURSABLE SERVICES</b>				
6.00	Skilled Nursing Care	2,177,303	306,823	2,484,126
7.00	Physical Therapy	975,314	137,439	1,112,753
8.00	Occupational Therapy	437,016	61,583	498,599
9.00	Speech Pathology	153,378	21,614	174,992
10.00	Medical Social Services	77,289	10,891	88,180
11.00	Home Health Aide	201,881	28,449	230,330
12.00	Supplies (see instructions)	50,485	7,114	57,599
13.00	Drugs	5,654	797	6,451
14.00	DME	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others (specify)	0	0	0
24.00	Total (sum of lines 1-23)	4,078,320		4,653,030

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150088 HHA CCN: 157059		Period: From 07/01/2011 To 06/30/2012		Worksheet H-1 Part II Date/Time Prepared: 11/29/2012 9:46 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	-574,710	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	-574,710	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 150088	Period: From 07/01/2011	Worksheet H-1 Part II Date/Time Prepared: 11/29/2012 9:46 am
	HHA CCN: 157059	To 06/30/2012	
		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	4,078,320	5.00
<b>HHA REIMBURSABLE SERVICES</b>			
6.00	Skilled Nursing Care	2,177,303	6.00
7.00	Physical Therapy	975,314	7.00
8.00	Occupational Therapy	437,016	8.00
9.00	Speech Pathology	153,378	9.00
10.00	Medical Social Services	77,289	10.00
11.00	Home Health Aide	201,881	11.00
12.00	Supplies (see instructions)	50,485	12.00
13.00	Drugs	5,654	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)	4,078,320	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	574,710	25.00
26.00	Unit Cost Multiplier	0.140918	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150088

Period: From 07/01/2011

Worksheet H-2

HHA CCN: 157059

To 06/30/2012

Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		1.00	1.01			
1.00 Administrative and General	0	77,201	0	11,762	7,202	1.00
2.00 Skilled Nursing Care	2,484,126	0	0	56,973	0	2.00
3.00 Physical Therapy	1,112,753	0	0	25,773	0	3.00
4.00 Occupational Therapy	498,599	0	0	11,687	0	4.00
5.00 Speech Pathology	174,992	0	0	4,127	0	5.00
6.00 Medical Social Services	88,180	0	0	2,018	0	6.00
7.00 Home Health Aide	230,330	0	0	4,726	0	7.00
8.00 Supplies (see instructions)	57,599	0	0	0	0	8.00
9.00 Drugs	6,451	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)	4,653,030	77,201	0	117,066	7,202	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: 150088

Period:

Worksheet H-2

HHA CCN: 157059

From 07/01/2011  
To 06/30/2012

Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Home Health  
Agency I

PPS

Cost Center Description		DATA	PURCHASING	ADMINI	CASHIERING/ACC	Subtotal	
		PROCESSING	RECEIVING AND	STTING	OUNTS		
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	0	0	0	0	96,165	1.00
2.00	Skilled Nursing Care	1,657	0	6,714	11,231	2,560,701	2.00
3.00	Physical Therapy	1,258	0	5,094	8,519	1,153,397	3.00
4.00	Occupational Therapy	453	0	1,835	3,069	515,643	4.00
5.00	Speech Pathology	132	0	533	891	180,675	5.00
6.00	Medical Social Services	197	0	798	1,334	92,527	6.00
7.00	Home Health Aide	345	0	1,395	2,334	239,130	7.00
8.00	Supplies (see instructions)	0	2,431	0	0	60,030	8.00
9.00	Drugs	0	0	0	0	6,451	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)	4,042	2,431	16,369	27,378	4,904,719	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: 150088

Period:

Worksheet H-2

HHA CCN: 157059

From 07/01/2011  
To 06/30/2012

Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Home Health  
Agency I

PPS

Cost Center Description		OTHER	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING	
		ADMINISTRATIVE AND GENERAL	REPAIRS	PLANT	LINEN SERVICE		
		5.06	6.00	7.00	8.00	9.00	
1.00	Administrative and General	32,190	235,689	0	0	13,494	1.00
2.00	Skilled Nursing Care	857,172	0	0	0	0	2.00
3.00	Physical Therapy	386,088	0	0	0	0	3.00
4.00	Occupational Therapy	172,606	0	0	0	0	4.00
5.00	Speech Pathology	60,479	0	0	0	0	5.00
6.00	Medical Social Services	30,972	0	0	0	0	6.00
7.00	Home Health Aide	80,046	0	0	0	0	7.00
8.00	Supplies (see instructions)	20,094	0	0	0	0	8.00
9.00	Drugs	2,159	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,641,806	235,689	0	0	13,494	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: 150088

Period: From 07/01/2011

Worksheet H-2

HHA CCN: 157059

To 06/30/2012

Part I  
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11/29/2012 9:46 am

Home Health Agency I

PPS

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	150,205	0	163,880	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	9,726	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	150,205	0	163,880	9,726	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: 150088

Period: From 07/01/2011

Worksheet H-2

HHA CCN: 157059

To 06/30/2012

Part I  
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11/29/2012 9:46 am

Home Health  
Agency I

PPS

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	9,974	0	0	0	2.00
3.00	Physical Therapy	0	7,566	0	0	0	3.00
4.00	Occupational Therapy	0	2,726	0	0	0	4.00
5.00	Speech Pathology	0	791	0	0	0	5.00
6.00	Medical Social Services	0	1,185	0	0	0	6.00
7.00	Home Health Aide	0	2,073	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	24,315	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150088

Period: From 07/01/2011

Worksheet H-2

HHA CCN: 157059

To 06/30/2012

Part I  
Date/Time Prepared:  
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Home Health Agency I

PPS

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
1.00 Administrative and General	0	0	0	0	691,623	1.00
2.00 Skilled Nursing Care	0	0	0	0	3,427,847	2.00
3.00 Physical Therapy	0	0	0	0	1,547,051	3.00
4.00 Occupational Therapy	0	0	0	0	690,975	4.00
5.00 Speech Pathology	0	0	0	0	241,945	5.00
6.00 Medical Social Services	0	0	0	0	124,684	6.00
7.00 Home Health Aide	0	0	0	0	321,249	7.00
8.00 Supplies (see instructions)	0	0	0	0	89,850	8.00
9.00 Drugs	0	0	0	0	8,610	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	0	0	7,143,834	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: 150088

Period: From 07/01/2011

Worksheet H-2

HHA CCN: 157059

To 06/30/2012

Part I  
Date/Time Prepared:  
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Home Health Agency I

PPS

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	691,623			1.00
2.00	Skilled Nursing Care	0	3,427,847	367,436	3,795,283	2.00
3.00	Physical Therapy	0	1,547,051	165,831	1,712,882	3.00
4.00	Occupational Therapy	0	690,975	74,067	765,042	4.00
5.00	Speech Pathology	0	241,945	25,935	267,880	5.00
6.00	Medical Social Services	0	124,684	13,365	138,049	6.00
7.00	Home Health Aide	0	321,249	34,435	355,684	7.00
8.00	Supplies (see instructions)	0	89,850	9,631	99,481	8.00
9.00	Drugs	0	8,610	923	9,533	9.00
10.00	DME	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	7,143,834	691,623	7,143,834	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.			0.107192		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: 150088  
HHA CCN: 157059

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet H-2  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am  
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (DEPT. REVENUE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)				
	1.00	1.01				
1.00 Administrative and General	7,973	0	332,414	9	0	1.00
2.00 Skilled Nursing Care	0	0	1,610,139	0	2,280,918	2.00
3.00 Physical Therapy	0	0	728,369	0	1,730,190	3.00
4.00 Occupational Therapy	0	0	330,279	0	623,275	4.00
5.00 Speech Pathology	0	0	116,647	0	180,882	5.00
6.00 Medical Social Services	0	0	57,028	0	270,935	6.00
7.00 Home Health Aide	0	0	133,564	0	473,981	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)	7,973	0	3,308,440	9	5,560,181	20.00
21.00 Total cost to be allocated	77,201	0	117,066	7,202	4,042	21.00
22.00 Unit cost multiplier	9.682804	0.000000	0.035384	800.222222	0.000727	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2011 To 06/30/2012	Worksheet H-2 Part II Date/Time Prepared: 11/29/2012 9:46 am
		Home Health Agency I	PPS

Cost Center Description	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (DEPT. REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (DEPT. REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
1.00 Administrative and General	0	0	0	0	96,165	1.00
2.00 Skilled Nursing Care	0	2,280,918	2,280,918	0	2,560,701	2.00
3.00 Physical Therapy	0	1,730,190	1,730,190	0	1,153,397	3.00
4.00 Occupational Therapy	0	623,275	623,275	0	515,643	4.00
5.00 Speech Pathology	0	180,882	180,882	0	180,675	5.00
6.00 Medical Social Services	0	270,935	270,935	0	92,527	6.00
7.00 Home Health Aide	0	473,981	473,981	0	239,130	7.00
8.00 Supplies (see instructions)	72,596	0	0	0	60,030	8.00
9.00 Drugs	0	0	0	0	6,451	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)	72,596	5,560,181	5,560,181		4,904,719	20.00
21.00 Total cost to be allocated	2,431	16,369	27,378		1,641,806	21.00
22.00 Unit cost multiplier	0.033487	0.002944	0.004924		0.334740	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2011 To 06/30/2012	Worksheet H-2 Part II Date/Time Prepared: 11/29/2012 9:46 am PPS
		Home Health Agency I	

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	7,973	0	0	289	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	7,973	0	0	289	0	20.00
21.00	Total cost to be allocated	235,689	0	0	13,494	0	21.00
22.00	Unit cost multiplier	29.560893	0.000000	0.000000	46.692042	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2011 To 06/30/2012	Worksheet H-2 Part II Date/Time Prepared: 11/29/2012 9:46 am PPS
		Home Health Agency I	

Cost Center Description	CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)	
	11.00	12.00	13.00	14.00	15.00	
1.00 Administrative and General	107,013	0	107,013	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	49,952	0	8.00
9.00 Drugs	0	0	0	0	314	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)	107,013	0	107,013	49,952	314	20.00
21.00 Total cost to be allocated	150,205	0	163,880	9,726	0	21.00
22.00 Unit cost multiplier	1.403615	0.000000	1.531403	0.194707	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2011 To 06/30/2012	Worksheet H-2 Part II Date/Time Prepared: 11/29/2012 9:46 am PPS
		Home Health Agency I	

Cost Center Description	MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	
1.00 Administrative and General	0	0	0	0	1.00
2.00 Skilled Nursing Care	2,280,918	0	0	0	2.00
3.00 Physical Therapy	1,730,190	0	0	0	3.00
4.00 Occupational Therapy	623,275	0	0	0	4.00
5.00 Speech Pathology	180,882	0	0	0	5.00
6.00 Medical Social Services	270,935	0	0	0	6.00
7.00 Home Health Aide	473,981	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	9.00
10.00 DME	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	5,560,181	0	0	0	20.00
21.00 Total cost to be allocated	24,315	0	0	0	21.00
22.00 Unit cost multiplier	0.004373	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150088  
HHA CCN: 157059

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet H-2  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am  
PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150088 HHA CCN: 157059		Period: From 07/01/2011 To 06/30/2012		Worksheet H-3 Parts I-II Date/Time Prepared: 11/29/2012 9:46 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	3,795,283		3,795,283	14,943	1.00
2.00	Physical Therapy	3.00	1,712,882	0	1,712,882	9,813	2.00
3.00	Occupational Therapy	4.00	765,042	0	765,042	3,809	3.00
4.00	Speech Pathology	5.00	267,880	0	267,880	1,033	4.00
5.00	Medical Social Services	6.00	138,049		138,049	1,156	5.00
6.00	Home Health Aide	7.00	355,684		355,684	5,328	6.00
7.00	Total (sum of lines 1-6)		7,034,820	0	7,034,820	36,082	7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		11300	3,426	2,278		8.00
8.01	Skilled Nursing Care		26900	65	25		8.01
8.02	Skilled Nursing Care		29020	1,566	1,258		8.02
8.03	Skilled Nursing Care		29140	25	19		8.03
8.04	Skilled Nursing Care		34620	245	126		8.04
8.05	Skilled Nursing Care		99915	916	397		8.05
9.00	Physical Therapy		11300	2,111	1,261		9.00
9.01	Physical Therapy		26900	52	43		9.01
9.02	Physical Therapy		29020	1,284	627		9.02
9.03	Physical Therapy		29140	26	17		9.03
9.04	Physical Therapy		34620	117	105		9.04
9.05	Physical Therapy		99915	718	298		9.05
10.00	Occupational Therapy		11300	799	421		10.00
10.01	Occupational Therapy		26900	22	13		10.01
10.02	Occupational Therapy		29020	522	284		10.02
10.03	Occupational Therapy		29140	7	6		10.03
10.04	Occupational Therapy		34620	60	26		10.04
10.05	Occupational Therapy		99915	172	147		10.05
11.00	Speech Pathology		11300	252	66		11.00
11.01	Speech Pathology		26900	0	0		11.01
11.02	Speech Pathology		29020	117	76		11.02
11.03	Speech Pathology		29140	0	0		11.03
11.04	Speech Pathology		34620	4	4		11.04
11.05	Speech Pathology		99915	113	53		11.05
12.00	Medical Social Services		11300	190	151		12.00
12.01	Medical Social Services		26900	5	7		12.01
12.02	Medical Social Services		29020	179	133		12.02
12.03	Medical Social Services		29140	5	2		12.03
12.04	Medical Social Services		34620	14	5		12.04
12.05	Medical Social Services		99915	63	44		12.05
13.00	Home Health Aide		11300	715	884		13.00
13.01	Home Health Aide		26900	15	25		13.01
13.02	Home Health Aide		29020	395	685		13.02
13.03	Home Health Aide		29140	10	0		13.03
13.04	Home Health Aide		34620	99	84		13.04
13.05	Home Health Aide		99915	147	345		13.05
14.00	Total (sum of lines 8-13)			14,456	9,915		14.00
Cost Center Description		From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	99,481	0	99,481	117,089	15.00
16.00	Cost of Drugs	9.00	9,533	0	9,533	0	16.00
Cost Center Description		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy		66.00	0.393835	0	0	1.00
2.00	Occupational Therapy		67.00	0.319008	0	0	2.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150088 HHA CCN: 157059		Period: From 07/01/2011 To 06/30/2012		Worksheet H-3 Parts I-III Date/Time Prepared: 11/29/2012 9:46 am	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)		
		0	1.00	2.00	3.00		
3.00	Speech Pathology	68.00	0.523339	0	0	0	3.00
4.00	Cost of Medical Supplies	71.00	0.318826	0	0	0	4.00
5.00	Cost of Drugs	73.00	0.711769	0	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2011 To 06/30/2012	Worksheet H-3 Parts I-III Date/Time Prepared: 11/29/2012 9:46 am	
		Title XVIII	Home Health Agency I	PPS	
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	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	253.98	6,243	4,103	1.00
2.00	Physical Therapy	174.55	4,308	2,351	2.00
3.00	Occupational Therapy	200.85	1,582	897	3.00
4.00	Speech Pathology	259.32	486	199	4.00
5.00	Medical Social Services	119.42	456	342	5.00
6.00	Home Health Aide	66.76	1,381	2,023	6.00
7.00	Total (sum of lines 1-6)		14,456	9,915	7.00
Cost Center Description					
		5.00	6.00	7.00	8.00
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
8.01	Skilled Nursing Care				8.01
8.02	Skilled Nursing Care				8.02
8.03	Skilled Nursing Care				8.03
8.04	Skilled Nursing Care				8.04
8.05	Skilled Nursing Care				8.05
9.00	Physical Therapy				9.00
9.01	Physical Therapy				9.01
9.02	Physical Therapy				9.02
9.03	Physical Therapy				9.03
9.04	Physical Therapy				9.04
9.05	Physical Therapy				9.05
10.00	Occupational Therapy				10.00
10.01	Occupational Therapy				10.01
10.02	Occupational Therapy				10.02
10.03	Occupational Therapy				10.03
10.04	Occupational Therapy				10.04
10.05	Occupational Therapy				10.05
11.00	Speech Pathology				11.00
11.01	Speech Pathology				11.01
11.02	Speech Pathology				11.02
11.03	Speech Pathology				11.03
11.04	Speech Pathology				11.04
11.05	Speech Pathology				11.05
12.00	Medical Social Services				12.00
12.01	Medical Social Services				12.01
12.02	Medical Social Services				12.02
12.03	Medical Social Services				12.03
12.04	Medical Social Services				12.04
12.05	Medical Social Services				12.05
13.00	Home Health Aide				13.00
13.01	Home Health Aide				13.01
13.02	Home Health Aide				13.02
13.03	Home Health Aide				13.03
13.04	Home Health Aide				13.04
13.05	Home Health Aide				13.05
14.00	Total (sum of lines 8-13)				14.00
Program Covered Charges					
Cost Center Description					
	Ratio (col. 3 ÷ col. 4)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	5.00	6.00	7.00	8.00	
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	0.849619		0	15.00
16.00	Cost of Drugs	0.000000		0	16.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2011 To 06/30/2012	Worksheet H-3 Parts I-II Date/Time Prepared: 11/29/2012 9:46 am
		Title XVIII	Home Health Agency I	PPS
Cost Center Description		Transfer to Part I as Indicated		
		4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS				
1.00	Physical Therapy	col. 2, line 2.00		1.00
2.00	Occupational Therapy	col. 2, line 3.00		2.00
3.00	Speech Pathology	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00		4.00
5.00	Cost of Drugs	col. 2, line 16.00		5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150088	Period: From 07/01/2011	Worksheet H-3 Parts I-III Date/Time Prepared: 11/29/2012 9:46 am
	HHA CCN: 157059	To 06/30/2012	
	Title XVIII	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)		
	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00	12.00		
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>						
<b>Cost Per Visit Computation</b>						
1.00	Skilled Nursing Care	1,585,597	1,042,080		2,627,677	1.00
2.00	Physical Therapy	751,961	410,367		1,162,328	2.00
3.00	Occupational Therapy	317,745	180,162		497,907	3.00
4.00	Speech Pathology	126,030	51,605		177,635	4.00
5.00	Medical Social Services	54,456	40,842		95,298	5.00
6.00	Home Health Aide	92,196	135,055		227,251	6.00
7.00	Total (sum of lines 1-6)	2,927,985	1,860,111		4,788,096	7.00
<b>Cost Center Description</b>						
		10.00	11.00	12.00		
<b>Limitation Cost Computation</b>						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
8.02	Skilled Nursing Care					8.02
8.03	Skilled Nursing Care					8.03
8.04	Skilled Nursing Care					8.04
8.05	Skilled Nursing Care					8.05
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
9.02	Physical Therapy					9.02
9.03	Physical Therapy					9.03
9.04	Physical Therapy					9.04
9.05	Physical Therapy					9.05
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
10.02	Occupational Therapy					10.02
10.03	Occupational Therapy					10.03
10.04	Occupational Therapy					10.04
10.05	Occupational Therapy					10.05
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
11.02	Speech Pathology					11.02
11.03	Speech Pathology					11.03
11.04	Speech Pathology					11.04
11.05	Speech Pathology					11.05
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
12.02	Medical Social Services					12.02
12.03	Medical Social Services					12.03
12.04	Medical Social Services					12.04
12.05	Medical Social Services					12.05
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
13.02	Home Health Aide					13.02
13.03	Home Health Aide					13.03
13.04	Home Health Aide					13.04
13.05	Home Health Aide					13.05
14.00	Total (sum of lines 8-13)					14.00
<b>Cost of Services</b>						
Cost Center Description	Part A	Part B				
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	9.00	10.00	11.00			
<b>Supplies and Drugs Cost Computations</b>						
15.00	Cost of Medical Supplies					15.00
16.00	Cost of Drugs		0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150088 HHA CCN: 157059	Period: From 07/01/2011 To 06/30/2012	Worksheet H-4 Part I-II Date/Time Prepared: 11/29/2012 9:46 am
		Title XVII I	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	2,797,599	1,297,303	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	2,797,599	1,297,303	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	2,797,599	1,297,303	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		2,218,570	1,379,903
12.00	Total PPS Reimbursement - Full Episodes with Outliers		20,271	4,416
13.00	Total PPS Reimbursement - LUPA Episodes		28,515	16,271
14.00	Total PPS Reimbursement - PEP Episodes		17,511	11,462
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		671	623
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)		2,285,538	1,412,675
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		2,285,538	1,412,675
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		2,285,538	1,412,675
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)		2,285,538	1,412,675
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		2,285,538	1,412,675
32.00	Interim payments (see instructions)		2,285,538	1,412,675
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet H-5
	HHA CCN: 157059	Home Health Agency I	Date/Time Prepared: 11/29/2012 9:46 am 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		2,285,538		1,412,675	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)		2,285,538		1,412,675	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)		2,285,538		1,412,675	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: 150088

Period: From 07/01/2011

Worksheet K

Hospice CCN: 151516

To 06/30/2012

Date/Time Prepared: 11/29/2012 9:46 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	239,689	67,216	73,180	0	460,334	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	658,758	184,736	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	86,349	28,260	0	0	0	15.00
16.00	Spiritual Counseling	100,774	24,215	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	86,548	24,271	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	131,498	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	124,069	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)	1,172,118	328,698	73,180	0	715,901	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150088

Period: From 07/01/2011

Worksheet K

Hospice CCN: 151516

To 06/30/2012

Date/Time Prepared: 11/29/2012 9:46 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	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	840,419	0	840,419	-81,426	758,993	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	843,494	0	843,494	0	843,494	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	114,609	0	114,609	0	114,609	15.00
16.00	Spiritual Counseling	124,989	0	124,989	0	124,989	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	110,819	0	110,819	0	110,819	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	131,498	0	131,498	0	131,498	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	124,069	0	124,069	0	124,069	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)	2,289,897	0	2,289,897	-81,426	2,208,471	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150088

Period: From 07/01/2011

Worksheet K-1

Hospice CCN: 151516

To 06/30/2012

Date/Time Prepared: 11/29/2012 9:46 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	194,001	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	658,758	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	86,349	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	86,349	194,001	658,758	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150088

Period: From 07/01/2011

Worksheet K-1

Hospice CCN: 151516

To 06/30/2012

Date/Time Prepared: 11/29/2012 9:46 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	45,688	239,689	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	658,758	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	86,349	15.00
16.00	Spiritual Counseling		0	100,774	100,774	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		86,548	0	86,548	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	86,548	146,462	1,172,118	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 150088	Period: From 07/01/2011	Worksheet K-2
		Hospice CCN: 151516	To 06/30/2012	Date/Time Prepared: 11/29/2012 9:46 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	54,404	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	184,736	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	28,260	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	28,260	54,404	184,736	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150088

Period: From 07/01/2011

Worksheet K-2

Hospice CCN: 151516

To 06/30/2012

Date/Time Prepared: 11/29/2012 9:46 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	12,812	67,216	6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	184,736	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	28,260	15.00
16.00	Spiritual Counseling		0	24,215	24,215	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		24,271	0	24,271	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	24,271	37,027	328,698	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150088	Period: From 07/01/2011	Worksheet K-4
		Hospice CCN: 151516	To 06/30/2012	Part I
				Date/Time Prepared: 11/29/2012 9:46 am

		CAPITAL RELATED COST					
		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	758,993	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	843,494	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	114,609	0	0	0	0	15.00
16.00	Spiritual Counseling	124,989	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	110,819	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	131,498	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	124,069	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)	2,208,471	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST	Provider CCN: 150088	Period: From 07/01/2011	Worksheet K-4 Part I Date/Time Prepared: 11/29/2012 9:46 am
	Hospice CCN: 151516	To 06/30/2012	

		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.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	758,993	758,993		6.00
<b>INPATIENT CARE SERVICE</b>						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
<b>VISITING SERVICES</b>						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	843,494	441,681	1,285,175	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	114,609	60,013	174,622	15.00
16.00	Spiritual Counseling	0	124,989	65,448	190,437	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	110,819	58,028	168,847	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>						
22.00	Drugs, Biological and Infusion Therapy	0	131,498	68,857	200,355	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	124,069	64,966	189,035	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	2,208,471		2,208,471	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150088

Period: From 07/01/2011

Worksheet K-4

Hospice CCN: 151516

To 06/30/2012

Part II  
Date/Time Prepared:  
11/29/2012 9:46 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: 150088

Period: From 07/01/2011

Worksheet K-4

Hospice CCN: 151516

To 06/30/2012

Part II  
Date/Time Prepared:  
11/29/2012 9:46 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	-758,993	1,449,478	6.00
<b>INPATIENT CARE SERVICE</b>				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
<b>VISITING SERVICES</b>				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	843,494	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	114,609	15.00
16.00	Spiritual Counseling	0	124,989	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	110,819	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
<b>OTHER HOSPICE SERVICE COSTS</b>				
22.00	Drugs, Biological and Infusion Therapy	0	131,498	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	124,069	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)		758,993	39.00
40.00	Unit Cost Multiplier		0.523632	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period: From 07/01/2011

Worksheet K-5

Hospice CCN: 151516

To 06/30/2012

Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW BLDG & FIXT			
		1.00	1.01			
1.00 Administrative and General	0	10,787	0	41,474	6,402	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	1,285,175	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	174,622	0	0	0	0	10.00
11.00 Spiritual Counseling	190,437	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	168,847	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	200,355	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	189,035	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)	2,208,471	10,787	0	41,474	6,402	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period: From 07/01/2011

Worksheet K-5

Hospice CCN: 151516

To 06/30/2012

Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		Hospice I				Subtotal	
		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE		
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	2,683	8,743	10,865	18,173	99,127	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	1,285,175	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	174,622	10.00
11.00	Spiritual Counseling	0	0	0	0	190,437	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	168,847	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	200,355	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	189,035	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)	2,683	8,743	10,865	18,173	2,307,598	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period: From 07/01/2011

Worksheet K-5

Hospice CCN: 151516

To 06/30/2012

Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description	Hospice I					
	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5.06	6.00	7.00	8.00	9.00	
1.00 Administrative and General	33,182	32,931	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	430,198	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	58,453	0	0	0	0	10.00
11.00 Spiritual Counseling	63,747	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	56,520	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	67,067	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	63,278	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)	772,445	32,931	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period: From 07/01/2011

Worksheet K-5

Hospice CCN: 151516

To 06/30/2012

Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		Hospice I					
		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
1.00	Administrative and General	0	66,719	0	72,794	24,159	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	66,719	0	72,794	24,159	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period: From 07/01/2011

Worksheet K-5

Hospice CCN: 151516

To 06/30/2012

Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		Hospice I					
		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	0	16,139	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	16,139	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period:

Worksheet K-5

Hospice CCN: 151516

From 07/01/2011  
To 06/30/2012

Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Hospice I

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	SCH OF RADIOLOGY	Subtotal (col s. 4A-23)	
	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
	21.00	22.00				
1.00 Administrative and General	0	0	0	0	345,051	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	1,715,373	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	233,075	10.00
11.00 Spiritual Counseling	0	0	0	0	254,184	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	225,367	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	267,422	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	252,313	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	3,292,785	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150088

Period: From 07/01/2011

Worksheet K-5

Hospice CCN: 151516

To 06/30/2012

Part I  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		Hospice I					
		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General						1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	1,715,373	200,795	1,916,168		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	233,075	27,283	260,358		10.00
11.00	Spiritual Counseling	0	254,184	29,754	283,938		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	225,367	26,381	251,748		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	267,422	31,303	298,725		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	252,313	29,535	281,848		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	3,292,785		3,292,785		34.00
35.00	Unit Cost Multiplier (see instructions)			0.117056			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150088

Hospice CCN: 151516

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONE LINES)	DATA PROCESSING (DEPT. REVENUE)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT (SQUARE FEET)				
		1.00	1.01				
1.00	Administrative and General	10,787	0	1,172,118	8	3,690,610	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)	10,787	0	1,172,118	8	3,690,610	34.00
35.00	Total cost to be allocated	10,787	0	41,474	6,402	2,683	35.00
36.00	Unit Cost Multiplier (see instructions)	1.000000	0.000000	0.035384	800.250000	0.000727	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150088

Hospice CCN: 151516

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		Hospice I					OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (DEPT. REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (DEPT. REVENUE)	Reconciliation			
		5.03	5.04	5.05	5A.06	5.06		
1.00	Administrative and General	261,095	3,690,610	3,690,610	0	99,127	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	1,285,175	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	174,622	10.00	
11.00	Spiritual Counseling	0	0	0	0	190,437	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	168,847	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	200,355	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	189,035	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)	261,095	3,690,610	3,690,610		2,307,598	34.00	
35.00	Total cost to be allocated	8,743	10,865	18,173		772,445	35.00	
36.00	Unit Cost Multiplier (see instructions)	0.033486	0.002944	0.004924		0.334740	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150088

Hospice CCN: 151516

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	32,915	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	32,915	0	0	0	0	34.00
35.00	Total cost to be allocated	32,931	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	1.000486	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150088

Hospice CCN: 151516

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description	Hospice I						
	CAFETERIA (TOTAL HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (SPD SUPPLIES)	PHARMACY (DRUG EXPENSE)		
	11.00	12.00	13.00	14.00	15.00		
1.00 Administrative and General	47,534	0	47,534	124,073	4,638	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)	47,534	0	47,534	124,073	4,638	34.00	
35.00 Total cost to be allocated	66,719	0	72,794	24,159	0	35.00	
36.00 Unit Cost Multiplier (see instructions)	1.403606	0.000000	1.531409	0.194716	0.000000	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150088  
Hospice CCN: 151516

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am

Cost Center Description		Hospice I					
		MEDICAL RECORDS & LIBRARY (DEPT. REVENUE)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)		
		16.00	17.00	19.00	20.00		
1.00	Administrative and General	3,690,610	0	0	0		1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	0	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,690,610	0	0	0		34.00
35.00	Total cost to be allocated	16,139	0	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.004373	0.000000	0.000000	0.000000		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS  
STATISTICAL BASIS

Provider CCN: 150088

Hospice CCN: 151516

Period:  
From 07/01/2011  
To 06/30/2012

Worksheet K-5  
Part II  
Date/Time Prepared:  
11/29/2012 9:46 am

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150088 Hospice CCN: 151516	Period: From 07/01/2011 To 06/30/2012	Worksheet K-5 Part III Date/Time Prepared: 11/29/2012 9:46 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
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.393835	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.319008	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.523339	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.711769	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0 5.00
6.00	LABORATORY	60.00	0.168052	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	0.318826	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.243887	0	0 9.00
10.00	CHEMOTHERAPY	76.00	0.049603	0	0 10.00
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150088

Period: From 07/01/2011

Worksheet K-6

Hospice CCN: 151516

To 06/30/2012

Date/Time Prepared: 11/29/2012 9:46 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				3,292,785	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				18,226	2.00
3.00	Average cost per diem (line 1 divided by line 2)				180.66	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	16,770				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	3,029,668				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		121			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		21,860			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	3,576				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	646,040				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		116			10.00
11.00	Aggregate NF cost (line 3 times line 10)		20,957			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,335		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			241,181		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150088	Period: From 07/01/2011 To 06/30/2012	Worksheet L Parts I-III Date/Time Prepared: 11/29/2012 9:46 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,757,156	1.00
2.00	Capital DRG outlier payments		75,186	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		85.94	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.52	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		18.73	8.00
9.00	Sum of lines 7 and 8		23.25	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.82	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		84,695	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,917,037	12.00
		1.00		
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00