

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: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 5/24/2012 2:39 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input 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: 5/24/2012 Time: 2:39 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 04 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DEARBORN COUNTY HOSPITAL for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	363,057	10,530	0	1,254,404	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	363,057	10,530	0	1,254,404	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 5/22/2012 1:15 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 600 WILSON CREEK ROAD		PO Box:						1.00			
2.00	City: LAWRENCEBURG		State: IN		Zip Code: 47025-		County: DEARBORN		2.00			
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)					
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		DEARBORN COUNTY HOSPITAL	150086	17140	1	07/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF										4.00	
5.00	Subprovider - IRF										5.00	
6.00	Subprovider - (Other)										6.00	
7.00	Swing Beds - SNF						N	N	N		7.00	
8.00	Swing Beds - NF						N		N		8.00	
9.00	Hospital-Based SNF						N	N	N		9.00	
10.00	Hospital-Based NF										10.00	
11.00	Hospital-Based OLTC										11.00	
12.00	Hospital-Based HHA		HEALTH SERVICES CORP. OF SE IN	157055	17140		10/01/1978	N	P	N	12.00	
13.00	Separately Certified ASC										13.00	
14.00	Hospital-Based Hospice		HOSPICE OF SOUTHEASTERN INDIANA	151531	17140		12/22/1994				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										17.00	
18.00	Renal Dialysis										18.00	
19.00	Other										19.00	
						From:	To:					
						1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2011		12/31/2011		20.00		
21.00	Type of Control (see instructions)							9		21.00		
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00		
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.							3		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days					
		1.00	2.00	3.00	4.00	5.00	6.00					
24.00	If line 22 and/or line 45 is "yes", and this provider is an IPPS hospital enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO days in col. 5, and other Medicaid days in col. 6.					1,141	777	0	0	1,126	0	24.00
25.00	If this provider is an IRF, enter the in-State Medicaid paid days in column 1, the in State Medicaid eligible days in column 2, the out of State Medicaid paid days in column 3, the out of State Medicaid eligible days in column 4, Medicaid HMO days in column 5, and other Medicaid days in column 6. For all columns include in these days the labor and delivery days.					0	0	0	0	0	0	25.00
						Urban/Rural S	Date of Geogr					
						1.00	2.00					
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.							1		26.00		
27.00	For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (1) for urban or (2) for rural. If applicable, enter the effective date of the geographic reclassification (in column 2).							1		27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.							0		35.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/22/2012 1:15 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 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: 150086

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

Worksheet S-2
Part I
Date/Time Prepared:
5/22/2012 1:15 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 5/22/2012 1:15 pm	
			1.00	2.00	3.00
Inpatient Rehabilitation Facility PPS					
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.		N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00
			1.00		
Long Term Care Hospital PPS					
80.00	Is this a Long Term Care Hospital (LTCH)? Enter "Y" for yes or "N" for no.		N		80.00
TEFRA Providers					
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(i)? Enter "Y" for yes and "N" for no.		N		86.00
			V	XIX	
			1.00	2.00	
Title V or XIX Inpatient Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.		N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.		N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.		N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.		N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.		N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00	0.00	97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?		N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)		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	
			1.00	2.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.		N	N	109.00
			1.00	2.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2.		N		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1		118.00
119.00	What is the liability limit for the malpractice insurance policy? Enter in column 1 the monetary limit per lawsuit. Enter in column 2 the monetary limit per policy year.		250,000	5,000,000	119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 as amended by the Medicaid Extender Act (MMEA) §108? Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with <= 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121? Enter in column 2 "Y" for yes or "N" for no.		N		120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 5/22/2012 1:15 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/18/2012	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/18/2012		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150086

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

Worksheet S-2
Part II
Date/Time Prepared:
5/22/2012 1:15 pm

		Part A			
		Description	Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00 N	2.00	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		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
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.		N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N		31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N		35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?		N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150086

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

Worksheet S-2
Part II
Date/Time Prepared:
5/22/2012 1:15 pm

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	04/18/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150086

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
	Line Number		Avai lable		
	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	70	25,550	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)		70	25,550	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	0.00	8.00
9.00 CORONARY CARE UNIT					9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		78	28,470	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		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					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE	116.00	0	0		24.00
25.00 CMHC - CMHC					25.00
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		78			27.00
28.00 Observation Bed Days					28.00
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: 150086

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2012 1:15 pm

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	7,620	1,110	14,549		1.00
2.00 HMO		1,110	1,850			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	7,620	1,110	14,549		7.00
8.00 INTENSIVE CARE UNIT	0	1,196	0	2,106		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	988		13.00
14.00 Total (see instructions)	0	8,816	1,110	17,643		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	5,331	849	9,378		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		3,713	476	5,199		24.00
25.00 CMHC - CMHC						25.00
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		58	1,428		28.00
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)			84	136		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150086

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,843	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	638.04	0.00	0	1,843	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	19.78	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	4.98	0.00			24.00
25.00 CMHC - CMHC						25.00
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	662.80	0.00			27.00
28.00 Observation Bed Days						28.00
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: 150086

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2012 1:15 pm

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)	1,131	4,270		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)	1,131	4,270		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
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: 150086

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

Worksheet S-3
Part II
Date/Time Prepared:
5/22/2012 1:15 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
		1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	33,899,335	0	33,899,335	1,374,332.00	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	3.00
4.00	Physician-Part A		0	0	0	0.00	4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00	4.01
5.00	Physician-Part B		1,271,744	0	1,271,744	13,940.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,579,082	23,129	1,602,211	65,655.00	10.00
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		355,293	0	355,293	4,538.00	11.00
12.00	Management and administrative services		0	0	0	0.00	12.00
13.00	Contract labor: physician-Part A		175,000	0	175,000	790.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	14.00
15.00	Home office: physician Part A		0	0	0	0.00	15.00
16.00	Teaching physician salaries (see instructions)		0	0	0	0.00	16.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		10,609,092	0	10,609,092		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		82,768	0	82,768		18.00
19.00	Excluded areas		532,247	0	532,247		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A		0	0	0		22.00
23.00	Physician Part B		192,739	0	192,739		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		0	0	0		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	355,134	0	355,134	12,005.00	26.00
27.00	Administrative & General	5.00	3,841,095	0	3,841,095	168,500.00	27.00
28.00	Administrative & General under contract (see inst.)		91,759	0	91,759	342.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	29.00
30.00	Operation of Plant	7.00	1,025,437	28,151	1,053,588	43,195.00	30.00
31.00	Laundry & Linen Service	8.00	161,358	0	161,358	12,516.00	31.00
32.00	Housekeeping	9.00	770,984	0	770,984	65,985.00	32.00
33.00	Housekeeping under contract (see instructions)		84,162	0	84,162	2,080.00	33.00
34.00	Dietary	10.00	1,090,405	-733,802	356,603	17,166.00	34.00
35.00	Dietary under contract (see instructions)		43,333	0	43,333	1,373.00	35.00
36.00	Cafeteria	11.00	0	733,802	733,802	53,809.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	37.00
38.00	Nursing Administration	13.00	829,839	-16,427	813,412	21,713.00	38.00
39.00	Central Services and Supply	14.00	357,641	0	357,641	20,792.00	39.00
40.00	Pharmacy	15.00	1,474,439	5,712	1,480,151	42,188.00	40.00
41.00	Medical Records & Medical Records Library	16.00	848,979	0	848,979	43,558.00	41.00
42.00	Social Service	17.00	227,617	0	227,617	8,453.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part II Date/Time Prepared: 5/22/2012 1:15 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	24.67	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	91.23	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	24.40	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	78.29	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	221.52	13.00
14.00	Home office salaries & wage-related costs	0.00	14.00
15.00	Home office: physician Part A	0.00	15.00
16.00	Teaching physician salaries (see instructions)	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A		22.00
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FOHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	29.58	26.00
27.00	Administrative & General	22.80	27.00
28.00	Administrative & General under contract (see inst.)	268.30	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	24.39	30.00
31.00	Laundry & Linen Service	12.89	31.00
32.00	Housekeeping	11.68	32.00
33.00	Housekeeping under contract (see instructions)	40.46	33.00
34.00	Dietary	20.77	34.00
35.00	Dietary under contract (see instructions)	31.56	35.00
36.00	Cafeteria	13.64	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	37.46	38.00
39.00	Central Services and Supply	17.20	39.00
40.00	Pharmacy	35.08	40.00
41.00	Medical Records & Medical Records Library	19.49	41.00
42.00	Social Service	26.93	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150086

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

Worksheet S-3
Part III
Date/Time Prepared:
5/22/2012 1:15 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	32,846,845	0	32,846,845	1,364,187.00	1.00
2.00	Excluded area salaries (see instructions)	1,579,082	23,129	1,602,211	65,655.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	31,267,763	-23,129	31,244,634	1,298,532.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	530,293	0	530,293	5,328.00	4.00
5.00	Subtotal wage-related costs (see inst.)	10,691,860	0	10,691,860	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	42,489,916	-23,129	42,466,787	1,303,860.00	6.00
7.00	Total overhead cost (see instructions)	11,202,182	17,436	11,219,618	513,675.00	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 5/22/2012 1:15 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	24.08	1.00
2.00	Excluded area salaries (see instructions)	24.40	2.00
3.00	Subtotal salaries (line 1 minus line 2)	24.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	99.53	4.00
5.00	Subtotal wage-related costs (see inst.)	34.22	5.00
6.00	Total (sum of lines 3 thru 5)	32.57	6.00
7.00	Total overhead cost (see instructions)	21.84	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 5/22/2012 1:15 pm
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,227,211	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Qualified and Non-Qualified Pension Plan Cost	0	3.00
4.00	Prior Year Pension Service Cost	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	6,291,648	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	239,623	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	36,675	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)	123,348	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	170,950	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	1,800,627	17.00
18.00	Medicare Taxes - Employers Portion Only	429,641	18.00
19.00	Unemployment Insurance	39,710	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	249,659	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,609,092	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	807,754	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150086

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

Worksheet S-3
Part V
Date/Time Prepared:
5/22/2012 1:15 pm

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150086 Component CCN: 157055		Period: From 01/01/2011 To 12/31/2011		Worksheet S-4 Date/Time Prepared: 5/22/2012 1:15 pm	
				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	341.00	0.00	0.00	569.00	
		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		3.21	0.00	3.21	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	
5.00	Other Administrative Personnel			0.00	0.00	0.00	
6.00	Direct Nursing Service			9.67	0.00	9.67	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			1.73	0.00	1.73	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			0.43	0.00	0.43	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.09	0.00	0.09	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			0.29	0.00	0.29	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			1.31	0.00	1.31	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	PERSONAL CARE ATTENDANT			0.30	0.00	0.30	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			17140			
20.01				99915			
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,975	67	210	13	2,265	
22.00	Skilled Nursing Visit Charges	398,189	13,447	42,147	2,609	456,392	
23.00	Physical Therapy Visits	1,391	1	120	25	1,537	
24.00	Physical Therapy Visit Charges	308,350	220	26,430	5,506	340,506	
25.00	Occupational Therapy Visits	360	1	22	2	385	
26.00	Occupational Therapy Visit Charges	79,290	220	4,846	441	84,797	
27.00	Speech Pathology Visits	68	0	0	0	68	
28.00	Speech Pathology Visit Charges	14,977	0	0	0	14,977	
29.00	Medical Social Service Visits	26	1	4	0	31	
30.00	Medical Social Service Visit Charges	7,795	300	1,199	0	9,294	
31.00	Home Health Aide Visits	1,037	0	8	0	1,045	
32.00	Home Health Aide Visit Charges	160,250	0	1,372	0	161,622	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,857	70	364	40	5,331	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	968,851	14,187	75,994	8,556	1,067,588	
36.00	Total Number of Episodes (standard/non outlier)	345		129	5	479	
37.00	Total Number of Outlier Episodes		2		0	2	
38.00	Total Non-Routine Medical Supply Charges	21,368	878	3,140	0	25,386	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150086

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

Worksheet S-7
Date/Time Prepared:
5/22/2012 1:15 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	0	0	0 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	0	0	0 12.00
13.00		RUB	0	0	0 13.00
14.00		RUA	0	0	0 14.00
15.00		RVC	0	0	0 15.00
16.00		RVB	0	0	0 16.00
17.00		RVA	0	0	0 17.00
18.00		RHC	0	0	0 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	0	0	0 20.00
21.00		RMC	0	0	0 21.00
22.00		RMB	0	0	0 22.00
23.00		RMA	0	0	0 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	0	0	0 34.00
35.00		HB2	0	0	0 35.00
36.00		HB1	0	0	0 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	0	0	0 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	0	0	0 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	0	0	0 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	0	0	0 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150086

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

Worksheet S-7

Date/Time Prepared:
5/22/2012 1:15 pm

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

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150086
Component CCN: 151531

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/22/2012 1:15 pm

		Unduplicated Days				All Other	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility		
		1.00	2.00	3.00	4.00		
PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	1.00
2.00	Routine Home Care	3,570	475	0	0	965	2.00
3.00	Inpatient Respite Care	0	0	0	0	0	3.00
4.00	General Inpatient Care	143	1	0	0	45	4.00
5.00	Total Hospice Days	3,713	476	0	0	1,010	5.00
Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	123	7	0	0	51	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)	30.19	68.00	0.00	0.00	19.80	8.00
9.00	Unduplicated Census Count	120	6	0	0	51	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150086 Component CCN: 151531	Period: From 01/01/2011 To 12/31/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 5/22/2012 1:15 pm
		Hospice I		

		Unduplicated Days	
		Total (sum of cols. 1, 2 & 5)	
		6.00	
PART I - ENROLLMENT DAYS			
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	5,010	2.00
3.00	Inpatient Respite Care	0	3.00
4.00	General Inpatient Care	189	4.00
5.00	Total Hospice Days	5,199	5.00
Part II - CENSUS DATA			
6.00	Number of Patients Receiving Hospice Care	181	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)	28.72	8.00
9.00	Unduplicated Census Count	177	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10 Date/Time Prepared: 5/22/2012 1:15 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.391591		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		3,364,964		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		2,844,530		5.00
6.00	Medicaid charges		19,463,757		6.00
7.00	Medicaid cost (line 1 times line 6)		7,621,832		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		1,412,338		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,412,338		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	2,348,101	0	2,348,101	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	919,495	0	919,495	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)	919,495	0	919,495	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?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		9,591,432		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		377,877		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		9,213,555		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		3,607,945		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		4,527,440		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		5,939,778		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150086

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

Worksheet A
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT		3,693,595	3,693,595	71,903	3,765,498	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		2,871,749	2,871,749	28,440	2,900,189	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	355,134	11,275,537	11,630,671	0	11,630,671	4.00
5.01 NONPATIENT TELEPHONES	123,842	210,841	334,683	0	334,683	5.01
5.02 DATA PROCESSING	641,993	540,404	1,182,397	0	1,182,397	5.02
5.03 PURCHASING, RECEIVING AND STORES	247,092	6,386	253,478	-36	253,442	5.03
5.04 ADMINITTING	711,183	77,651	788,834	0	788,834	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	812,153	435,324	1,247,477	0	1,247,477	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	1,304,832	3,741,056	5,045,888	-95,021	4,950,867	5.06
7.00 OPERATION OF PLANT	1,025,437	2,128,827	3,154,264	-18,658	3,135,606	7.00
8.00 LAUNDRY & LINEN SERVICE	161,358	121,129	282,487	0	282,487	8.00
9.00 HOUSEKEEPING	770,984	257,848	1,028,832	9,512	1,038,344	9.00
10.00 DIETARY	1,090,405	914,533	2,004,938	-1,444,760	560,178	10.00
11.00 CAFETERIA	0	0	0	1,444,760	1,444,760	11.00
13.00 NURSING ADMINISTRATION	829,839	42,881	872,720	-16,713	856,007	13.00
14.00 CENTRAL SERVICE & SUPPLY	357,641	603,691	961,332	-518,829	442,503	14.00
15.00 PHARMACY	1,474,439	100,247	1,574,686	-6,574	1,568,112	15.00
16.00 MEDICAL RECORDS & LIBRARY	848,979	158,457	1,007,436	-14,163	993,273	16.00
17.00 SOCIAL SERVICE	227,617	3,149	230,766	0	230,766	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,102,422	1,015,584	7,118,006	-698,783	6,419,223	30.00
31.00 INTENSIVE CARE UNIT	1,326,902	78,156	1,405,058	0	1,405,058	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	439,812	439,812	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,832,830	2,318,954	4,151,784	-1,817,024	2,334,760	50.00
51.00 RECOVERY ROOM	834,893	24,399	859,292	-7,675	851,617	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	237,712	237,712	52.00
53.00 ANESTHESIOLOGY	0	961,107	961,107	-41,096	920,011	53.00
54.00 RADIOLOGY-DIAGNOSTIC	2,680,814	1,423,122	4,103,936	-211,190	3,892,746	54.00
54.01 ULTRASOUND	216,019	34,915	250,934	-3,420	247,514	54.01
55.00 RADIOLOGY-THERAPEUTIC	399,404	447,086	846,490	-292,975	553,515	55.00
57.00 CT SCAN	0	268,037	268,037	0	268,037	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	248,702	248,702	-3,552	245,150	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	2,249,302	2,801,539	5,050,841	13,016	5,063,857	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	838,857	136,406	975,263	-69,988	905,275	65.00
66.00 PHYSICAL THERAPY	926,360	29,325	955,685	-3,298	952,387	66.00
67.00 OCCUPATIONAL THERAPY	208,187	17,505	225,692	-6,277	219,415	67.00
68.00 SPEECH PATHOLOGY	170,071	4,012	174,083	539	174,622	68.00
69.00 ELECTROCARDIOLOGY	458,936	817,264	1,276,200	1,666	1,277,866	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,706	2,706	3,028,725	3,031,431	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	1,370,192	1,370,192	0	1,370,192	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	3,531,074	3,531,074	0	3,531,074	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	3,092,328	364,085	3,456,413	-4,921	3,451,492	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	1,109,535	153,934	1,263,469	-362	1,263,107	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE		0	0	0	0	113.00
116.00 HOSPICE	298,472	282,456	580,928	-53,123	527,805	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	33,728,260	43,513,865	77,242,125	-52,353	77,189,772	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	83,705	5,317	89,022	0	89,022	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	105,341	105,341	52,582	157,923	192.00
192.01 PHYSICIAN CLINIC	84,674	34,631	119,305	-229	119,076	192.01
192.02 LI FELINE	0	69,054	69,054	0	69,054	192.02
192.03 CREDIT UNION	2,696	142,351	145,047	0	145,047	192.03
192.04 BREAST MRI STUDY	0	0	0	0	0	192.04
194.00 COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
200.00 TOTAL (SUM OF LINES 118-199)	33,899,335	43,870,559	77,769,894	0	77,769,894	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150086

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

Worksheet A
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	NEW CAP REL COSTS-BLDG & FIXT	-562,000	3,203,498	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-10,579	2,889,610	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	0	11,630,671	4.00
5.01	NONPATIENT TELEPHONES	-15,935	318,748	5.01
5.02	DATA PROCESSING	0	1,182,397	5.02
5.03	PURCHASING, RECEIVING AND STORES	0	253,442	5.03
5.04	ADMINISTRATIVE	0	788,834	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	1,247,477	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-2,976,541	1,974,326	5.06
7.00	OPERATION OF PLANT	-90,152	3,045,454	7.00
8.00	LAUNDRY & LINEN SERVICE	0	282,487	8.00
9.00	HOUSEKEEPING	0	1,038,344	9.00
10.00	DIETARY	-1,773	558,405	10.00
11.00	CAFETERIA	-356,838	1,087,922	11.00
13.00	NURSING ADMINISTRATION	0	856,007	13.00
14.00	CENTRAL SERVICE & SUPPLY	0	442,503	14.00
15.00	PHARMACY	-7	1,568,105	15.00
16.00	MEDICAL RECORDS & LIBRARY	-15,072	978,201	16.00
17.00	SOCIAL SERVICE	0	230,766	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-339,115	6,080,108	30.00
31.00	INTENSIVE CARE UNIT	0	1,405,058	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	439,812	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-28,056	2,306,704	50.00
51.00	RECOVERY ROOM	0	851,617	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	237,712	52.00
53.00	ANESTHESIOLOGY	-897,896	22,115	53.00
54.00	RADIOLOGY-DIAGNOSTIC	-169,183	3,723,563	54.00
54.01	ULTRASOUND	0	247,514	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	553,515	55.00
57.00	CT SCAN	-4,050	263,987	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	245,150	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-93,075	4,970,782	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	-15,174	890,101	65.00
66.00	PHYSICAL THERAPY	0	952,387	66.00
67.00	OCCUPATIONAL THERAPY	0	219,415	67.00
68.00	SPEECH PATHOLOGY	0	174,622	68.00
69.00	ELECTROCARDIOLOGY	-330,915	946,951	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,031,431	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,370,192	72.00
73.00	DRUGS CHARGED TO PATIENTS	-996,365	2,534,709	73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	EMERGENCY	-1,271,744	2,179,748	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY	0	1,263,107	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	0	0	113.00
116.00	HOSPICE	-5,039	522,766	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-8,179,509	69,010,263	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	89,022	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	157,923	192.00
192.01	PHYSICIAN CLINIC	0	119,076	192.01
192.02	LIFELINE	0	69,054	192.02
192.03	CREDIT UNION	0	145,047	192.03
192.04	BREAST MRI STUDY	0	0	192.04
194.00	COMMUNITY MENTAL HEALTH	0	0	194.00
200.00	TOTAL (SUM OF LINES 118-199)	-8,179,509	69,590,385	200.00

RECLASSIFICATIONS

Provider CCN: 150086

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

Worksheet A-6

Date/Time Prepared:
5/22/2012 1:15 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	733,802	710,958	1.00
	TOTALS		733,802	710,958	
B - NURSERY					
1.00	NURSERY	43.00	439,812	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	237,712	0	2.00
	TOTALS		677,524	0	
C - RADIOLOGY COSTS					
1.00	OPERATION OF PLANT	7.00	34,853	0	1.00
2.00	PHARMACY	15.00	5,712	0	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	1,586	0	3.00
4.00	LABORATORY	60.00	14,691	0	4.00
5.00	RESPIRATORY THERAPY	65.00	4,339	0	5.00
6.00	PHYSICAL THERAPY	66.00	4,395	0	6.00
7.00	OCCUPATIONAL THERAPY	67.00	969	0	7.00
8.00	SPEECH PATHOLOGY	68.00	593	0	8.00
9.00	ELECTROCARDIOLOGY	69.00	2,572	0	9.00
	TOTALS		69,710	0	
D - UTILIZATION REVIEW COST					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	14,163	1.00
	TOTALS		0	14,163	
E - SECURITY GUARD					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	6,702	36,279	1.00
	TOTALS		6,702	36,279	
F - MED SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,028,725	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
	TOTALS		0	3,028,725	
G - POB HOUSEKEEPING					
1.00	HOUSEKEEPING	9.00	0	9,600	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	778	2.00
	TOTALS		0	10,378	
H - NURSING ADMIN					
1.00	HOME HEALTH AGENCY	101.00	13,122	0	1.00
2.00	HOSPICE	116.00	3,305	0	2.00
	TOTALS		16,427	0	
I - INSURANCE					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	100,343	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,823	2.00
	TOTALS		0	109,166	
500.00	Grand Total: Increases		1,504,165	3,909,669	500.00

RECLASSIFICATIONS

Provider CCN: 150086

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

Worksheet A-6

Date/Time Prepared:
5/22/2012 1:15 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	733,802	710,958	0		1.00
	TOTALS		733,802	710,958			
B - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	677,524	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		677,524	0			
C - RADIOLOGY COSTS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	69,710	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		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	TOTALS		69,710	0			
D - UTILIZATION REVIEW COST							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	14,163	0		1.00
	TOTALS		0	14,163			
E - SECURITY GUARD							
1.00	OPERATION OF PLANT	7.00	6,702	36,279	0		1.00
	TOTALS		6,702	36,279			
F - MED SUPPLY RECLASS							
1.00		5.03		36	0		1.00
2.00		5.06		18	0		2.00
3.00		7.00		152	0		3.00
4.00		9.00		88	0		4.00
5.00		13.00		286	0		5.00
6.00		14.00		518,829	0		6.00
7.00		15.00		12,286	0		7.00
8.00		30.00		21,259	0		8.00
9.00		50.00		1,817,024	0		9.00
10.00		51.00		7,675	0		10.00
11.00		53.00		41,096	0		11.00
12.00		54.00		141,480	0		12.00
13.00		54.01		3,420	0		13.00
14.00		55.00		294,561	0		14.00
15.00		58.00		3,552	0		15.00
16.00		60.00		1,675	0		16.00
17.00		65.00		74,327	0		17.00
18.00		66.00		7,693	0		18.00
19.00		67.00		7,246	0		19.00
20.00		68.00		54	0		20.00
21.00		69.00		906	0		21.00
22.00		91.00		4,921	0		22.00
23.00		101.00		13,484	0		23.00
24.00		116.00		56,428	0		24.00
25.00		192.01		229	0		25.00
	TOTALS		0	3,028,725			
G - POB HOUSEKEEPING							
1.00	OPERATION OF PLANT	7.00	0	10,378	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	10,378			
H - NURSING ADMIN							
1.00	NURSING ADMINISTRATION	13.00	16,427	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		16,427	0			
I - INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	109,166	12		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	109,166			
500.00	Grand Total: Decreases		1,504,165	3,909,669			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150086

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/22/2012 1:15 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	75,208	0	0	0	1.00
2.00	Land Improvements	1,485,272	0	0	0	2.00
3.00	Buildings and Fixtures	51,743,531	329,320	0	329,320	3.00
4.00	Building Improvements	8,596,422	423,684	0	423,684	4.00
5.00	Fixed Equipment	14,319,342	45,704	0	45,704	5.00
6.00	Movable Equipment	28,731,678	2,723,761	0	2,723,761	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	104,951,453	3,522,469	0	3,522,469	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	104,951,453	3,522,469	0	3,522,469	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,201,224	96,181	396,190	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,472,640	399,109	0	0	2.00
3.00	Total (sum of lines 1-2)	5,673,864	495,290	396,190	0	3.00
Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL	Insurance	
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)		
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	77,018,483	0	77,018,483	0.716571	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	30,463,583	0	30,463,583	0.283429	2.00
3.00	Total (sum of lines 1-2)	107,482,066	0	107,482,066	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150086

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/22/2012 1:15 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	75,208	0			1.00	
2.00	Land Improvements	1,485,272	0			2.00	
3.00	Buildings and Fixtures	52,072,851	0			3.00	
4.00	Building Improvements	9,020,106	0			4.00	
5.00	Fixed Equipment	14,365,046	0			5.00	
6.00	Movable Equipment	30,463,583	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	107,482,066	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	107,482,066	0			10.00	
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,693,595			1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	2,871,749			2.00	
3.00	Total (sum of lines 1-2)	0	6,565,344			3.00	
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	71,903	3,032,514	96,181	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	28,440	2,462,061	399,109	2.00
3.00	Total (sum of lines 1-2)	0	0	100,343	5,494,575	495,290	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150086

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description		SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
		11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS								
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,900	71,903	0	0	3,203,498	1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	28,440	0	0	2,889,610	2.00	
3.00	Total (sum of lines 1-2)	2,900	100,343	0	0	6,093,108	3.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 150086

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

Worksheet A-8

Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-13,148	OTHER ADMINISTRATIVE AND GENERAL	5.06 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	-15,935	NONPATIENT TELEPHONES	5.01 7.00
8.00 Television and radio service (chapter 21)	A	-10,579	NEW CAP REL COSTS-MVBLE EQUIP	2.00 8.00
9.00 Parking lot (chapter 21)		0		0.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-3,134,523		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-356,838	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients	B	-996,365	DRUGS CHARGED TO PATIENTS	73.00 17.00
18.00 Sale of medical records and abstracts	B	-15,072	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)			*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant		0		0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		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	A	0		0.00 32.00
33.00 REV - FITNESS CENTER	B	-19,534	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.00
34.00 MISCELLANEOUS INCOME	B	-1,523	OTHER ADMINISTRATIVE AND GENERAL	5.06 34.00
35.00 HEALTH SERV/WIC MANAGMNT FEE	B	-1,999	OTHER ADMINISTRATIVE AND GENERAL	5.06 35.00
36.00 DIET - NUTRITION COUNSELING	B	-1,773	DIETARY	10.00 36.00
37.00 REV - COMMUNITY EDUCATION PROGRAM	B	-10,759	ADULTS & PEDIATRICS	30.00 37.00
38.00 CLINIC INCOME	B	-3,926	ADULTS & PEDIATRICS	30.00 38.00
39.00 ADVERTISING	A	-179,208	OTHER ADMINISTRATIVE AND GENERAL	5.06 39.00
40.00 AHA & IHA DUES	A	-6,882	OTHER ADMINISTRATIVE AND GENERAL	5.06 40.00
41.00 MISC. OFFSET	A	-76,030	OTHER ADMINISTRATIVE AND GENERAL	5.06 41.00
42.00 ADVERTISING STAFF	A	-84,940	OTHER ADMINISTRATIVE AND GENERAL	5.06 42.00
43.00 NON ALLOWABLE REPAIRS	A	-60,809	OPERATION OF PLANT	7.00 43.00
44.00 PHYSICIAN RECRUITMENT	A	-2,593,277	OTHER ADMINISTRATIVE AND GENERAL	5.06 44.00

Provider CCN: 150086
 Period: From 01/01/2011 To 12/31/2011
 Worksheet A-8
 Date/Time Prepared: 5/22/2012 1:15 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center			Line #
			1.00	2.00		3.00
45.00 MENTAL HEALTH UTILITIES	A	-29,343	OPERATION OF PLANT	7.00	45.00	
45.01 MENTAL HEALTH PHAMACY	A	-7	PHARMACY	15.00	45.01	
45.02 LUDLOW HILL CLINIC	A	-18,301	NEW CAP REL COSTS-BLDG & FI XT	1.00	45.02	
45.03 LUDLOW HILL PROFESSIONAL BUILDING	A	-73,195	NEW CAP REL COSTS-BLDG & FI XT	1.00	45.03	
45.04 LEASED BUILDING MILAN	A	-1,210	NEW CAP REL COSTS-BLDG & FI XT	1.00	45.04	
45.05 WILSON CREEK	A	-76,004	NEW CAP REL COSTS-BLDG & FI XT	1.00	45.05	
45.06 NON ALLOWABLE INTEREST	A	-393,290	NEW CAP REL COSTS-BLDG & FI XT	1.00	45.06	
45.07 MISC. NONALLOWABLE	A	-5,039	HOSPICE	116.00	45.07	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,179,509			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 150086

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

Worksheet A-8

Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	9	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	REV - FITNESS CENTER	0	33.00
34.00	MISCELLANEOUS INCOME	0	34.00
35.00	HEALTH SERV/WIC MANAGMNT FEE	0	35.00
36.00	DIET - NUTRITION COUNSELING	0	36.00
37.00	REV - COMMUNITY EDUCATION PROGRAM	0	37.00
38.00	CLINIC INCOME	0	38.00
39.00	ADVERTISING	0	39.00
40.00	AHA & IHA DUES	0	40.00
41.00	MISC. OFFSET	0	41.00
42.00	ADVERTISING STAFF	0	42.00
43.00	NON ALLOWABLE REPAIRS	0	43.00
44.00	PHYSICIAN RECRUITMENT	0	44.00
45.00	MENTAL HEALTH UTILITIES	0	45.00
45.01	MENTAL HEALTH PHARMACY	0	45.01
45.02	LUDLOW HILL CLINIC	9	45.02
45.03	LUDLOW HILL PROFESSIONAL BUILDING	9	45.03
45.04	LEASED BUILDING MILAN	9	45.04
45.05	WILSON CREEK	9	45.05
45.06	NON ALLOWABLE INTEREST	11	45.06
45.07	MISC. NONALLOWABLE	0	45.07
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150086

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

Worksheet A-8-2

Date/Time Prepared:
5/22/2012 1:15 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	324,430	324,430	1.00
2.00	50.00	OPERATING ROOM	28,056	28,056	2.00
3.00	53.00	ANESTHESIOLOGY	897,896	897,896	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	169,183	169,183	4.00
5.00	57.00	CT SCAN	4,050	4,050	5.00
6.00	60.00	LABORATORY	175,000	0	6.00
7.00	65.00	RESPIRATORY THERAPY	15,174	15,174	7.00
8.00	69.00	ELECTROCARDIOLOGY	330,915	330,915	8.00
9.00	91.00	EMERGENCY	1,271,744	1,271,744	9.00
10.00	0.00		0	0	10.00
200.00			3,216,448	3,041,448	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150086

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

Worksheet A-8-2

Date/Time Prepared:
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	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	175,000	215,700	790	81,925	4,096	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	175,000		790	81,925	4,096	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150086

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

Worksheet A-8-2

Date/Time Prepared:
5/22/2012 1:15 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	0	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	81,925	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	81,925	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150086

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

Worksheet A-8-2

Date/Time Prepared:
5/22/2012 1:15 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	324,430	1.00
2.00	0	28,056	2.00
3.00	0	897,896	3.00
4.00	0	169,183	4.00
5.00	0	4,050	5.00
6.00	93,075	93,075	6.00
7.00	0	15,174	7.00
8.00	0	330,915	8.00
9.00	0	1,271,744	9.00
10.00	0	0	10.00
200.00	93,075	3,134,523	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	3,203,498	3,203,498				1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	2,889,610		2,889,610			2.00
4.00 EMPLOYEE BENEFITS	11,630,671	17,859	16,306	11,664,836		4.00
5.01 NONPATIENT TELEPHONES	318,748	3,368	3,075	43,065	368,256	5.01
5.02 DATA PROCESSING	1,182,397	20,252	18,491	223,250	18,296	5.02
5.03 PURCHASING, RECEIVING AND STORES	253,442	70,806	64,647	85,925	4,671	5.03
5.04 ADMINISTRATION	788,834	38,278	34,949	247,310	10,900	5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	1,247,477	38,311	34,979	282,422	17,517	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	1,974,326	116,617	106,474	453,749	14,014	5.06
7.00 OPERATION OF PLANT	3,045,454	1,121,448	1,023,910	366,380	27,639	7.00
8.00 LAUNDRY & LINEN SERVICE	282,487	17,638	16,104	56,111	389	8.00
9.00 HOUSEKEEPING	1,038,344	13,051	11,916	268,106	5,061	9.00
10.00 DIETARY	558,405	44,316	40,462	124,007	8,175	10.00
11.00 CAFETERIA	1,087,922	31,431	28,697	255,176	0	11.00
13.00 NURSING ADMINISTRATION	856,007	6,647	6,069	282,860	4,282	13.00
14.00 CENTRAL SERVICE & SUPPLY	442,503	61,909	56,525	124,368	3,893	14.00
15.00 PHARMACY	1,568,105	12,940	11,815	514,715	9,343	15.00
16.00 MEDICAL RECORDS & LIBRARY	978,201	53,257	48,625	295,228	32,699	16.00
17.00 SOCIAL SERVICE	230,766	6,459	5,897	79,153	3,503	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	6,080,108	601,123	548,840	1,886,490	46,713	30.00
31.00 INTENSIVE CARE UNIT	1,405,058	81,984	74,854	461,424	6,618	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	439,812	4,432	4,046	152,942	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,306,704	245,444	224,096	637,357	26,471	50.00
51.00 RECOVERY ROOM	851,617	12,885	11,764	290,330	4,671	51.00
52.00 DELIVERY ROOM & LABOR ROOM	237,712	5,584	5,098	82,663	0	52.00
53.00 ANESTHESIOLOGY	22,115	177	162	0	779	53.00
54.00 RADIOLOGY-DIAGNOSTIC	3,723,563	127,752	116,640	907,998	24,524	54.00
54.01 ULTRASOUND	247,514	6,869	6,272	75,120	779	54.01
55.00 RADIOLOGY-THERAPEUTIC	553,515	12,796	11,683	139,442	2,725	55.00
57.00 CT SCAN	263,987	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	245,150	8,896	8,123	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	4,970,782	74,451	67,975	787,292	18,685	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	890,101	12,896	11,774	293,217	2,725	65.00
66.00 PHYSICAL THERAPY	952,387	83,801	76,513	323,665	7,007	66.00
67.00 OCCUPATIONAL THERAPY	219,415	8,797	8,032	72,733	3,893	67.00
68.00 SPEECH PATHOLOGY	174,622	4,697	4,289	59,348	389	68.00
69.00 ELECTROCARDIOLOGY	946,951	52,747	48,159	160,487	12,846	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,031,431	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,370,192	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,534,709	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	2,179,748	107,289	97,957	1,075,342	10,900	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	1,263,107	34,179	31,206	390,398	2,336	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	522,766	3,490	3,186	104,941	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	69,010,263	3,164,876	2,889,610	11,603,014	332,443	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	89,022	27,033	0	29,108	1,946	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	157,923	0	0	2,331	25,692	192.00
192.01 PHYSICIAN CLINIC	119,076	0	0	29,445	4,282	192.01
192.02 LIFELINE	69,054	0	0	0	0	192.02
192.03 CREDIT UNION	145,047	11,589	0	938	3,893	192.03
192.04 BREAST MRI STUDY	0	0	0	0	0	192.04
194.00 COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation (col. 7))	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
202.00 TOTAL (sum lines 118-201)	69,590,385	3,203,498	2,889,610	11,664,836	368,256	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

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Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING	1,462,686					5.02
5.03	PURCHASING, RECEIVING AND STORES	18,977	498,468				5.03
5.04	ADMINISTRATIVE	52,552	3,300	1,176,123			5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	83,207	1,318	0	1,705,231		5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	77,368	1,436	0	0	2,743,984	5.06
7.00	OPERATION OF PLANT	29,195	7,688	0	0	5,621,714	7.00
8.00	LAUNDRY & LINEN SERVICE	0	4,736	0	0	377,465	8.00
9.00	HOUSEKEEPING	8,759	6,288	0	0	1,351,525	9.00
10.00	DIETARY	45,253	7,953	0	0	828,571	10.00
11.00	CAFETERIA	0	0	0	0	1,403,226	11.00
13.00	NURSING ADMINISTRATION	21,896	588	0	0	1,178,349	13.00
14.00	CENTRAL SERVICE & SUPPLY	29,195	35,799	0	0	754,192	14.00
15.00	PHARMACY	45,253	4,016	0	0	2,166,187	15.00
16.00	MEDICAL RECORDS & LIBRARY	78,827	1,566	0	0	1,488,403	16.00
17.00	SOCIAL SERVICE	11,678	147	0	0	337,603	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	319,690	16,656	932,475	127,910	10,560,005	30.00
31.00	INTENSIVE CARE UNIT	40,873	2,263	112,886	26,395	2,212,355	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	130,762	6,141	738,135	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	65,689	127,716	0	175,017	3,808,494	50.00
51.00	RECOVERY ROOM	0	1,375	0	23,592	1,196,234	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	19,924	350,981	52.00
53.00	ANESTHESIOLOGY	0	3,187	0	12,393	38,813	53.00
54.00	RADIOLOGY-DIAGNOSTIC	97,804	43,389	0	180,186	5,221,856	54.00
54.01	ULTRASOUND	0	1,067	0	34,657	372,278	54.01
55.00	RADIOLOGY-THERAPEUTIC	21,896	28,357	0	59,345	829,759	55.00
57.00	CT SCAN	0	6	0	161,519	425,512	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,721	0	93,823	358,713	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	108,023	87,761	0	296,063	6,411,032	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	46,713	4,054	0	68,631	1,330,111	65.00
66.00	PHYSICAL THERAPY	32,115	1,300	0	42,317	1,519,105	66.00
67.00	OCCUPATIONAL THERAPY	0	698	0	5,319	318,887	67.00
68.00	SPEECH PATHOLOGY	0	100	0	3,514	246,959	68.00
69.00	ELECTROCARDIOLOGY	0	2,068	0	74,039	1,297,297	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	172	0	54,725	3,086,328	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	87,280	0	15,254	1,472,726	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	109,972	2,644,681	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	55,471	4,645	0	89,891	3,621,243	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	24,816	3,115	0	14,453	1,763,610	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	4,031	0	10,151	648,565	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,315,250	496,796	1,176,123	1,705,231	68,724,898	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	339	0	0	147,448	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	128,459	583	0	0	314,988	192.00
192.01	PHYSICIAN CLINIC	18,977	265	0	0	172,045	192.01
192.02	LIFELINE	0	10	0	0	69,064	192.02
192.03	CREDIT UNION	0	475	0	0	161,942	192.03
192.04	BREAST MRI STUDY	0	0	0	0	0	192.04
194.00	COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,462,686	498,468	1,176,123	1,705,231	69,590,385	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	2,743,984					5.06
7.00	OPERATION OF PLANT	230,766	5,852,480				7.00
8.00	LAUNDRY & LINEN SERVICE	15,495	58,104	451,064			8.00
9.00	HOUSEKEEPING	55,479	42,994	55,644	1,505,642		9.00
10.00	DIETARY	34,012	145,989	16,858	38,218	1,063,648	10.00
11.00	CAFETERIA	57,601	103,543	0	27,106	0	11.00
13.00	NURSING ADMINISTRATION	48,370	21,898	0	5,733	0	13.00
14.00	CENTRAL SERVICE & SUPPLY	30,959	203,947	5,674	53,391	0	14.00
15.00	PHARMACY	88,920	42,629	0	11,160	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	61,097	175,442	0	45,929	0	16.00
17.00	SOCIAL SERVICE	13,858	21,278	0	5,570	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	433,482	1,980,267	162,507	518,411	817,171	30.00
31.00	INTENSIVE CARE UNIT	90,815	270,080	25,655	70,704	78,705	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	30,300	14,599	0	3,822	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	156,335	808,560	30,763	211,671	0	50.00
51.00	RECOVERY ROOM	49,104	42,446	16,183	11,112	1,345	51.00
52.00	DELIVERY ROOM & LABOR ROOM	14,407	18,395	0	4,815	0	52.00
53.00	ANESTHESIOLOGY	1,593	584	0	153	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	214,352	420,850	21,544	110,173	0	54.00
54.01	ULTRASOUND	15,282	22,628	7,127	5,924	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	34,061	42,154	3,918	11,035	0	55.00
57.00	CT SCAN	17,467	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	14,725	29,307	0	7,672	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	263,166	245,262	34	64,206	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	54,600	42,483	5,149	11,121	0	65.00
66.00	PHYSICAL THERAPY	62,358	276,065	9,165	72,271	0	66.00
67.00	OCCUPATIONAL THERAPY	13,090	28,979	454	7,586	0	67.00
68.00	SPEECH PATHOLOGY	10,137	15,475	0	4,051	0	68.00
69.00	ELECTROCARDIOLOGY	53,253	173,763	1,858	45,489	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	126,691	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	60,454	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	108,562	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	148,648	353,439	80,228	92,526	13,482	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	72,394	112,594	0	29,476	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	26,623	11,497	0	3,010	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,708,456	5,725,251	442,761	1,472,335	910,703	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,053	89,053	0	23,313	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	12,930	0	807	0	0	192.00
192.01	PHYSICIAN CLINIC	7,062	0	0	0	0	192.01
192.02	LIFELINE	2,835	0	0	0	0	192.02
192.03	CREDIT UNION	6,648	38,176	0	9,994	0	192.03
192.04	BREAST MRI STUDY	0	0	0	0	0	192.04
194.00	COMMUNITY MENTAL HEALTH	0	0	7,496	0	152,945	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,743,984	5,852,480	451,064	1,505,642	1,063,648	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMINITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	1,591,476					11.00
13.00 NURSING ADMINISTRATION	36,378	1,290,728				13.00
14.00 CENTRAL SERVICE & SUPPLY	34,749	54,390	1,137,302			14.00
15.00 PHARMACY	70,918	0	0	2,379,814		15.00
16.00 MEDICAL RECORDS & LIBRARY	72,973	0	0	0	1,843,844	16.00
17.00 SOCIAL SERVICE	14,127	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	382,397	598,538	0	0	140,338	30.00
31.00 INTENSIVE CARE UNIT	77,030	120,569	0	0	28,960	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	25,221	39,476	0	0	6,738	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	108,001	169,046	0	0	192,023	50.00
51.00 RECOVERY ROOM	45,084	70,566	0	0	25,885	51.00
52.00 DELIVERY ROOM & LABOR ROOM	13,632	21,338	0	0	21,860	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	13,598	53.00
54.00 RADIOLOGY-DIAGNOSTIC	172,697	0	0	0	197,694	54.00
54.01 ULTRASOUND	10,910	0	0	0	38,024	54.01
55.00 RADIOLOGY-THERAPEUTIC	19,672	0	0	0	65,112	55.00
57.00 CT SCAN	0	0	0	0	177,214	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	102,940	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	182,409	0	0	0	324,743	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	53,884	0	0	0	75,300	65.00
66.00 PHYSICAL THERAPY	54,566	0	0	0	46,429	66.00
67.00 OCCUPATIONAL THERAPY	12,063	0	0	0	5,836	67.00
68.00 SPEECH PATHOLOGY	7,333	0	0	0	3,855	68.00
69.00 ELECTROCARDIOLOGY	31,928	0	0	0	81,233	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,343	0	1,137,302	0	60,043	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	16,736	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	2,379,814	120,657	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	138,513	216,805	0	0	98,626	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,567,828	1,290,728	1,137,302	2,379,814	1,843,844	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,467	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	401	0	0	0	0	192.00
192.01 PHYSICIAN CLINIC	9,780	0	0	0	0	192.01
192.02 LIFELINE	0	0	0	0	0	192.02
192.03 CREDIT UNION	0	0	0	0	0	192.03
192.04 BREAST MRI STUDY	0	0	0	0	0	192.04
194.00 COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,591,476	1,290,728	1,137,302	2,379,814	1,843,844	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

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Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING, RECEIVING AND STORES					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICE & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE	392,436				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	376,633	15,969,749	0	15,969,749	30.00
31.00 INTENSIVE CARE UNIT	9,411	2,984,284	0	2,984,284	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	42.00
43.00 NURSERY	0	858,291	0	858,291	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	5,484,893	0	5,484,893	50.00
51.00 RECOVERY ROOM	2,308	1,460,267	0	1,460,267	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	445,428	0	445,428	52.00
53.00 ANESTHESIOLOGY	0	54,741	0	54,741	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	6,359,166	0	6,359,166	54.00
54.01 ULTRASOUND	0	472,173	0	472,173	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	1,005,711	0	1,005,711	55.00
57.00 CT SCAN	0	620,193	0	620,193	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	513,357	0	513,357	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 LABORATORY	0	7,490,852	0	7,490,852	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	1,572,648	0	1,572,648	65.00
66.00 PHYSICAL THERAPY	0	2,039,959	0	2,039,959	66.00
67.00 OCCUPATIONAL THERAPY	0	386,895	0	386,895	67.00
68.00 SPEECH PATHOLOGY	0	287,810	0	287,810	68.00
69.00 ELECTROCARDIOLOGY	0	1,684,821	0	1,684,821	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,413,707	0	4,413,707	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	1,549,916	0	1,549,916	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	5,253,714	0	5,253,714	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00 EMERGENCY	4,084	4,767,594	0	4,767,594	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00 HOME HEALTH AGENCY	0	1,978,074	0	1,978,074	101.00
SPECIAL PURPOSE COST CENTERS					
113.00 INTEREST EXPENSE					113.00
116.00 HOSPICE	0	689,695	0	689,695	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	392,436	68,343,938	0	68,343,938	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	279,334	0	279,334	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	329,126	0	329,126	192.00
192.01 PHYSICIAN CLINIC	0	188,887	0	188,887	192.01
192.02 LI FELINE	0	71,899	0	71,899	192.02
192.03 CREDIT UNION	0	216,760	0	216,760	192.03
192.04 BREAST MRI STUDY	0	0	0	0	192.04
194.00 COMMUNITY MENTAL HEALTH	0	160,441	0	160,441	194.00
200.00 Cross Foot Adjustments		0		0	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	392,436	69,590,385	0	69,590,385	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150086

Period:
From 01/01/2011
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	17,859	16,306	34,165	34,165 4.00
5.01	NONPATIENT TELEPHONES	0	3,368	3,075	6,443	126 5.01
5.02	DATA PROCESSING	0	20,252	18,491	38,743	654 5.02
5.03	PURCHASING, RECEIVING AND STORES	0	70,806	64,647	135,453	252 5.03
5.04	ADMINISTRATIVE	0	38,278	34,949	73,227	725 5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	0	38,311	34,979	73,290	828 5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	0	116,617	106,474	223,091	1,330 5.06
7.00	OPERATION OF PLANT	0	1,121,448	1,023,910	2,145,358	1,074 7.00
8.00	LAUNDRY & LINEN SERVICE	0	17,638	16,104	33,742	164 8.00
9.00	HOUSEKEEPING	0	13,051	11,916	24,967	786 9.00
10.00	DIETARY	0	44,316	40,462	84,778	363 10.00
11.00	CAFETERIA	0	31,431	28,697	60,128	748 11.00
13.00	NURSING ADMINISTRATION	0	6,647	6,069	12,716	829 13.00
14.00	CENTRAL SERVICE & SUPPLY	0	61,909	56,525	118,434	364 14.00
15.00	PHARMACY	0	12,940	11,815	24,755	1,508 15.00
16.00	MEDICAL RECORDS & LIBRARY	0	53,257	48,625	101,882	865 16.00
17.00	SOCIAL SERVICE	0	6,459	5,897	12,356	232 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	601,123	548,840	1,149,963	5,511 30.00
31.00	INTENSIVE CARE UNIT	0	81,984	74,854	156,838	1,352 31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	SUBPROVIDER	0	0	0	0	0 42.00
43.00	NURSERY	0	4,432	4,046	8,478	448 43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	245,444	224,096	469,540	1,868 50.00
51.00	RECOVERY ROOM	0	12,885	11,764	24,649	851 51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	5,584	5,098	10,682	242 52.00
53.00	ANESTHESIOLOGY	0	177	162	339	0 53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	127,752	116,640	244,392	2,661 54.00
54.01	ULTRASOUND	0	6,869	6,272	13,141	220 54.01
55.00	RADIOLOGY-THERAPEUTIC	0	12,796	11,683	24,479	409 55.00
57.00	CT SCAN	0	0	0	0	0 57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	8,896	8,123	17,019	0 58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	LABORATORY	0	74,451	67,975	142,426	2,307 60.00
60.01	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	RESPIRATORY THERAPY	0	12,896	11,774	24,670	859 65.00
66.00	PHYSICAL THERAPY	0	83,801	76,513	160,314	948 66.00
67.00	OCCUPATIONAL THERAPY	0	8,797	8,032	16,829	213 67.00
68.00	SPEECH PATHOLOGY	0	4,697	4,289	8,986	174 68.00
69.00	ELECTROCARDIOLOGY	0	52,747	48,159	100,906	470 69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00	EMERGENCY	0	107,289	97,957	205,246	3,151 91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	HOME HEALTH AGENCY	0	34,179	31,206	65,385	1,144 101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	0	3,490	3,186	6,676	308 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,164,876	2,889,610	6,054,486	33,984 118.00
NONREIMBURSABLE COST CENTERS						
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	27,033	0	27,033	85 190.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	7 192.00
192.01	PHYSICIAN CLINIC	0	0	0	0	86 192.01
192.02	LIFELINE	0	0	0	0	0 192.02
192.03	CREDIT UNION	0	11,589	0	11,589	3 192.03
192.04	BREAST MRI STUDY	0	0	0	0	0 192.04
194.00	COMMUNITY MENTAL HEALTH	0	0	0	0	0 194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	3,203,498	2,889,610	6,093,108	34,165 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150086

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

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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	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES	6,569					5.01
5.02 DATA PROCESSING	326	39,723				5.02
5.03 PURCHASING, RECEIVING AND STORES	83	515	136,303			5.03
5.04 ADMINISTRATIVE	194	1,427	902	76,475		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	312	2,260	360	0	77,050	5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	250	2,101	393	0	0	5.06
7.00 OPERATION OF PLANT	493	793	2,102	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	7	0	1,295	0	0	8.00
9.00 HOUSEKEEPING	90	238	1,720	0	0	9.00
10.00 DIETARY	146	1,229	2,175	0	0	10.00
11.00 CAFETERIA	0	0	0	0	0	11.00
13.00 NURSING ADMINISTRATION	76	595	161	0	0	13.00
14.00 CENTRAL SERVICE & SUPPLY	69	793	9,789	0	0	14.00
15.00 PHARMACY	167	1,229	1,098	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	583	2,141	428	0	0	16.00
17.00 SOCIAL SERVICE	62	317	40	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	838	8,681	4,555	60,632	5,773	30.00
31.00 INTENSIVE CARE UNIT	118	1,110	619	7,340	1,191	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	0	0	8,503	277	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	472	1,784	34,924	0	7,900	50.00
51.00 RECOVERY ROOM	83	0	376	0	1,065	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	899	52.00
53.00 ANESTHESIOLOGY	14	0	871	0	559	53.00
54.00 RADIOLOGY-DIAGNOSTIC	437	2,656	11,864	0	8,133	54.00
54.01 ULTRASOUND	14	0	292	0	1,564	54.01
55.00 RADIOLOGY-THERAPEUTIC	49	595	7,754	0	2,679	55.00
57.00 CT SCAN	0	0	2	0	7,290	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	744	0	4,235	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	333	2,934	23,998	0	13,447	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	49	1,269	1,108	0	3,098	65.00
66.00 PHYSICAL THERAPY	125	872	356	0	1,910	66.00
67.00 OCCUPATIONAL THERAPY	69	0	191	0	240	67.00
68.00 SPEECH PATHOLOGY	7	0	27	0	159	68.00
69.00 ELECTROCARDIOLOGY	229	0	565	0	3,342	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	47	0	2,470	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	23,866	0	688	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	4,964	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	194	1,506	1,270	0	4,057	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	42	674	852	0	652	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	0	1,102	0	458	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	5,931	35,719	135,846	76,475	77,050	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	35	0	93	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	458	3,489	159	0	0	192.00
192.01 PHYSICIAN CLINIC	76	515	72	0	0	192.01
192.02 LIFELINE	0	0	3	0	0	192.02
192.03 CREDIT UNION	69	0	130	0	0	192.03
192.04 BREAST MRI STUDY	0	0	0	0	0	192.04
194.00 COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	6,569	39,723	136,303	76,475	77,050	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150086

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From 01/01/2011
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.01	NONPATIENT TELEPHONES						5.01
5.02	DATA PROCESSING						5.02
5.03	PURCHASING, RECEIVING AND STORES						5.03
5.04	ADMINISTRATIVE						5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	227,165					5.06
7.00	OPERATION OF PLANT	19,103	2,168,923				7.00
8.00	LAUNDRY & LINEN SERVICE	1,283	21,533	58,024			8.00
9.00	HOUSEKEEPING	4,592	15,933	7,158	55,484		9.00
10.00	DIETARY	2,815	54,103	2,169	1,408	149,186	10.00
11.00	CAFETERIA	4,768	38,373	0	999	0	11.00
13.00	NURSING ADMINISTRATION	4,004	8,116	0	211	0	13.00
14.00	CENTRAL SERVICE & SUPPLY	2,563	75,582	730	1,967	0	14.00
15.00	PHARMACY	7,361	15,798	0	411	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	5,058	65,019	0	1,693	0	16.00
17.00	SOCIAL SERVICE	1,147	7,886	0	205	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	35,901	733,886	20,906	19,106	114,615	30.00
31.00	INTENSIVE CARE UNIT	7,518	100,091	3,300	2,605	11,039	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	2,508	5,410	0	141	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	12,941	299,652	3,957	7,800	0	50.00
51.00	RECOVERY ROOM	4,065	15,731	2,082	409	189	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,193	6,817	0	177	0	52.00
53.00	ANESTHESIOLOGY	132	216	0	6	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	17,744	155,966	2,771	4,060	0	54.00
54.01	ULTRASOUND	1,265	8,386	917	218	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	2,820	15,622	504	407	0	55.00
57.00	CT SCAN	1,446	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	1,219	10,861	0	283	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	21,785	90,894	4	2,366	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	4,520	15,744	662	410	0	65.00
66.00	PHYSICAL THERAPY	5,162	102,309	1,179	2,663	0	66.00
67.00	OCCUPATIONAL THERAPY	1,084	10,740	58	280	0	67.00
68.00	SPEECH PATHOLOGY	839	5,735	0	149	0	68.00
69.00	ELECTROCARDIOLOGY	4,408	64,397	239	1,676	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,487	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	5,004	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	8,987	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	12,305	130,984	10,320	3,410	1,891	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	5,993	41,727	0	1,086	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	2,204	4,261	0	111	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	224,224	2,121,772	56,956	54,257	127,734	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	501	33,003	0	859	0	190.00
192.00	PHYSICIANS' PRIVATE OFFICES	1,070	0	104	0	0	192.00
192.01	PHYSICIAN CLINIC	585	0	0	0	0	192.01
192.02	LIFELINE	235	0	0	0	0	192.02
192.03	CREDIT UNION	550	14,148	0	368	0	192.03
192.04	BREAST MRI STUDY	0	0	0	0	0	192.04
194.00	COMMUNITY MENTAL HEALTH	0	0	964	0	21,452	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	227,165	2,168,923	58,024	55,484	149,186	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150086

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

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Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA	105,016					11.00
13.00 NURSING ADMINISTRATION	2,400	29,108				13.00
14.00 CENTRAL SERVICE & SUPPLY	2,293	1,227	213,811			14.00
15.00 PHARMACY	4,680	0	0	57,007		15.00
16.00 MEDICAL RECORDS & LIBRARY	4,815	0	0	0	182,484	16.00
17.00 SOCIAL SERVICE	932	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	25,231	13,499	0	0	13,889	30.00
31.00 INTENSIVE CARE UNIT	5,083	2,719	0	0	2,866	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	1,664	890	0	0	667	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	7,127	3,812	0	0	19,004	50.00
51.00 RECOVERY ROOM	2,975	1,591	0	0	2,562	51.00
52.00 DELIVERY ROOM & LABOR ROOM	900	481	0	0	2,163	52.00
53.00 ANESTHESIOLOGY	0	0	0	0	1,346	53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,396	0	0	0	19,566	54.00
54.01 ULTRASOUND	720	0	0	0	3,763	54.01
55.00 RADIOLOGY-THERAPEUTIC	1,298	0	0	0	6,444	55.00
57.00 CT SCAN	0	0	0	0	17,539	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	10,188	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	12,037	0	0	0	32,140	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	3,556	0	0	0	7,452	65.00
66.00 PHYSICAL THERAPY	3,601	0	0	0	4,595	66.00
67.00 OCCUPATIONAL THERAPY	796	0	0	0	578	67.00
68.00 SPEECH PATHOLOGY	484	0	0	0	382	68.00
69.00 ELECTROCARDIOLOGY	2,107	0	0	0	8,040	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	221	0	213,811	221	5,942	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	1,656	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	57,007	11,941	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	9,140	4,889	0	0	9,761	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	103,456	29,108	213,811	57,007	182,484	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	889	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	26	0	0	0	0	192.00
192.01 PHYSICIAN CLINIC	645	0	0	0	0	192.01
192.02 LIFELINE	0	0	0	0	0	192.02
192.03 CREDIT UNION	0	0	0	0	0	192.03
192.04 BREAST MRI STUDY	0	0	0	0	0	192.04
194.00 COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	105,016	29,108	213,811	57,007	182,484	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150086

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.01 NONPATIENT TELEPHONES					5.01
5.02 DATA PROCESSING					5.02
5.03 PURCHASING, RECEIVING AND STORES					5.03
5.04 ADMITTING					5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
11.00 CAFETERIA					11.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICE & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE	23,177				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	22,244	2,235,230	0	2,235,230	30.00
31.00 INTENSIVE CARE UNIT	556	304,345	0	304,345	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	42.00
43.00 NURSERY	0	28,986	0	28,986	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	870,781	0	870,781	50.00
51.00 RECOVERY ROOM	136	56,764	0	56,764	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	23,554	0	23,554	52.00
53.00 ANESTHESIOLOGY	0	3,483	0	3,483	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	481,646	0	481,646	54.00
54.01 ULTRASOUND	0	30,500	0	30,500	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	63,060	0	63,060	55.00
57.00 CT SCAN	0	26,277	0	26,277	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	44,549	0	44,549	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 LABORATORY	0	344,671	0	344,671	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	63,397	0	63,397	65.00
66.00 PHYSICAL THERAPY	0	284,034	0	284,034	66.00
67.00 OCCUPATIONAL THERAPY	0	31,078	0	31,078	67.00
68.00 SPEECH PATHOLOGY	0	16,942	0	16,942	68.00
69.00 ELECTROCARDIOLOGY	0	186,379	0	186,379	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	232,978	0	232,978	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	31,214	0	31,214	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	82,899	0	82,899	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00 EMERGENCY	241	398,365	0	398,365	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS					
101.00 HOME HEALTH AGENCY	0	117,555	0	117,555	101.00
SPECIAL PURPOSE COST CENTERS					
113.00 INTEREST EXPENSE					113.00
116.00 HOSPICE	0	15,120	0	15,120	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	23,177	5,973,807	0	5,973,807	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	62,498	0	62,498	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	5,313	0	5,313	192.00
192.01 PHYSICIAN CLINIC	0	1,979	0	1,979	192.01
192.02 LI FELINE	0	238	0	238	192.02
192.03 CREDIT UNION	0	26,857	0	26,857	192.03
192.04 BREAST MRI STUDY	0	0	0	0	192.04
194.00 COMMUNITY MENTAL HEALTH	0	22,416	0	22,416	194.00
200.00 Cross Foot Adjustments		0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	23,177	6,093,108	0	6,093,108	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	289,151					1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP		285,665				2.00
4.00 EMPLOYEE BENEFITS	1,612	1,612	33,544,201			4.00
5.01 NONPATIENT TELEPHONES	304	304	123,842	946		5.01
5.02 DATA PROCESSING	1,828	1,828	641,993	47	1,002	5.02
5.03 PURCHASING, RECEIVING AND STORES	6,391	6,391	247,092	12		5.03
5.04 ADMITTING	3,455	3,455	711,183	28		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	3,458	3,458	812,153	45		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	10,526	10,526	1,304,832	36		5.06
7.00 OPERATION OF PLANT	101,223	101,223	1,053,588	71		7.00
8.00 LAUNDRY & LINEN SERVICE	1,592	1,592	161,358	1		8.00
9.00 HOUSEKEEPING	1,178	1,178	770,984	13		9.00
10.00 DIETARY	4,000	4,000	356,603	21		10.00
11.00 CAFETERIA	2,837	2,837	733,802	0		11.00
13.00 NURSING ADMINISTRATION	600	600	813,412	11		13.00
14.00 CENTRAL SERVICE & SUPPLY	5,588	5,588	357,641	10		14.00
15.00 PHARMACY	1,168	1,168	1,480,151	24		15.00
16.00 MEDICAL RECORDS & LIBRARY	4,807	4,807	848,979	84		16.00
17.00 SOCIAL SERVICE	583	583	227,617	9		17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	54,258	54,258	5,424,898	120	219	30.00
31.00 INTENSIVE CARE UNIT	7,400	7,400	1,326,902	17	28	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	400	400	439,812	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	22,154	22,154	1,832,830	68	45	50.00
51.00 RECOVERY ROOM	1,163	1,163	834,893	12	0	51.00
52.00 DELIVERY ROOM & LABOR ROOM	504	504	237,712	0	0	52.00
53.00 ANESTHESIOLOGY	16	16	0	2	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,531	11,531	2,611,104	63	67	54.00
54.01 ULTRASOUND	620	620	216,019	2	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	1,155	1,155	400,990	7	15	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	803	803	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	6,720	6,720	2,263,993	48	74	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	1,164	1,164	843,196	7	32	65.00
66.00 PHYSICAL THERAPY	7,564	7,564	930,755	18	22	66.00
67.00 OCCUPATIONAL THERAPY	794	794	209,156	10	0	67.00
68.00 SPEECH PATHOLOGY	424	424	170,664	1	0	68.00
69.00 ELECTROCARDIOLOGY	4,761	4,761	461,508	33	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	9,684	9,684	3,092,328	28	38	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	3,085	3,085	1,122,657	6	17	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	315	315	301,777	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	285,665	285,665	33,366,424	854	901	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,440	0	83,705	5	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	6,702	66	88	192.00
192.01 PHYSICIAN CLINIC	0	0	84,674	11	13	192.01
192.02 LIFELINE	0	0	0	0	0	192.02
192.03 CREDIT UNION	1,046	0	2,696	10	0	192.03
192.04 BREAST MRI STUDY	0	0	0	0	0	192.04
194.00 COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,203,498	2,889,610	11,664,836	368,256	1,462,686	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
203.00 Unit cost multiplier (Wkst. B, Part I)	11.078979	10.115380	0.347745	389.276956	1,459.766467	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			34,165	6,569	39,723	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001019	6.943975	39.643713	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description	PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINING (ADMINISTRATIVE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES	7,825,317					5.03
5.04 ADMINING	51,804	4,803				5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	20,694	0	183,684,553			5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	22,541	0	0	-2,743,984	66,846,401	5.06
7.00 OPERATION OF PLANT	120,694	0	0	0	5,621,714	7.00
8.00 LAUNDRY & LINEN SERVICE	74,344	0	0	0	377,465	8.00
9.00 HOUSEKEEPING	98,720	0	0	0	1,351,525	9.00
10.00 DIETARY	124,854	0	0	0	828,571	10.00
11.00 CAFETERIA	0	0	0	0	1,403,226	11.00
13.00 NURSING ADMINISTRATION	9,231	0	0	0	1,178,349	13.00
14.00 CENTRAL SERVICE & SUPPLY	562,010	0	0	0	754,192	14.00
15.00 PHARMACY	63,041	0	0	0	2,166,187	15.00
16.00 MEDICAL RECORDS & LIBRARY	24,591	0	0	0	1,488,403	16.00
17.00 SOCIAL SERVICE	2,309	0	0	0	337,603	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	261,486	3,808	13,778,918	0	10,560,005	30.00
31.00 INTENSIVE CARE UNIT	35,529	461	2,843,409	0	2,212,355	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	0	534	661,551	0	738,135	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	2,004,934	0	18,853,513	0	3,808,494	50.00
51.00 RECOVERY ROOM	21,585	0	2,541,440	0	1,196,234	51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	2,146,269	0	350,981	52.00
53.00 ANESTHESIOLOGY	50,028	0	1,335,066	0	38,813	53.00
54.00 RADIOLOGY-DIAGNOSTIC	681,149	0	19,410,267	0	5,221,856	54.00
54.01 ULTRASOUND	16,743	0	3,733,376	0	372,278	54.01
55.00 RADIOLOGY-THERAPEUTIC	445,179	0	6,392,907	0	829,759	55.00
57.00 CT SCAN	90	0	17,399,478	0	425,512	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	42,720	0	10,106,989	0	358,713	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	1,377,746	0	31,883,566	0	6,411,032	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	63,636	0	7,393,182	0	1,330,111	65.00
66.00 PHYSICAL THERAPY	20,416	0	4,558,540	0	1,519,105	66.00
67.00 OCCUPATIONAL THERAPY	10,958	0	573,003	0	318,887	67.00
68.00 SPEECH PATHOLOGY	1,571	0	378,528	0	246,959	68.00
69.00 ELECTROCARDIOLOGY	32,459	0	7,975,725	0	1,297,297	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,706	0	5,895,199	0	3,086,328	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	1,370,192	0	1,643,196	0	1,472,726	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	11,846,560	0	2,644,681	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	72,915	0	9,683,434	0	3,621,243	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	48,907	0	1,556,895	0	1,763,610	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	63,277	0	1,093,542	0	648,565	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,799,059	4,803	183,684,553	-2,743,984	65,980,914	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,317	0	0	0	147,448	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	9,155	0	0	0	314,988	192.00
192.01 PHYSICIAN CLINIC	4,161	0	0	0	172,045	192.01
192.02 LIFELINE	162	0	0	0	69,064	192.02
192.03 CREDIT UNION	7,463	0	0	0	161,942	192.03
192.04 BREAST MRI STUDY	0	0	0	0	0	192.04
194.00 COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	498,468	1,176,123	1,705,231	0	2,743,984	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.063699	244.872580	0.009283	0	0.041049	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description	PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (ADMINISTRATIONS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
	5.03	5.04	5.05	5A.06	5.06	
204.00 Cost to be allocated (per Wkst. B, Part II)	136,303	76,475	77,050		227,165	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.017418	15.922340	0.000419		0.003398	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
	7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT	160,354					7.00
8.00 LAUNDRY & LINEN SERVICE	1,592	854,648				8.00
9.00 HOUSEKEEPING	1,178	105,430	157,584			9.00
10.00 DIETARY	4,000	31,942	4,000	61,693		10.00
11.00 CAFETERIA	2,837	0	2,837	0	952,267	11.00
13.00 NURSING ADMINISTRATION	600	0	600	0	21,767	13.00
14.00 CENTRAL SERVICE & SUPPLY	5,588	10,750	5,588	0	20,792	14.00
15.00 PHARMACY	1,168	0	1,168	0	42,434	15.00
16.00 MEDICAL RECORDS & LIBRARY	4,807	0	4,807	0	43,664	16.00
17.00 SOCIAL SERVICE	583	0	583	0	8,453	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	54,258	307,908	54,258	47,397	228,809	30.00
31.00 INTENSIVE CARE UNIT	7,400	48,609	7,400	4,565	46,091	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	400	0	400	0	15,091	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	22,154	58,288	22,154	0	64,623	50.00
51.00 RECOVERY ROOM	1,163	30,663	1,163	78	26,976	51.00
52.00 DELIVERY ROOM & LABOR ROOM	504	0	504	0	8,157	52.00
53.00 ANESTHESIOLOGY	16	0	16	0	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	11,531	40,821	11,531	0	103,334	54.00
54.01 ULTRASOUND	620	13,504	620	0	6,528	54.01
55.00 RADIOLOGY-THERAPEUTIC	1,155	7,424	1,155	0	11,771	55.00
57.00 CT SCAN	0	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	803	0	803	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	6,720	65	6,720	0	109,145	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	1,164	9,756	1,164	0	32,242	65.00
66.00 PHYSICAL THERAPY	7,564	17,366	7,564	0	32,650	66.00
67.00 OCCUPATIONAL THERAPY	794	860	794	0	7,218	67.00
68.00 SPEECH PATHOLOGY	424	0	424	0	4,388	68.00
69.00 ELECTROCARDIOLOGY	4,761	3,520	4,761	0	19,104	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	9,684	152,010	9,684	782	82,880	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	3,085	0	3,085	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	315	0	315	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	156,868	838,916	154,098	52,822	938,117	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,440	0	2,440	0	8,058	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	1,529	0	0	240	192.00
192.01 PHYSICIAN CLINIC	0	0	0	0	5,852	192.01
192.02 LI FELINE	0	0	0	0	0	192.02
192.03 CREDIT UNION	1,046	0	1,046	0	0	192.03
192.04 BREAST MRI STUDY	0	0	0	0	0	192.04
194.00 COMMUNITY MENTAL HEALTH	0	14,203	0	8,871	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	5,852,480	451,064	1,505,642	1,063,648	1,591,476	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	36.497250	0.527778	9.554536	17.240984	1.671250	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	2,168,923	58,024	55,484	149,186	105,016	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
	7.00	8.00	9.00	10.00	11.00	
205.00 Unit cost multiplier (Wkst. B, Part II)	13.525843	0.067892	0.352092	2.418200	0.110280	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	(GROSS HOURS)					
	13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.01 NONPATIENT TELEPHONES						5.01
5.02 DATA PROCESSING						5.02
5.03 PURCHASING, RECEIVING AND STORES						5.03
5.04 ADMITTING						5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
11.00 CAFETERIA						11.00
13.00 NURSING ADMINISTRATION	493,419					13.00
14.00 CENTRAL SERVICE & SUPPLY	20,792	100				14.00
15.00 PHARMACY	0	0	100			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	181,034,116		16.00
17.00 SOCIAL SERVICE	0	0	0	0	2,210	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	228,809	0	0	13,778,918	2,121	30.00
31.00 INTENSIVE CARE UNIT	46,091	0	0	2,843,409	53	31.00
41.00 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 SUBPROVIDER	0	0	0	0	0	42.00
43.00 NURSERY	15,091	0	0	661,551	0	43.00
44.00 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	64,623	0	0	18,853,513	0	50.00
51.00 RECOVERY ROOM	26,976	0	0	2,541,440	13	51.00
52.00 DELIVERY ROOM & LABOR ROOM	8,157	0	0	2,146,269	0	52.00
53.00 ANESTHESIOLOGY	0	0	0	1,335,066	0	53.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	19,410,267	0	54.00
54.01 ULTRASOUND	0	0	0	3,733,376	0	54.01
55.00 RADIOLOGY-THERAPEUTIC	0	0	0	6,392,907	0	55.00
57.00 CT SCAN	0	0	0	17,399,478	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	10,106,989	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 LABORATORY	0	0	0	31,883,566	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	7,393,182	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	4,558,540	0	66.00
67.00 OCCUPATIONAL THERAPY	0	0	0	573,003	0	67.00
68.00 SPEECH PATHOLOGY	0	0	0	378,528	0	68.00
69.00 ELECTROCARDIOLOGY	0	0	0	7,975,725	0	69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	100	0	5,895,199	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,643,196	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	100	11,846,560	0	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 EMERGENCY	82,880	0	0	9,683,434	23	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	493,419	100	100	181,034,116	2,210	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 PHYSICIAN CLINIC	0	0	0	0	0	192.01
192.02 LI FELINE	0	0	0	0	0	192.02
192.03 CREDIT UNION	0	0	0	0	0	192.03
192.04 BREAST MRI STUDY	0	0	0	0	0	192.04
194.00 COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,290,728	1,137,302	2,379,814	1,843,844	392,436	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	2.615886	11,373.020000	23,798.140000	0.010185	177.572851	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description	NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	13.00	14.00	15.00	16.00	17.00	
204.00 Cost to be allocated (per Wkst. B, Part II)	29,108	213,811	57,007	182,484	23,177	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.058992	2,138.110000	570.070000	0.001008	10.487330	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2012 1:15 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		15,969,749	0	15,969,749	30.00	
31.00	INTENSIVE CARE UNIT		2,984,284	0	2,984,284	31.00	
41.00	SUBPROVIDER - IRF		0	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		858,291	0	858,291	43.00	
44.00	SKILLED NURSING FACILITY		0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		5,484,893	0	5,484,893	50.00	
51.00	RECOVERY ROOM		1,460,267	0	1,460,267	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		445,428	0	445,428	52.00	
53.00	ANESTHESIOLOGY		54,741	0	54,741	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		6,359,166	0	6,359,166	54.00	
54.01	ULTRASOUND		472,173	0	472,173	54.01	
55.00	RADIOLOGY-THERAPEUTIC		1,005,711	0	1,005,711	55.00	
57.00	CT SCAN		620,193	0	620,193	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		513,357	0	513,357	58.00	
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	LABORATORY		7,490,852	93,075	7,583,927	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
65.00	RESPIRATORY THERAPY	0	1,572,648	0	1,572,648	65.00	
66.00	PHYSICAL THERAPY	0	2,039,959	0	2,039,959	66.00	
67.00	OCCUPATIONAL THERAPY	0	386,895	0	386,895	67.00	
68.00	SPEECH PATHOLOGY	0	287,810	0	287,810	68.00	
69.00	ELECTROCARDIOLOGY		1,684,821	0	1,684,821	69.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,413,707	0	4,413,707	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		1,549,916	0	1,549,916	72.00	
73.00	DRUGS CHARGED TO PATIENTS		5,253,714	0	5,253,714	73.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
91.00	EMERGENCY		4,767,594	0	4,767,594	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,427,357	0	1,427,357	92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY		1,978,074	0	1,978,074	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE					113.00	
116.00	HOSPICE		689,695		689,695	116.00	
200.00	Subtotal (see instructions)	0	69,771,295	93,075	69,864,370	200.00	
201.00	Less Observation Beds		1,427,357		1,427,357	201.00	
202.00	Total (see instructions)	0	68,343,938	93,075	68,437,013	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2012 1:15 pm

		Title XVII			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			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	12,278,901		12,278,901		30.00
31.00	INTENSIVE CARE UNIT	2,826,486		2,826,486		31.00
41.00	SUBPROVIDER - IRF	0		0		41.00
42.00	SUBPROVIDER	0		0		42.00
43.00	NURSERY	661,551		661,551		43.00
44.00	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	4,620,849	14,176,414	18,797,263	0.291792	50.00
51.00	RECOVERY ROOM	448,213	2,092,007	2,540,220	0.574858	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,955,888	106,860	2,062,748	0.215939	52.00
53.00	ANESTHESIOLOGY	458,396	876,669	1,335,065	0.041002	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,055,098	15,860,851	18,915,949	0.336180	54.00
54.01	ULTRASOUND	659,054	3,074,323	3,733,377	0.126473	54.01
55.00	RADIOLOGY-THERAPEUTIC	3,092,716	3,245,804	6,338,520	0.158667	55.00
57.00	CT SCAN	3,492,575	13,906,903	17,399,478	0.035644	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	988,786	9,082,772	10,071,558	0.050971	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	LABORATORY	9,815,955	22,067,611	31,883,566	0.234944	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	60.01
65.00	RESPIRATORY THERAPY	6,230,027	1,082,708	7,312,735	0.215056	65.00
66.00	PHYSICAL THERAPY	1,457,510	3,101,030	4,558,540	0.447503	66.00
67.00	OCCUPATIONAL THERAPY	261,626	311,377	573,003	0.675206	67.00
68.00	SPEECH PATHOLOGY	130,084	248,444	378,528	0.760340	68.00
69.00	ELECTROCARDIOLOGY	2,079,060	3,732,678	5,811,738	0.289900	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,339,128	1,556,071	5,895,199	0.748695	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,297,520	515,088	1,812,608	0.855075	72.00
73.00	DRUGS CHARGED TO PATIENTS	8,230,309	3,616,250	11,846,559	0.443480	73.00
OUTPATIENT SERVICE COST CENTERS						
88.00	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00	EMERGENCY	1,502,689	5,801,956	7,304,645	0.652680	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	137,783	1,047,408	1,185,191	1.204327	92.00
OTHER REIMBURSABLE COST CENTERS						
101.00	HOME HEALTH AGENCY	0	1,556,895	1,556,895		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE	0	1,093,542	1,093,542		116.00
200.00	Subtotal (see instructions)	70,020,204	108,153,661	178,173,865		200.00
201.00	Less Observation Beds					201.00
202.00	Total (see instructions)	70,020,204	108,153,661	178,173,865		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 5/22/2012 1:15 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS			30.00
31.00	INTENSIVE CARE UNIT			31.00
41.00	SUBPROVIDER - IRF			41.00
42.00	SUBPROVIDER			42.00
43.00	NURSERY			43.00
44.00	SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	0.291792		50.00
51.00	RECOVERY ROOM	0.574858		51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.215939		52.00
53.00	ANESTHESIOLOGY	0.041002		53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.336180		54.00
54.01	ULTRASOUND	0.126473		54.01
55.00	RADIOLOGY-THERAPEUTIC	0.158667		55.00
57.00	CT SCAN	0.035644		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.050971		58.00
59.00	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	LABORATORY	0.237863		60.00
60.01	BLOOD LABORATORY	0.000000		60.01
65.00	RESPIRATORY THERAPY	0.215056		65.00
66.00	PHYSICAL THERAPY	0.447503		66.00
67.00	OCCUPATIONAL THERAPY	0.675206		67.00
68.00	SPEECH PATHOLOGY	0.760340		68.00
69.00	ELECTROCARDIOLOGY	0.289900		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.748695		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.855075		72.00
73.00	DRUGS CHARGED TO PATIENTS	0.443480		73.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	EMERGENCY	0.652680		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.204327		92.00
OTHER REIMBURSABLE COST CENTERS				
101.00	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE			113.00
116.00	HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2012 1:15 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS		15,969,749	0	0	30.00	
31.00	INTENSIVE CARE UNIT		2,984,284	0	0	31.00	
41.00	SUBPROVIDER - IRF		0	0	0	41.00	
42.00	SUBPROVIDER		0	0	0	42.00	
43.00	NURSERY		858,291	0	0	43.00	
44.00	SKILLED NURSING FACILITY		0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM		5,484,893	0	0	50.00	
51.00	RECOVERY ROOM		1,460,267	0	0	51.00	
52.00	DELIVERY ROOM & LABOR ROOM		445,428	0	0	52.00	
53.00	ANESTHESIOLOGY		54,741	0	0	53.00	
54.00	RADIOLOGY-DIAGNOSTIC		6,359,166	0	0	54.00	
54.01	ULTRASOUND		472,173	0	0	54.01	
55.00	RADIOLOGY-THERAPEUTIC		1,005,711	0	0	55.00	
57.00	CT SCAN		620,193	0	0	57.00	
58.00	MAGNETIC RESONANCE IMAGING (MRI)		513,357	0	0	58.00	
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	LABORATORY		7,490,852	0	0	60.00	
60.01	BLOOD LABORATORY		0	0	0	60.01	
65.00	RESPIRATORY THERAPY	0	1,572,648	0	0	65.00	
66.00	PHYSICAL THERAPY	0	2,039,959	0	0	66.00	
67.00	OCCUPATIONAL THERAPY	0	386,895	0	0	67.00	
68.00	SPEECH PATHOLOGY	0	287,810	0	0	68.00	
69.00	ELECTROCARDIOLOGY		1,684,821	0	0	69.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,413,707	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT		1,549,916	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS		5,253,714	0	0	73.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
91.00	EMERGENCY		4,767,594	0	0	91.00	
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,427,357	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY		1,978,074	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE					113.00	
116.00	HOSPICE		689,695	0	0	116.00	
200.00	Subtotal (see instructions)	0	69,771,295	0	0	200.00	
201.00	Less Observation Beds		1,427,357	0	0	201.00	
202.00	Total (see instructions)	0	68,343,938	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2012 1:15 pm

		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
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	12,278,901		12,278,901			30.00
31.00	INTENSIVE CARE UNIT	2,826,486		2,826,486			31.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	661,551		661,551			43.00
44.00	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	4,620,849	14,176,414	18,797,263	0.291792	0.000000	50.00
51.00	RECOVERY ROOM	448,213	2,092,007	2,540,220	0.574858	0.000000	51.00
52.00	DELIVERY ROOM & LABOR ROOM	1,955,888	106,860	2,062,748	0.215939	0.000000	52.00
53.00	ANESTHESIOLOGY	458,396	876,669	1,335,065	0.041002	0.000000	53.00
54.00	RADIOLOGY-DIAGNOSTIC	3,055,098	15,860,851	18,915,949	0.336180	0.000000	54.00
54.01	ULTRASOUND	659,054	3,074,323	3,733,377	0.126473	0.000000	54.01
55.00	RADIOLOGY-THERAPEUTIC	3,092,716	3,245,804	6,338,520	0.158667	0.000000	55.00
57.00	CT SCAN	3,492,575	13,906,903	17,399,478	0.035644	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	988,786	9,082,772	10,071,558	0.050971	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	9,815,955	22,067,611	31,883,566	0.234944	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	RESPIRATORY THERAPY	6,230,027	1,082,708	7,312,735	0.215056	0.000000	65.00
66.00	PHYSICAL THERAPY	1,457,510	3,101,030	4,558,540	0.447503	0.000000	66.00
67.00	OCCUPATIONAL THERAPY	261,626	311,377	573,003	0.675206	0.000000	67.00
68.00	SPEECH PATHOLOGY	130,084	248,444	378,528	0.760340	0.000000	68.00
69.00	ELECTROCARDIOLOGY	2,079,060	3,732,678	5,811,738	0.289900	0.000000	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,339,128	1,556,071	5,895,199	0.748695	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	1,297,520	515,088	1,812,608	0.855075	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	8,230,309	3,616,250	11,846,559	0.443480	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
91.00	EMERGENCY	1,502,689	5,801,956	7,304,645	0.652680	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	137,783	1,047,408	1,185,191	1.204327	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	HOME HEALTH AGENCY	0	1,556,895	1,556,895			101.00
SPECIAL PURPOSE COST CENTERS							
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	0	1,093,542	1,093,542			116.00
200.00	Subtotal (see instructions)	70,020,204	108,153,661	178,173,865			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	70,020,204	108,153,661	178,173,865			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS				30.00
31.00	INTENSIVE CARE UNIT				31.00
41.00	SUBPROVIDER - IRF				41.00
42.00	SUBPROVIDER				42.00
43.00	NURSERY				43.00
44.00	SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
51.00	RECOVERY ROOM	0.000000			51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	ANESTHESIOLOGY	0.000000			53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	ULTRASOUND	0.000000			54.01
55.00	RADIOLOGY-THERAPEUTIC	0.000000			55.00
57.00	CT SCAN	0.000000			57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	CARDIAC CATHETERIZATION	0.000000			59.00
60.00	LABORATORY	0.000000			60.00
60.01	BLOOD LABORATORY	0.000000			60.01
65.00	RESPIRATORY THERAPY	0.000000			65.00
66.00	PHYSICAL THERAPY	0.000000			66.00
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
68.00	SPEECH PATHOLOGY	0.000000			68.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000			88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
91.00	EMERGENCY	0.000000			91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
113.00	INTEREST EXPENSE				113.00
116.00	HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150086

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

Worksheet D
Part I
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,235,230	0	2,235,230	15,977	139.90	30.00
31.00	INTENSIVE CARE UNIT	304,345		304,345	2,106	144.51	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	28,986		28,986	988	29.34	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	2,568,561		2,568,561	19,071		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 5/22/2012 1:15 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)		
	6.00	7.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 ADULTS & PEDIATRICS	7,620	1,066,038		30.00
31.00 INTENSIVE CARE UNIT	1,196	172,834		31.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
44.00 SKILLED NURSING FACILITY	0	0		44.00
200.00 Total (lines 30-199)	8,816	1,238,872		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 5/22/2012 1:15 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	870,781	18,797,263	0.046325	13	1	50.00
51.00	RECOVERY ROOM	56,764	2,540,220	0.022346	184,358	4,120	51.00
52.00	DELIVERY ROOM & LABOR ROOM	23,554	2,062,748	0.011419	3,795	43	52.00
53.00	ANESTHESIOLOGY	3,483	1,335,065	0.002609	177,451	463	53.00
54.00	RADIOLOGY-DIAGNOSTIC	481,646	18,915,949	0.025462	2,228,825	56,750	54.00
54.01	ULTRASOUND	30,500	3,733,377	0.008170	275,362	2,250	54.01
55.00	RADIOLOGY-THERAPEUTIC	63,060	6,338,520	0.009949	1,095,919	10,903	55.00
57.00	CT SCAN	26,277	17,399,478	0.001510	2,107,562	3,182	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	44,549	10,071,558	0.004423	561,578	2,484	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	344,671	31,883,566	0.010810	5,792,435	62,616	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	63,397	7,312,735	0.008669	1,890,981	16,393	65.00
66.00	PHYSICAL THERAPY	284,034	4,558,540	0.062308	971,339	60,522	66.00
67.00	OCCUPATIONAL THERAPY	31,078	573,003	0.054237	167,227	9,070	67.00
68.00	SPEECH PATHOLOGY	16,942	378,528	0.044758	92,989	4,162	68.00
69.00	ELECTROCARDIOLOGY	186,379	5,811,738	0.032069	1,982,263	63,569	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	232,978	5,895,199	0.039520	3,913,914	154,678	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	31,214	1,812,608	0.017220	34,202	589	72.00
73.00	DRUGS CHARGED TO PATIENTS	82,899	11,846,559	0.006998	4,739,143	33,165	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	EMERGENCY	398,365	7,304,645	0.054536	783,695	42,740	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	199,783	1,185,191	0.168566	127,910	21,561	92.00
200.00	Total (Lines 50-199)	3,472,354	159,756,490		27,130,961	549,261	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150086		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 5/22/2012 1:15 pm	
Cost Center Description		Title XVIII		Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	SUBPROVIDER	0	0	0	0	0	42.00
43.00	NURSERY	0	0	0	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00	Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part III Date/Time Prepared: 5/22/2012 1:15 pm
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Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PPS
	6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	15,977	0.00	7,620	0	30.00
31.00 INTENSIVE CARE UNIT	2,106	0.00	1,196	0	31.00
41.00 SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00 SUBPROVIDER	0	0.00	0	0	42.00
43.00 NURSERY	988	0.00	0	0	43.00
44.00 SKILLED NURSING FACILITY	0	0.00	0	0	44.00
200.00 Total (lines 30-199)	19,071		8,816	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150086

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

Worksheet D
Part IV
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	0	0	0	0	50.00
51.00	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	ULTRASOUND	0	0	0	0	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	CT SCAN	0	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	LABORATORY	0	0	0	0	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	EMERGENCY	0	0	0	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/22/2012 1:15 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	18,797,263	0.000000	0.000000	13	50.00
51.00	RECOVERY ROOM	0	2,540,220	0.000000	0.000000	184,358	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	2,062,748	0.000000	0.000000	3,795	52.00
53.00	ANESTHESIOLOGY	0	1,335,065	0.000000	0.000000	177,451	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	18,915,949	0.000000	0.000000	2,228,825	54.00
54.01	ULTRASOUND	0	3,733,377	0.000000	0.000000	275,362	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	6,338,520	0.000000	0.000000	1,095,919	55.00
57.00	CT SCAN	0	17,399,478	0.000000	0.000000	2,107,562	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	10,071,558	0.000000	0.000000	561,578	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	31,883,566	0.000000	0.000000	5,792,435	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	RESPIRATORY THERAPY	0	7,312,735	0.000000	0.000000	1,890,981	65.00
66.00	PHYSICAL THERAPY	0	4,558,540	0.000000	0.000000	971,339	66.00
67.00	OCCUPATIONAL THERAPY	0	573,003	0.000000	0.000000	167,227	67.00
68.00	SPEECH PATHOLOGY	0	378,528	0.000000	0.000000	92,989	68.00
69.00	ELECTROCARDIOLOGY	0	5,811,738	0.000000	0.000000	1,982,263	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,895,199	0.000000	0.000000	3,913,914	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,812,608	0.000000	0.000000	34,202	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	11,846,559	0.000000	0.000000	4,739,143	73.00
OUTPATIENT SERVICE COST CENTERS							
88.00	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	EMERGENCY	0	7,304,645	0.000000	0.000000	783,695	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,185,191	0.000000	0.000000	127,910	92.00
200.00	Total (Lines 50-199)	0	159,756,490			27,130,961	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 5/22/2012 1:15 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0	0	0	50.00
51.00	RECOVERY ROOM	0	724,894	0	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	ANESTHESIOLOGY	0	134,947	0	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0	4,548,106	0	54.00
54.01	ULTRASOUND	0	531,334	0	54.01
55.00	RADIOLOGY-THERAPEUTIC	0	1,130,857	0	55.00
57.00	CT SCAN	0	4,107,283	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	2,343,575	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	LABORATORY	0	771,371	0	60.00
60.01	BLOOD LABORATORY	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	205,123	0	65.00
66.00	PHYSICAL THERAPY	0	106,307	0	66.00
67.00	OCCUPATIONAL THERAPY	0	3,531	0	67.00
68.00	SPEECH PATHOLOGY	0	402	0	68.00
69.00	ELECTROCARDIOLOGY	0	1,459,817	0	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	223,956	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	235,239	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,016,195	0	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00	EMERGENCY	0	1,260,292	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	681,515	0	92.00
200.00	Total (Lines 50-199)	0	19,484,744	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/22/2012 1:15 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0.291792	0	0	0		50.00
51.00 RECOVERY ROOM	0.574858	724,894	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0.215939	0	0	0		52.00
53.00 ANESTHESIOLOGY	0.041002	134,947	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	0.336180	4,548,106	0	0		54.00
54.01 ULTRASOUND	0.126473	531,334	0	0		54.01
55.00 RADIOLOGY-THERAPEUTIC	0.158667	1,130,857	0	0		55.00
57.00 CT SCAN	0.035644	4,107,283	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0.050971	2,343,575	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0.000000	0	0	0		59.00
60.00 LABORATORY	0.234944	771,371	-3,094	0		60.00
60.01 BLOOD LABORATORY	0.000000	0	0	0		60.01
65.00 RESPIRATORY THERAPY	0.215056	205,123	0	0		65.00
66.00 PHYSICAL THERAPY	0.447503	106,307	0	0		66.00
67.00 OCCUPATIONAL THERAPY	0.675206	3,531	0	0		67.00
68.00 SPEECH PATHOLOGY	0.760340	402	0	0		68.00
69.00 ELECTROCARDIOLOGY	0.289900	1,459,817	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.748695	223,956	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.855075	235,239	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.443480	1,016,195	0	2,111		73.00
OUTPATIENT SERVICE COST CENTERS						
88.00 RURAL HEALTH CLINIC	0.000000					88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
91.00 EMERGENCY	0.652680	1,260,292	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	1.204327	681,515	0	0		92.00
200.00 Subtotal (see instructions)		19,484,744	-3,094	2,111		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		19,484,744	-3,094	2,111		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 5/22/2012 1:15 pm
Title XVIII		Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	0	0		50.00
51.00 RECOVERY ROOM	416,711	0	0		51.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 ANESTHESIOLOGY	5,533	0	0		53.00
54.00 RADIOLOGY-DIAGNOSTIC	1,528,982	0	0		54.00
54.01 ULTRASOUND	67,199	0	0		54.01
55.00 RADIOLOGY-THERAPEUTIC	179,430	0	0		55.00
57.00 CT SCAN	146,400	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	119,454	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	181,229	-727	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
65.00 RESPIRATORY THERAPY	44,113	0	0		65.00
66.00 PHYSICAL THERAPY	47,573	0	0		66.00
67.00 OCCUPATIONAL THERAPY	2,384	0	0		67.00
68.00 SPEECH PATHOLOGY	306	0	0		68.00
69.00 ELECTROCARDIOLOGY	423,201	0	0		69.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	167,675	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	201,147	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	450,662	0	936		73.00
OUTPATIENT SERVICE COST CENTERS					
88.00 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00 EMERGENCY	822,567	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	820,767	0	0		92.00
200.00 Subtotal (see instructions)	5,625,333	-727	936		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	5,625,333	-727	936		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/22/2012 1:15 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		15,977	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,977	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		15,977	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,620	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		15,969,749	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		15,969,749	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		14,440,469	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		14,440,469	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.105902	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)		903.83	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		15,969,749	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		999.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,616,571	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)		7,616,571	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/22/2012 1:15 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,984,284	2,106	1,417.04	1,196	1,694,780		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,880,082		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					19,191,433		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)					1,238,872		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					549,261		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,788,133		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					17,403,300		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					1,428		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					999.55		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,427,357		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 5/22/2012 1:15 pm	
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	2,235,230	15,969,749	0.139967	1,427,357	199,783	90.00
91.00	Nursing School cost	0	15,969,749	0.000000	1,427,357	0	91.00
92.00	Allied health cost	0	15,969,749	0.000000	1,427,357	0	92.00
93.00	All other Medical Education	0	15,969,749	0.000000	1,427,357	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/22/2012 1:15 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		15,977	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		15,977	2.00
3.00	Private room days (excluding swing-bed and observation bed days)		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		15,977	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)		1,110	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)		988	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		15,969,749	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		15,969,749	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		14,440,469	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		14,440,469	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.105902	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)		903.83	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		15,969,749	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		999.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,109,501	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)		1,109,501	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 5/22/2012 1:15 pm	
Cost Center Description			Title XIX	Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
42.00	NURSERY (title V & XIX only)	858,291	988	868.72	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	2,984,284	2,106	1,417.04	0	43.00
44.00	CORONARY CARE UNIT					44.00
45.00	BURN INTENSIVE CARE UNIT					45.00
46.00	SURGICAL INTENSIVE CARE UNIT					46.00
47.00	OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description						
					1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,280,835	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				2,390,336	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)				0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges				0	54.00
55.00	Target amount per discharge				0.00	55.00
56.00	Target amount (line 54 x line 55)				0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0	57.00
58.00	Bonus payment (see instructions)				0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0	61.00
62.00	Relief payment (see instructions)				0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00	Program routine service cost (line 9 x line 71)					72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00	Program capital-related costs (line 9 x line 76)					77.00
78.00	Inpatient routine service cost (line 74 minus line 77)					78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00	Inpatient routine service cost per diem limitation					81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00	Reasonable inpatient routine service costs (see instructions)					83.00
84.00	Program inpatient ancillary services (see instructions)					84.00
85.00	Utilization review - physician compensation (see instructions)					85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)				1,428	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				999.55	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				1,427,357	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150086

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

Worksheet D-1
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description	Title XIX			Hospital	Cost	
	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: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/22/2012 1:15 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		4,672,499		30.00
31.00	INTENSIVE CARE UNIT		1,607,571		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.291792	13	4	50.00
51.00	RECOVERY ROOM	0.574858	184,358	105,980	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.215939	3,795	819	52.00
53.00	ANESTHESIOLOGY	0.041002	177,451	7,276	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.336180	2,228,825	749,286	54.00
54.01	ULTRASOUND	0.126473	275,362	34,826	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.158667	1,095,919	173,886	55.00
57.00	CT SCAN	0.035644	2,107,562	75,122	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.050971	561,578	28,624	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.237863	5,792,435	1,377,806	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.215056	1,890,981	406,667	65.00
66.00	PHYSICAL THERAPY	0.447503	971,339	434,677	66.00
67.00	OCCUPATIONAL THERAPY	0.675206	167,227	112,913	67.00
68.00	SPEECH PATHOLOGY	0.760340	92,989	70,703	68.00
69.00	ELECTROCARDIOLOGY	0.289900	1,982,263	574,658	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.748695	3,913,914	2,930,328	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.855075	34,202	29,245	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.443480	4,739,143	2,101,715	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	EMERGENCY	0.652680	783,695	511,502	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.204327	127,910	154,045	92.00
200.00	Total (sum of lines 50-94 and 96-98)		27,130,961	9,880,082	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)		27,130,961		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 5/22/2012 1:15 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	ADULTS & PEDIATRICS		1,262,326		30.00
31.00	INTENSIVE CARE UNIT		0		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.291792	248,438	72,492	50.00
51.00	RECOVERY ROOM	0.574858	16,646	9,569	51.00
52.00	DELIVERY ROOM & LABOR ROOM	0.215939	748,213	161,568	52.00
53.00	ANESTHESIOLOGY	0.041002	13,472	552	53.00
54.00	RADIOLOGY-DIAGNOSTIC	0.336180	237,755	79,928	54.00
54.01	ULTRASOUND	0.126473	57,280	7,244	54.01
55.00	RADIOLOGY-THERAPEUTIC	0.158667	29,155	4,626	55.00
57.00	CT SCAN	0.035644	148,750	5,302	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.050971	81,649	4,162	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.234944	679,325	159,603	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.215056	178,573	38,403	65.00
66.00	PHYSICAL THERAPY	0.447503	42,088	18,835	66.00
67.00	OCCUPATIONAL THERAPY	0.675206	8,303	5,606	67.00
68.00	SPEECH PATHOLOGY	0.760340	6,913	5,256	68.00
69.00	ELECTROCARDIOLOGY	0.289900	96,682	28,028	69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.748695	425,137	318,298	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.855075	2,451	2,096	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.443480	683,075	302,930	73.00
OUTPATIENT SERVICE COST CENTERS					
88.00	RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
91.00	EMERGENCY	0.652680	68,336	44,602	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	1.204327	9,744	11,735	92.00
200.00	Total (sum of lines 50-94 and 96-98)		3,781,985	1,280,835	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		3,781,985		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/22/2012 1:15 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		11,012,491	1.00
2.00	Outlier payments for discharges. (see instructions)		275,689	2.00
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		74.09	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.82	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		17.12	31.00
32.00	Sum of lines 30 and 31		22.94	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.14	33.00
34.00	Disproportionate share adjustment (see instructions)		896,417	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		12,184,597	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		12,184,597	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		933,703	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 5/22/2012 1:15 pm
		Title XVIII	Hospital	PPS
		1.00		
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			13,118,300 59.00
60.00	Primary payer payments			58,670 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			13,059,630 61.00
62.00	Deductibles billed to program beneficiaries			1,386,348 62.00
63.00	Coinsurance billed to program beneficiaries			59,713 63.00
64.00	Allowable bad debts (see instructions)			327,678 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			229,375 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			277,598 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			11,842,944 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			11,842,944 71.00
72.00	Interim payments			11,479,887 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)			363,057 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			120,000 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 5/22/2012 1:15 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		209	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		5,625,333	2.00
3.00	PPS payments		5,299,795	3.00
4.00	Outlier payment (see instructions)		10,149	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)		209	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		-983	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)		-983	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		-983	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)		1,192	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		-983	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)		5,309,944	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,325,752	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)		3,983,209	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)		3,983,209	30.00
31.00	Primary payer payments		2,233	31.00
32.00	Subtotal (line 30 minus line 31)		3,980,976	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		212,146	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		148,502	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		187,688	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		4,129,478	37.00
38.00	MSP-LCC reconciliation amount from PS&R		388	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)		4,129,090	40.00
41.00	Interim payments		4,118,560	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)		10,530	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150086

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

Worksheet E-1
Part I
Date/Time Prepared:
5/22/2012 1:15 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		11,254,071		3,981,841	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	09/06/2011	1,261	12/31/2011	153,099	3.01	
3.02		09/06/2011	16,800		0	3.02	
3.03		12/31/2011	207,755		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0	09/06/2011	16,380	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)		225,816		136,719	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)		11,479,887		4,118,560	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		363,057		10,530	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		11,842,944		4,129,090	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: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet E-3 Part VII Date/Time Prepared: 5/22/2012 1:15 pm
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		2,390,336	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,390,336	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,390,336	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		1,262,326	8.00
9.00	Ancillary service charges		3,781,985	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		5,044,311	12.00
CUSTOMARY CHRGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		5,044,311	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		2,653,975	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,390,336	21.00
PROSPECTIVE PAYMENT AMOUNT				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		2,390,336	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,390,336	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,390,336	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		2,390,336	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,390,336	40.00
41.00	Interim payments		1,135,932	41.00
42.00	Balance due provider/program (line 40 minus 41)		1,254,404	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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

Provider CCN: 150086

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

Worksheet G

Date/Time Prepared:
5/22/2012 1:15 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	6,502,917	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	16,634,497	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-2,308,000	0	0	0	6.00
7.00	Inventory	1,272,807	0	0	0	7.00
8.00	Prepaid expenses	1,163,329	0	0	0	8.00
9.00	Other current assets	6,490	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)	23,272,040	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	46,973,688	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	46,973,688	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	41,688,903	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	7,277,760	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	48,966,663	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	119,212,391	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,150,128	0	0	0	37.00
38.00	Salaries, wages, and fees payable	771,436	0	0	0	38.00
39.00	Payroll taxes payable	392,005	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,763,300	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	7,076,869	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	28,549,214	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	28,549,214	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	35,626,083	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	83,586,308				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	83,586,308	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	119,212,391	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150086

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

Worksheet G-1

Date/Time Prepared:
5/22/2012 1:15 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		87,323,679	
2.00	Net income (loss) (From Wkst. G-3, line 29)		-3,737,371			2.00
3.00	Total (sum of line 1 and line 2)		83,586,308		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		83,586,308		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		83,586,308		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150086

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

Worksheet G-1

Date/Time Prepared:
5/22/2012 1:15 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150086

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

Worksheet G-2 Parts

Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	14,440,469		14,440,469	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	14,440,469		14,440,469	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,843,409		2,843,409	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,843,409		2,843,409	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	17,283,878		17,283,878	17.00
18.00	Ancillary services	52,954,315	101,112,489	154,066,804	18.00
19.00	Outpatient services	1,502,689	5,804,046	7,306,735	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,556,895	1,556,895	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,093,542	1,093,542	26.00
27.00	PROFESSIONAL FEES	440,944	1,945,967	2,386,911	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	72,181,826	111,512,939	183,694,765	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		77,769,894		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)		77,769,894		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150086

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

Worksheet G-3

Date/Time Prepared:
5/22/2012 1:15 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	183,694,765	1.00
2.00	Less contractual allowances and discounts on patients' accounts	115,819,941	2.00
3.00	Net patient revenues (line 1 minus line 2)	67,874,824	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	77,769,894	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-9,895,070	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	2,038,549	24.00
24.01	SUPPLEMENTAL REVENUE	2,442,441	24.01
24.02	NONOPERATING REVENUE	1,631,128	24.02
24.03	MISC INCOME	45,581	24.03
25.00	Total other income (sum of lines 6-24)	6,157,699	25.00
26.00	Total (line 5 plus line 25)	-3,737,371	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-3,737,371	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150086

Period: From 01/01/2011

Worksheet H

HHA CCN: 157055

To 12/31/2011

Date/Time Prepared: 5/22/2012 1:15 pm

				Home Health Agency I		PPS	
		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	227,754	0	0	0	153,934	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	642,692	0	0	0	0	6.00
7.00	Physical Therapy	125,859	0	0	0	0	7.00
8.00	Occupational Therapy	35,331	0	0	0	0	8.00
9.00	Speech Pathology	8,595	0	0	0	0	9.00
10.00	Medical Social Services	20,790	0	0	0	0	10.00
11.00	Home Health Aide	38,017	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	PERSONAL CARE ATTENDANT	10,498	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,109,536	0	0	0	153,934	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: 150086

Period: From 01/01/2011

Worksheet H

HHA CCN: 157055

To 12/31/2011

Date/Time Prepared: 5/22/2012 1:15 pm

Home Health Agency I

PPS

	Total (sum of col. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00 Capital Related - Movable Equipment	0	0	0	0	0	2.00
3.00 Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00 Transportation	0	0	0	0	0	4.00
5.00 Administrative and General	381,688	-363	381,325	0	381,325	5.00
HHA REIMBURSABLE SERVICES						
6.00 Skilled Nursing Care	642,692	0	642,692	0	642,692	6.00
7.00 Physical Therapy	125,859	0	125,859	0	125,859	7.00
8.00 Occupational Therapy	35,331	0	35,331	0	35,331	8.00
9.00 Speech Pathology	8,595	0	8,595	0	8,595	9.00
10.00 Medical Social Services	20,790	0	20,790	0	20,790	10.00
11.00 Home Health Aide	38,017	0	38,017	0	38,017	11.00
12.00 Supplies (see instructions)	0	0	0	0	0	12.00
13.00 Drugs	0	0	0	0	0	13.00
14.00 DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00 Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00 Respiratory Therapy	0	0	0	0	0	16.00
17.00 Private Duty Nursing	0	0	0	0	0	17.00
18.00 Clinic	0	0	0	0	0	18.00
19.00 Health Promotion Activities	0	0	0	0	0	19.00
20.00 Day Care Program	0	0	0	0	0	20.00
21.00 Home Delivered Meals Program	0	0	0	0	0	21.00
22.00 Homemaker Service	0	0	0	0	0	22.00
23.00 PERSONAL CARE ATTENDANT	10,498	0	10,498	0	10,498	23.00
24.00 Total (sum of lines 1-23)	1,263,470	-363	1,263,107	0	1,263,107	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: 150086	Period: From 01/01/2011	Worksheet H-1 Part I Date/Time Prepared: 5/22/2012 1:15 pm
	HHA CCN: 157055	To 12/31/2011	
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	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	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	381,325	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	642,692	0	0	0	6.00
7.00	Physical Therapy	125,859	0	0	0	7.00
8.00	Occupational Therapy	35,331	0	0	0	8.00
9.00	Speech Pathology	8,595	0	0	0	9.00
10.00	Medical Social Services	20,790	0	0	0	10.00
11.00	Home Health Aide	38,017	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	PERSONAL CARE ATTENDANT	10,498	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,263,107	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150086	Period: From 01/01/2011	Worksheet H-1
		HHA CCN: 157055	To 12/31/2011	Part I
			Home Health Agency I	Date/Time Prepared: 5/22/2012 1:15 pm
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	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	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	381,325	381,325	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	642,692	277,931	920,623
7.00	Physical Therapy	125,859	54,427	180,286
8.00	Occupational Therapy	35,331	15,279	50,610
9.00	Speech Pathology	8,595	3,717	12,312
10.00	Medical Social Services	20,790	8,991	29,781
11.00	Home Health Aide	38,017	16,440	54,457
12.00	Supplies (see instructions)	0	0	0
13.00	Drugs	0	0	0
14.00	DME	0	0	0
HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	PERSONAL CARE ATTENDANT	10,498	4,540	15,038
24.00	Total (sum of lines 1-23)	881,782		1,263,107

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150086 HHA CCN: 157055		Period: From 01/01/2011 To 12/31/2011		Worksheet H-1 Part II Date/Time Prepared: 5/22/2012 1:15 pm	
				Home Health Agency I		PPS	
		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0	0	4.00
5.00	Administrative and General	0	0	0	0	-381,325	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	PERSONAL CARE ATTENDANT	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-381,325	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: 150086	Period: From 01/01/2011	Worksheet H-1 Part II Date/Time Prepared: 5/22/2012 1:15 pm
	HHA CCN: 157055	To 12/31/2011	
		Home Health Agency I	PPS

		Administrative & General (ACCUM. COST)	
		5.00	
GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures		1.00
2.00	Capital Related - Movable Equipment		2.00
3.00	Plant Operation & Maintenance		3.00
4.00	Transportation (see instructions)		4.00
5.00	Administrative and General	881,782	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	642,692	6.00
7.00	Physical Therapy	125,859	7.00
8.00	Occupational Therapy	35,331	8.00
9.00	Speech Pathology	8,595	9.00
10.00	Medical Social Services	20,790	10.00
11.00	Home Health Aide	38,017	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	PERSONAL CARE ATTENDANT	10,498	23.00
24.00	Total (sum of lines 1-23)	881,782	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	381,325	25.00
26.00	Unit Cost Multiplier	0.432448	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150086

Period: From 01/01/2011

Worksheet H-2

HHA CCN: 157055

To 12/31/2011

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	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				
1.00	Administrative and General	0	34,179	31,206	390,398	2,336	1.00
2.00	Skilled Nursing Care	920,623	0	0	0	0	2.00
3.00	Physical Therapy	180,286	0	0	0	0	3.00
4.00	Occupational Therapy	50,610	0	0	0	0	4.00
5.00	Speech Pathology	12,312	0	0	0	0	5.00
6.00	Medical Social Services	29,781	0	0	0	0	6.00
7.00	Home Health Aide	54,457	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	PERSONAL CARE ATTENDANT	15,038	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,263,107	34,179	31,206	390,398	2,336	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: 150086	Period: From 01/01/2011	Worksheet H-2
		HHA CCN: 157055	To 12/31/2011	Part I
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	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
1.00 Administrative and General	24,816	3,115	0	14,453	500,503	1.00
2.00 Skilled Nursing Care	0	0	0	0	920,623	2.00
3.00 Physical Therapy	0	0	0	0	180,286	3.00
4.00 Occupational Therapy	0	0	0	0	50,610	4.00
5.00 Speech Pathology	0	0	0	0	12,312	5.00
6.00 Medical Social Services	0	0	0	0	29,781	6.00
7.00 Home Health Aide	0	0	0	0	54,457	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 PERSONAL CARE ATTENDANT	0	0	0	0	15,038	19.00
20.00 Total (sum of lines 1-19) (2)	24,816	3,115	0	14,453	1,763,610	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: 150086

Period: From 01/01/2011

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HHA CCN: 157055

To 12/31/2011

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	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.06	7.00	8.00	9.00	10.00	
1.00 Administrative and General	20,545	112,594	0	29,476	0	1.00
2.00 Skilled Nursing Care	37,792	0	0	0	0	2.00
3.00 Physical Therapy	7,401	0	0	0	0	3.00
4.00 Occupational Therapy	2,077	0	0	0	0	4.00
5.00 Speech Pathology	505	0	0	0	0	5.00
6.00 Medical Social Services	1,222	0	0	0	0	6.00
7.00 Home Health Aide	2,235	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 PERSONAL CARE ATTENDANT	617	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	72,394	112,594	0	29,476	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: 150086

Period: From 01/01/2011

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	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 PERSONAL CARE ATTENDANT	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150086

Period: From 01/01/2011

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To 12/31/2011

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		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		17.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	663,118	0	663,118		1.00
2.00	Skilled Nursing Care	0	958,415	0	958,415	483,320	2.00
3.00	Physical Therapy	0	187,687	0	187,687	94,648	3.00
4.00	Occupational Therapy	0	52,687	0	52,687	26,569	4.00
5.00	Speech Pathology	0	12,817	0	12,817	6,463	5.00
6.00	Medical Social Services	0	31,003	0	31,003	15,634	6.00
7.00	Home Health Aide	0	56,692	0	56,692	28,589	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	PERSONAL CARE ATTENDANT	0	15,655	0	15,655	7,895	19.00
20.00	Total (sum of lines 1-19) (2)	0	1,978,074	0	1,978,074	663,118	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.					0.504289	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: 150086

Period: From 01/01/2011

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		Total HHA Costs	
		28.00	
1.00	Administrative and General		1.00
2.00	Skilled Nursing Care	1,441,735	2.00
3.00	Physical Therapy	282,335	3.00
4.00	Occupational Therapy	79,256	4.00
5.00	Speech Pathology	19,280	5.00
6.00	Medical Social Services	46,637	6.00
7.00	Home Health Aide	85,281	7.00
8.00	Supplies (see instructions)	0	8.00
9.00	Drugs	0	9.00
10.00	DME	0	10.00
11.00	Home Dialysis Aide Services	0	11.00
12.00	Respiratory Therapy	0	12.00
13.00	Private Duty Nursing	0	13.00
14.00	Clinic	0	14.00
15.00	Health Promotion Activities	0	15.00
16.00	Day Care Program	0	16.00
17.00	Home Delivered Meals Program	0	17.00
18.00	Homemaker Service	0	18.00
19.00	PERSONAL CARE ATTENDANT	23,550	19.00
20.00	Total (sum of lines 1-19) (2)	1,978,074	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150086

Period: From 01/01/2011

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HHA CCN: 157055

To 12/31/2011

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	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00	4.00	5.01				
1.00	Administrative and General	3,085	3,085	1,122,657	6	17	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	PERSONAL CARE ATTENDANT	0	0	0	0	0	19.00	
20.00	Total (sum of lines 1-19)	3,085	3,085	1,122,657	6	17	20.00	
21.00	Total cost to be allocated	34,179	31,206	390,398	2,336	24,816	21.00	
22.00	Unit cost multiplier	11.079092	10.115397	0.347745	389.333333	1,459.764706	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150086
HHA CCN: 157055

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

Worksheet H-2
Part II
Date/Time Prepared:
5/22/2012 1:15 pm

		Home Health Agency I		PPS			
	PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (ADMISSIONS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)		
	5.03	5.04	5.05	5A.06	5.06		
1.00	Administrative and General	48,907	0	1,556,895	0	500,503	1.00
2.00	Skilled Nursing Care	0	0	0	0	920,623	2.00
3.00	Physical Therapy	0	0	0	0	180,286	3.00
4.00	Occupational Therapy	0	0	0	0	50,610	4.00
5.00	Speech Pathology	0	0	0	0	12,312	5.00
6.00	Medical Social Services	0	0	0	0	29,781	6.00
7.00	Home Health Aide	0	0	0	0	54,457	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	PERSONAL CARE ATTENDANT	0	0	0	0	15,038	19.00
20.00	Total (sum of lines 1-19)	48,907	0	1,556,895		1,763,610	20.00
21.00	Total cost to be allocated	3,115	0	14,453		72,394	21.00
22.00	Unit cost multiplier	0.063692	0.000000	0.009283		0.041049	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150086 HHA CCN: 157055	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/22/2012 1:15 pm
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		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	3,085	0	3,085	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	PERSONAL CARE ATTENDANT	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	3,085	0	3,085	0	0	20.00
21.00	Total cost to be allocated	112,594	0	29,476	0	0	21.00
22.00	Unit cost multiplier	36.497245	0.000000	9.554619	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150086 HHA CCN: 157055	Period: From 01/01/2011 To 12/31/2011	Worksheet H-2 Part II Date/Time Prepared: 5/22/2012 1:15 pm PPS
		Home Health Agency I	

	NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	13.00	14.00	15.00	16.00	17.00	
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	PERSONAL CARE ATTENDANT	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: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 5/22/2012 1:15 pm		
		Title XVIII		Home Health Agency I		
		HHA CCN: 157055		PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
	0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00	Skilled Nursing Care	2.00	1,441,735		1,441,735	3,470 1.00
2.00	Physical Therapy	3.00	282,335	0	282,335	2,220 2.00
3.00	Occupational Therapy	4.00	79,256	0	79,256	577 3.00
4.00	Speech Pathology	5.00	19,280	0	19,280	115 4.00
5.00	Medical Social Services	6.00	46,637		46,637	45 5.00
6.00	Home Health Aide	7.00	85,281		85,281	2,951 6.00
7.00	Total (sum of lines 1-6)		1,954,524	0	1,954,524	9,378 7.00
Program Visits						
Part B						
Not Subject to Deductibles & Coinsurance						
Subject to Deductibles						
	0	1.00	2.00	3.00	4.00	
Limitation Cost Computation						
8.00	Skilled Nursing Care		17140	1,090	951	8.00
8.01	Skilled Nursing Care		99915	108	116	8.01
9.00	Physical Therapy		17140	919	430	9.00
9.01	Physical Therapy		99915	117	71	9.01
10.00	Occupational Therapy		17140	243	82	10.00
10.01	Occupational Therapy		99915	34	26	10.01
11.00	Speech Pathology		17140	40	15	11.00
11.01	Speech Pathology		99915	6	7	11.01
12.00	Medical Social Services		17140	18	10	12.00
12.01	Medical Social Services		99915	2	1	12.01
13.00	Home Health Aide		17140	191	825	13.00
13.01	Home Health Aide		99915	26	3	13.01
14.00	Total (sum of lines 8-13)			2,794	2,537	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	0	0	0	13,484 15.00
16.00	Cost of Drugs	9.00	0	0	0	0 16.00
Cost Center Description						
	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)		
	0	1.00	2.00	3.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.447503	0	0	1.00
2.00	Occupational Therapy	67.00	0.675206	0	0	2.00
3.00	Speech Pathology	68.00	0.760340	0	0	3.00
4.00	Cost of Medical Supplies	71.00	0.748695	0	0	4.00
5.00	Cost of Drugs	73.00	0.443480	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet H-3 Parts I-II Date/Time Prepared: 5/22/2012 1:15 pm	
		HHA CCN: 157055	Title XVIII		Home Health Agency I
		Program Visits		PPS	
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		5.00	6.00	7.00	8.00
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	415.49	1,198	1,067	1.00
2.00	Physical Therapy	127.18	1,036	501	2.00
3.00	Occupational Therapy	137.36	277	108	3.00
4.00	Speech Pathology	167.65	46	22	4.00
5.00	Medical Social Services	1,036.38	20	11	5.00
6.00	Home Health Aide	28.90	217	828	6.00
7.00	Total (sum of lines 1-6)		2,794	2,537	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
9.00	Physical Therapy				9.00
9.01	Physical Therapy				9.01
10.00	Occupational Therapy				10.00
10.01	Occupational Therapy				10.01
11.00	Speech Pathology				11.00
11.01	Speech Pathology				11.01
12.00	Medical Social Services				12.00
12.01	Medical Social Services				12.01
13.00	Home Health Aide				13.00
13.01	Home Health Aide				13.01
14.00	Total (sum of lines 8-13)				14.00
Cost Center Description		Ratio (col. 3 ÷ col. 4)	Part A	Part B	
		5.00	6.00	7.00	8.00
Program Covered Charges					
		5.00	6.00	7.00	8.00
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	0.000000	0	25,387	0
16.00	Cost of Drugs	0.000000	0	129	0
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: 150086

Period: From 01/01/2011

Worksheet H-3

HHA CCN: 157055

To 12/31/2011

Parts I-III
Date/Time Prepared:
5/22/2012 1:15 pm

Title XVII

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 & Coi nsurance	Subject to Deductibles & Coi nsurance		
	9.00	10.00	11.00	12.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION					
Cost Per Visit Computation					
1.00	Skilled Nursing Care	497,757	443,328	941,085	1.00
2.00	Physical Therapy	131,758	63,717	195,475	2.00
3.00	Occupational Therapy	38,049	14,835	52,884	3.00
4.00	Speech Pathology	7,712	3,688	11,400	4.00
5.00	Medical Social Services	20,728	11,400	32,128	5.00
6.00	Home Health Aide	6,271	23,929	30,200	6.00
7.00	Total (sum of lines 1-6)	702,275	560,897	1,263,172	7.00
Cost Center Description					
		10.00	11.00	12.00	
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
8.01	Skilled Nursing Care				8.01
9.00	Physical Therapy				9.00
9.01	Physical Therapy				9.01
10.00	Occupational Therapy				10.00
10.01	Occupational Therapy				10.01
11.00	Speech Pathology				11.00
11.01	Speech Pathology				11.01
12.00	Medical Social Services				12.00
12.01	Medical Social Services				12.01
13.00	Home Health Aide				13.00
13.01	Home Health Aide				13.01
14.00	Total (sum of lines 8-13)				14.00
Cost of Services					
Cost Center Description	Part A	Part B			
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		
	9.00	10.00	11.00		
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies	0	0	0	15.00
16.00	Cost of Drugs	0	0	0	16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150086 HHA CCN: 157055	Period: From 01/01/2011 To 12/31/2011	Worksheet H-4 Part I-II Date/Time Prepared: 5/22/2012 1:15 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	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)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		489,269	353,202
12.00	Total PPS Reimbursement - Full Episodes with Outliers		1,779	1,980
13.00	Total PPS Reimbursement - LUPA Episodes		26,849	21,570
14.00	Total PPS Reimbursement - PEP Episodes		2,764	0
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		456	400
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)		521,117	377,152
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		521,117	377,152
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		521,117	377,152
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)		521,117	377,152
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		521,117	377,152
32.00	Interim payments (see instructions)		521,117	377,152
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: 150086
HHA CCN: 157055

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

Worksheet H-5
Date/Time Prepared: 5/22/2012 1:15 pm
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		521,117		377,152	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)		521,117		377,152	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)		521,117		377,152	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: 150086

Period: From 01/01/2011

Worksheet K

Hospice CCN: 151531

To 12/31/2011

Date/Time Prepared: 5/22/2012 1:15 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	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	156,877	0	0	0	282,456	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	62,956	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	48,189	0	0	0	0	15.00
16.00	Spiritual Counseling	18,865	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	11,585	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	298,472	0	0	0	282,456	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150086

Period: From 01/01/2011

Worksheet K

Hospice CCN: 151531

To 12/31/2011

Date/Time Prepared: 5/22/2012 1:15 pm

		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	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	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	439,333	-53,123	386,210	-5,039	381,171	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	62,956	0	62,956	0	62,956	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	48,189	0	48,189	0	48,189	15.00
16.00	Spiritual Counseling	18,865	0	18,865	0	18,865	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	11,585	0	11,585	0	11,585	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	580,928	-53,123	527,805	-5,039	522,766	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150086

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 151531

To 12/31/2011

Date/Time Prepared: 5/22/2012 1:15 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	29,643	0	87,914	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	62,956	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	48,189	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	29,643	48,189	87,914	62,956	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150086

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 151531

To 12/31/2011

Date/Time Prepared: 5/22/2012 1:15 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	39,320	156,877	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	62,956	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	48,189	15.00
16.00	Spiritual Counseling		0	18,865	18,865	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		11,585	0	11,585	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	11,585	58,185	298,472	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150086

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151531

To 12/31/2011

Part I
Date/Time Prepared:
5/22/2012 1:15 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	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	381,171	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	62,956	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	48,189	0	0	0	0	15.00
16.00	Spiritual Counseling	18,865	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	11,585	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	522,766	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150086

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151531

To 12/31/2011

Part I
Date/Time Prepared:
5/22/2012 1:15 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	Hospice I	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00		7.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.		0				1.00
2.00	Capital Related Costs-Movable Equip.		0				2.00
3.00	Plant Operation and Maintenance		0				3.00
4.00	Transportation - Staff		0				4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	381,171				6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	62,956	169,476		232,432	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	48,189	129,724		177,913	15.00
16.00	Spiritual Counseling	0	18,865	50,784		69,649	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	11,585	31,187		42,772	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	141,595	381,171		522,766	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151531

To 12/31/2011

Part II
Date/Time Prepared:
5/22/2012 1:15 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	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
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	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: 150086

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151531

To 12/31/2011

Part II
Date/Time Prepared:
5/22/2012 1:15 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-381,171	141,595	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	62,956	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	48,189	15.00
16.00	Spiritual Counseling	0	18,865	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	11,585	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		381,171	39.00
40.00	Unit Cost Multiplier		2.691981	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151531

To 12/31/2011

Part I
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
1.00 Administrative and General	0	3,490	3,186	104,941	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	232,432	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	177,913	0	0	0	0	10.00
11.00 Spiritual Counseling	69,649	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	42,772	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)	522,766	3,490	3,186	104,941	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period:

Worksheet K-5

Hospice CCN: 151531

From 01/01/2011

Part I

To 12/31/2011

Date/Time Prepared: 5/22/2012 1:15 pm

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	0	4,031	0	10,151	125,799	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	232,432	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	177,913	10.00
11.00	Spiritual Counseling	0	0	0	0	69,649	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	42,772	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	4,031	0	10,151	648,565	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period:

Worksheet K-5

Hospice CCN: 151531

From 01/01/2011

Part I

To 12/31/2011

Date/Time Prepared: 5/22/2012 1:15 pm

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
1.00	Administrative and General	5,164	11,497	0	3,010	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	9,541	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	7,303	0	0	0	0	10.00
11.00	Spiritual Counseling	2,859	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	1,756	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)	26,623	11,497	0	3,010	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151531

To 12/31/2011

Part I
Date/Time Prepared:
5/22/2012 1:15 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151531

To 12/31/2011

Part I
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description		Hospice I					
		SOCIAL SERVICE	Subtotal (col.s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	
		17.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	145,470				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	241,973	0	241,973	64,679	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	185,216	0	185,216	49,508	10.00
11.00	Spiritual Counseling	0	72,508	0	72,508	19,381	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	44,528	0	44,528	11,902	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	689,695	0	689,695		34.00
35.00	Unit Cost Multiplier (see instructions)					0.267298	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period:

Worksheet K-5

Hospice CCN: 151531

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

Part I
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description		Total Hospice Costs (cols. 26 ± 27)	Hospice I	
		28.00		
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	0		2.00
3.00	Inpatient - Respite Care	0		3.00
4.00	Physician Services	0		4.00
5.00	Nursing Care	306,652		5.00
6.00	Nursing Care-Continuous Home Care	0		6.00
7.00	Physical Therapy	0		7.00
8.00	Occupational Therapy	0		8.00
9.00	Speech/ Language Pathology	0		9.00
10.00	Medical Social Services	234,724		10.00
11.00	Spiritual Counseling	91,889		11.00
12.00	Dietary Counseling	0		12.00
13.00	Counseling - Other	0		13.00
14.00	Home Health Aide and Homemaker	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	56,430		15.00
16.00	Other	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0		17.00
18.00	Analgesics	0		18.00
19.00	Sedatives / Hypnotics	0		19.00
20.00	Other - Specify	0		20.00
21.00	Durable Medical Equipment/Oxygen	0		21.00
22.00	Patient Transportation	0		22.00
23.00	Imaging Services	0		23.00
24.00	Labs and Diagnostics	0		24.00
25.00	Medical Supplies	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0		26.00
27.00	Radiation Therapy	0		27.00
28.00	Chemotherapy	0		28.00
29.00	Other	0		29.00
30.00	Bereavement Program Costs	0		30.00
31.00	Volunteer Program Costs	0		31.00
32.00	Fundraising	0		32.00
33.00	Other Program Costs	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	689,695		34.00
35.00	Unit Cost Multiplier (see instructions)			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086

Period:

Worksheet K-5

Hospice CCN: 151531

From 01/01/2011

Part II

To 12/31/2011

Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
1.00	Administrative and General	315	315	301,777	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)	315	315	301,777	0	0	34.00
35.00	Total cost to be allocated	3,490	3,186	104,941	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	11.079365	10.114286	0.347744	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086

Period:

Worksheet K-5

Hospice CCN: 151531

From 01/01/2011

Part II

To 12/31/2011

Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description		Hospice I					OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (ADMISSIONS)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation			
		5.03	5.04	5.05	5A.06	5.06		
1.00	Administrative and General	63,277	0	1,093,542	0	125,799	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	232,432	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	177,913	10.00	
11.00	Spiritual Counseling	0	0	0	0	69,649	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	42,772	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)	63,277	0	1,093,542		648,565	34.00	
35.00	Total cost to be allocated	4,031	0	10,151		26,623	35.00	
36.00	Unit Cost Multiplier (see instructions)	0.063704	0.000000	0.009283		0.041049	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086

Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description		Hospice I					
		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	315	0	315	0	10,363	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)	315	0	315	0	10,363	34.00
35.00	Total cost to be allocated	11,497	0	3,010	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	36.498413	0.000000	9.555556	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086

Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description	Hospice I					SOCIAL SERVICE (TIME SPENT)	
	NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)			
	13.00	14.00	15.00	16.00	17.00		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150086

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151531

To 12/31/2011

Part III
Date/Time Prepared:
5/22/2012 1:15 pm

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.447503	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.675206	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.760340	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.443480	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.237863	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	0.748695	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.158667	0	0 9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00			10.00
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150086

Period: From 01/01/2011

Worksheet K-6

Hospice CCN: 151531

To 12/31/2011

Date/Time Prepared: 5/22/2012 1:15 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				689,695	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				5,199	2.00
3.00	Average cost per diem (line 1 divided by line 2)				132.66	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	3,713				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	492,567				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		476			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		63,146			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,010		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			133,987		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150086	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 5/22/2012 1:15 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		891,337	1.00
2.00	Capital DRG outlier payments		42,366	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		45.63	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		933,703	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00