

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: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet S Parts I-III Date/Time Prepared: 3/28/2012 8:18 am
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PART I - COST REPORT STATUS

Provider use only

1. Electronically filed cost report Date: 3/28/2012 Time: 8:18 am

2. Manually submitted cost report

3. If this is an amended report enter the number of times the provider resubmitted this cost report

4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended

6. Date Received: 7. Contractor No.

8. Initial Report for this Provider CCN

9. Final Report for this Provider CCN

10. NPR Date:

11. Contractor's Vendor Code: 4

12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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 DEKALB MEMORIAL HOSPITAL for the cost reporting period beginning 10/01/2010 and ending 09/30/2011 and to the best of my knowledge and belief, it is a true, correct and complete statement prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information
 ECR: Date: 3/28/2012 Time: 8:18 am
 fttmtVOL.F.0j1xoQp3mlv.acSqd0m0
 7jkiP0t0eppTHjx87k3Gi mC8j Y7u4m
 kvWb1amGF30gNZnJ
 PI: Date: 3/28/2012 Time: 8:18 am
 nzsghLld7xCm17LaZX50HI vkUHXZZ1
 14mMs0w59Bi Okr9I NCCbLRt0kadFgL
 7kqGn3BxKs081YwD

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	73,913	-170,362	0	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	0	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	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	73,913	-170,362	0	0 200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150045		Period: From 10/01/2010 To 09/30/2011		Worksheet S-2 Part I Date/Time Prepared: 3/27/2012 4:33 pm						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1316 EAST 7TH STREET		PO Box:									
2.00	City: AUBURN		State: IN		Zip Code: 46706-		County: DEKALB					
		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		DEKALB MEMORIAL HOSPITAL	150045	99915	1	07/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF										4.00	
5.00	Subprovider - IRF							N	N	N	5.00	
6.00	Subprovider - (Other)										6.00	
7.00	Swing Beds - SNF							N	N	N	7.00	
8.00	Swing Beds - NF							N			8.00	
9.00	Hospital-Based SNF										9.00	
10.00	Hospital-Based NF										10.00	
11.00	Hospital-Based OLTC										11.00	
12.00	Hospital-Based HHA		DEKALB HOME HEALTH AGENCY	157157	99915		07/09/1985	N	P	N	12.00	
13.00	Separately Certified ASC										13.00	
14.00	Hospital-Based Hospice		DEKALB HOSPICE	151559	99915		11/06/1996				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	
17.10	Hospital-Based (CORF) 1							N	N	N	17.10	
18.00	Renal Dialysis										18.00	
19.00	Other										19.00	
						From:	To:					
						1.00	2.00					
20.00	Cost Reporting Period (mm/dd/yyyy)					10/01/2010		09/30/2011		20.00		
21.00	Type of Control (see instructions)							2		21.00		
Inpatient PPS Information												
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					Y		N		22.00		
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					3		N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible 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.					296	42	0	0	1,306	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
						1.00						
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.									2	26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period? Enter (1) for urban or (2) for rural.									2	27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.									0	35.00	

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		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. 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	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

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		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	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		65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
				1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010								
66.00	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
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

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			1.00		
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	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	Y	Y	N	Y
				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	Y	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00

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		1.00		2.00			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	N				140.00	
		1.00		2.00		3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y		144.00	
145.00	If costs for renal services are claimed on Worksheet A, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N		145.00	
		1.00		2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B			
		1.00		2.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		155.00	
156.00	Subprovider - IPF	N		N		156.00	
157.00	Subprovider - IRF	N		N		157.00	
158.00	SUBPROVIDER	N		N		158.00	
159.00	SNF	N		N		159.00	
160.00	HOME HEALTH AGENCY	N		N		160.00	
161.00	CMHC			N		161.00	
161.10	CORF			N		161.10	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N		165.00	
		Name		County		State	
		0		1.00		2.00	
		Zip Code		CBSA		FTE/Campus	
		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5					0.00	
						1.00	
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: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet S-2 Part II Date/Time Prepared: 3/27/2012 4:33 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
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
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	Legal Oper.		
		1.00	2.00		
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		Y/N	
		Description	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	01/10/2012		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

		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.		Y		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

		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	01/10/2012	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: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	41	14,965	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)		41	14,965	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		47	17,155	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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		47				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: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/27/2012 4:33 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	1,598	175	4,432		1.00
2.00 HMO		643	1,254			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	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	1,598	175	4,432		7.00
8.00 INTENSIVE CARE UNIT	0	351	7	927		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		114	933		13.00
14.00 Total (see instructions)	0	1,949	296	6,292		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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	2,230	128	4,453		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		4,295	0	4,366		24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	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		0	1,033		28.00
28.02 SUBPROVIDER - IRF				0		28.02
28.03 SUBPROVIDER				0		28.03
29.00 Ambulance Trips		986				29.00
30.00 Employee discount days (see instruction)				101		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			94	150		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/27/2012 4:33 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	555	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	374.95	0.00	0	555	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						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	8.65	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	2.48	0.00			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	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	386.08	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: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part I
Date/Time Prepared:
3/27/2012 4:33 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)	321	1,836		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)	321	1,836		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
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.02 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: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part II
Date/Time Prepared:
3/27/2012 4:33 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	19,203,483	0	19,203,483	649,892.36 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A		0	0	0	0.00 4.00
4.01	Physicians - Part A - direct teaching		0	0	0	0.00 4.01
5.00	Physician-Part B		0	0	0	0.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00 7.00
7.01	Contracted interns and residents (in approved programs)		0	0	0	0.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00 9.00
10.00	Excluded area salaries (see instructions)		3,567,961	10,572	3,578,533	153,164.72 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		1,143,221	0	1,143,221	24,415.59 11.00
12.00	Management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: physician-Part A		116,512	0	116,512	616.00 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		5,035,897	0	5,035,897	17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	18.00
19.00	Excluded areas		1,162,130	0	1,162,130	19.00
20.00	Non-physician anesthetist Part A		0	0	0	20.00
21.00	Non-physician anesthetist Part B		0	0	0	21.00
22.00	Physician Part A		0	0	0	22.00
23.00	Physician Part B		0	0	0	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	175,331	0	175,331	4,898.50 26.00
27.00	Administrative & General	5.00	3,113,739	0	3,113,739	137,156.42 27.00
28.00	Administrative & General under contract (see inst.)		149,262	0	149,262	867.88 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	614,965	0	614,965	29,707.12 30.00
31.00	Laundry & Linen Service	8.00	108,336	0	108,336	8,327.63 31.00
32.00	Housekeeping	9.00	502,711	0	502,711	41,781.60 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	366,459	-315,485	50,974	3,870.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	315,485	315,485	23,949.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	706,054	0	706,054	21,026.69 38.00
39.00	Central Services and Supply	14.00	130,212	0	130,212	9,135.60 39.00
40.00	Pharmacy	15.00	508,240	0	508,240	12,664.50 40.00
41.00	Medical Records & Medical Records Library	16.00	414,675	0	414,675	24,739.07 41.00
42.00	Social Service	17.00	65,619	0	65,619	2,192.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part II
Date/Time Prepared:
3/27/2012 4:33 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	29.55	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A	0.00	4.00
4.01	Physicians - Part A - direct teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in approved programs)	0.00	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	23.36	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	46.82	11.00
12.00	Management and administrative services	0.00	12.00
13.00	Contract labor: physician-Part A	189.14	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	35.79	26.00
27.00	Administrative & General	22.70	27.00
28.00	Administrative & General under contract (see inst.)	171.98	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	20.70	30.00
31.00	Laundry & Linen Service	13.01	31.00
32.00	Housekeeping	12.03	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	13.17	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	13.17	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	33.58	38.00
39.00	Central Services and Supply	14.25	39.00
40.00	Pharmacy	40.13	40.00
41.00	Medical Records & Medical Records Library	16.76	41.00
42.00	Social Service	29.94	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
3/27/2012 4:33 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)	19,352,745	0	19,352,745	650,760.24	1.00
2.00	Excluded area salaries (see instructions)	3,567,961	10,572	3,578,533	153,164.72	2.00
3.00	Subtotal salaries (line 1 minus line 2)	15,784,784	-10,572	15,774,212	497,595.52	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,259,733	0	1,259,733	25,031.59	4.00
5.00	Subtotal wage-related costs (see inst.)	5,035,897	0	5,035,897	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	22,080,414	-10,572	22,069,842	522,627.11	6.00
7.00	Total overhead cost (see instructions)	6,855,603	0	6,855,603	320,316.01	7.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part III
Date/Time Prepared:
3/27/2012 4:33 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	29.74	1.00
2.00	Excluded area salaries (see instructions)	23.36	2.00
3.00	Subtotal salaries (line 1 minus line 2)	31.70	3.00
4.00	Subtotal other wages & related costs (see inst.)	50.33	4.00
5.00	Subtotal wage-related costs (see inst.)	31.92	5.00
6.00	Total (sum of lines 3 thru 5)	42.23	6.00
7.00	Total overhead cost (see instructions)	21.40	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet S-3
Part IV
Date/Time Prepared:
3/27/2012 4:33 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	869,693	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)	3,550,038	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	31,251	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)	49,664	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	185,770	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	1,406,240	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	44,776	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	60,595	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	6,198,027	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet S-3 Part V Date/Time Prepared: 3/27/2012 4:33 pm
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	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
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00		0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150045		Period: From 10/01/2010 To 09/30/2011		Worksheet S-4	
		Component CCN: 157157		Date/Time Prepared: 3/27/2012 4:33 pm		PPS	
		Home Health Agency I					
				1.00			
0.00	County	DEKALB 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	383	0	160	543	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	151.00	0.00	180.00	331.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.80	0.00	0.80	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			2.13	0.00	2.13	5.00
6.00	Direct Nursing Service			3.58	0.00	3.58	6.00
7.00	Nursing Supervisor			1.61	0.00	1.61	7.00
8.00	Physical Therapy Service			0.79	0.00	0.79	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	0.00	0.00	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.01	0.00	0.01	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.10	0.00	0.10	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.28	0.00	1.28	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99915			20.00
20.01				23060			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,170	0	69	20	1,259	21.00
22.00	Skilled Nursing Visit Charges	195,390	0	11,523	3,340	210,253	22.00
23.00	Physical Therapy Visits	477	0	8	2	487	23.00
24.00	Physical Therapy Visit Charges	78,705	0	1,320	330	80,355	24.00
25.00	Occupational Therapy Visits	49	0	0	0	49	25.00
26.00	Occupational Therapy Visit Charges	8,183	0	0	0	8,183	26.00
27.00	Speech Pathology Visits	16	0	0	0	16	27.00
28.00	Speech Pathology Visit Charges	2,832	0	0	0	2,832	28.00
29.00	Medical Social Service Visits	35	0	1	1	37	29.00
30.00	Medical Social Service Visit Charges	8,855	0	253	253	9,361	30.00
31.00	Home Health Aide Visits	378	0	2	2	382	31.00
32.00	Home Health Aide Visit Charges	37,422	0	198	198	37,818	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	2,125	0	80	25	2,230	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	331,387	0	13,294	4,121	348,802	35.00
36.00	Total Number of Episodes (standard/non outlier)	147		29	3	179	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	11,704	0	192	0	11,896	38.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150045 Component CCN: 151559	Period: From 10/01/2010 To 09/30/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 3/27/2012 4:33 pm
			Hospice I	

	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	5.00		
PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	1.00
2.00	Routine Home Care	4,295	0	0	0	51	2.00
3.00	Inpatient Respite Care	14	0	0	0	0	3.00
4.00	General Inpatient Care	6	0	0	0	0	4.00
5.00	Total Hospice Days	4,315	0	0	0	51	5.00
Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	69	0	0	0	6	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00			7.00
8.00	Average Length of Stay (line 5/line 6)	62.54	0.00	0.00	0.00	8.50	8.00
9.00	Unduplicated Census Count	69	0	0	0	6	9.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150045 Component CCN: 151559	Period: From 10/01/2010 To 09/30/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 3/27/2012 4:33 pm
		Hospice I		

		Unduplicated Days	
		Total (sum of col s. 1, 2 & 5)	
		6.00	
PART I - ENROLLMENT DAYS			
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	4,346	2.00
3.00	Inpatient Respite Care	14	3.00
4.00	General Inpatient Care	6	4.00
5.00	Total Hospice Days	4,366	5.00
Part II - CENSUS DATA			
6.00	Number of Patients Receiving Hospice Care	75	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare		7.00
8.00	Average Length of Stay (line 5/line 6)	58.21	8.00
9.00	Unduplicated Census Count	75	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet S-10 Date/Time Prepared: 3/27/2012 4:33 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)		0.393849	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,083,525	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?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		11,231,941	6.00	
7.00	Medicaid cost (line 1 times line 6)		4,423,689	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)		2,340,164	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)		2,340,164	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	611,451	0	611,451	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	240,819	0	240,819	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)	240,819	0	240,819	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)		3,712,798	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		106,697	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		3,606,101	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,420,259	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		1,661,078	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		4,001,242	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet A
Date/Time Prepared:
3/27/2012 4:33 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		3,557,996	3,557,996	-1,875,059	1,682,937	1.00
1.01 MAC WEST - NEW		0	0	61,872	61,872	1.01
1.02 NORTH ANNEX - NEW		0	0	7,138	7,138	1.02
1.03 GARRETT CLINIC - NEW		0	0	4,244	4,244	1.03
1.04 BUTLER - NEW		0	0	15,291	15,291	1.04
1.05 MAC EAST - NEW		0	0	177,799	177,799	1.05
1.06 GARRETT LAB - NEW		0	0	16,141	16,141	1.06
1.07 MEDICAL ARTS - NEW		0	0	57,053	57,053	1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP		0	0	1,768,630	1,768,630	2.00
3.00 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 EMPLOYEE BENEFITS	175,331	6,183,559	6,358,890	7,006	6,365,896	4.00
5.00 ADMINISTRATIVE & GENERAL	3,113,739	2,834,279	5,948,018	-80,942	5,867,076	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	614,965	824,751	1,439,716	51,000	1,490,716	7.00
8.00 LAUNDRY & LINEN SERVICE	108,336	41,206	149,542	4,291	153,833	8.00
9.00 HOUSEKEEPING	502,711	144,060	646,771	9,880	656,651	9.00
10.00 DIETARY	334,177	283,113	617,290	-578,072	39,218	10.00
10.01 SNACK BAR	32,282	27,027	59,309	2,799	62,108	10.01
11.00 CAFETERIA	0	0	0	582,272	582,272	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	706,054	36,188	742,242	17,238	759,480	13.00
14.00 CENTRAL SERVICES & SUPPLY	130,212	180,631	310,843	3,289	314,132	14.00
15.00 PHARMACY	508,240	31,828	540,068	12,558	552,626	15.00
16.00 MEDICAL RECORDS & LIBRARY	414,675	70,867	485,542	8,062	493,604	16.00
17.00 SOCIAL SERVICE	65,619	2,122	67,741	73	67,814	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,805,490	208,844	3,014,334	-878,391	2,135,943	30.00
31.00 INTENSIVE CARE UNIT	657,566	22,800	680,366	12,226	692,592	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	17,894	11,876	29,770	256,995	286,765	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,521,239	1,019,912	2,541,151	35,009	2,576,160	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	250,378	250,378	52.00
54.00 RADIOLOGY-DIAGNOSTIC	1,358,102	1,610,629	2,968,731	-71,037	2,897,694	54.00
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	1,312,117	1,692,263	3,004,380	88,702	3,093,082	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	443,225	443,225	5,043	448,268	65.00
66.00 PHYSICAL THERAPY	153,705	556,365	710,070	-18,553	691,517	66.00
66.01 CARDIAC REHAB	81,795	15,872	97,667	35,706	133,373	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00 ELECTROCARDIOLOGY	55,248	16,927	72,175	24,622	96,797	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	203,999	203,999	3,734	207,733	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,230,423	1,230,423	-439,287	791,136	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	439,287	439,287	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,645,999	1,645,999	0	1,645,999	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	966,025	335,142	1,301,167	21,503	1,322,670	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	1,113,500	250,621	1,364,121	38,819	1,402,940	95.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	426,936	95,260	522,196	19,073	541,269	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE		233,109	233,109	-233,109	0	113.00
116.00 HOSPICE	151,956	117,058	269,014	4,435	273,449	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	17,327,914	23,927,951	41,255,865	-132,282	41,123,583	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	118,234	10,656	128,890	77,836	206,726	192.00
192.01 DEKALB MEDICAL SERVICES	1,757,335	374,738	2,132,073	54,446	2,186,519	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet A
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
200.00 TOTAL (SUM OF LINES 118-199)	19,203,483	24,313,345	43,516,828	0	43,516,828	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet A
Date/Time Prepared:
3/27/2012 4:33 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	-233,109	1,449,828	1.00
1.01	MAC WEST - NEW	0	61,872	1.01
1.02	NORTH ANNEX - NEW	0	7,138	1.02
1.03	GARRETT CLINIC - NEW	0	4,244	1.03
1.04	BUTLER - NEW	0	15,291	1.04
1.05	MAC EAST - NEW	0	177,799	1.05
1.06	GARRETT LAB - NEW	0	16,141	1.06
1.07	MEDICAL ARTS - NEW	0	57,053	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-13,829	1,754,801	2.00
3.00	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	EMPLOYEE BENEFITS	-497,783	5,868,113	4.00
5.00	ADMINISTRATIVE & GENERAL	-767,297	5,099,779	5.00
6.00	MAINTENANCE & REPAIRS	0	0	6.00
7.00	OPERATION OF PLANT	-5,713	1,485,003	7.00
8.00	LAUNDRY & LINEN SERVICE	-2,461	151,372	8.00
9.00	HOUSEKEEPING	-8,039	648,612	9.00
10.00	DIETARY	0	39,218	10.00
10.01	SNACK BAR	-62,108	0	10.01
11.00	CAFETERIA	-241,937	340,335	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	NURSING ADMINISTRATION	0	759,480	13.00
14.00	CENTRAL SERVICES & SUPPLY	-8,637	305,495	14.00
15.00	PHARMACY	-206,885	345,741	15.00
16.00	MEDICAL RECORDS & LIBRARY	-2,898	490,706	16.00
17.00	SOCIAL SERVICE	0	67,814	17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	-760	2,135,183	30.00
31.00	INTENSIVE CARE UNIT	0	692,592	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	286,765	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	-727,711	1,848,449	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	250,378	52.00
54.00	RADIOLOGY-DIAGNOSTIC	-31,350	2,866,344	54.00
57.00	CT SCAN	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	59.00
60.00	LABORATORY	-68,763	3,024,319	60.00
60.01	BLOOD LABORATORY	0	0	60.01
65.00	RESPIRATORY THERAPY	0	448,268	65.00
66.00	PHYSICAL THERAPY	-188	691,329	66.00
66.01	CARDIAC REHAB	-11,073	122,300	66.01
67.00	OCCUPATIONAL THERAPY	0	0	67.00
69.00	ELECTROCARDIOLOGY	0	96,797	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	207,733	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	-123	791,013	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	439,287	72.00
73.00	DRUGS CHARGED TO PATIENTS	-7,901	1,638,098	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	-285,678	1,036,992	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	-426,100	976,840	95.00
99.10	CORF	0	0	99.10
101.00	HOME HEALTH AGENCY	-20,978	520,291	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	110.00
111.00	ISLET ACQUISITION	0	0	111.00
113.00	INTEREST EXPENSE	0	0	113.00
116.00	HOSPICE	-500	272,949	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-3,631,821	37,491,762	118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	RESEARCH	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	-1,862	204,864	192.00
192.01	DEKALB MEDICAL SERVICES	0	2,186,519	192.01
193.00	NONPAID WORKERS	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	-3,633,683	39,883,145	200.00

RECLASSIFICATIONS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-6
Date/Time Prepared:
3/27/2012 4:33 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - LABOR & DELIVERY RECLASS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	233,136	17,242	1.00	
	TOTALS		233,136	17,242		
B - NURSERY RECLASS						
1.00	NURSERY	43.00	239,298	17,697	1.00	
	TOTALS		239,298	17,697		
C - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	315,485	266,787	1.00	
	TOTALS		315,485	266,787		
D - INTEREST RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	233,109	1.00	
	TOTALS		0	233,109		
E - DEPRECIATION RECLASS						
1.00	MAC WEST - NEW	1.01	0	61,872	1.00	
2.00	NORTH ANNEX - NEW	1.02	0	7,138	2.00	
3.00	GARRETT CLINIC - NEW	1.03	0	4,244	3.00	
4.00	BUTLER - NEW	1.04	0	15,291	4.00	
5.00	MAC EAST - NEW	1.05	0	177,799	5.00	
6.00	GARRETT LAB - NEW	1.06	0	16,141	6.00	
7.00	MEDICAL ARTS - NEW	1.07	0	57,053	7.00	
8.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,768,630	8.00	
	TOTALS		0	2,108,168		
F - ANCILLARY SERVICES RECLASS						
1.00	LABORATORY	60.00	42,601	5,789	1.00	
2.00	RESPIRATORY THERAPY	65.00	4,440	603	2.00	
3.00	PHYSICAL THERAPY	66.00	5,246	713	3.00	
4.00	CARDIAC REHAB	66.01	899	122	4.00	
5.00	ELECTROCARDIOLOGY	69.00	1,828	248	5.00	
6.00	ELECTROENCEPHALOGRAPHY	70.00	3,287	447	6.00	
7.00	AMBULANCE SERVICES	95.00	10,572	1,437	7.00	
	TOTALS		68,873	9,359		
G - NORTH ANNEX RECLASS						
1.00	HOME HEALTH AGENCY	101.00	0	8,439	1.00	
2.00	HOSPICE	116.00	0	913	2.00	
	TOTALS		0	9,352		
H - MOB WEST RECLASS						
1.00	OPERATION OF PLANT	7.00	0	7,342	1.00	
2.00	LABORATORY	60.00	0	1,663	2.00	
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	31,909	3.00	
	TOTALS		0	40,914		
I - MOB EAST RECLASS						
1.00	OPERATION OF PLANT	7.00	0	25,998	1.00	
2.00	HOUSEKEEPING	9.00	0	177	2.00	
3.00	DIETARY	10.00	0	476	3.00	
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	663	4.00	
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	30,216	5.00	
6.00	DEKALB MEDICAL SERVICES	192.01	0	18,229	6.00	
	TOTALS		0	75,759		
J - REHABILITATION OFFICE RECLASS						
1.00	CARDIAC REHAB	66.01	25,920	7,594	1.00	
	TOTALS		25,920	7,594		
K - BUTLER CLINIC RECLASS						
1.00	LABORATORY	60.00	0	2,154	1.00	
	TOTALS		0	2,154		
L - GARRETT MOB RECLASS						
1.00	LABORATORY	60.00	0	4,646	1.00	
2.00	DEKALB MEDICAL SERVICES	192.01	0	17,578	2.00	
	TOTALS		0	22,224		
M - MEDICAL ARTS BUILDING RECLASS						
1.00	OPERATION OF PLANT	7.00	0	1,304	1.00	
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	12,550	2.00	
3.00	DEKALB MEDICAL SERVICES	192.01	0	2,589	3.00	
	TOTALS		0	16,443		
N - ANCILLARY - EKG SUPPORT RECLASS						
1.00	ELECTROCARDIOLOGY	69.00	12,247	8,932	1.00	
	TOTALS		12,247	8,932		
O - IMPLANTABLE DEVICES RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	439,287	1.00	
	TOTALS		0	439,287		

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
P - BONUS ACCRUAL RECLASS						
1.00	EMPLOYEE BENEFITS	4.00	0	7,006	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	83,750	2.00	
3.00	OPERATION OF PLANT	7.00	0	16,356	3.00	
4.00	LAUNDRY & LINEN SERVICE	8.00	0	4,291	4.00	
5.00	HOUSEKEEPING	9.00	0	9,703	5.00	
6.00	DIETARY	10.00	0	3,724	6.00	
7.00	SNACK BAR	10.01	0	2,799	7.00	
8.00	NURSING ADMINISTRATION	13.00	0	17,238	8.00	
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,289	9.00	
10.00	PHARMACY	15.00	0	12,558	10.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	7,399	11.00	
12.00	SOCIAL SERVICE	17.00	0	73	12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	12,226	13.00	
14.00	OPERATING ROOM	50.00	0	35,009	14.00	
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	28,374	15.00	
16.00	LABORATORY	60.00	0	31,849	16.00	
17.00	PHYSICAL THERAPY	66.00	0	9,002	17.00	
18.00	CARDIAC REHAB	66.01	0	1,171	18.00	
19.00	ELECTROCARDIOLOGY	69.00	0	1,367	19.00	
20.00	EMERGENCY	91.00	0	21,503	20.00	
21.00	AMBULANCE SERVICES	95.00	0	26,810	21.00	
22.00	HOME HEALTH AGENCY	101.00	0	10,634	22.00	
23.00	HOSPICE	116.00	0	3,522	23.00	
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,161	24.00	
25.00	DEKALB MEDICAL SERVICES	192.01	0	18,204	25.00	
	TOTALS		0	371,018		
500.00	Grand Total: Increases		894,959	3,646,039	500.00	

RECLASSIFICATIONS

Provider CCN: 150045

Period: From 10/01/2010 To 09/30/2011

Worksheet A-6
Date/Time Prepared: 3/27/2012 4:33 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - LABOR & DELIVERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	233,136	17,242	0		1.00
	TOTALS		233,136	17,242			
B - NURSERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	239,298	17,697	0		1.00
	TOTALS		239,298	17,697			
C - CAFETERIA RECLASS							
1.00	DIETARY	10.00	315,485	266,787	0		1.00
	TOTALS		315,485	266,787			
D - INTEREST RECLASS							
1.00	INTEREST EXPENSE	113.00	0	233,109	11		1.00
	TOTALS		0	233,109			
E - DEPRECIATION RECLASS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,108,168	9		1.00
2.00		0.00	0	0	9		2.00
3.00		0.00	0	0	9		3.00
4.00		0.00	0	0	9		4.00
5.00		0.00	0	0	9		5.00
6.00		0.00	0	0	9		6.00
7.00		0.00	0	0	9		7.00
8.00		0.00	0	0	9		8.00
	TOTALS		0	2,108,168			
F - ANCILLARY SERVICES RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	68,873	9,359	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
	TOTALS		68,873	9,359			
G - NORTH ANNEX RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	9,352	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	9,352			
H - MOB WEST RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	40,914	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	40,914			
I - MOB EAST RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	75,759	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
	TOTALS		0	75,759			
J - REHABILITATION OFFICE RECLASS							
1.00	PHYSICAL THERAPY	66.00	25,920	7,594	0		1.00
	TOTALS		25,920	7,594			
K - BUTLER CLINIC RECLASS							
1.00	DEKALB MEDICAL SERVICES	192.01	0	2,154	0		1.00
	TOTALS		0	2,154			
L - GARRETT MOB RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	22,224	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	22,224			
M - MEDICAL ARTS BUILDING RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,443	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	16,443			
N - ANCILLARY - EKG SUPPORT RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	12,247	8,932	0		1.00
	TOTALS		12,247	8,932			
O - IMPLANTABLE DEVICES RECLASS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	439,287	0		1.00
	TOTALS		0	439,287			

RECLASSIFICATIONS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-6

Date/Time Prepared:
3/27/2012 4:33 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
P - BONUS ACCRUAL RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	0	371,018	0	0	1.00
2.00		0.00	0	0	0	0	2.00
3.00		0.00	0	0	0	0	3.00
4.00		0.00	0	0	0	0	4.00
5.00		0.00	0	0	0	0	5.00
6.00		0.00	0	0	0	0	6.00
7.00		0.00	0	0	0	0	7.00
8.00		0.00	0	0	0	0	8.00
9.00		0.00	0	0	0	0	9.00
10.00		0.00	0	0	0	0	10.00
11.00		0.00	0	0	0	0	11.00
12.00		0.00	0	0	0	0	12.00
13.00		0.00	0	0	0	0	13.00
14.00		0.00	0	0	0	0	14.00
15.00		0.00	0	0	0	0	15.00
16.00		0.00	0	0	0	0	16.00
17.00		0.00	0	0	0	0	17.00
18.00		0.00	0	0	0	0	18.00
19.00		0.00	0	0	0	0	19.00
20.00		0.00	0	0	0	0	20.00
21.00		0.00	0	0	0	0	21.00
22.00		0.00	0	0	0	0	22.00
23.00		0.00	0	0	0	0	23.00
24.00		0.00	0	0	0	0	24.00
25.00		0.00	0	0	0	0	25.00
TOTALS			0	371,018			
500.00	Grand Total: Decreases		894,959	3,646,039			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
3/27/2012 4:33 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	220,118	0	0	0	1.00
2.00	Land Improvements	1,696,200	0	0	0	2.00
3.00	Buildings and Fixtures	43,754,344	1,253,065	0	1,253,065	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	17,389,470	10,381,438	0	10,381,438	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	63,060,132	11,634,503	0	11,634,503	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	63,060,132	11,634,503	0	11,634,503	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	3,557,996	0	0	0	1.00
1.01	MAC WEST - NEW	0	0	0	0	1.01
1.02	NORTH ANNEX - NEW	0	0	0	0	1.02
1.03	GARRETT CLINIC - NEW	0	0	0	0	1.03
1.04	BUTLER - NEW	0	0	0	0	1.04
1.05	MAC EAST - NEW	0	0	0	0	1.05
1.06	GARRETT LAB - NEW	0	0	0	0	1.06
1.07	MEDICAL ARTS - NEW	0	0	0	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,557,996	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	46,895,491	0	46,895,491	0.643174	1.00
1.01	MAC WEST - NEW	0	0	0	0.000000	1.01
1.02	NORTH ANNEX - NEW	0	0	0	0.000000	1.02
1.03	GARRETT CLINIC - NEW	0	0	0	0.000000	1.03
1.04	BUTLER - NEW	0	0	0	0.000000	1.04
1.05	MAC EAST - NEW	0	0	0	0.000000	1.05
1.06	GARRETT LAB - NEW	0	0	0	0.000000	1.06
1.07	MEDICAL ARTS - NEW	0	0	0	0.000000	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	26,017,062	0	26,017,062	0.356826	2.00
3.00	Total (sum of lines 1-2)	72,912,553	0	72,912,553	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
3/27/2012 4:33 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	220,118	0		1.00		
2.00	Land Improvements	1,696,200	0		2.00		
3.00	Buildings and Fixtures	44,979,173	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	26,017,062	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	72,912,553	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	72,912,553	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	3,557,996		1.00		
1.01	MAC WEST - NEW	0	0		1.01		
1.02	NORTH ANNEX - NEW	0	0		1.02		
1.03	GARRETT CLINIC - NEW	0	0		1.03		
1.04	BUTLER - NEW	0	0		1.04		
1.05	MAC EAST - NEW	0	0		1.05		
1.06	GARRETT LAB - NEW	0	0		1.06		
1.07	MEDICAL ARTS - NEW	0	0		1.07		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00		
3.00	Total (sum of lines 1-2)	0	3,557,996		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,449,828	-233,109	1.00
1.01	MAC WEST - NEW	0	0	0	61,872	0	1.01
1.02	NORTH ANNEX - NEW	0	0	0	7,138	0	1.02
1.03	GARRETT CLINIC - NEW	0	0	0	4,244	0	1.03
1.04	BUTLER - NEW	0	0	0	15,291	0	1.04
1.05	MAC EAST - NEW	0	0	0	177,799	0	1.05
1.06	GARRETT LAB - NEW	0	0	0	16,141	0	1.06
1.07	MEDICAL ARTS - NEW	0	0	0	57,053	0	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,754,801	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,544,167	-233,109	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	233,109	0	0	0	1,449,828	1.00
1.01	MAC WEST - NEW	0	0	0	0	61,872	1.01
1.02	NORTH ANNEX - NEW	0	0	0	0	7,138	1.02
1.03	GARRETT CLINIC - NEW	0	0	0	0	4,244	1.03
1.04	BUTLER - NEW	0	0	0	0	15,291	1.04
1.05	MAC EAST - NEW	0	0	0	0	177,799	1.05
1.06	GARRETT LAB - NEW	0	0	0	0	16,141	1.06
1.07	MEDICAL ARTS - NEW	0	0	0	0	57,053	1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,754,801	2.00
3.00	Total (sum of lines 1-2)	233,109	0	0	0	3,544,167	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8

Date/Time Prepared:
3/27/2012 4:33 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
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	A	-233,109	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
1.01 Investment income - MAC WEST - NEW (chapter 2)			OMAC WEST - NEW	1.01	1.01
1.02 Investment income - NORTH ANNEX - NEW (chapter 2)			ONORTH ANNEX - NEW	1.02	1.02
1.03 Investment income - GARRETT CLINIC - NEW (chapter 2)			OGARRETT CLINIC - NEW	1.03	1.03
1.04 Investment income - BUTLER - NEW (chapter 2)			OBUTLER - NEW	1.04	1.04
1.05 Investment income - MAC EAST - NEW (chapter 2)			OMAC EAST - NEW	1.05	1.05
1.06 Investment income - GARRETT LAB - NEW (chapter 2)			OGARRETT LAB - NEW	1.06	1.06
1.07 Investment income - MEDICAL ARTS - NEW (chapter 2)			OMEDICAL ARTS - NEW	1.07	1.07
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW 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	-123	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	7.00
8.00 Television and radio service (chapter 21)		0		0.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-330,440			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	B	-2,461	LAUNDRY & LINEN SERVICE	8.00	13.00
14.00 Cafeteria-employees and guests	B	-224,785	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	-206,885	PHARMACY	15.00	17.00
18.00 Sale of medical records and abstracts	B	-2,898	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines	B	-17,152	CAFETERIA	11.00	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		ORESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
26.01 Depreciation - MAC WEST - NEW			OMAC WEST - NEW	1.01	26.01
26.02 Depreciation - NORTH ANNEX - NEW			ONORTH ANNEX - NEW	1.02	26.02
26.03 Depreciation - GARRETT CLINIC - NEW			OGARRETT CLINIC - NEW	1.03	26.03
26.04 Depreciation - BUTLER - NEW			OBUTLER - NEW	1.04	26.04
26.05 Depreciation - MAC EAST - NEW			OMAC EAST - NEW	1.05	26.05
26.06 Depreciation - GARRETT LAB - NEW			OGARRETT LAB - NEW	1.06	26.06
26.07 Depreciation - MEDICAL ARTS - NEW			OMEDICAL ARTS - NEW	1.07	26.07
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant				0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OOCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest				0.00	32.00

Provider CCN: 150045

Period:
 From 10/01/2010
 To 09/30/2011

Worksheet A-8
 Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
			3.00	4.00
33.00 MISCELLANEOUS INCOME	B	-57	EMPLOYEE BENEFITS	4.00 33.00
34.00 MISCELLANEOUS INCOME	B	-103,799	ADMINISTRATIVE & GENERAL	5.00 34.00
35.00 CREDENTIALING SERVICES INCOME	B	-18,475	ADMINISTRATIVE & GENERAL	5.00 35.00
36.00 COMMUNITY SERVICES INCOME	B	-2,065	ADMINISTRATIVE & GENERAL	5.00 36.00
37.00 CENTRAL SUPPLY NON-PATIENT SUPPLY RE	B	-8,637	CENTRAL SERVICES & SUPPLY	14.00 37.00
38.00 WASTE DISPOSAL REVENUE	B	-786	OPERATION OF PLANT	7.00 38.00
39.00 MISCELLANEOUS INCOME	B	-4,927	OPERATION OF PLANT	7.00 39.00
40.00 HOUSEKEEPING REVENUE	B	-8,039	HOUSEKEEPING	9.00 40.00
41.00 OBSTETRICS MISCELLANEOUS INCOME	B	-760	ADULTS & PEDIATRICS	30.00 41.00
42.00 SURGERY NON-PATIENT REVENUE	B	-115	OPERATING ROOM	50.00 42.00
43.00 RADIOLOGY NON-PATIENT REVENUE	B	-5,115	RADIOLOGY-DIAGNOSTIC	54.00 43.00
44.00 NON-PATIENT LAB REVENUE	B	-32,498	LABORATORY	60.00 44.00
45.00 PT NON-PATIENT REVENUE	B	-188	PHYSICAL THERAPY	66.00 45.00
45.01 MISCELLANEOUS INCOME	B	-10,695	CARDIAC REHAB	66.01 45.01
45.02 MISCELLANEOUS INCOME	B	-7,901	DRUGS CHARGED TO PATIENTS	73.00 45.02
45.03 AMBULANCE SERVICE REVENUE	B	-69,719	AMBULANCE SERVICES	95.00 45.03
45.04 AMBULANCE SUBSIDY	B	-355,232	AMBULANCE SERVICES	95.00 45.04
45.05 MISCELLANEOUS INCOME	B	-19,265	LABORATORY	60.00 45.05
45.06 LOBBYING PORTION OF IHA & AHA DUES	A	-6,312	ADMINISTRATIVE & GENERAL	5.00 45.06
45.07 LOBBYING PORTION OF IAHC DUES - HOS	A	-104	HOSPICE	116.00 45.07
45.08 LOBBYING PORTION OF IAHC DUES - HOM	A	-69	HOME HEALTH AGENCY	101.00 45.08
45.09 NON-ALLOWABLE MARKETING	A	-458,190	ADMINISTRATIVE & GENERAL	5.00 45.09
45.10 NON-ALLOWABLE MARKETING	A	-474	HOME HEALTH AGENCY	101.00 45.10
45.11 NON-ALLOWABLE MARKETING	A	-396	HOSPICE	116.00 45.11
45.12 NON-ALLOWABLE MARKETING	A	-1,862	PHYSICIANS' PRIVATE OFFICES	192.00 45.12
45.13 LI FELINE EXPENSES	A	-20,435	HOME HEALTH AGENCY	101.00 45.13
45.14 LI FELINE EXPENSES - DEPRECIATION	A	-13,829	NEW CAP REL COSTS-MVBLE EQUIP	2.00 45.14
45.15 SNACK BAR	A	-62,108	SNACK BAR	10.01 45.15
45.16 PHYSICIAN GUARANTEE	A	-727,596	OPERATING ROOM	50.00 45.16
45.17 GOLF OUTING	A	-7,844	ADMINISTRATIVE & GENERAL	5.00 45.17
45.18 FLOWER/GIFTS	A	-3,478	ADMINISTRATIVE & GENERAL	5.00 45.18
45.19 SELF-INSURANCE EXPENSES	A	-497,726	EMPLOYEE BENEFITS	4.00 45.19
45.20 COUNTRY CLUB DUES	A	-2,000	ADMINISTRATIVE & GENERAL	5.00 45.20
45.21 LOBBYING FOR SONOGRAPHY DUES	A	-91	ADMINISTRATIVE & GENERAL	5.00 45.21
45.22 PHYSICIAN RECRUITMENT	A	-165,043	ADMINISTRATIVE & GENERAL	5.00 45.22
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-3,633,683		50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	10	1.00
1.01	Investment income - MAC WEST - NEW (chapter 2)	0	1.01
1.02	Investment income - NORTH ANNEX - NEW (chapter 2)	0	1.02
1.03	Investment income - GARRETT CLINIC - NEW (chapter 2)	0	1.03
1.04	Investment income - BUTLER - NEW (chapter 2)	0	1.04
1.05	Investment income - MAC EAST - NEW (chapter 2)	0	1.05
1.06	Investment income - GARRETT LAB - NEW (chapter 2)	0	1.06
1.07	Investment income - MEDICAL ARTS - NEW (chapter 2)	0	1.07
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)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
26.01	Depreciation - MAC WEST - NEW	0	26.01
26.02	Depreciation - NORTH ANNEX - NEW	0	26.02
26.03	Depreciation - GARRETT CLINIC - NEW	0	26.03
26.04	Depreciation - BUTLER - NEW	0	26.04
26.05	Depreciation - MAC EAST - NEW	0	26.05
26.06	Depreciation - GARRETT LAB - NEW	0	26.06
26.07	Depreciation - MEDICAL ARTS - NEW	0	26.07
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	MISCELLANEOUS INCOME	0	33.00
34.00	MISCELLANEOUS INCOME	0	34.00
35.00	CREDENTIALING SERVICES INCOME	0	35.00
36.00	COMMUNITY SERVICES INCOME	0	36.00
37.00	CENTRAL SUPPLY NON-PATIENT SUPPLY RE	0	37.00
38.00	WASTE DISPOSAL REVENUE	0	38.00
39.00	MISCELLANEOUS INCOME	0	39.00
40.00	HOUSEKEEPING REVENUE	0	40.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8

Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
41.00	OBSTETRICS MISCELLANEOUS INCOME	0	41.00
42.00	SURGERY NON-PATIENT REVENUE	0	42.00
43.00	RADIOLOGY NON-PATIENT REVENUE	0	43.00
44.00	NON-PATIENT LAB REVENUE	0	44.00
45.00	PT NON-PATIENT REVENUE	0	45.00
45.01	MISCELLANEOUS INCOME	0	45.01
45.02	MISCELLANEOUS INCOME	0	45.02
45.03	AMBULANCE SERVICE REVENUE	0	45.03
45.04	AMBULANCE SUBSIDY	0	45.04
45.05	MISCELLANEOUS INCOME	0	45.05
45.06	LOBBYING PORTION OF IHA & AHA DUES	0	45.06
45.07	LOBBYING PORTION OF IAHC DUES - HOS	0	45.07
45.08	LOBBYING PORTION OF IAHC DUES - HOM	0	45.08
45.09	NON-ALLOWABLE MARKETING	0	45.09
45.10	NON-ALLOWABLE MARKETING	0	45.10
45.11	NON-ALLOWABLE MAREKTING	0	45.11
45.12	NON-ALLOWABLE MARKETING	0	45.12
45.13	LIFELINE EXPENSES	0	45.13
45.14	LIFELINE EXPENSES - DEPRECIATION	9	45.14
45.15	SNACK BAR	0	45.15
45.16	PHYSICIAN GUARANTEE	0	45.16
45.17	GOLF OUTING	0	45.17
45.18	FLOWER/GIFTS	0	45.18
45.19	SELF-INSURANCE EXPENSES	0	45.19
45.20	COUNTRY CLUB DUES	0	45.20
45.21	LOBBYING FOR SONOGRAPHY DUES	0	45.21
45.22	PHYSICIAN RECRUITMENT	0	45.22
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: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/27/2012 4:33 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	91.00	EMERGENCY	297,989	283,989	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	3,312	0	2.00
3.00	95.00	AMBULANCE SERVICES	8,000	0	3.00
4.00	60.00	LABORATORY	75,000	0	4.00
5.00	54.00	RADIOLOGY	25,434	25,434	5.00
6.00	66.01	CARDIAC REHAB	1,200	0	6.00
7.00	0.00		0	0	7.00
8.00	0.00		0	0	8.00
9.00	0.00		0	0	9.00
10.00	0.00		0	0	10.00
200.00		TOTAL (Lines 1.00 through 199.00)	410,935	309,423	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/27/2012 4:33 pm

	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	14,000	182,900	140	12,311	616	1.00
2.00	3,312	217,600	24	2,511	126	2.00
3.00	8,000	142,500	100	6,851	343	3.00
4.00	75,000	208,000	580	58,000	2,900	4.00
5.00	0	217,600	0	0	0	5.00
6.00	1,200	142,500	12	822	41	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	101,512		856	80,495	4,026	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/27/2012 4:33 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	12,311	1.00
2.00	0	0	0	0	2,511	2.00
3.00	0	0	0	0	6,851	3.00
4.00	0	0	0	0	58,000	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	822	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	80,495	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet A-8-2

Date/Time Prepared:
3/27/2012 4:33 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	1,689	285,678	1.00
2.00	801	801	2.00
3.00	1,149	1,149	3.00
4.00	17,000	17,000	4.00
5.00	0	25,434	5.00
6.00	378	378	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	21,017	330,440	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS			GARRETT CLINIC - NEW	
		NEW BLDG & FIXT	MAC WEST - NEW	NORTH ANNEX - NEW		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT	1,449,828	1,449,828				1.00
1.01 MAC WEST - NEW	61,872	0	61,872			1.01
1.02 NORTH ANNEX - NEW	7,138	0	0	7,138		1.02
1.03 GARRETT CLINIC - NEW	4,244	0	0	0	4,244	1.03
1.04 BUTLER - NEW	15,291	0	0	0	0	1.04
1.05 MAC EAST - NEW	177,799	0	0	0	0	1.05
1.06 GARRETT LAB - NEW	16,141	0	0	0	0	1.06
1.07 MEDICAL ARTS - NEW	57,053	0	0	0	0	1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP	1,754,801					2.00
4.00 EMPLOYEE BENEFITS	5,868,113	0	0	0	0	4.00
5.00 ADMINISTRATIVE & GENERAL	5,099,779	79,311	0	2,921	0	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	1,485,003	673,704	11,102	0	0	7.00
8.00 LAUNDRY & LINEN SERVICE	151,372	10,045	0	0	0	8.00
9.00 HOUSEKEEPING	648,612	15,018	0	0	0	9.00
10.00 DIETARY	39,218	8,430	0	0	0	10.00
10.01 SNACK BAR	0	0	0	0	0	10.01
11.00 CAFETERIA	340,335	19,830	0	0	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	759,480	8,918	0	0	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	305,495	10,592	0	0	0	14.00
15.00 PHARMACY	345,741	9,742	0	0	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	490,706	23,515	0	0	0	16.00
17.00 SOCIAL SERVICE	67,814	1,380	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	2,135,183	149,258	0	0	0	30.00
31.00 INTENSIVE CARE UNIT	692,592	38,987	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	286,765	13,596	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,848,449	83,156	0	0	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	250,378	41,460	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	2,866,344	52,532	0	0	0	54.00
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	3,024,319	26,047	2,515	0	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	448,268	11,694	0	0	0	65.00
66.00 PHYSICAL THERAPY	691,329	43,883	0	0	0	66.00
66.01 CARDIAC REHAB	122,300	23,094	0	0	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00 ELECTROCARDIOLOGY	96,797	3,247	0	0	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	207,733	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	791,013	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	439,287	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	1,638,098	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	1,036,992	36,606	0	0	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	976,840	22,867	0	0	0	95.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	520,291	0	0	3,805	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	272,949	0	0	412	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	37,491,762	1,406,912	13,617	7,138	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	204,864	42,916	44,062	0	4,244	192.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			GARRETT CLINIC - NEW	
		NEW BLDG & FIXT	MAC WEST - NEW	NORTH ANNEX - NEW		
	0	1.00	1.01	1.02	1.03	
192.01 DEKALB MEDICAL SERVICES	2,186,519	0	4,193	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
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)	39,883,145	1,449,828	61,872	7,138	4,244	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150045

Period:
From 10/01/2010
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Cost Center Description	CAPITAL RELATED COSTS					
	BUTLER - NEW	MAC EAST - NEW	GARRETT LAB - NEW	MEDICAL ARTS - NEW	NEW MVBLE EQUIP	
	1.04	1.05	1.06	1.07	2.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 MAC WEST - NEW						1.01
1.02 NORTH ANNEX - NEW						1.02
1.03 GARRETT CLINIC - NEW						1.03
1.04 BUTLER - NEW	15,291					1.04
1.05 MAC EAST - NEW	0	177,799				1.05
1.06 GARRETT LAB - NEW	0	0	16,141			1.06
1.07 MEDICAL ARTS - NEW	0	0	0	57,053		1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP					1,754,801	2.00
4.00 EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.00 ADMINISTRATIVE & GENERAL	0	23,809	0	0	95,994	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	0	52,845	0	4,524	815,419	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	12,158	8.00
9.00 HOUSEKEEPING	0	361	0	0	18,176	9.00
10.00 DIETARY	0	968	0	0	10,203	10.00
10.01 SNACK BAR	0	0	0	0	0	10.01
11.00 CAFETERIA	0	0	0	0	24,001	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	0	0	0	0	10,794	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	12,820	14.00
15.00 PHARMACY	0	0	0	0	11,792	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	1,347	0	0	28,461	16.00
17.00 SOCIAL SERVICE	0	0	0	0	1,670	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	0	180,655	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	47,188	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	16,456	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	100,648	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	50,181	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	63,582	54.00
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	1,081	0	3,375	0	31,526	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	14,154	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	53,114	66.00
66.01 CARDIAC REHAB	0	0	0	0	27,952	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	3,931	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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	44,306	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	27,677	95.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,081	79,330	3,375	4,524	1,702,858	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	61,416	0	43,547	51,943	192.00
192.01 DEKALB MEDICAL SERVICES	14,210	37,053	12,766	8,982		192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150045

Period:
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To 09/30/2011

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Cost Center Description	CAPITAL RELATED COSTS					
	BUTLER - NEW	MAC EAST - NEW	GARRETT LAB - NEW	MEDICAL ARTS - NEW	NEW MVBLE EQUIP	
	1.04	1.05	1.06	1.07	2.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	15,291	177,799	16,141	57,053	1,754,801	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description		EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		4.00	4A	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	MAC WEST - NEW						1.01
1.02	NORTH ANNEX - NEW						1.02
1.03	GARRETT CLINIC - NEW						1.03
1.04	BUTLER - NEW						1.04
1.05	MAC EAST - NEW						1.05
1.06	GARRETT LAB - NEW						1.06
1.07	MEDICAL ARTS - NEW						1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	5,868,113					4.00
5.00	ADMINISTRATIVE & GENERAL	961,883	6,263,697	6,263,697			5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	OPERATION OF PLANT	189,972	3,232,569	602,266	0	3,834,835	7.00
8.00	LAUNDRY & LINEN SERVICE	33,467	207,042	38,574	0	31,777	8.00
9.00	HOUSEKEEPING	155,295	837,462	156,029	0	49,528	9.00
10.00	DIETARY	103,232	162,051	30,192	0	32,096	10.00
10.01	SNACK BAR	0	0	0	0	0	10.01
11.00	CAFETERIA	0	384,166	71,575	0	62,728	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	218,111	997,303	185,810	0	28,210	13.00
14.00	CENTRAL SERVICES & SUPPLY	40,224	369,131	68,774	0	33,507	14.00
15.00	PHARMACY	157,003	524,278	97,679	0	30,819	15.00
16.00	MEDICAL RECORDS & LIBRARY	128,099	672,128	125,226	0	81,943	16.00
17.00	SOCIAL SERVICE	20,271	91,135	16,980	0	4,365	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	866,658	3,331,754	620,746	0	472,152	30.00
31.00	INTENSIVE CARE UNIT	203,132	981,899	182,940	0	123,327	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	5,528	322,345	60,057	0	43,008	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	469,934	2,502,187	466,187	0	263,049	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	342,019	63,722	0	131,152	52.00
54.00	RADIOLOGY-DIAGNOSTIC	419,538	3,401,996	633,833	0	166,175	54.00
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	405,333	3,494,196	651,000	0	130,300	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	474,116	88,334	0	36,993	65.00
66.00	PHYSICAL THERAPY	47,482	835,808	155,721	0	138,817	66.00
66.01	CARDIAC REHAB	25,268	198,614	37,004	0	73,054	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	ELECTROCARDIOLOGY	17,067	121,042	22,552	0	10,273	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	207,733	38,703	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	791,013	147,375	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	439,287	81,844	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,638,098	305,197	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	298,420	1,416,324	263,878	0	115,796	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	343,977	1,371,361	255,501	0	72,336	95.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	131,887	655,983	122,218	0	73,773	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	HOSPICE	46,941	320,302	59,676	0	7,984	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,288,722	36,587,039	5,649,593	0	2,213,162	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	36,524	489,516	91,203	0	1,146,381	192.00
192.01	DEKALB MEDICAL SERVICES	542,867	2,806,590	522,901	0	475,292	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
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	TOTAL (sum lines 118-201)	5,868,113	39,883,145	6,263,697	0	3,834,835	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150045

Period:
From 10/01/2010
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	SNACK BAR	CAFETERIA	
		8.00	9.00	10.00	10.01	11.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	MAC WEST - NEW						1.01
1.02	NORTH ANNEX - NEW						1.02
1.03	GARRETT CLINIC - NEW						1.03
1.04	BUTLER - NEW						1.04
1.05	MAC EAST - NEW						1.05
1.06	GARRETT LAB - NEW						1.06
1.07	MEDICAL ARTS - NEW						1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS						4.00
5.00	ADMINISTRATIVE & GENERAL						5.00
6.00	MAINTENANCE & REPAIRS						6.00
7.00	OPERATION OF PLANT						7.00
8.00	LAUNDRY & LINEN SERVICE	277,393					8.00
9.00	HOUSEKEEPING	13,025	1,056,044				9.00
10.00	DIETARY	1,385	9,030	234,754			10.00
10.01	SNACK BAR	0	0	0	0		10.01
11.00	CAFETERIA	0	17,648	0	0	536,117	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	7,937	0	0	20,155	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	9,427	0	0	8,062	14.00
15.00	PHARMACY	0	8,671	0	0	12,093	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	23,054	0	0	24,186	16.00
17.00	SOCIAL SERVICE	0	1,228	0	0	2,015	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	120,484	132,839	185,648	0	94,730	30.00
31.00	INTENSIVE CARE UNIT	21,282	34,698	49,106	0	22,170	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	4,366	12,100	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	40,376	74,008	0	0	52,402	50.00
52.00	DELIVERY ROOM & LABOR ROOM	27	36,899	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	19,760	46,753	0	0	48,371	54.00
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	36,660	0	0	56,433	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	2,424	10,408	0	0	0	65.00
66.00	PHYSICAL THERAPY	2,730	39,056	0	0	6,046	66.00
66.01	CARDIAC REHAB	657	20,554	0	0	4,031	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	ELECTROCARDIOLOGY	0	2,890	0	0	2,015	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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	43,782	32,579	0	0	34,263	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	20,351	0	0	62,480	95.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	20,756	0	0	18,139	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	HOSPICE	78	2,246	0	0	4,031	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	270,376	599,792	234,754	0	471,622	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	7,017	322,530	0	0	10,077	192.00
192.01	DEKALB MEDICAL SERVICES	0	133,722	0	0	54,418	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
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)	277,393	1,056,044	234,754	0	536,117	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 MAC WEST - NEW						1.01
1.02 NORTH ANNEX - NEW						1.02
1.03 GARRETT CLINIC - NEW						1.03
1.04 BUTLER - NEW						1.04
1.05 MAC EAST - NEW						1.05
1.06 GARRETT LAB - NEW						1.06
1.07 MEDICAL ARTS - NEW						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
10.01 SNACK BAR						10.01
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL	0					12.00
13.00 NURSING ADMINISTRATION	0	1,239,415				13.00
14.00 CENTRAL SERVICES & SUPPLY	0	43,570	532,471			14.00
15.00 PHARMACY	0	0	2,241	675,781		15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	926,540	16.00
17.00 SOCIAL SERVICE	0	12,461	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	488,307	26,573	0	100,443	30.00
31.00 INTENSIVE CARE UNIT	0	115,110	6,157	0	27,491	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	8,578	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	263,370	57,886	0	115,054	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	16,668	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	27,837	0	164,401	54.00
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	28,570	45,775	0	175,253	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	2,817	0	18,264	65.00
66.00 PHYSICAL THERAPY	0	0	7,182	0	21,580	66.00
66.01 CARDIAC REHAB	0	0	350	0	3,700	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00 ELECTROCARDIOLOGY	0	0	1,569	0	7,518	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	7	0	13,521	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	232,418	0	48,022	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	16,175	0	16,765	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	67,084	675,781	59,516	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	178,961	14,869	0	86,275	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	8,002	0	43,491	95.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	84,661	3,383	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	24,405	3,151	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	1,239,415	523,479	675,781	926,540	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	333	0	0	192.00
192.01 DEKALB MEDICAL SERVICES	0	0	8,659	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	12.00	13.00	14.00	15.00	16.00	
202.00 TOTAL (sum lines 118-201)	0	1,239,415	532,471	675,781	926,540	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part I
Date/Time Prepared:
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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
1.01 MAC WEST - NEW					1.01
1.02 NORTH ANNEX - NEW					1.02
1.03 GARRETT CLINIC - NEW					1.03
1.04 BUTLER - NEW					1.04
1.05 MAC EAST - NEW					1.05
1.06 GARRETT LAB - NEW					1.06
1.07 MEDICAL ARTS - NEW					1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
10.01 SNACK BAR					10.01
11.00 CAFETERIA					11.00
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE	128,184				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	128,184	5,701,860	0	5,701,860	30.00
31.00 INTENSIVE CARE UNIT	0	1,564,180	0	1,564,180	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	450,454	0	450,454	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	3,834,519	0	3,834,519	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	590,487	0	590,487	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	4,509,126	0	4,509,126	54.00
57.00 CT SCAN	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 LABORATORY	0	4,618,187	0	4,618,187	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	633,356	0	633,356	65.00
66.00 PHYSICAL THERAPY	0	1,206,940	0	1,206,940	66.00
66.01 CARDIAC REHAB	0	337,964	0	337,964	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00 ELECTROCARDIOLOGY	0	167,859	0	167,859	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	259,964	0	259,964	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,218,828	0	1,218,828	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	554,071	0	554,071	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	2,745,676	0	2,745,676	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	0	2,186,727	0	2,186,727	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES	0	1,833,522	0	1,833,522	95.00
99.10 CORF	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	978,913	0	978,913	101.00
SPECIAL PURPOSE COST CENTERS					
109.00 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	113.00
116.00 HOSPICE	0	421,873	0	421,873	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	128,184	33,814,506	0	33,814,506	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	2,067,057	0	2,067,057	192.00
192.01 DEKALB MEDICAL SERVICES	0	4,001,582	0	4,001,582	192.01
193.00 NONPAID WORKERS	0	0	0	0	193.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150045

Period:
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To 09/30/2011

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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		
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)	128,184	39,883,145	0	39,883,145		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			GARRETT CLINIC - NEW	
		NEW BLDG & FIXT	MAC WEST - NEW	NORTH ANNEX - NEW		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	MAC WEST - NEW					1.01
1.02	NORTH ANNEX - NEW					1.02
1.03	GARRETT CLINIC - NEW					1.03
1.04	BUTLER - NEW					1.04
1.05	MAC EAST - NEW					1.05
1.06	GARRETT LAB - NEW					1.06
1.07	MEDICAL ARTS - NEW					1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	EMPLOYEE BENEFITS	0	0	0	0	4.00
5.00	ADMINISTRATIVE & GENERAL	0	79,311	0	2,921	5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	OPERATION OF PLANT	0	673,704	11,102	0	7.00
8.00	LAUNDRY & LINEN SERVICE	0	10,045	0	0	8.00
9.00	HOUSEKEEPING	0	15,018	0	0	9.00
10.00	DIETARY	0	8,430	0	0	10.00
10.01	SNACK BAR	0	0	0	0	10.01
11.00	CAFETERIA	0	19,830	0	0	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	0	8,918	0	0	13.00
14.00	CENTRAL SERVICES & SUPPLY	0	10,592	0	0	14.00
15.00	PHARMACY	0	9,742	0	0	15.00
16.00	MEDICAL RECORDS & LIBRARY	0	23,515	0	0	16.00
17.00	SOCIAL SERVICE	0	1,380	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	0	149,258	0	0	30.00
31.00	INTENSIVE CARE UNIT	0	38,987	0	0	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	13,596	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0	83,156	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	41,460	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	52,532	0	0	54.00
57.00	CT SCAN	0	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	LABORATORY	0	26,047	2,515	0	60.00
60.01	BLOOD LABORATORY	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	11,694	0	0	65.00
66.00	PHYSICAL THERAPY	0	43,883	0	0	66.00
66.01	CARDIAC REHAB	0	23,094	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00	ELECTROCARDIOLOGY	0	3,247	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
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	0	36,606	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0	22,867	0	0	95.00
99.10	CORF	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	0	0	0	3,805	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	113.00
116.00	HOSPICE	0	0	0	412	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,406,912	13,617	7,138	118.00
NONREIMBURSABLE COST CENTERS						
190.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	0	42,916	44,062	4,244	192.00
192.01	DEKALB MEDICAL SERVICES	0	0	4,193	0	192.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150045

Period:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				GARRETT CLINIC - NEW	
		NEW BLDG & FIXT	MAC WEST - NEW	NORTH ANNEX - NEW			
		1.00	1.01	1.02	1.03		
193.00 NONPAID WORKERS	0	0	0	0	0	193.00	
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	1,449,828	61,872	7,138	4,244	202.00	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150045

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Cost Center Description	CAPITAL RELATED COSTS					
	BUTLER - NEW	MAC EAST - NEW	GARRETT LAB - NEW	MEDICAL ARTS - NEW	NEW MVBLE EQUIP	
	1.04	1.05	1.06	1.07	2.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 MAC WEST - NEW						1.01
1.02 NORTH ANNEX - NEW						1.02
1.03 GARRETT CLINIC - NEW						1.03
1.04 BUTLER - NEW						1.04
1.05 MAC EAST - NEW						1.05
1.06 GARRETT LAB - NEW						1.06
1.07 MEDICAL ARTS - NEW						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.00 ADMINISTRATIVE & GENERAL	0	23,809	0	0	95,994	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	0	52,845	0	4,524	815,419	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	0	12,158	8.00
9.00 HOUSEKEEPING	0	361	0	0	18,176	9.00
10.00 DIETARY	0	968	0	0	10,203	10.00
10.01 SNACK BAR	0	0	0	0	0	10.01
11.00 CAFETERIA	0	0	0	0	24,001	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	0	0	0	0	10,794	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	0	12,820	14.00
15.00 PHARMACY	0	0	0	0	11,792	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	1,347	0	0	28,461	16.00
17.00 SOCIAL SERVICE	0	0	0	0	1,670	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	0	180,655	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	0	47,188	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	16,456	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	0	100,648	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	50,181	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	63,582	54.00
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	1,081	0	3,375	0	31,526	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	0	14,154	65.00
66.00 PHYSICAL THERAPY	0	0	0	0	53,114	66.00
66.01 CARDIAC REHAB	0	0	0	0	27,952	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00 ELECTROCARDIOLOGY	0	0	0	0	3,931	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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	44,306	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	0	27,677	95.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,081	79,330	3,375	4,524	1,702,858	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	61,416	0	43,547	51,943	192.00
192.01 DEKALB MEDICAL SERVICES	14,210	37,053	12,766	8,982	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet B Part II Date/Time Prepared: 3/27/2012 4:33 pm
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Cost Center Description	CAPITAL RELATED COSTS					
	BUTLER - NEW	MAC EAST - NEW	GARRETT LAB - NEW	MEDICAL ARTS - NEW	NEW MVBLE EQUIP	
	1.04	1.05	1.06	1.07	2.00	
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	15,291	177,799	16,141	57,053	1,754,801	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description		Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		2A	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	MAC WEST - NEW						1.01
1.02	NORTH ANNEX - NEW						1.02
1.03	GARRETT CLINIC - NEW						1.03
1.04	BUTLER - NEW						1.04
1.05	MAC EAST - NEW						1.05
1.06	GARRETT LAB - NEW						1.06
1.07	MEDICAL ARTS - NEW						1.07
2.00	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	EMPLOYEE BENEFITS	0	0				4.00
5.00	ADMINISTRATIVE & GENERAL	202,035	0	202,035			5.00
6.00	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	OPERATION OF PLANT	1,557,594	0	19,425	0	1,577,019	7.00
8.00	LAUNDRY & LINEN SERVICE	22,203	0	1,244	0	13,068	8.00
9.00	HOUSEKEEPING	33,555	0	5,032	0	20,368	9.00
10.00	DIETARY	19,601	0	974	0	13,199	10.00
10.01	SNACK BAR	0	0	0	0	0	10.01
11.00	CAFETERIA	43,831	0	2,308	0	25,796	11.00
12.00	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	NURSING ADMINISTRATION	19,712	0	5,993	0	11,601	13.00
14.00	CENTRAL SERVICES & SUPPLY	23,412	0	2,218	0	13,779	14.00
15.00	PHARMACY	21,534	0	3,150	0	12,674	15.00
16.00	MEDICAL RECORDS & LIBRARY	53,323	0	4,039	0	33,698	16.00
17.00	SOCIAL SERVICE	3,050	0	548	0	1,795	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	329,913	0	20,021	0	194,166	30.00
31.00	INTENSIVE CARE UNIT	86,175	0	5,900	0	50,717	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	30,052	0	1,937	0	17,686	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	183,804	0	15,036	0	108,175	50.00
52.00	DELIVERY ROOM & LABOR ROOM	91,641	0	2,055	0	53,934	52.00
54.00	RADIOLOGY-DIAGNOSTIC	116,114	0	20,443	0	68,337	54.00
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	64,544	0	21,011	0	53,584	60.00
60.01	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	RESPIRATORY THERAPY	25,848	0	2,849	0	15,213	65.00
66.00	PHYSICAL THERAPY	96,997	0	5,022	0	57,086	66.00
66.01	CARDIAC REHAB	51,046	0	1,193	0	30,043	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00	ELECTROCARDIOLOGY	7,178	0	727	0	4,225	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	0	1,248	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,753	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	2,640	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	0	9,843	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	80,912	0	8,511	0	47,619	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	50,544	0	8,241	0	29,747	95.00
99.10	CORF	0	0	0	0	0	99.10
101.00	HOME HEALTH AGENCY	3,805	0	3,942	0	30,338	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	HOSPICE	412	0	1,925	0	3,283	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,218,835	0	182,228	0	910,131	118.00
NONREIMBURSABLE COST CENTERS							
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	RESEARCH	0	0	0	0	0	191.00
192.00	PHYSICIANS' PRIVATE OFFICES	248,128	0	2,942	0	471,431	192.00
192.01	DEKALB MEDICAL SERVICES	77,204	0	16,865	0	195,457	192.01
193.00	NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,544,167	0	202,035	0	1,577,019	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

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Cost Center Description	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	SNACK BAR	CAFETERIA	
	8.00	9.00	10.00	10.01	11.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 MAC WEST - NEW						1.01
1.02 NORTH ANNEX - NEW						1.02
1.03 GARRETT CLINIC - NEW						1.03
1.04 BUTLER - NEW						1.04
1.05 MAC EAST - NEW						1.05
1.06 GARRETT LAB - NEW						1.06
1.07 MEDICAL ARTS - NEW						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE	36,515					8.00
9.00 HOUSEKEEPING	1,715	60,670				9.00
10.00 DIETARY	182	519	34,475			10.00
10.01 SNACK BAR	0	0	0	0		10.01
11.00 CAFETERIA	0	1,014	0	0	72,949	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	0	456	0	0	2,742	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	542	0	0	1,097	14.00
15.00 PHARMACY	0	498	0	0	1,645	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	1,324	0	0	3,291	16.00
17.00 SOCIAL SERVICE	0	71	0	0	274	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	15,861	7,632	27,263	0	12,891	30.00
31.00 INTENSIVE CARE UNIT	2,801	1,993	7,212	0	3,017	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	575	695	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	5,315	4,252	0	0	7,130	50.00
52.00 DELIVERY ROOM & LABOR ROOM	4	2,120	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	2,601	2,686	0	0	6,582	54.00
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	2,106	0	0	7,679	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	319	598	0	0	0	65.00
66.00 PHYSICAL THERAPY	359	2,244	0	0	823	66.00
66.01 CARDIAC REHAB	86	1,181	0	0	548	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00 ELECTROCARDIOLOGY	0	166	0	0	274	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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	5,763	1,872	0	0	4,662	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	1,169	0	0	8,502	95.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	1,192	0	0	2,468	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	10	129	0	0	548	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	35,591	34,459	34,475	0	64,173	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	924	18,529	0	0	1,371	192.00
192.01 DEKALB MEDICAL SERVICES	0	7,682	0	0	7,405	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
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)	36,515	60,670	34,475	0	72,949	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
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Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	12.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 MAC WEST - NEW						1.01
1.02 NORTH ANNEX - NEW						1.02
1.03 GARRETT CLINIC - NEW						1.03
1.04 BUTLER - NEW						1.04
1.05 MAC EAST - NEW						1.05
1.06 GARRETT LAB - NEW						1.06
1.07 MEDICAL ARTS - NEW						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
10.01 SNACK BAR						10.01
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL	0					12.00
13.00 NURSING ADMINISTRATION	0	40,504				13.00
14.00 CENTRAL SERVICES & SUPPLY	0	1,424	42,472			14.00
15.00 PHARMACY	0	0	179	39,680		15.00
16.00 MEDICAL RECORDS & LIBRARY	0	0	0	0	95,675	16.00
17.00 SOCIAL SERVICE	0	407	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	15,957	2,120	0	10,372	30.00
31.00 INTENSIVE CARE UNIT	0	3,762	491	0	2,839	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	886	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	8,607	4,617	0	11,881	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	0	1,721	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	2,220	0	16,977	54.00
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	934	3,651	0	18,094	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	225	0	1,886	65.00
66.00 PHYSICAL THERAPY	0	0	573	0	2,229	66.00
66.01 CARDIAC REHAB	0	0	28	0	382	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00 ELECTROCARDIOLOGY	0	0	125	0	776	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	1	0	1,396	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	18,538	0	4,959	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	1,290	0	1,731	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	5,351	39,680	6,146	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	5,848	1,186	0	8,909	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	638	0	4,491	95.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	2,767	270	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	798	251	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	40,504	41,754	39,680	95,675	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	0	27	0	0	192.00
192.01 DEKALB MEDICAL SERVICES	0	0	691	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150045			Period: From 10/01/2010 To 09/30/2011	Worksheet B Part II Date/Time Prepared: 3/27/2012 4:33 pm
Cost Center Description	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	12.00	13.00	14.00	15.00	16.00	
202.00 TOTAL (sum lines 118-201)	0	40,504	42,472	39,680	95,675	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

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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
1.01 MAC WEST - NEW					1.01
1.02 NORTH ANNEX - NEW					1.02
1.03 GARRETT CLINIC - NEW					1.03
1.04 BUTLER - NEW					1.04
1.05 MAC EAST - NEW					1.05
1.06 GARRETT LAB - NEW					1.06
1.07 MEDICAL ARTS - NEW					1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 EMPLOYEE BENEFITS					4.00
5.00 ADMINISTRATIVE & GENERAL					5.00
6.00 MAINTENANCE & REPAIRS					6.00
7.00 OPERATION OF PLANT					7.00
8.00 LAUNDRY & LINEN SERVICE					8.00
9.00 HOUSEKEEPING					9.00
10.00 DIETARY					10.00
10.01 SNACK BAR					10.01
11.00 CAFETERIA					11.00
12.00 MAINTENANCE OF PERSONNEL					12.00
13.00 NURSING ADMINISTRATION					13.00
14.00 CENTRAL SERVICES & SUPPLY					14.00
15.00 PHARMACY					15.00
16.00 MEDICAL RECORDS & LIBRARY					16.00
17.00 SOCIAL SERVICE	6,145				17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	6,145	642,341	0	642,341	30.00
31.00 INTENSIVE CARE UNIT	0	164,907	0	164,907	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	51,831	0	51,831	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	348,817	0	348,817	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	151,475	0	151,475	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	235,960	0	235,960	54.00
57.00 CT SCAN	0	0	0	0	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 LABORATORY	0	171,603	0	171,603	60.00
60.01 BLOOD LABORATORY	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	46,938	0	46,938	65.00
66.00 PHYSICAL THERAPY	0	165,333	0	165,333	66.00
66.01 CARDIAC REHAB	0	84,507	0	84,507	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00 ELECTROCARDIOLOGY	0	13,471	0	13,471	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	2,645	0	2,645	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,250	0	28,250	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	5,661	0	5,661	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	61,020	0	61,020	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	0	165,282	0	165,282	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES	0	103,332	0	103,332	95.00
99.10 CORF	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	44,782	0	44,782	101.00
SPECIAL PURPOSE COST CENTERS					
109.00 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	113.00
116.00 HOSPICE	0	7,356	0	7,356	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	6,145	2,495,511	0	2,495,511	118.00
NONREIMBURSABLE COST CENTERS					
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	743,352	0	743,352	192.00
192.01 DEKALB MEDICAL SERVICES	0	305,304	0	305,304	192.01
193.00 NONPAID WORKERS	0	0	0	0	193.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet B
Part II
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	17.00	24.00	25.00	26.00		
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)	6,145	3,544,167	0	3,544,167		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	CAPITAL RELATED COSTS					BUTLER - NEW (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)	MAC WEST - NEW (SQUARE FEET)	NORTH ANNEX - NEW (SQUARE FEET)	GARRETT CLINIC - NEW (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04		
GENERAL SERVICE COST CENTERS							
1.00 NEW CAP REL COSTS-BLDG & FIXT	172,328						1.00
1.01 MAC WEST - NEW	0	16,334					1.01
1.02 NORTH ANNEX - NEW	0	0	5,200				1.02
1.03 GARRETT CLINIC - NEW	0	0	0	6,850			1.03
1.04 BUTLER - NEW	0	0	0	0	4,977		1.04
1.05 MAC EAST - NEW	0	0	0	0	0		1.05
1.06 GARRETT LAB - NEW	0	0	0	0	0		1.06
1.07 MEDICAL ARTS - NEW	0	0	0	0	0		1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 EMPLOYEE BENEFITS	0	0	0	0	0		4.00
5.00 ADMINISTRATIVE & GENERAL	9,427	0	2,128	0	0		5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0		6.00
7.00 OPERATION OF PLANT	80,077	2,931	0	0	0		7.00
8.00 LAUNDRY & LINEN SERVICE	1,194	0	0	0	0		8.00
9.00 HOUSEKEEPING	1,785	0	0	0	0		9.00
10.00 DIETARY	1,002	0	0	0	0		10.00
10.01 SNACK BAR	0	0	0	0	0		10.01
11.00 CAFETERIA	2,357	0	0	0	0		11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0		12.00
13.00 NURSING ADMINISTRATION	1,060	0	0	0	0		13.00
14.00 CENTRAL SERVICES & SUPPLY	1,259	0	0	0	0		14.00
15.00 PHARMACY	1,158	0	0	0	0		15.00
16.00 MEDICAL RECORDS & LIBRARY	2,795	0	0	0	0		16.00
17.00 SOCIAL SERVICE	164	0	0	0	0		17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 ADULTS & PEDIATRICS	17,741	0	0	0	0		30.00
31.00 INTENSIVE CARE UNIT	4,634	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	1,616	0	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 OPERATING ROOM	9,884	0	0	0	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	4,928	0	0	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	6,244	0	0	0	0		54.00
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	3,096	664	0	0	352		60.00
60.01 BLOOD LABORATORY	0	0	0	0	0		60.01
65.00 RESPIRATORY THERAPY	1,390	0	0	0	0		65.00
66.00 PHYSICAL THERAPY	5,216	0	0	0	0		66.00
66.01 CARDIAC REHAB	2,745	0	0	0	0		66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0		67.00
69.00 ELECTROCARDIOLOGY	386	0	0	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0		73.00
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	4,351	0	0	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 AMBULANCE SERVICES	2,718	0	0	0	0		95.00
99.10 CORF	0	0	0	0	0		99.10
101.00 HOME HEALTH AGENCY	0	0	2,772	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00 PANCREAS ACQUISITION	0	0	0	0	0		109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0		110.00
111.00 ISLET ACQUISITION	0	0	0	0	0		111.00
113.00 INTEREST EXPENSE	0	0	0	0	0		113.00
116.00 HOSPICE	0	0	300	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	167,227	3,595	5,200	0	352		118.00
NONREIMBURSABLE COST CENTERS							
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0		190.00
191.00 RESEARCH	0	0	0	0	0		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	5,101	11,632	0	6,850	0		192.00
192.01 DEKALB MEDICAL SERVICES	0	1,107	0	0	4,625		192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	CAPITAL RELATED COSTS					BUTLER - NEW (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)	MAC WEST - NEW (SQUARE FEET)	NORTH ANNEX - NEW (SQUARE FEET)	GARRETT CLINIC - NEW (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04		
193.00 NONPAID WORKERS	0	0	0	0	0	0	193.00
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)	1,449,828	61,872	7,138	4,244	15,291		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	8.413189	3.787927	1.372692	0.619562	3.072333		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)							204.00
205.00 Unit cost multiplier (Wkst. B, Part II)							205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
	MAC EAST - NEW	GARRETT LAB - NEW	MEDICAL ARTS - NEW	NEW MVBLE EQUIP		
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)		
	1.05	1.06	1.07	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 MAC WEST - NEW						1.01
1.02 NORTH ANNEX - NEW						1.02
1.03 GARRETT CLINIC - NEW						1.03
1.04 BUTLER - NEW						1.04
1.05 MAC EAST - NEW	37,481					1.05
1.06 GARRETT LAB - NEW	0	3,750				1.06
1.07 MEDICAL ARTS - NEW	0	0	8,575			1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP				172,328		2.00
4.00 EMPLOYEE BENEFITS	0	0	0	0	18,995,870	4.00
5.00 ADMINISTRATIVE & GENERAL	5,019	0	0	9,427	3,113,739	5.00
6.00 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 OPERATION OF PLANT	11,140	0	680	80,077	614,965	7.00
8.00 LAUNDRY & LINEN SERVICE	0	0	0	1,194	108,336	8.00
9.00 HOUSEKEEPING	76	0	0	1,785	502,711	9.00
10.00 DIETARY	204	0	0	1,002	334,177	10.00
10.01 SNACK BAR	0	0	0	0	0	10.01
11.00 CAFETERIA	0	0	0	2,357	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	0	0	0	1,060	706,054	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	0	0	1,259	130,212	14.00
15.00 PHARMACY	0	0	0	1,158	508,240	15.00
16.00 MEDICAL RECORDS & LIBRARY	284	0	0	2,795	414,675	16.00
17.00 SOCIAL SERVICE	0	0	0	164	65,619	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	0	0	17,741	2,805,490	30.00
31.00 INTENSIVE CARE UNIT	0	0	0	4,634	657,566	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	1,616	17,894	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	0	0	9,884	1,521,239	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	4,928	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	6,244	1,358,102	54.00
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	784	0	3,096	1,312,117	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	0	0	1,390	0	65.00
66.00 PHYSICAL THERAPY	0	0	0	5,216	153,705	66.00
66.01 CARDIAC REHAB	0	0	0	2,745	81,795	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00 ELECTROCARDIOLOGY	0	0	0	386	55,248	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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	4,351	966,025	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	0	0	2,718	1,113,500	95.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	0	0	0	426,936	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	0	0	0	151,956	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	16,723	784	680	167,227	17,120,301	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	12,947	0	6,545	5,101	118,234	192.00
192.01 DEKALB MEDICAL SERVICES	7,811	2,966	1,350	0	1,757,335	192.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
	MAC EAST - NEW	GARRETT LAB - NEW	MEDICAL ARTS - NEW	NEW MVBLE EQUIP		
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)		
	1.05	1.06	1.07	2.00	4.00	
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
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)	177,799	16,141	57,053	1,754,801	5,868,113	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	4.743710	4.304267	6.653411	10.182913	0.308915	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)					0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)					0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5A	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 MAC WEST - NEW						1.01
1.02 NORTH ANNEX - NEW						1.02
1.03 GARRETT CLINIC - NEW						1.03
1.04 BUTLER - NEW						1.04
1.05 MAC EAST - NEW						1.05
1.06 GARRETT LAB - NEW						1.06
1.07 MEDICAL ARTS - NEW						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL	-6,263,697	33,619,448				5.00
6.00 MAINTENANCE & REPAIRS	0	0	0			6.00
7.00 OPERATION OF PLANT	0	3,232,569	0	144,093		7.00
8.00 LAUNDRY & LINEN SERVICE	0	207,042	0	1,194	356,085	8.00
9.00 HOUSEKEEPING	0	837,462	0	1,861	16,720	9.00
10.00 DIETARY	0	162,051	0	1,206	1,778	10.00
10.01 SNACK BAR	0	0	0	0	0	10.01
11.00 CAFETERIA	0	384,166	0	2,357	0	11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	0	997,303	0	1,060	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	0	369,131	0	1,259	0	14.00
15.00 PHARMACY	0	524,278	0	1,158	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	0	672,128	0	3,079	0	16.00
17.00 SOCIAL SERVICE	0	91,135	0	164	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	0	3,331,754	0	17,741	154,664	30.00
31.00 INTENSIVE CARE UNIT	0	981,899	0	4,634	27,319	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	322,345	0	1,616	5,604	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	0	2,502,187	0	9,884	51,830	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	342,019	0	4,928	35	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	3,401,996	0	6,244	25,366	54.00
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	3,494,196	0	4,896	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	474,116	0	1,390	3,112	65.00
66.00 PHYSICAL THERAPY	0	835,808	0	5,216	3,504	66.00
66.01 CARDIAC REHAB	0	198,614	0	2,745	843	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00 ELECTROCARDIOLOGY	0	121,042	0	386	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	207,733	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	791,013	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	439,287	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	1,638,098	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	1,416,324	0	4,351	56,202	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	1,371,361	0	2,718	0	95.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	0	655,983	0	2,772	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	0	320,302	0	300	100	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	-6,263,697	30,323,342	0	83,159	347,077	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	489,516	0	43,075	9,008	192.00
192.01 DEKALB MEDICAL SERVICES	0	2,806,590	0	17,859	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5A	5.00	6.00	7.00	8.00	
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)		6,263,697	0	3,834,835	277,393	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)		0.186312	0.000000	26.613611	0.779008	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		202,035	0	1,577,019	36,515	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.006009	0.000000	10.944453	0.102546	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	SNACK BAR (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	9.00	10.00	10.01	11.00	12.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 MAC WEST - NEW						1.01
1.02 NORTH ANNEX - NEW						1.02
1.03 GARRETT CLINIC - NEW						1.03
1.04 BUTLER - NEW						1.04
1.05 MAC EAST - NEW						1.05
1.06 GARRETT LAB - NEW						1.06
1.07 MEDICAL ARTS - NEW						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING	141,038					9.00
10.00 DIETARY	1,206	20,848				10.00
10.01 SNACK BAR	0	0	0			10.01
11.00 CAFETERIA	2,357	0	0	266		11.00
12.00 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 NURSING ADMINISTRATION	1,060	0	0	10	0	13.00
14.00 CENTRAL SERVICES & SUPPLY	1,259	0	0	4	0	14.00
15.00 PHARMACY	1,158	0	0	6	0	15.00
16.00 MEDICAL RECORDS & LIBRARY	3,079	0	0	12	0	16.00
17.00 SOCIAL SERVICE	164	0	0	1	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	17,741	16,487	0	47	0	30.00
31.00 INTENSIVE CARE UNIT	4,634	4,361	0	11	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	1,616	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	9,884	0	0	26	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	4,928	0	0	0	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	6,244	0	0	24	0	54.00
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	4,896	0	0	28	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	1,390	0	0	0	0	65.00
66.00 PHYSICAL THERAPY	5,216	0	0	3	0	66.00
66.01 CARDIAC REHAB	2,745	0	0	2	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00 ELECTROCARDIOLOGY	386	0	0	1	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
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	4,351	0	0	17	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	2,718	0	0	31	0	95.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	2,772	0	0	9	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	300	0	0	2	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	80,104	20,848	0	234	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	43,075	0	0	5	0	192.00
192.01 DEKALB MEDICAL SERVICES	17,859	0	0	27	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	SNACK BAR (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	9.00	10.00	10.01	11.00	12.00	
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,056,044	234,754	0	536,117	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	7.487656	11.260265	0.000000	2,015.477444	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	60,670	34,475	0	72,949	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.430168	1.653636	0.000000	274.244361	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
	(DIRECT NURSING HRS)	(COSTED REQUIS.)				
	13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS						
1.00 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 MAC WEST - NEW						1.01
1.02 NORTH ANNEX - NEW						1.02
1.03 GARRETT CLINIC - NEW						1.03
1.04 BUTLER - NEW						1.04
1.05 MAC EAST - NEW						1.05
1.06 GARRETT LAB - NEW						1.06
1.07 MEDICAL ARTS - NEW						1.07
2.00 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 EMPLOYEE BENEFITS						4.00
5.00 ADMINISTRATIVE & GENERAL						5.00
6.00 MAINTENANCE & REPAIRS						6.00
7.00 OPERATION OF PLANT						7.00
8.00 LAUNDRY & LINEN SERVICE						8.00
9.00 HOUSEKEEPING						9.00
10.00 DIETARY						10.00
10.01 SNACK BAR						10.01
11.00 CAFETERIA						11.00
12.00 MAINTENANCE OF PERSONNEL						12.00
13.00 NURSING ADMINISTRATION	206,494					13.00
14.00 CENTRAL SERVICES & SUPPLY	7,259	1,265,886				14.00
15.00 PHARMACY	0	5,328	100			15.00
16.00 MEDICAL RECORDS & LIBRARY	0	7	0	88,511,254		16.00
17.00 SOCIAL SERVICE	2,076	0	0	0	100	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	81,355	63,175	0	9,595,271	100	30.00
31.00 INTENSIVE CARE UNIT	19,178	14,637	0	2,626,235	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	819,486	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	43,879	137,617	0	10,991,024	0	50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0	1,592,287	0	52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	66,180	0	15,705,094	0	54.00
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	4,760	108,824	0	16,741,312	0	60.00
60.01 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 RESPIRATORY THERAPY	0	6,697	0	1,744,714	0	65.00
66.00 PHYSICAL THERAPY	0	17,075	0	2,061,535	0	66.00
66.01 CARDIAC REHAB	0	833	0	353,474	0	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
69.00 ELECTROCARDIOLOGY	0	3,729	0	718,211	0	69.00
70.00 ELECTROENCEPHALOGRAPHY	0	16	0	1,291,652	0	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	552,547	0	4,587,499	0	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	38,453	0	1,601,530	0	72.00
73.00 DRUGS CHARGED TO PATIENTS	0	159,485	100	5,685,528	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	29,816	35,350	0	8,241,750	0	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	19,023	0	4,154,652	0	95.00
99.10 CORF	0	0	0	0	0	99.10
101.00 HOME HEALTH AGENCY	14,105	8,042	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 HOSPICE	4,066	7,492	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	206,494	1,244,510	100	88,511,254	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 RESEARCH	0	0	0	0	0	191.00
192.00 PHYSICIANS' PRIVATE OFFICES	0	791	0	0	0	192.00
192.01 DEKALB MEDICAL SERVICES	0	20,585	0	0	0	192.01
193.00 NONPAID WORKERS	0	0	0	0	0	193.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet B-1

Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
	(DIRECT NURSING HRS)	(COSTED REQUIS.)				
200.00 Cross Foot Adjustments	13.00	14.00	15.00	16.00	17.00	200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,239,415	532,471	675,781	926,540	128,184	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6.002184	0.420631	6,757.810000	0.010468	1,281.840000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	40,504	42,472	39,680	95,675	6,145	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.196151	0.033551	396.800000	0.001081	61.450000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/27/2012 4:33 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		5,701,860	0	5,701,860	30.00
31.00	INTENSIVE CARE UNIT		1,564,180	0	1,564,180	31.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		450,454	0	450,454	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		3,834,519	0	3,834,519	50.00
52.00	DELIVERY ROOM & LABOR ROOM		590,487	0	590,487	52.00
54.00	RADIOLOGY-DIAGNOSTIC		4,509,126	801	4,509,927	54.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		4,618,187	17,000	4,635,187	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	633,356	0	633,356	65.00
66.00	PHYSICAL THERAPY	0	1,206,940	0	1,206,940	66.00
66.01	CARDIAC REHAB	0	337,964	378	338,342	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00	ELECTROCARDIOLOGY		167,859	0	167,859	69.00
70.00	ELECTROENCEPHALOGRAPHY		259,964	0	259,964	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,218,828	0	1,218,828	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		554,071	0	554,071	72.00
73.00	DRUGS CHARGED TO PATIENTS		2,745,676	0	2,745,676	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		2,186,727	1,689	2,188,416	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,077,770		1,077,770	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES		1,833,522	1,149	1,834,671	95.00
99.10	CORF		0		0	99.10
101.00	HOME HEALTH AGENCY		978,913		978,913	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION		0		0	109.00
110.00	INTESTINAL ACQUISITION		0		0	110.00
111.00	ISLET ACQUISITION		0		0	111.00
113.00	INTEREST EXPENSE					113.00
116.00	HOSPICE		421,873		421,873	116.00
200.00	Subtotal (see instructions)	0	34,892,276	21,017	34,913,293	200.00
201.00	Less Observation Beds		1,077,770		1,077,770	201.00
202.00	Total (see instructions)	0	33,814,506	21,017	33,835,523	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet C Part I Date/Time Prepared: 3/27/2012 4:33 pm
		Title VIII	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	8,226,760		8,226,760			30.00
31.00 INTENSIVE CARE UNIT	2,237,861		2,237,861			31.00
41.00 SUBPROVIDER - IRF	0		0			41.00
42.00 SUBPROVIDER	0		0			42.00
43.00 NURSERY	805,583		805,583			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 OPERATING ROOM	1,910,901	8,886,265	10,797,166	0.355141	0.000000	50.00
52.00 DELIVERY ROOM & LABOR ROOM	1,572,906	8,409	1,581,315	0.373415	0.000000	52.00
54.00 RADIOLOGY-DIAGNOSTIC	1,199,886	14,251,466	15,451,352	0.291827	0.000000	54.00
57.00 CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00 CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00 LABORATORY	2,171,030	14,308,866	16,479,896	0.280232	0.000000	60.00
60.01 BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00 RESPIRATORY THERAPY	1,135,451	591,262	1,726,713	0.366799	0.000000	65.00
66.00 PHYSICAL THERAPY	281,123	1,748,361	2,029,484	0.594703	0.000000	66.00
66.01 CARDIAC REHAB	3,480	344,044	347,524	0.972491	0.000000	66.01
67.00 OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
69.00 ELECTROCARDIOLOGY	81,613	625,266	706,879	0.237465	0.000000	69.00
70.00 ELECTROENCEPHALOGRAPHY	7,995	1,261,866	1,269,861	0.204718	0.000000	70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,307,700	3,215,411	4,523,111	0.269467	0.000000	71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	198,747	1,402,783	1,601,530	0.345964	0.000000	72.00
73.00 DRUGS CHARGED TO PATIENTS	2,118,401	3,492,388	5,610,789	0.489356	0.000000	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	1,228,604	6,886,076	8,114,680	0.269478	0.000000	91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	124,836	1,556,754	1,681,590	0.640923	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 AMBULANCE SERVICES	0	4,084,299	4,084,299	0.448920	0.000000	95.00
99.10 CORF	0	0	0			99.10
101.00 HOME HEALTH AGENCY	0	716,994	716,994			101.00
SPECIAL PURPOSE COST CENTERS						
109.00 PANCREAS ACQUISITION	0	0	0			109.00
110.00 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 ISLET ACQUISITION	0	0	0			111.00
113.00 INTEREST EXPENSE						113.00
116.00 HOSPICE	6,066	593,474	599,540			116.00
200.00 Subtotal (see instructions)	24,618,943	63,973,984	88,592,927			200.00
201.00 Less Observation Beds						201.00
202.00 Total (see instructions)	24,618,943	63,973,984	88,592,927			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet C Part I Date/Time Prepared: 3/27/2012 4:33 pm
		Title XVIII	Hospital	PPS

Cost Center Description	PPS Inpatient Ratio		
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
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	0.355141		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0.373415		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0.291879		54.00
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	0.281263		60.00
60.01 BLOOD LABORATORY	0.000000		60.01
65.00 RESPIRATORY THERAPY	0.366799		65.00
66.00 PHYSICAL THERAPY	0.594703		66.00
66.01 CARDIAC REHAB	0.973579		66.01
67.00 OCCUPATIONAL THERAPY	0.000000		67.00
69.00 ELECTROCARDIOLOGY	0.237465		69.00
70.00 ELECTROENCEPHALOGRAPHY	0.204718		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269467		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0.345964		72.00
73.00 DRUGS CHARGED TO PATIENTS	0.489356		73.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC			88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00 EMERGENCY	0.269686		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0.640923		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 AMBULANCE SERVICES	0.449201		95.00
99.10 CORF			99.10
101.00 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS			
109.00 PANCREAS ACQUISITION			109.00
110.00 INTESTINAL ACQUISITION			110.00
111.00 ISLET ACQUISITION			111.00
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: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/27/2012 4:33 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		5,701,860	0	0	30.00
31.00	INTENSIVE CARE UNIT		1,564,180	0	0	31.00
41.00	SUBPROVIDER - IRF		0	0	0	41.00
42.00	SUBPROVIDER		0	0	0	42.00
43.00	NURSERY		450,454	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM		3,834,519	0	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM		590,487	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC		4,509,126	0	0	54.00
57.00	CT SCAN		0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00
59.00	CARDIAC CATHETERIZATION		0	0	0	59.00
60.00	LABORATORY		4,618,187	0	0	60.00
60.01	BLOOD LABORATORY		0	0	0	60.01
65.00	RESPIRATORY THERAPY	0	633,356	0	0	65.00
66.00	PHYSICAL THERAPY	0	1,206,940	0	0	66.00
66.01	CARDIAC REHAB	0	337,964	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0	67.00
69.00	ELECTROCARDIOLOGY		167,859	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY		259,964	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS		1,218,828	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT		554,071	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS		2,745,676	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		2,186,727	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)		1,077,770	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES		1,833,522	0	0	95.00
99.10	CORF		0	0	0	99.10
101.00	HOME HEALTH AGENCY		978,913	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	PANCREAS ACQUISITION		0	0	0	109.00
110.00	INTESTINAL ACQUISITION		0	0	0	110.00
111.00	ISLET ACQUISITION		0	0	0	111.00
113.00	INTEREST EXPENSE		0	0	0	113.00
116.00	HOSPICE		421,873	0	0	116.00
200.00	Subtotal (see instructions)	0	34,892,276	0	0	200.00
201.00	Less Observation Beds		1,077,770	0	0	201.00
202.00	Total (see instructions)	0	33,814,506	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/27/2012 4:33 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	8,226,760		8,226,760			30.00
31.00	INTENSIVE CARE UNIT	2,237,861		2,237,861			31.00
41.00	SUBPROVIDER - IRF	0		0			41.00
42.00	SUBPROVIDER	0		0			42.00
43.00	NURSERY	805,583		805,583			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	1,910,901	8,886,265	10,797,166	0.355141	0.000000	50.00
52.00	DELIVERY ROOM & LABOR ROOM	1,572,906	8,409	1,581,315	0.373415	0.000000	52.00
54.00	RADIOLOGY-DIAGNOSTIC	1,199,886	14,251,466	15,451,352	0.291827	0.000000	54.00
57.00	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	LABORATORY	2,171,030	14,308,866	16,479,896	0.280232	0.000000	60.00
60.01	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	RESPIRATORY THERAPY	1,135,451	591,262	1,726,713	0.366799	0.000000	65.00
66.00	PHYSICAL THERAPY	281,123	1,748,361	2,029,484	0.594703	0.000000	66.00
66.01	CARDIAC REHAB	3,480	344,044	347,524	0.972491	0.000000	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
69.00	ELECTROCARDIOLOGY	81,613	625,266	706,879	0.237465	0.000000	69.00
70.00	ELECTROENCEPHALOGRAPHY	7,995	1,261,866	1,269,861	0.204718	0.000000	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,307,700	3,215,411	4,523,111	0.269467	0.000000	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	198,747	1,402,783	1,601,530	0.345964	0.000000	72.00
73.00	DRUGS CHARGED TO PATIENTS	2,118,401	3,492,388	5,610,789	0.489356	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	1,228,604	6,886,076	8,114,680	0.269478	0.000000	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	124,836	1,556,754	1,681,590	0.640923	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES	0	4,084,299	4,084,299	0.448920	0.000000	95.00
99.10	CORF	0	0	0			99.10
101.00	HOME HEALTH AGENCY	0	716,994	716,994			101.00
SPECIAL PURPOSE COST CENTERS							
109.00	PANCREAS ACQUISITION	0	0	0			109.00
110.00	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	ISLET ACQUISITION	0	0	0			111.00
113.00	INTEREST EXPENSE						113.00
116.00	HOSPICE	6,066	593,474	599,540			116.00
200.00	Subtotal (see instructions)	24,618,943	63,973,984	88,592,927			200.00
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	24,618,943	63,973,984	88,592,927			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet C
Part I
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
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
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.000000			50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.000000			52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.000000			54.00
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
66.01	CARDIAC REHAB	0.000000			66.01
67.00	OCCUPATIONAL THERAPY	0.000000			67.00
69.00	ELECTROCARDIOLOGY	0.000000			69.00
70.00	ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	DRUGS CHARGED TO PATIENTS	0.000000			73.00
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					
95.00	AMBULANCE SERVICES	0.000000			95.00
99.10	CORF				99.10
101.00	HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
109.00	PANCREAS ACQUISITION				109.00
110.00	INTESTINAL ACQUISITION				110.00
111.00	ISLET ACQUISITION				111.00
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: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part I Date/Time Prepared: 3/27/2012 4:33 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 ADULTS & PEDIATRICS	642,341	0	642,341	5,465	117.54	30.00
31.00 INTENSIVE CARE UNIT	164,907		164,907	927	177.89	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	51,831		51,831	933	55.55	43.00
200.00 Total (lines 30-199)	859,079		859,079	7,325		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part I Date/Time Prepared: 3/27/2012 4:33 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	1,598	187,829		30.00
31.00 INTENSIVE CARE UNIT	351	62,439		31.00
41.00 SUBPROVIDER - IRF	0	0		41.00
42.00 SUBPROVIDER	0	0		42.00
43.00 NURSERY	0	0		43.00
200.00 Total (Lines 30-199)	1,949	250,268		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part II Date/Time Prepared: 3/27/2012 4:33 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	348,817	10,797,166	0.032306	433,927	14,018	50.00
52.00	DELIVERY ROOM & LABOR ROOM	151,475	1,581,315	0.095791	12,290	1,177	52.00
54.00	RADIOLOGY-DIAGNOSTIC	235,960	15,451,352	0.015271	851,256	13,000	54.00
57.00	CT SCAN	0	0	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	LABORATORY	171,603	16,479,896	0.010413	1,195,859	12,452	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	46,938	1,726,713	0.027183	401,229	10,907	65.00
66.00	PHYSICAL THERAPY	165,333	2,029,484	0.081466	94,210	7,675	66.00
66.01	CARDIAC REHAB	84,507	347,524	0.243169	939	228	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
69.00	ELECTROCARDIOLOGY	13,471	706,879	0.019057	70,124	1,336	69.00
70.00	ELECTROENCEPHALOGRAPHY	2,645	1,269,861	0.002083	3,027	6	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	28,250	4,523,111	0.006246	420,345	2,625	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	5,661	1,601,530	0.003535	198,747	703	72.00
73.00	DRUGS CHARGED TO PATIENTS	61,020	5,610,789	0.010875	1,041,794	11,330	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	165,282	8,114,680	0.020368	501,296	10,210	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	121,416	1,681,590	0.072203	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	1,602,378	71,921,890		5,225,043	85,667	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150045		Period: From 10/01/2010 To 09/30/2011		Worksheet D Part III Date/Time Prepared: 3/27/2012 4:33 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
200.00	Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part III Date/Time Prepared: 3/27/2012 4:33 pm
		Title XVIII	Hospital	PPS

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)	
	6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 ADULTS & PEDIATRICS	5,465	0.00	1,598	0	30.00
31.00 INTENSIVE CARE UNIT	927	0.00	351	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	933	0.00	0	0	43.00
200.00 Total (lines 30-199)	7,325		1,949	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	OPERATING ROOM	0	0	0	0	0	50.00	
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
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	
66.01	CARDIAC REHAB	0	0	0	0	0	66.01	
67.00	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
69.00	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
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	
OTHER REIMBURSABLE COST CENTERS								
95.00	AMBULANCE SERVICES						95.00	
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: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	OPERATING ROOM	0	10,797,166	0.000000	0.000000	433,927	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	1,581,315	0.000000	0.000000	12,290	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	15,451,352	0.000000	0.000000	851,256	54.00
57.00	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	LABORATORY	0	16,479,896	0.000000	0.000000	1,195,859	60.00
60.01	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	RESPIRATORY THERAPY	0	1,726,713	0.000000	0.000000	401,229	65.00
66.00	PHYSICAL THERAPY	0	2,029,484	0.000000	0.000000	94,210	66.00
66.01	CARDIAC REHAB	0	347,524	0.000000	0.000000	939	66.01
67.00	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
69.00	ELECTROCARDIOLOGY	0	706,879	0.000000	0.000000	70,124	69.00
70.00	ELECTROENCEPHALOGRAPHY	0	1,269,861	0.000000	0.000000	3,027	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,523,111	0.000000	0.000000	420,345	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	1,601,530	0.000000	0.000000	198,747	72.00
73.00	DRUGS CHARGED TO PATIENTS	0	5,610,789	0.000000	0.000000	1,041,794	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	8,114,680	0.000000	0.000000	501,296	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,681,590	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	71,921,890			5,225,043	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet D
Part IV
Date/Time Prepared:
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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	2,107,544	0		50.00
52.00	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	RADIOLOGY-DIAGNOSTIC	0	2,619,374	0		54.00
57.00	CT SCAN	0	0	0		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	LABORATORY	0	241,496	0		60.00
60.01	BLOOD LABORATORY	0	0	0		60.01
65.00	RESPIRATORY THERAPY	0	88,409	0		65.00
66.00	PHYSICAL THERAPY	0	3,339	0		66.00
66.01	CARDIAC REHAB	0	114,023	0		66.01
67.00	OCCUPATIONAL THERAPY	0	0	0		67.00
69.00	ELECTROCARDIOLOGY	0	130,824	0		69.00
70.00	ELECTROENCEPHALOGRAPHY	0	197,588	0		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	434,789	0		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0	170,447	0		72.00
73.00	DRUGS CHARGED TO PATIENTS	0	1,404,063	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	1,105,518	0		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	346,981	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES					95.00
200.00	Total (Lines 50-199)	0	8,964,395	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 3/27/2012 4:33 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	0.355141	2,107,544	-59	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.373415	0	0	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.291827	2,619,374	0	0	54.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.280232	241,496	-134	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0.366799	88,409	-333	0	65.00
66.00	PHYSICAL THERAPY	0.594703	3,339	0	0	66.00
66.01	CARDIAC REHAB	0.972491	114,023	0	0	66.01
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
69.00	ELECTROCARDIOLOGY	0.237465	130,824	0	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.204718	197,588	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269467	434,789	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.345964	170,447	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.489356	1,404,063	0	9,685	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	0.269478	1,105,518	0	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.640923	346,981	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0.448920		0		95.00
200.00	Subtotal (see instructions)		8,964,395	-526	9,685	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		8,964,395	-526	9,685	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 3/27/2012 4:33 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	748,475	-21	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	764,404	0	0		54.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	67,675	-38	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
65.00 RESPIRATORY THERAPY	32,428	-122	0		65.00
66.00 PHYSICAL THERAPY	1,986	0	0		66.00
66.01 CARDIAC REHAB	110,886	0	0		66.01
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
69.00 ELECTROCARDIOLOGY	31,066	0	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	40,450	0	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	117,161	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	58,969	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	687,087	0	4,739		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	297,913	0	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	222,388	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	3,180,888	-181	4,739		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	3,180,888	-181	4,739		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 3/27/2012 4:33 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Cost	
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
			1.00	2.00		3.00
ANCILLARY SERVICE COST CENTERS						
50.00	OPERATING ROOM	0.355141	0	1,206,335	0	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.373415	0	4,088	0	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.291827	0	1,445,369	0	54.00
57.00	CT SCAN	0.000000	0	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00
60.00	LABORATORY	0.280232	0	1,451,391	0	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	0	60.01
65.00	RESPIRATORY THERAPY	0.366799	0	68,855	0	65.00
66.00	PHYSICAL THERAPY	0.594703	0	365,636	0	66.00
66.01	CARDIAC REHAB	0.972491	0	4,352	0	66.01
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
69.00	ELECTROCARDIOLOGY	0.237465	0	44,035	0	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.204718	0	101,995	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269467	0	0	0	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.345964	0	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.489356	0	249,147	0	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	0.269478	0	1,397,069	0	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.640923	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	AMBULANCE SERVICES	0.448920	0	450,540		95.00
200.00	Subtotal (see instructions)		0	6,788,812	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	6,788,812	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet D Part V Date/Time Prepared: 3/27/2012 4:33 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 OPERATING ROOM	0	428,419	0		50.00
52.00 DELIVERY ROOM & LABOR ROOM	0	1,527	0		52.00
54.00 RADIOLOGY-DIAGNOSTIC	0	421,798	0		54.00
57.00 CT SCAN	0	0	0		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 LABORATORY	0	406,726	0		60.00
60.01 BLOOD LABORATORY	0	0	0		60.01
65.00 RESPIRATORY THERAPY	0	25,256	0		65.00
66.00 PHYSICAL THERAPY	0	217,445	0		66.00
66.01 CARDIAC REHAB	0	4,232	0		66.01
67.00 OCCUPATIONAL THERAPY	0	0	0		67.00
69.00 ELECTROCARDIOLOGY	0	10,457	0		69.00
70.00 ELECTROENCEPHALOGRAPHY	0	20,880	0		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 DRUGS CHARGED TO PATIENTS	0	121,922	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	376,479	0		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 AMBULANCE SERVICES		202,256			95.00
200.00 Subtotal (see instructions)	0	2,237,397	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	2,237,397	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 3/27/2012 4:33 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)		5,465	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,465	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)		5,465	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)		1,598	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)		5,701,860	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)		5,701,860	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		9,857,057	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		9,857,057	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.578455	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,803.67	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)		5,701,860	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)		1,043.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,667,257	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)		1,667,257	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150045		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 3/27/2012 4:33 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)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	1,564,180	927	1,687.36	351	592,263		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)					1,791,921		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,051,441		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)					250,268		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					85,667		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					335,935		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,715,506		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)					1,033		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,043.34		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,077,770		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150045		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1 Date/Time Prepared: 3/27/2012 4:33 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	642,341	5,701,860	0.112655	1,077,770	121,416	90.00
91.00	Nursing School cost	0	5,701,860	0.000000	1,077,770	0	91.00
92.00	Allied health cost	0	5,701,860	0.000000	1,077,770	0	92.00
93.00	All other Medical Education	0	5,701,860	0.000000	1,077,770	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 3/27/2012 4:33 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)		5,465	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,465	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)		5,465	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)		175	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)		933	15.00
16.00	Nursery days (title V or XIX only)		114	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)		5,701,860	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)		5,701,860	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		9,857,057	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		9,857,057	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.578455	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,803.67	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)		5,701,860	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)		1,043.34	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		182,585	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)		182,585	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150045		Period: From 10/01/2010 To 09/30/2011		Worksheet D-1	
Title XIX		Hospital		Cost		Date/Time Prepared: 3/27/2012 4:33 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)	450,454	933	482.80	114	55,039		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	1,564,180	927	1,687.36	7	11,812		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)					770,679		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,020,115		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)						1,033	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,043.34	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1,077,770	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet D-1
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	Cost	Title XIX		Hospital	Cost	
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
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: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3 Date/Time Prepared: 3/27/2012 4:33 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		2,496,020		30.00
31.00	INTENSIVE CARE UNIT		944,581		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	0.355141	433,927	154,105	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.373415	12,290	4,589	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.291879	851,256	248,464	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.281263	1,195,859	336,351	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.366799	401,229	147,170	65.00
66.00	PHYSICAL THERAPY	0.594703	94,210	56,027	66.00
66.01	CARDIAC REHAB	0.973579	939	914	66.01
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
69.00	ELECTROCARDIOLOGY	0.237465	70,124	16,652	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.204718	3,027	620	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269467	420,345	113,269	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.345964	198,747	68,759	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.489356	1,041,794	509,808	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	0.269686	501,296	135,193	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.640923	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		5,225,043	1,791,921	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)		5,225,043		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet D-3 Date/Time Prepared: 3/27/2012 4:33 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		1,104,293		30.00
31.00	INTENSIVE CARE UNIT		92,244		31.00
41.00	SUBPROVIDER - IRF		0		41.00
42.00	SUBPROVIDER		0		42.00
43.00	NURSERY		439,732		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	OPERATING ROOM	0.355141	423,312	150,335	50.00
52.00	DELIVERY ROOM & LABOR ROOM	0.373415	808,980	302,085	52.00
54.00	RADIOLOGY-DIAGNOSTIC	0.291827	81,338	23,737	54.00
57.00	CT SCAN	0.000000	0	0	57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	LABORATORY	0.280232	328,867	92,159	60.00
60.01	BLOOD LABORATORY	0.000000	0	0	60.01
65.00	RESPIRATORY THERAPY	0.366799	94,283	34,583	65.00
66.00	PHYSICAL THERAPY	0.594703	62,400	37,109	66.00
66.01	CARDIAC REHAB	0.972491	1,051	1,022	66.01
67.00	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
69.00	ELECTROCARDIOLOGY	0.237465	3,159	750	69.00
70.00	ELECTROENCEPHALOGRAPHY	0.204718	0	0	70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.269467	44	12	71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	0.345964	0	0	72.00
73.00	DRUGS CHARGED TO PATIENTS	0.489356	216,659	106,023	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	0.269478	84,844	22,864	91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	0.640923	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		2,104,937	770,679	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)		2,104,937		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part A Date/Time Prepared: 3/27/2012 4:33 pm
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
		1.00	1.01	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments	2,527,462		1.00
2.00	Outlier payments for discharges. (see instructions)	3,141		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)	44.17		4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)	0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00		11.00
12.00	Current year allowable FTE (see instructions)	0.00		12.00
13.00	Total allowable FTE count for the prior year.	0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00		15.00
16.00	Adjustment for residents in initial years of the program	0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00		17.00
18.00	Adjusted rolling average FTE count	0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000		21.00
22.00	IME payment adjustment (see instructions)	0		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000		26.00
27.00	IME payments adjustment. (see instructions)	0.000000		27.00
28.00	IME Adjustment (see instructions)	0		28.00
29.00	Total IME payment (sum of lines 22 and 28)	0		29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	3.00		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	25.13		31.00
32.00	Sum of lines 30 and 31	28.13		32.00
33.00	Allowable disproportionate share percentage (see instructions)	12.00		33.00
34.00	Disproportionate share adjustment (see instructions)	303,295		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	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	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)	2,833,898		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)	2,833,898		49.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part A Date/Time Prepared: 3/27/2012 4:33 pm
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	202,865	1.00	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0	1.01	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).	0		52.00
53.00	Nursing and Allied Health Managed Care payment	0		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs	0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	0		58.00
59.00	Total (sum of amounts on lines 49 through 58)	3,036,763		59.00
60.00	Primary payer payments	0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	3,036,763		61.00
62.00	Deductibles billed to program beneficiaries	472,112		62.00
63.00	Coinsurance billed to program beneficiaries	0		63.00
64.00	Allowable bad debts (see instructions)	81,516		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	57,061		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	81,516		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	2,621,712		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	509,684		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)	3,131,396		71.00
72.00	Interim payments	3,057,483		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)	73,913		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0		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: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet E Part B Date/Time Prepared: 3/27/2012 4:33 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			4,558 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			3,180,888 2.00
3.00	PPS payments			2,254,356 3.00
4.00	Outlier payment (see instructions)			2,418 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.851 5.00
6.00	Line 2 times line 5			2,706,936 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			83.37 7.00
8.00	Transitional corridor payment (see instructions)			382,638 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			4,558 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			9,159 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)			9,159 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)			9,159 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			4,601 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			4,558 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)			2,639,412 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)			575,253 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			2,068,717 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			0 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			2,068,717 30.00
31.00	Primary payer payments			786 31.00
32.00	Subtotal (line 30 minus line 31)			2,067,931 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)			70,908 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			49,636 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			70,908 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			2,117,567 37.00
38.00	MSP-LCC reconciliation amount from PS&R			9 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)			2,117,558 40.00
41.00	Interim payments			2,287,920 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)			-170,362 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: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet E-1
Part I
Date/Time Prepared:
3/27/2012 4:33 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		3,026,290		2,287,920	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	05/05/2011	31,193		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		31,193		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,057,483		2,287,920	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		73,913		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		170,362	6.02	
7.00	Total Medicare program liability (see instructions)		3,131,396		2,117,558	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: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet E-3 Part V Date/Time Prepared: 3/27/2012 4:33 pm
		Title XVIII	Hospital	PPS
		1.00		
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)				
1.00	Inpatient services		0	1.00
2.00	Nursing and Allied Health Managed Care payment (see instruction)		0	2.00
3.00	Organ acquisition		0	3.00
4.00	Subtotal (sum of lines 1 thru 3)		0	4.00
5.00	Primary payer payments		0	5.00
6.00	Total cost (line 4 less line 5) . For CAH (see instructions)		0	6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges		0	7.00
8.00	Ancillary service charges		0	8.00
9.00	Organ acquisition charges, net of revenue		0	9.00
10.00	Total reasonable charges		0	10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)		0.000000	13.00
14.00	Total customary charges (see instructions)		0	14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)		0	15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)		0	16.00
17.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)		0	19.00
20.00	Deductibles (exclude professional component)		0	20.00
21.00	Excess reasonable cost (from line 16)		0	21.00
22.00	Subtotal (line 19 minus line 20)		0	22.00
23.00	Coinsurance		0	23.00
24.00	Subtotal (line 22 minus line 23)		0	24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	25.00
26.00	Adjusted reimbursable bad debts (see instructions)		0	26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	27.00
28.00	Subtotal (sum of lines 24 and 25 or 26)		0	28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	29.00
29.99	Recovery of Accelerated Depreciation		0	29.99
30.00	Subtotal (line 28, plus or minus lines 29)		0	30.00
31.00	Interim payments		0	31.00
32.00	Tentative settlement (for contractor use only)		0	32.00
33.00	Balance due provider/program (line 30 minus the sum of lines 31, and 32)		0	33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	34.00

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

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet G

Date/Time Prepared:
3/27/2012 4:33 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	2,974,361	0	0	0	1.00
2.00	Temporary investments	12,995,464	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	8,180,342	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-1,021,000	0	0	0	6.00
7.00	Inventory	903,158	0	0	0	7.00
8.00	Prepaid expenses	779,746	0	0	0	8.00
9.00	Other current assets	447,704	0	0	0	9.00
10.00	Due from other funds	384,135	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	25,643,910	0	0	0	11.00
FIXED ASSETS						
12.00	Land	220,118	0	0	0	12.00
13.00	Land improvements	1,696,200	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	44,979,173	0	0	0	15.00
16.00	Accumulated depreciation	-35,926,331	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	26,017,062	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)	36,986,222	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,296,067	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	1,296,067	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	63,926,199	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	1,764,329	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,347,591	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,235,563	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	721,302	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	6,068,785	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	10,785,896	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	10,785,896	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	16,854,681	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	47,071,518	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	47,071,518	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	63,926,199	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-1

Date/Time Prepared:
3/27/2012 4:33 pm

	General Fund		Special Purpose Fund			
	1.00	2.00	3.00	4.00		
	1.00		47,991,735			
2.00		-1,123,501				2.00
3.00		46,868,234		0		3.00
4.00	174,605			0		4.00
5.00	237,315			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		411,920			0	10.00
11.00		47,280,154			0	11.00
12.00	208,636			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		208,636			0	18.00
19.00		47,071,518			0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-1

Date/Time Prepared:
3/27/2012 4:33 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 NET ASSETS RELEASED USED FOR PPE	0		0			4.00
5.00 CONTRIBUTIONS RECEIVED	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 NET ASSETS RELEASED FROM RESTRICTION	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: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-2 Parts

Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	9,857,057		9,857,057	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				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)	9,857,057		9,857,057	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	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)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	9,857,057		9,857,057	17.00
18.00	Ancillary services	13,777,407	69,488,487	83,265,894	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	23,634,464	69,488,487	93,122,951	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		43,516,828		29.00
30.00	EXPENSES NOT INCLUDED ON WORKSHEET A	3,712,798			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		3,712,798		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)		47,229,626		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150045

Period:
From 10/01/2010
To 09/30/2011

Worksheet G-3

Date/Time Prepared:
3/27/2012 4:33 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	93,122,951	1.00
2.00	Less contractual allowances and discounts on patients' accounts	48,731,906	2.00
3.00	Net patient revenues (line 1 minus line 2)	44,391,045	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	47,229,626	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,838,581	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	1,715,080	24.00
25.00	Total other income (sum of lines 6-24)	1,715,080	25.00
26.00	Total (line 5 plus line 25)	-1,123,501	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-1,123,501	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150045

Period: From 10/01/2010

Worksheet H

HHA CCN: 157157

To 09/30/2011

Date/Time Prepared: 3/27/2012 4:33 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
2.00	Capital Related - Movable Equipment			0		0
3.00	Plant Operation & Maintenance	0	0	0	0	0
4.00	Transportation	0	0	26,403	0	0
5.00	Administrative and General	201,079	0	0	0	41,878
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	118,008	0	0	0	0
7.00	Physical Therapy	66,656	0	0	12,603	0
8.00	Occupational Therapy	0	0	0	6,550	0
9.00	Speech Pathology	615	0	0	0	0
10.00	Medical Social Services	3,717	0	0	0	0
11.00	Home Health Aide	15,071	0	0	0	0
12.00	Supplies (see instructions)	0	0	0	0	3,396
13.00	Drugs	0	0	0	0	0
14.00	DME	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0
17.00	Private Duty Nursing	21,790	0	4,423	0	7
18.00	Clinic	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0
24.00	Total (sum of lines 1-23)	426,936	0	30,826	19,153	45,281

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.
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ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150045

Period: From 10/01/2010

Worksheet H

HHA CCN: 157157

To 09/30/2011

Date/Time Prepared: 3/27/2012 4:33 pm

Home Health Agency I

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	Total (sum of col.s. 1 thru 5)	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	26,403	0	26,403	0	4.00
5.00	Administrative and General	242,957	19,073	262,030	-20,978	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	118,008	0	118,008	0	6.00
7.00	Physical Therapy	79,259	0	79,259	0	7.00
8.00	Occupational Therapy	6,550	0	6,550	0	8.00
9.00	Speech Pathology	615	0	615	0	9.00
10.00	Medical Social Services	3,717	0	3,717	0	10.00
11.00	Home Health Aide	15,071	0	15,071	0	11.00
12.00	Supplies (see instructions)	3,396	0	3,396	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	26,220	0	26,220	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	522,196	19,073	541,269	-20,978	24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.
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COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150045	Period: From 10/01/2010	Worksheet H-1
		HHA CCN: 157157	To 09/30/2011	Part I
				Date/Time Prepared: 3/27/2012 4:33 pm
			Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0			2.00
3.00	Plant Operation & Maintenance	0	0	0		3.00
4.00	Transportation	26,403	0	0	26,403	4.00
5.00	Administrative and General	241,052	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	118,008	0	0	14,652	6.00
7.00	Physical Therapy	79,259	0	0	3,426	7.00
8.00	Occupational Therapy	6,550	0	0	0	8.00
9.00	Speech Pathology	615	0	0	15	9.00
10.00	Medical Social Services	3,717	0	0	307	10.00
11.00	Home Health Aide	15,071	0	0	4,215	11.00
12.00	Supplies (see instructions)	3,396	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	26,220	0	0	3,788	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	520,291	0	0	26,403	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150045	Period: From 10/01/2010	Worksheet H-1
		HHA CCN: 157157	To 09/30/2011	Part I
			Home Health Agency I	Date/Time Prepared: 3/27/2012 4:33 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		0		1.00
2.00		0		2.00
3.00		0		3.00
4.00				4.00
5.00	241,052	241,052		5.00
HHA REIMBURSABLE SERVICES				
6.00	132,660	114,518	247,178	6.00
7.00	82,685	71,377	154,062	7.00
8.00	6,550	5,654	12,204	8.00
9.00	630	544	1,174	9.00
10.00	4,024	3,474	7,498	10.00
11.00	19,286	16,649	35,935	11.00
12.00	3,396	2,932	6,328	12.00
13.00	0	0	0	13.00
14.00	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES				
15.00	0	0	0	15.00
16.00	0	0	0	16.00
17.00	30,008	25,904	55,912	17.00
18.00	0	0	0	18.00
19.00	0	0	0	19.00
20.00	0	0	0	20.00
21.00	0	0	0	21.00
22.00	0	0	0	22.00
23.00	0	0	0	23.00
24.00	279,239		520,291	24.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 150045	Period: From 10/01/2010	Worksheet H-1
	HHA CCN: 157157	To 09/30/2011	Part II Date/Time Prepared: 3/27/2012 4:33 pm
		Home Health Agency I	PPS

	Capital Related Costs				Transportation (MILEAGE)	Reconciliation	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)				
	1.00	2.00	3.00	4.00			
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	30,826		4.00
5.00	Administrative and General	0	0	0	0	-241,052	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	17,106	0	6.00
7.00	Physical Therapy	0	0	0	4,000	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	17	0	9.00
10.00	Medical Social Services	0	0	0	359	0	10.00
11.00	Home Health Aide	0	0	0	4,921	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	4,423	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	30,826	-241,052	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	26,403		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.856517		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 150045	Period: From 10/01/2010	Worksheet H-1 Part II Date/Time Prepared: 3/27/2012 4:33 pm
	HHA CCN: 157157	To 09/30/2011	
		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	279,239	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	132,660	6.00
7.00	Physical Therapy	82,685	7.00
8.00	Occupational Therapy	6,550	8.00
9.00	Speech Pathology	630	9.00
10.00	Medical Social Services	4,024	10.00
11.00	Home Health Aide	19,286	11.00
12.00	Supplies (see instructions)	3,396	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	30,008	17.00
18.00	Clinic	0	18.00
19.00	Health Promotion Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	279,239	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	241,052	25.00
26.00	Unit Cost Multiplier	0.863246	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150045

Period:

Worksheet H-2

HHA CCN: 157157

From 10/01/2010
To 09/30/2011

Part I
Date/Time Prepared:
3/27/2012 4:33 pm

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Agency I

PPS

		CAPITAL RELATED COSTS						
		HHA Trial	NEW BLDG &	MAC WEST - NEW	NORTH ANNEX -	GARRETT CLINIC		
		Balance (1)	FIXT		NEW	- NEW		
		0	1.00	1.01	1.02	1.03		
1.00	Administrative and General	0	0	0	3,805	0	1.00	
2.00	Skilled Nursing Care	247,178	0	0	0	0	2.00	
3.00	Physical Therapy	154,062	0	0	0	0	3.00	
4.00	Occupational Therapy	12,204	0	0	0	0	4.00	
5.00	Speech Pathology	1,174	0	0	0	0	5.00	
6.00	Medical Social Services	7,498	0	0	0	0	6.00	
7.00	Home Health Aide	35,935	0	0	0	0	7.00	
8.00	Supplies (see instructions)	6,328	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	55,912	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	19.00	
20.00	Total (sum of lines 1-19) (2)	520,291	0	0	3,805	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: 150045

Period:

Worksheet H-2

HHA CCN: 157157

From 10/01/2010
To 09/30/2011

Part I
Date/Time Prepared:
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PPS

		CAPITAL RELATED COSTS					
		BUTLER - NEW	MAC EAST - NEW	GARRETT LAB - NEW	MEDICAL ARTS - NEW	NEW MVBLE EQUIP	
		1.04	1.05	1.06	1.07	2.00	
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	All Others (specify)	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: 150045

Period:

Worksheet H-2

HHA CCN: 157157

From 10/01/2010

Part I

To 09/30/2011

Date/Time Prepared: 3/27/2012 4:33 pm

Home Health Agency I

PPS

		EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		4.00	4A	5.00	6.00	7.00	
1.00	Administrative and General	42,129	45,934	8,558	0	73,773	1.00
2.00	Skilled Nursing Care	36,454	283,632	52,844	0	0	2.00
3.00	Physical Therapy	20,591	174,653	32,540	0	0	3.00
4.00	Occupational Therapy	0	12,204	2,274	0	0	4.00
5.00	Speech Pathology	190	1,364	254	0	0	5.00
6.00	Medical Social Services	1,148	8,646	1,611	0	0	6.00
7.00	Home Health Aide	4,656	40,591	7,563	0	0	7.00
8.00	Supplies (see instructions)	0	6,328	1,179	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	6,731	62,643	11,671	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	19,988	19,988	3,724	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	131,887	655,983	122,218	0	73,773	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: 150045

Period:

Worksheet H-2

HHA CCN: 157157

From 10/01/2010
To 09/30/2011

Part I
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Agency I

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		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	SNACK BAR	CAFETERIA	
		8.00	9.00	10.00	10.01	11.00	
1.00	Administrative and General	0	20,756	0	0	16,124	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	2,015	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	20,756	0	0	18,139	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: 150045	Period: From 10/01/2010	Worksheet H-2
		HHA CCN: 157157	To 09/30/2011	Part I
				Date/Time Prepared: 3/27/2012 4:33 pm
			Home Health Agency I	PPS

	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
	12.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	0	76,390	3,383	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	8,271	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	84,661	3,383	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: 150045 HHA CCN: 157157		Period: From 10/01/2010 To 09/30/2011		Worksheet H-2 Part I Date/Time Prepared: 3/27/2012 4:33 pm	
				Home Health Agency I		PPS	
		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	244,918	0	244,918		1.00
2.00	Skilled Nursing Care	0	336,476	0	336,476	112,274	2.00
3.00	Physical Therapy	0	207,193	0	207,193	69,136	3.00
4.00	Occupational Therapy	0	14,478	0	14,478	4,831	4.00
5.00	Speech Pathology	0	1,618	0	1,618	540	5.00
6.00	Medical Social Services	0	10,257	0	10,257	3,423	6.00
7.00	Home Health Aide	0	48,154	0	48,154	16,068	7.00
8.00	Supplies (see instructions)	0	7,507	0	7,507	2,505	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	84,600	0	84,600	28,229	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	23,712	0	23,712	7,912	19.00
20.00	Total (sum of lines 1-19) (2)	0	978,913	0	978,913	244,918	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.					0.333678	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: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet H-2 Part I Date/Time Prepared: 3/27/2012 4:33 pm
		HHA CCN: 157157	Home Health Agency I	PPS

		Total HHA Costs	
		28.00	
1.00	Administrative and General		1.00
2.00	Skilled Nursing Care	448,750	2.00
3.00	Physical Therapy	276,329	3.00
4.00	Occupational Therapy	19,309	4.00
5.00	Speech Pathology	2,158	5.00
6.00	Medical Social Services	13,680	6.00
7.00	Home Health Aide	64,222	7.00
8.00	Supplies (see instructions)	10,012	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	112,829	13.00
14.00	Clinic	0	14.00
15.00	Health Promotion Activities	0	15.00
16.00	Day Care Program	0	16.00
17.00	Home Delivered Meals Program	0	17.00
18.00	Homemaker Service	0	18.00
19.00	All Others (specify)	31,624	19.00
20.00	Total (sum of lines 1-19) (2)	978,913	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: 150045 HHA CCN: 157157	Period: From 10/01/2010 To 09/30/2011	Worksheet H-2 Part II Date/Time Prepared: 3/27/2012 4:33 pm PPS
		Home Health Agency I	

		CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	MAC WEST - NEW (SQUARE FEET)	NORTH ANNEX - NEW (SQUARE FEET)	GARRETT CLINIC - NEW (SQUARE FEET)	BUTLER - NEW (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	0	2,772	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	2,772	0	0	20.00
21.00	Total cost to be allocated	0	0	3,805	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	1.372655	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150045 HHA CCN: 157157	Period: From 10/01/2010 To 09/30/2011	Worksheet H-2 Part II Date/Time Prepared: 3/27/2012 4:33 pm PPS
		Home Health Agency I	

		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
		MAC EAST - NEW	GARRETT LAB - NEW	MEDICAL ARTS - NEW	NEW MVBLE EQUIP		
		(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)		
		1.05	1.06	1.07	2.00	4.00	
1.00	Administrative and General	0	0	0	0	136,374	1.00
2.00	Skilled Nursing Care	0	0	0	0	118,008	2.00
3.00	Physical Therapy	0	0	0	0	66,656	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	615	5.00
6.00	Medical Social Services	0	0	0	0	3,717	6.00
7.00	Home Health Aide	0	0	0	0	15,071	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	21,790	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	64,705	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	426,936	20.00
21.00	Total cost to be allocated	0	0	0	0	131,887	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.308915	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150045 HHA CCN: 157157	Period: From 10/01/2010 To 09/30/2011	Worksheet H-2 Part II Date/Time Prepared: 3/27/2012 4:33 pm PPS
		Home Health Agency I	

	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5A	5.00	6.00	7.00	8.00	
1.00 Administrative and General	0	45,934	0	2,772	0	1.00
2.00 Skilled Nursing Care	0	283,632	0	0	0	2.00
3.00 Physical Therapy	0	174,653	0	0	0	3.00
4.00 Occupational Therapy	0	12,204	0	0	0	4.00
5.00 Speech Pathology	0	1,364	0	0	0	5.00
6.00 Medical Social Services	0	8,646	0	0	0	6.00
7.00 Home Health Aide	0	40,591	0	0	0	7.00
8.00 Supplies (see instructions)	0	6,328	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	62,643	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	19,988	0	0	0	19.00
20.00 Total (sum of lines 1-19)		655,983	0	2,772	0	20.00
21.00 Total cost to be allocated		122,218	0	73,773	0	21.00
22.00 Unit cost multiplier		0.186313	0.000000	26.613636	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150045
HHA CCN: 157157

Period:
From 10/01/2010
To 09/30/2011

Worksheet H-2
Part II
Date/Time Prepared:
3/27/2012 4:33 pm

		Home Health Agency I		PPS			
	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	SNACK BAR (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)		
	9.00	10.00	10.01	11.00	12.00		
1.00	Administrative and General	2,772	0	0	8	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	1	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	2,772	0	0	9	0	20.00
21.00	Total cost to be allocated	20,756	0	0	18,139	0	21.00
22.00	Unit cost multiplier	7.487734	0.000000	0.000000	2,015.444444	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150045
HHA CCN: 157157

Period:
From 10/01/2010
To 09/30/2011

Worksheet H-2
Part II
Date/Time Prepared:
3/27/2012 4:33 pm

		Home Health Agency I		PPS		
	NURSING ADMINISTRATION (DIRECT NRSING HRS) 13.00	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.) 14.00	PHARMACY (COSTED REQUIS.) 15.00	MEDICAL RECORDS & LIBRARY (GROSS REVENUE) 16.00	SOCIAL SERVICE (TIME SPENT) 17.00	
1.00	Administrative and General	12,727	8,042	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	1,378	0	0	0	13.00
14.00	Clinic	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	14,105	8,042	0	0	20.00
21.00	Total cost to be allocated	84,661	3,383	0	0	21.00
22.00	Unit cost multiplier	6.002198	0.420667	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150045 HHA CCN: 157157		Period: From 10/01/2010 To 09/30/2011		Worksheet H-3 Parts I-II Date/Time Prepared: 3/27/2012 4:33 pm	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	448,750		448,750	2,738	1.00
2.00	Physical Therapy	3.00	276,329	0	276,329	1,001	2.00
3.00	Occupational Therapy	4.00	19,309	0	19,309	82	3.00
4.00	Speech Pathology	5.00	2,158	0	2,158	18	4.00
5.00	Medical Social Services	6.00	13,680		13,680	71	5.00
6.00	Home Health Aide	7.00	64,222		64,222	543	6.00
7.00	Total (sum of lines 1-6)		824,448	0	824,448	4,453	7.00
Cost Center Description		Cost Limits	CBSA No. (1)	Part A	Program Visits		
					Part B		
					Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		99915	751	508		8.00
8.01	Skilled Nursing Care		23060	0	0		8.01
9.00	Physical Therapy		99915	242	245		9.00
9.01	Physical Therapy		23060	0	0		9.01
10.00	Occupational Therapy		99915	15	34		10.00
10.01	Occupational Therapy		23060	0	0		10.01
11.00	Speech Pathology		99915	3	13		11.00
11.01	Speech Pathology		23060	0	0		11.01
12.00	Medical Social Services		99915	14	23		12.00
12.01	Medical Social Services		23060	0	0		12.01
13.00	Home Health Aide		99915	94	288		13.00
13.01	Home Health Aide		23060	0	0		13.01
14.00	Total (sum of lines 8-13)			1,119	1,111		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	10,012	0	10,012	11,897	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	0.594703	0	0	1.00
1.01	Physical Therapy 1		66.01	0.972491	0	0	1.01
2.00	Occupational Therapy		67.00	0.000000	0	0	2.00
3.00	Speech Pathology						3.00
4.00	Cost of Medical Supplies		71.00	0.269467	0	0	4.00
5.00	Cost of Drugs		73.00	0.489356	0	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150045

Period: From 10/01/2010

Worksheet H-3

HHA CCN: 157157

To 09/30/2011

Parts I-III
Date/Time Prepared:
3/27/2012 4:33 pm

Title XVIII

Home Health Agency I

PPS

Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION						
Cost Per Visit Computation						
1.00 Skilled Nursing Care	163.90	751	508			1.00
2.00 Physical Therapy	276.05	242	245			2.00
3.00 Occupational Therapy	235.48	15	34			3.00
4.00 Speech Pathology	119.89	3	13			4.00
5.00 Medical Social Services	192.68	14	23			5.00
6.00 Home Health Aide	118.27	94	288			6.00
7.00 Total (sum of lines 1-6)		1,119	1,111			7.00
Cost Center Description						
	5.00	6.00	7.00	8.00	9.00	
Limitation Cost Computation						
8.00 Skilled Nursing Care						8.00
8.01 Skilled Nursing Care						8.01
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
Program Covered Charges						
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Part A	Part B			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
Supplies and Drugs Cost Computations						
15.00 Cost of Medical Supplies	0.841557	10,972	925	0		15.00
16.00 Cost of Drugs	0.000000	0	0	0		16.00
Cost Center Description						
			Transfer to Part I as Indicated			
			4.00			
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00 Physical Therapy		col. 2, line 2.00				1.00
1.01 Physical Therapy 1		col. 2, line 2.01				1.01
2.00 Occupational Therapy		col. 2, line 3.00				2.00
3.00 Speech Pathology						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: 150045

Period:

Worksheet H-3

HHA CCN: 157157

From 10/01/2010
To 09/30/2011

Parts I-III
Date/Time Prepared:
3/27/2012 4:33 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	123,089	83,261		206,350	1.00
2.00	Physical Therapy	66,804	67,632		134,436	2.00
3.00	Occupational Therapy	3,532	8,006		11,538	3.00
4.00	Speech Pathology	360	1,559		1,919	4.00
5.00	Medical Social Services	2,698	4,432		7,130	5.00
6.00	Home Health Aide	11,117	34,062		45,179	6.00
7.00	Total (sum of lines 1-6)	207,600	198,952		406,552	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	9,234	778	0		15.00
16.00	Cost of Drugs	0	0	0		16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150045 HHA CCN: 157157	Period: From 10/01/2010 To 09/30/2011	Worksheet H-4 Part I-II Date/Time Prepared: 3/27/2012 4:33 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		156,006	138,158
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		5,974	4,285
14.00	Total PPS Reimbursement - PEP Episodes		525	1,112
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		162,505	143,555
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		162,505	143,555
25.00	Coinsurance billed to program patients (from your records)			0
26.00	Net cost (line 24 minus line 25)		162,505	143,555
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)		162,505	143,555
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		162,505	143,555
32.00	Interim payments (see instructions)		162,505	143,555
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: 150045
HHA CCN: 157157

Period: From 10/01/2010 To 09/30/2011

Worksheet H-5
Date/Time Prepared: 3/27/2012 4:33 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		162,505		143,555	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)		162,505		143,555	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)		162,505		143,555	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: 150045

Period: From 10/01/2010

Worksheet K

Hospice CCN: 151559

To 09/30/2011

Date/Time Prepared: 3/27/2012 4:33 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	38,475	0	224	35,482	11,304	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	73,574	0	4,737	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	71	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	22,549	0	1,492	0	0	15.00
16.00	Spiritual Counseling	7,158	0	589	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	10,129	0	3,223	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	31,980	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	27,580	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	184	0	228	35.00
36.00	Volunteer Program Costs	0	0	0	0	35	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)	151,956	0	10,449	35,482	71,127	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150045

Period: From 10/01/2010

Worksheet K

Hospice CCN: 151559

To 09/30/2011

Date/Time Prepared: 3/27/2012 4:33 pm

		Total (col. 5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
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	85,485	4,435	89,920	-500	89,420	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	78,311	0	78,311	0	78,311	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	71	0	71	0	71	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	24,041	0	24,041	0	24,041	15.00
16.00	Spiritual Counseling	7,747	0	7,747	0	7,747	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	13,352	0	13,352	0	13,352	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	31,980	0	31,980	0	31,980	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	27,580	0	27,580	0	27,580	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	412	0	412	0	412	35.00
36.00	Volunteer Program Costs	35	0	35	0	35	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)	269,014	4,435	273,449	-500	272,949	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150045

Period: From 10/01/2010

Worksheet K-1

Hospice CCN: 151559

To 09/30/2011

Date/Time Prepared: 3/27/2012 4:33 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	16,166	9,266	0	10,340	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	73,574	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	22,549	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)	16,166	9,266	22,549	10,340	73,574	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150045

Period: From 10/01/2010

Worksheet K-1

Hospice CCN: 151559

To 09/30/2011

Date/Time Prepared: 3/27/2012 4:33 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	2,703	38,475	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	73,574	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	71	0	0	71	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	22,549	15.00
16.00	Spiritual Counseling		0	7,158	7,158	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		10,129	0	10,129	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	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)	71	10,129	9,861	151,956	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 150045	Period: From 10/01/2010	Worksheet K-2
		Hospice CCN: 151559	To 09/30/2011	Date/Time Prepared: 3/27/2012 4:33 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	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						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	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150045

Period: From 10/01/2010

Worksheet K-2

Hospice CCN: 151559

To 09/30/2011

Date/Time Prepared: 3/27/2012 4:33 pm

		Total Therapists	Aides	All-Other	Hospice I 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	0	0	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	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
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	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet K-3
		Hospice CCN: 151559		Date/Time Prepared: 3/27/2012 4:33 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	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						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	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet K-3
	Hospice CCN: 151559		Date/Time Prepared: 3/27/2012 4:33 pm

		Total Therapists	Aides	All-Other	Hospice I 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	35,482	35,482	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	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
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	0	35,482	35,482	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150045

Period: From 10/01/2010

Worksheet K-4

Hospice CCN: 151559

To 09/30/2011

Part I
Date/Time Prepared:
3/27/2012 4:33 pm

		CAPITAL RELATED COST					
		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	89,420	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	78,311	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	71	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	24,041	0	0	0	0	15.00
16.00	Spiritual Counseling	7,747	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	13,352	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	31,980	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	27,580	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	412	0	0	0	0	35.00
36.00	Volunteer Program Costs	35	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)	272,949	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150045

Period: From 10/01/2010

Worksheet K-4

Hospice CCN: 151559

To 09/30/2011

Part I
Date/Time Prepared:
3/27/2012 4:33 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	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	89,420			6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	78,311	38,155	116,466	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	71	35	106	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	24,041	11,713	35,754	15.00
16.00	Spiritual Counseling	0	7,747	3,775	11,522	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	13,352	6,505	19,857	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	31,980	15,581	47,561	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	27,580	13,438	41,018	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	412	201	613	35.00
36.00	Volunteer Program Costs	0	35	17	52	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	183,529	89,420	272,949	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150045

Period: From 10/01/2010

Worksheet K-4

Hospice CCN: 151559

To 09/30/2011

Part II
Date/Time Prepared:
3/27/2012 4:33 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	283			3.00
4.00	Transportation - Staff	0	0	0	10,225		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	146	4,737	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	49	1,492	0	15.00
16.00	Spiritual Counseling	0	0	0	589	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	88	3,223	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	184	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: 150045

Period: From 10/01/2010

Worksheet K-4

Hospice CCN: 151559

To 09/30/2011

Part II
Date/Time Prepared:
3/27/2012 4:33 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	-89,420	183,529	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	78,311	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	71	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	24,041	15.00
16.00	Spiritual Counseling	0	7,747	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	13,352	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	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	31,980	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	27,580	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	412	35.00
36.00	Volunteer Program Costs	0	35	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)		89,420	39.00
40.00	Unit Cost Multiplier		0.487225	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150045

Period: From 10/01/2010

Worksheet K-5

Hospice CCN: 151559

To 09/30/2011

Part I
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS			GARRETT CLINIC - NEW	
		NEW BLDG & FIXT	MAC WEST - NEW	NORTH ANNEX - NEW		
		1.00	1.01	1.02		
	0	1.00	1.01	1.02	1.03	
1.00 Administrative and General		0	0	412	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	116,466	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	106	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	35,754	0	0	0	0	10.00
11.00 Spiritual Counseling	11,522	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	19,857	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	47,561	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	41,018	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	613	0	0	0	0	30.00
31.00 Volunteer Program Costs	52	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)	272,949	0	0	412	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150045

Period:

Worksheet K-5

Hospice CCN: 151559

From 10/01/2010
To 09/30/2011

Part I
Date/Time Prepared:
3/27/2012 4:33 pm

Hospice I

Cost Center Description	CAPITAL RELATED COSTS						
	BUTLER - NEW	MAC EAST - NEW	GARRETT LAB - NEW	MEDICAL ARTS - NEW	NEW MVBLE EQUIP		
	1.04	1.05	1.06	1.07	2.00		
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 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150045

Period: From 10/01/2010

Worksheet K-5

Hospice CCN: 151559

To 09/30/2011

Part I
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description		EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		4.00	4A	5.00	6.00	7.00	
1.00	Administrative and General	11,875	12,287	2,289	0	7,984	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	22,727	139,193	25,933	0	0	5.00
6.00	Nursing Care-Continuous Home Care	22	22	4	0	0	6.00
7.00	Physical Therapy	0	106	20	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	6,966	42,720	7,959	0	0	10.00
11.00	Spiritual Counseling	2,222	13,744	2,561	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	3,129	22,986	4,283	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 - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	47,561	8,861	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	41,018	7,642	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	613	114	0	0	30.00
31.00	Volunteer Program Costs	0	52	10	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)	46,941	320,302	59,676	0	7,984	34.00
35.00	Unit Cost Multiplier (see instructions)		0.000000				35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150045

Period:

Worksheet K-5

Hospice CCN: 151559

From 10/01/2010
To 09/30/2011

Part I
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description		Hospice I					
		LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	SNACK BAR 10.01	CAFETERIA 11.00	
1.00	Administrative and General	78	2,246	0	0	4,031	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 - Specif y	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)	78	2,246	0	0	4,031	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150045

Period: From 10/01/2010

Worksheet K-5

Hospice CCN: 151559

To 09/30/2011

Part I
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	Hospice I					
	MAINTENANCE OF PERSONNEL 12.00	NURSING ADMINISTRATION 13.00	CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	
1.00 Administrative and General	0	24,405	3,151	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	24,405	3,151	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150045

Period: From 10/01/2010

Worksheet K-5

Hospice CCN: 151559

To 09/30/2011

Part I
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description		Hospice I					Allocated Hospice A&G (See Part II)	
		SOCIAL SERVICE	Subtotal (col.s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)			
		17.00	24.00	25.00	26.00	27.00		
1.00	Administrative and General	0	56,471				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	165,126	0	165,126	25,520	5.00	
6.00	Nursing Care-Continuous Home Care	0	26	0	26	4	6.00	
7.00	Physical Therapy	0	126	0	126	19	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	50,679	0	50,679	7,832	10.00	
11.00	Spiritual Counseling	0	16,305	0	16,305	2,520	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	27,269	0	27,269	4,214	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	56,422	0	56,422	8,720	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	48,660	0	48,660	7,520	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	727	0	727	112	30.00	
31.00	Volunteer Program Costs	0	62	0	62	10	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	421,873	0	421,873		34.00	
35.00	Unit Cost Multiplier (see instructions)					0.154545	35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150045

Period: From 10/01/2010

Worksheet K-5

Hospice CCN: 151559

To 09/30/2011

Part I
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description		Total Hospice Costs (col. 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	190,646		5.00
6.00	Nursing Care-Continuous Home Care	30		6.00
7.00	Physical Therapy	145		7.00
8.00	Occupational Therapy	0		8.00
9.00	Speech/ Language Pathology	0		9.00
10.00	Medical Social Services	58,511		10.00
11.00	Spiritual Counseling	18,825		11.00
12.00	Dietary Counseling	0		12.00
13.00	Counseling - Other	0		13.00
14.00	Home Health Aide and Homemaker	31,483		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		15.00
16.00	Other	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0		17.00
18.00	Analgesics	0		18.00
19.00	Sedatives / Hypnotics	0		19.00
20.00	Other - Specify	0		20.00
21.00	Durable Medical Equipment/Oxygen	65,142		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	56,180		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	839		30.00
31.00	Volunteer Program Costs	72		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)	421,873		34.00
35.00	Unit Cost Multiplier (see instructions)			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150045

Period:

Worksheet K-5

Hospice CCN: 151559

From 10/01/2010

Part II

To 09/30/2011

Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	CAPITAL RELATED COSTS					BUTLER - NEW (SQUARE FEET)	
	NEW BLDG & FIXT (SQUARE FEET)	MAC WEST - NEW (SQUARE FEET)	NORTH ANNEX - NEW (SQUARE FEET)	GARRETT CLINIC - NEW (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04		
1.00 Administrative and General	0	0	300	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	300	0	0	0	34.00
35.00 Total cost to be allocated	0	0	412	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	1.373333	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150045

Period:

Worksheet K-5

Hospice CCN: 151559

From 10/01/2010
To 09/30/2011

Part II
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	
	MAC EAST - NEW	GARRETT LAB - NEW	MEDICAL ARTS - NEW	NEW MVBLE EQUIP		
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)		
	1.05	1.06	1.07	2.00	4.00	
1.00 Administrative and General	0	0	0	0	38,440	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	73,574	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	71	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	22,549	10.00
11.00 Spiritual Counseling	0	0	0	0	7,194	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	10,129	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	151,957	34.00
35.00 Total cost to be allocated	0	0	0	0	46,941	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.308910	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150045

Hospice CCN: 151559

Period:
From 10/01/2010
To 09/30/2011

Worksheet K-5
Part II
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description		Hospice I					
		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
		5A	5.00	6.00	7.00	8.00	
1.00	Administrative and General	0	12,287	0	300	100	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	139,193	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	22	0	0	0	6.00
7.00	Physical Therapy	0	106	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	42,720	0	0	0	10.00
11.00	Spiritual Counseling	0	13,744	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	22,986	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	47,561	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	41,018	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	613	0	0	0	30.00
31.00	Volunteer Program Costs	0	52	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)		320,302	0	300	100	34.00
35.00	Total cost to be allocated		59,676	0	7,984	78	35.00
36.00	Unit Cost Multiplier (see instructions)		0.186312	0.000000	26.613333	0.780000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150045

Period:

Worksheet K-5

Hospice CCN: 151559

From 10/01/2010

Part II

To 09/30/2011

Date/Time Prepared:

3/27/2012 4:33 pm

Cost Center Description	Hospice I						
	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	SNACK BAR (MEALS SERVED)	CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)		
	9.00	10.00	10.01	11.00	12.00		
1.00 Administrative and General	300	0	0	2	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)	300	0	0	2	0	34.00	
35.00 Total cost to be allocated	2,246	0	0	4,031	0	35.00	
36.00 Unit Cost Multiplier (see instructions)	7.486667	0.000000	0.000000	2,015.500000	0.000000	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150045

Period:

Worksheet K-5

Hospice CCN: 151559

From 10/01/2010
To 09/30/2011

Part II
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description	Hospice I					SOCIAL SERVICE (TIME SPENT)	
	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)			
	13.00	14.00	15.00	16.00	17.00		
1.00 Administrative and General	4,066	7,492	0	599,540	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)	4,066	7,492	0	599,540	0	34.00	
35.00 Total cost to be allocated	24,405	3,151	0	0	0	35.00	
36.00 Unit Cost Multiplier (see instructions)	6.002213	0.420582	0.000000	0.000000	0.000000	36.00	

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150045

Period: From 10/01/2010

Worksheet K-5

Hospice CCN: 151559

To 09/30/2011

Part III
Date/Time Prepared:
3/27/2012 4:33 pm

Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Hospice I		
				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	0.594703	0	0	1.00
1.01	CARDI AC REHAB	66.01	0.973579	0	0	1.01
2.00	OCCUPATIONAL THERAPY	67.00	0.000000	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00				3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.489356	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.281263	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01
7.00	MEDI CAL SUPPLIES CHARGED TO PATIENTS	71.00	0.269467	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADI OLOGY-THERAPEUTIC	55.00				9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00				10.00
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150045

Period: From 10/01/2010

Worksheet K-6

Hospice CCN: 151559

To 09/30/2011

Date/Time Prepared: 3/27/2012 4:33 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				421,873	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				4,366	2.00
3.00	Average cost per diem (line 1 divided by line 2)				96.63	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	4,315				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	416,958				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			51		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			4,928		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150045	Period: From 10/01/2010 To 09/30/2011	Worksheet L Parts I-III Date/Time Prepared: 3/27/2012 4:33 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		202,409	1.00
2.00	Capital DRG outlier payments		456	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		14.96	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)		202,865	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