

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: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet S Parts I-III Date/Time Prepared: 7/17/2013 10:27 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 7/17/2013 Time: 10:27 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification 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 ST. ELIZABETH CENTRAL (150003) for the cost reporting period beginning 01/01/2011 and ending 12/31/2011 and to the best of my knowledge and belief, this report and statement are true, correct, complete and 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, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	1,277,891	-84,491	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
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
200.00 Total	0	1,277,891	-84,491	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: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 7/17/2013 10:12 am					
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IN		4.00 Zip Code: 47904- County: TIPPECANOE					
1.00 Street: 1501 HARTFORD STREET		2.00 City: LAFAYETTE									
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			
3.00 Hospital and Hospital-Based Component Identification:											
3.00	Hospital	ST. ELIZABETH CENTRAL	150003	29140	1	07/01/1966	N	P	0	3.00	
4.00	Subprovider - IPF									4.00	
5.00	Subprovider - IRF									5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF									7.00	
8.00	Swing Beds - NF									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									12.00	
13.00	Separately Certified ASC									13.00	
14.00	Hospital-Based Hospice	ST. ELIZABETH HOSPICE	151563	29140		01/01/1984				14.00	
15.00	Hospital-Based Health Clinic - RHC									15.00	
16.00	Hospital-Based Health Clinic - FQHC									16.00	
17.00	Hospital-Based (CMHC) I									17.00	
17.10	Hospital-Based (CORF) I									17.10	
18.00	Renal Dialysis									18.00	
19.00	Other									19.00	
					From:		To:				
					1.00		2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)				01/01/2011		12/31/2011		20.00		
21.00	Type of Control (see instructions)						1		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.				N				22.00		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.				2		N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.				0	0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.				0	0	0	0	0	0	25.00
						Urban/Rural	S		Date of Geogr		
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						2		26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						2		27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 7/17/2013 10:12 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	1				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.	09/01/2011	12/31/2011			38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		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 additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? 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.	N				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)	Y				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	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 in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150003

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

Worksheet S-2
Part I
Date/Time Prepared:
7/17/2013 10:12 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, 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	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part I Date/Time Prepared: 7/17/2013 10:12 am		
		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost 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 and "N" for no.			N	80.00	
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00	
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00	
				V	XIX	
				1.00	2.00	
Title V and XIX 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)				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)				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N	108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	2.00	3.00
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. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.			N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			Y	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.			2	118.00	

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0		0
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) 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 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	158014	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: FRANCISCAN ALLIANCE, INC.	Contractor's Name: NGS		Contractor's Number: 158014	
142.00	Street: 1515 DRAGOON TRAIL	PO Box: 1290			
143.00	City: MISHAWAKA	State: IN		Zip Code: 46546-1290	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	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	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150003			Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part I Date/Time Prepared: 7/17/2013 10:12 am		
								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	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 7/17/2013 10:12 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
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	04/17/2012
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		Part B
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/17/2012	Y
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		N
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		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet S-2 Part II Date/Time Prepared: 7/17/2013 10:12 am	
	Description	Part A		Part B			
		Y/N	Date	Y/N			
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00	
							1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)							
Capital Related Cost							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N		22.00	
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N		23.00	
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N		24.00	
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N		25.00	
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N		26.00	
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N		27.00	
Interest Expense							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N		28.00	
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N		29.00	
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N		30.00	
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N		31.00	
Purchased Services							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N		32.00	
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N		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.			N		34.00	
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N		35.00	
							Y/N Date
							1.00 2.00
Home Office Costs							
36.00	Were home office costs claimed on the cost report?			Y		36.00	
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y		37.00	
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N		38.00	
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N		39.00	
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N		40.00	
							1.00 2.00
Cost Report Preparer Contact Information							
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.					41.00	
42.00	Enter the employer/company name of the cost report preparer.					42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.					43.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet S-2 Part II Date/Time Prepared: 7/17/2013 10:12 am
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		Part B	
		Date	
		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)		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)	04/17/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		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.		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:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150003

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

Worksheet S-3
Part I
Date/Time Prepared:
7/17/2013 10:12 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	77	28,105	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		77	28,105	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	9	3,285	0.00	0	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				0	13.00
14.00 Total (see instructions)		86	31,390	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	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						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				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		86				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150003

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

Worksheet S-3
Part I
Date/Time Prepared:
7/17/2013 10:12 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	6,801	1,037	10,434			1.00
2.00 HMO	760	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,801	1,037	10,434			7.00
8.00 INTENSIVE CARE UNIT	812	175	1,480			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	0			13.00
14.00 Total (see instructions)	7,613	1,212	11,914	0.00	569.15	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	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	13,660	403	14,793	0.00	17.93	24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	587.08	27.00
28.00 Observation Bed Days		0	0			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150003

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

Worksheet S-3
Part I
Date/Time Prepared:
7/17/2013 10:12 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	1,782	342	2,972	1.00	
2.00 HMO			171			2.00	
3.00 HMO IPF Subprovider						3.00	
4.00 HMO IRF Subprovider						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	0	1,782	342	2,972	14.00	
15.00 CAH visits						15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00	
18.00 SUBPROVIDER	0.00	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						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE	0.00					24.00	
25.00 CMHC - CMHC						25.00	
25.10 CMHC - CORF	0.00					25.10	
26.00 RURAL HEALTH CLINIC	0.00					26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25	
27.00 Total (sum of lines 14-26)	0.00					27.00	
28.00 Observation Bed Days						28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)						32.00	
33.00 LTCH non-covered days						33.00	

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part II Date/Time Prepared: 7/17/2013 10:12 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	37,087,781	-2,216,024	34,871,757	1,183,822.00	29.46	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		12,293,208	95,202	12,388,410	299,014.00	41.43	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		0	0	0	0.00	0.00	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		2,674,937	0	2,674,937	53,447.00	50.05	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		8,911,348	0	8,911,348			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		2,812,056	0	2,812,056			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		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	0	335,608	335,608	4,933.00	68.03	26.00
27.00	Administrative & General	5.00	3,149,758	225,316	3,375,074	58,312.00	57.88	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,480,369	119,957	1,600,326	26,209.00	61.06	30.00
31.00	Laundry & Linen Service	8.00	136,735	-37,267	99,468	1,662.00	59.85	31.00
32.00	Housekeeping	9.00	749,035	0	749,035	58,648.00	12.77	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	587,234	-178,517	408,717	30,188.00	13.54	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	173,710	178,517	352,227	27,745.00	12.70	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	106,804	352,759	459,563	9,088.00	50.57	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	1,167,230	-23,731	1,143,499	32,950.00	34.70	40.00
41.00	Medical Records & Medical Records Library	16.00	64,928	183,034	247,962	12,428.00	19.95	41.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet S-3 Part II Date/Time Prepared: 7/17/2013 10:12 am		
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
42.00	Soci al Servi ce	17.00	0	90,815	90,815	3,795.00	23.93	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part III Date/Time Prepared: 7/17/2013 10:12 am
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	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	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	37,087,781	-2,216,024	34,871,757	1,183,822.00	29.46	1.00
2.00	Excluded area salaries (see instructions)	12,293,208	95,202	12,388,410	299,014.00	41.43	2.00
3.00	Subtotal salaries (line 1 minus line 2)	24,794,573	-2,311,226	22,483,347	884,808.00	25.41	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,674,937	0	2,674,937	53,447.00	50.05	4.00
5.00	Subtotal wage-related costs (see inst.)	8,911,348	0	8,911,348	0.00	39.64	5.00
6.00	Total (sum of lines 3 thru 5)	36,380,858	-2,311,226	34,069,632	938,255.00	36.31	6.00
7.00	Total overhead cost (see instructions)	7,615,803	1,246,491	8,862,294	265,958.00	33.32	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part IV Date/Time Prepared: 7/17/2013 10:12 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		3,104,018	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		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)		4,798,328	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		185,846	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		26,849	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)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		119,377	14.00
15.00	'Workers' Compensation Insurance		54,235	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		2,977,873	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		40,148	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		51,088	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		11,357,762	24.00
Part B - Other than Core Related Cost				
25.00	EMPLOYEE ASSISTANCE		365,641	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet S-3 Part V Date/Time Prepared: 7/17/2013 10:12 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
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			0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150003 Component CCN: 151563	Period: From 01/01/2011 To 12/31/2011	Worksheet S-9 Parts I & II Date/Time Prepared: 7/17/2013 10:12 am
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of col.s. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	1	0	0	0	0	1	1.00
2.00	Routine Home Care	13,565	389	0	0	709	14,663	2.00
3.00	Inpatient Respite Care	43	1	0	0	12	56	3.00
4.00	General Inpatient Care	51	13	0	0	9	73	4.00
5.00	Total Hospice Days	13,660	403	0	0	730	14,793	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	301	11	0	0	28	340	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)	45.38	36.64	0.00	0.00	26.07	43.51	8.00
9.00	Unduplicated Census Count	278	10	0	0	27	315	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet S-10	
				Date/Time Prepared: 7/17/2013 10:12 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.326035	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		3,994,269	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		24,983,443	6.00	
7.00	Medicaid cost (line 1 times line 6)		8,145,477	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)		4,151,208	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)		695,043	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		3,030,860	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		988,166	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)		293,123	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)		4,444,331	19.00	
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	8,600,537	544,894	9,145,431	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,804,076	177,655	2,981,731	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)	2,804,076	177,655	2,981,731	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)		3,391,430	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		357,612	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		3,033,818	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		989,131	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		3,970,862	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,415,193	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150003

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

Worksheet A
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (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	00100	NEW CAP REL COSTS-BLDG & FIXT	0	0	336,490	336,490	1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	56,139	56,139	2.00	
4.00	00400	EMPLOYEE BENEFITS	0	592	0	592	4.00	
5.01	00510	NONPATIENT TELEPHONES	0	0	0	0	5.01	
5.02	00511	MGMT INFO SYSTEMS	28,133	0	28,133	28,133	5.02	
5.03	00512	PURCHASING	0	0	0	0	5.03	
5.04	00513	ADMINISTRATIVE	349,434	9,699	359,133	359,133	5.04	
5.05	00514	PATIENT ACCOUNTING	1,017,111	4,020,103	5,037,214	5,037,214	5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,755,080	412,635	2,167,715	-46,123	2,121,592	5.06
7.00	00700	OPERATION OF PLANT	1,480,369	1,142,269	2,622,638	0	2,622,638	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	136,735	689,215	825,950	0	825,950	8.00
9.00	00900	HOUSEKEEPING	749,035	271,956	1,020,991	0	1,020,991	9.00
10.00	01000	DIETARY	587,234	323,008	910,242	-240,922	669,320	10.00
11.00	01100	CAFETERIA	173,710	162,180	335,890	240,605	576,495	11.00
13.00	01300	NURSING ADMINISTRATION	106,804	-128	106,676	0	106,676	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	1,167,230	2,503,050	3,670,280	-1,932,432	1,737,848	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	64,928	147,424	212,352	-110,769	101,583	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	2,446,227	307,219	2,753,446	134,214	2,887,660	20.00
23.00	02300	PARAMED ED PRGM	112,302	6,965	119,267	24,617	143,884	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,379,843	289,975	3,669,818	-221,892	3,447,926	30.00
31.00	03100	INTENSIVE CARE UNIT	2,661,983	220,093	2,882,076	-192,847	2,689,229	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,085,463	559,385	1,644,848	-449,515	1,195,333	54.00
56.00	05600	RADIOISOTOPE	146,274	355,413	501,687	-3,070	498,617	56.00
56.02	05602	MRI	86,235	51,622	137,857	-4,210	133,647	56.02
56.03	05603	ULTRASOUND	199,393	19,233	218,626	-18,744	199,882	56.03
57.00	05700	CT SCAN	342,122	135,165	477,287	-42,690	434,597	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	5,573,866	5,573,866	-7,348	5,566,518	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	651,750	179,598	831,348	-82,221	749,127	65.00
66.00	06600	PHYSICAL THERAPY	3,831,290	533,517	4,364,807	-485,831	3,878,976	66.00
68.00	06800	SPEECH PATHOLOGY	494,426	13,804	508,230	-4,559	503,671	68.00
69.00	06900	ELECTROCARDIOLOGY	760,232	3,062,962	3,823,194	-8,543	3,814,651	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,857,918	1,857,918	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,260,884	2,260,884	73.00
74.00	07400	RENAL DIALYSIS	0	815,628	815,628	0	815,628	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	1,987,740	644,096	2,631,836	-230,560	2,401,276	91.00
91.01	09101	WOUND CARE	384,688	396,646	781,334	-348,311	433,023	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,167,331	14,470	1,181,801	-9,478	1,172,323	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,866,896	546,655	2,413,551	-121,478	2,292,073	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	1,200,757	645,008	1,845,765	-349,324	1,496,441	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	30,420,755	24,053,323	54,474,078	0	54,474,078	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,238,071	3,336,201	9,574,272	0	9,574,272	192.00
194.00	07950	PATIENT TRANSPORT	133,071	155,458	288,529	0	288,529	194.00
194.01	07951	SETON LEASE 1 NORTH	295,884	17,111	312,995	0	312,995	194.01
194.02	07952	REHAB (FSEH-E)	0	0	0	0	0	194.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet A Date/Time Prepared: 7/17/2013 10:12 am	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
194.03	07953 HHA (FSEH-E)	0	0	0	0	0	194.03
194.04	07956 PSYCH (FSEH-E)	0	0	0	0	0	194.04
194.05	07955 VACANT SPACE	0	0	0	0	0	194.05
200.00	TOTAL (SUM OF LINES 118-199)	37,087,781	27,562,093	64,649,874	0	64,649,874	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150003

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

Worksheet A
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	2,836,094	3,172,584	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2,398,751	2,454,890	2.00
4.00	00400	EMPLOYEE BENEFITS	10,005,137	10,005,729	4.00
5.01	00510	NONPATIENT TELEPHONES	0	0	5.01
5.02	00511	MGMT INFO SYSTEMS	115,765	143,898	5.02
5.03	00512	PURCHASING	113,097	113,097	5.03
5.04	00513	ADMITTING	-312,189	46,944	5.04
5.05	00514	PATIENT ACCOUNTING	-4,663,124	374,090	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,018,279	6,139,871	5.06
7.00	00700	OPERATION OF PLANT	657,283	3,279,921	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-600,838	225,112	8.00
9.00	00900	HOUSEKEEPING	0	1,020,991	9.00
10.00	01000	DIETARY	-4,696	664,624	10.00
11.00	01100	CAFETERIA	-328,152	248,343	11.00
13.00	01300	NURSING ADMINISTRATION	369,134	475,810	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-404,958	1,332,890	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	159,956	261,539	16.00
17.00	01700	SOCIAL SERVICE	91,429	91,429	17.00
20.00	02000	NURSING SCHOOL	-18,256	2,869,404	20.00
23.00	02300	PARAMED ED PRGM	62,894	206,778	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,833,955	613,971	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,689,229	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-17,643	1,177,690	54.00
56.00	05600	RADIOISOTOPE	-7,280	491,337	56.00
56.02	05602	MRI	0	133,647	56.02
56.03	05603	ULTRASOUND	0	199,882	56.03
57.00	05700	CT SCAN	0	434,597	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	154,303	5,720,821	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	14,736	763,863	65.00
66.00	06600	PHYSICAL THERAPY	-2,120,952	1,758,024	66.00
68.00	06800	SPEECH PATHOLOGY	-310,344	193,327	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,163,145	1,651,506	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	315,727	315,727	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,725,853	3,583,771	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	105,823	105,823	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,260,884	73.00
74.00	07400	RENAL DIALYSIS	-574,422	241,206	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	-200,773	2,200,503	91.00
91.01	09101	WOUND CARE	0	433,023	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,172,323	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-9,264	2,282,809	95.00
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-708	1,495,733	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,573,562	63,047,640	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-5,646	9,568,626	192.00
194.00	07950	PATIENT TRANSPORT	0	288,529	194.00
194.01	07951	SETON LEASE 1 NORTH	0	312,995	194.01
194.02	07952	REHAB (FSEH-E)	0	0	194.02
194.03	07953	HHA (FSEH-E)	0	0	194.03
194.04	07956	PSYCH (FSEH-E)	0	0	194.04

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet A Date/Time Prepared: 7/17/2013 10:12 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
194.05 07955	VACANT SPACE	6.00	7.00	194.05
200.00	TOTAL (SUM OF LINES 118-199)	8,567,916	73,217,790	200.00

RECLASSIFICATIONS

Provider CCN: 150003

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING RENTAL					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	336,490	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
TOTALS			0	336,490	
B - EQUIPMENT RENTAL					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	56,139	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
TOTALS			0	56,139	
C - CAFETERIA					
1.00	CAFETERIA	11.00	178,517	62,405	1.00
TOTALS			178,517	62,405	
D - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,857,918	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
TOTALS			0	1,857,918	
E - DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,260,884	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
TOTALS			0	2,260,884	
F - FSEH-SHARED SERVICES					
1.00	EMPLOYEE BENEFITS	4.00	335,608	0	1.00
2.00	PURCHASING	5.03	76,017	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	600,030	0	3.00
4.00	OPERATION OF PLANT	7.00	534,826	0	4.00
5.00	NURSING ADMINISTRATION	13.00	352,759	0	5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	226,077	0	6.00
7.00	SOCIAL SERVICE	17.00	90,815	0	7.00
8.00	RESPIRATORY THERAPY	65.00	14,736	0	8.00
9.00	PHYSICAL THERAPY	66.00	78,061	0	9.00

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
10.00	EMERGENCY	91.00	10,533	0	10.00
11.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	58,173	11.00
12.00	MGMT INFO SYSTEMS	5.02	0	3,677	12.00
13.00	ADMINISTRATIVE	5.04	0	45,677	13.00
14.00	PATIENT ACCOUNTING	5.05	0	132,953	14.00
15.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	171,244	15.00
16.00	OPERATION OF PLANT	7.00	0	414,869	16.00
17.00	LAUNDRY & LINEN SERVICE	8.00	0	37,267	17.00
18.00	MEDICAL RECORDS & LIBRARY	16.00	0	10,579	18.00
19.00	ELECTROCARDIOLOGY	69.00	0	50,144	19.00
	TOTALS		2,319,462	924,583	
G - PURCHASED SERVICES					
1.00	ADULTS & PEDIATRICS	30.00	0	2,617,308	1.00
2.00	LABORATORY	60.00	25,749	0	2.00
3.00	PHYSICAL THERAPY	66.00	0	2,049,680	3.00
4.00	SPEECH PATHOLOGY	68.00	0	301,915	4.00
5.00	ELECTROCARDIOLOGY	69.00	663,451	0	5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	668,800	0	6.00
	TOTALS		1,358,000	4,968,903	
H - PHARMACY RESIDENCY					
1.00	PARAMEDICAL PRGM	23.00	23,731	1,018	1.00
	TOTALS		23,731	1,018	
I - SON					
1.00	NURSING SCHOOL	20.00	71,471	82,931	1.00
2.00		0.00	0	0	2.00
	TOTALS		71,471	82,931	
500.00	Grand Total: Increases		3,951,181	10,551,271	500.00

RECLASSIFICATIONS

Provider CCN: 150003

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - BUILDING RENTAL							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	294,641	10		1.00
2.00	LABORATORY	60.00	0	7,237	10		2.00
3.00	PHYSICAL THERAPY	66.00	0	15,362	10		3.00
4.00	AMBULANCE SERVICES	95.00	0	19,250	10		4.00
	TOTALS		0	336,490			
B - EQUIPMENT RENTAL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,490	10		1.00
2.00	CAFETERIA	11.00	0	317	10		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	21,646	10		3.00
4.00	RADIOISOTOPE	56.00	0	3,000	10		4.00
5.00	RESPIRATORY THERAPY	65.00	0	2,020	10		5.00
6.00	PHYSICAL THERAPY	66.00	0	4,737	10		6.00
7.00	PHYSICAL THERAPY	66.00	0	21,489	10		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	440	10		8.00
	TOTALS		0	56,139			
C - CAFETERIA							
1.00	DIETARY	10.00	178,517	62,405	0		1.00
	TOTALS		178,517	62,405			
D - MEDICAL SUPPLIES							
1.00	PHARMACY	15.00	0	62,938	0		1.00
2.00	NURSING SCHOOL	20.00	0	13,268	0		2.00
3.00	PARAMEDICAL PRGM	23.00	0	132	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	202,728	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	176,200	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	131,154	0		6.00
7.00	RADIOISOTOPE	56.00	0	70	0		7.00
8.00	MRI	56.02	0	3,824	0		8.00
9.00	ULTRASOUND	56.03	0	18,567	0		9.00
10.00	CT SCAN	57.00	0	38,858	0		10.00
11.00	LABORATORY	60.00	0	61	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	78,576	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	441,640	0		13.00
14.00	SPEECH PATHOLOGY	68.00	0	4,559	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	8,095	0		15.00
16.00	EMERGENCY	91.00	0	205,268	0		16.00
17.00	WOUND CARE	91.01	0	343,483	0		17.00
18.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	7,113	0		18.00
19.00	AMBULANCE SERVICES	95.00	0	99,305	0		19.00
20.00	HOSPICE	116.00	0	22,079	0		20.00
	TOTALS		0	1,857,918			
E - DRUGS							
1.00	PHARMACY	15.00	0	1,844,745	0		1.00
2.00	NURSING SCHOOL	20.00	0	6,920	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	19,164	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	16,647	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,074	0		5.00
6.00	MRI	56.02	0	386	0		6.00
7.00	ULTRASOUND	56.03	0	177	0		7.00
8.00	CT SCAN	57.00	0	3,832	0		8.00
9.00	LABORATORY	60.00	0	50	0		9.00
10.00	RESPIRATORY THERAPY	65.00	0	1,625	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	2,603	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	8	0		12.00
13.00	EMERGENCY	91.00	0	25,292	0		13.00
14.00	WOUND CARE	91.01	0	4,828	0		14.00
15.00	OBSERVATION BEDS (DISTINCT PART)	92.01	0	2,365	0		15.00
16.00	AMBULANCE SERVICES	95.00	0	2,923	0		16.00
17.00	HOSPICE	116.00	0	327,245	0		17.00
	TOTALS		0	2,260,884			
F - FSEH-SHARED SERVICES							
1.00	EMPLOYEE BENEFITS	4.00	0	335,608	0		1.00
2.00	PURCHASING	5.03	0	76,017	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	600,030	0		3.00
4.00	OPERATION OF PLANT	7.00	0	534,826	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	352,759	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	226,077	0		6.00
7.00	SOCIAL SERVICE	17.00	0	90,815	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	14,736	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	78,061	0		9.00

RECLASSIFICATIONS

Provider CCN: 150003

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
10.00	EMERGENCY	91.00	0	10,533	0	10.00
11.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	58,173	0	0	11.00
12.00	MGMT INFO SYSTEMS	5.02	3,677	0	0	12.00
13.00	ADMINISTRATIVE	5.04	45,677	0	0	13.00
14.00	PATIENT ACCOUNTING	5.05	132,953	0	0	14.00
15.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	171,244	0	0	15.00
16.00	OPERATION OF PLANT	7.00	414,869	0	0	16.00
17.00	LAUNDRY & LINEN SERVICE	8.00	37,267	0	0	17.00
18.00	MEDICAL RECORDS & LIBRARY	16.00	10,579	0	0	18.00
19.00	ELECTROCARDIOLOGY	69.00	50,144	0	0	19.00
	TOTALS		924,583	2,319,462		
G - PURCHASED SERVICES						
1.00	ADULTS & PEDIATRICS	30.00	2,617,308	0	0	1.00
2.00	LABORATORY	60.00	0	25,749	0	2.00
3.00	PHYSICAL THERAPY	66.00	2,049,680	0	0	3.00
4.00	SPEECH PATHOLOGY	68.00	301,915	0	0	4.00
5.00	ELECTROCARDIOLOGY	69.00	0	663,451	0	5.00
6.00	ELECTROENCEPHALOGRAPHY	70.00	0	668,800	0	6.00
	TOTALS		4,968,903	1,358,000		
H - PHARMACY RESIDENCY						
1.00	PHARMACY	15.00	23,731	1,018	0	1.00
	TOTALS		23,731	1,018		
I - SON						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	39,007	4,626	0	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	32,464	78,305	0	2.00
	TOTALS		71,471	82,931		
500.00	Grand Total: Decreases		6,167,205	8,335,247		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150003

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

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	3.00	4.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,112,011	0	0	0	2,920,929	1.00
2.00	Land Improvements	1,159,549	2,588,982	0	2,588,982	0	2.00
3.00	Buildings and Fixtures	95,523,994	1,303,728	0	1,303,728	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	47,040,851	97,979	0	97,979	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	150,836,405	3,990,689	0	3,990,689	2,920,929	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	150,836,405	3,990,689	0	3,990,689	2,920,929	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,191,082	0				1.00
2.00	Land Improvements	3,748,531	0				2.00
3.00	Buildings and Fixtures	96,827,722	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	47,138,830	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	151,906,165	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	151,906,165	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150003

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		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	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		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	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150003

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		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	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	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	2,497,647	336,490	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,123,790	56,139	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,621,437	392,629	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	338,447	0	0	0	3,172,584	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	274,961	0	0	0	2,454,890	2.00
3.00	Total (sum of lines 1-2)	613,408	0	0	0	5,627,474	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150003

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

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		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-100,192	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-81,398	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00 Television and radio service (chapter 21)		0		0.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,378,132			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	10,557,227			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-328,152	CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts		0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 MARKETING EXP	A	-116	PHYSICAL THERAPY	66.00	0	33.00
33.01 MARKETING EXP	A	-1,680	ELECTROCARDIOLOGY	69.00	0	33.01

Provider CCN: 150003

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

Worksheet A-8

Date/Time Prepared:
 7/17/2013 10:12 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
33.02	MARKETING EXP	A	-708	HOSPICE	116.00	0	33.02
33.03	ADVERTISING EXP	A	-18,256	NURSING SCHOOL	20.00	0	33.03
33.04	DAY CARE FOOD SERVICE REV	B	-4,696	DIETARY	10.00	0	33.04
33.05	ATHLETIC TRAINING REV	B	-21,976	PHYSICAL THERAPY	66.00	0	33.05
33.06	MISC - OTHER REV	B	-27	PHYSICAL THERAPY	66.00	0	33.06
33.07	MISC - OTHER REV	B	-339	PHYSICAL THERAPY	66.00	0	33.07
33.08	MISC - OTHER REV	B	-21	EMERGENCY	91.00	0	33.08
33.09	BLDG RENTAL INCOME	B	-116,512	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.09
33.10	PHARMACY RESIDENCY COST ADJ	A	62,894	PARAMED ED PRGM	23.00	0	33.10
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		8,567,916				50.00

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

Provider CCN: 150003

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

Worksheet A-8-1

Date/Time Prepared: 7/17/2013 10:12 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	FRANCISCAN DEPRECIATION	366,027	0
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUIP	FRANCISCAN DEPRECIATION	297,367	0
3.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	ABO/FPN	80,158	0
4.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	FRANCISCAN INTEREST	438,639	0
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUIP	FRANCISCAN INTEREST	356,359	0
4.02	5.06	OTHER ADMINISTRATIVE AND GENERAL	FRANCISCAN A&G	3,864,553	0
4.03	15.00	PHARMACY	FRANCISCAN COEP	156,078	0
4.04	5.05	PATIENT ACCOUNTING	CBO ASSESSMENTS	0	2,175,362
4.05	15.00	PHARMACY	INTERCO - COEP FEES	0	561,036
4.06	192.00	PHYSICIANS' PRIVATE OFFICES	INTERCO - AIS	0	5,646
4.07	5.06	OTHER ADMINISTRATIVE AND GENERAL	FSEH-C SHARED SERVICES	76,269	583,469
4.08	5.02	MGMT INFO SYSTEMS	FSEH-C SHARED SERVICES	3,677	28,133
4.09	5.04	ADMINISTRATIVE	FSEH-C SHARED SERVICES	46,944	359,133
4.10	5.05	PATIENT ACCOUNTING	FSEH-C SHARED SERVICES	374,090	2,861,852
4.11	5.06	OTHER ADMINISTRATIVE AND GENERAL	FSEH-C SHARED SERVICES	92,745	709,516
4.12	7.00	OPERATION OF PLANT	FSEH-C SHARED SERVICES	720,889	2,572,330
4.13	8.00	LAUNDRY & LINEN SERVICE	FSEH-C SHARED SERVICES	225,111	825,949
4.14	16.00	MEDICAL RECORDS & LIBRARY	FSEH-C SHARED SERVICES	24,839	152,450
4.15	69.00	ELECTROCARDIOLOGY	FSEH-C SHARED SERVICES	338,083	2,074,984
4.16	1.00	NEW CAP REL COSTS-BLDG & FIXT	FSEH-E SHARED SERVICES	2,248,132	0
4.17	2.00	NEW CAP REL COSTS-MVBLE EQUIP	FSEH-E SHARED SERVICES	1,826,423	0
4.18	4.00	EMPLOYEE BENEFITS	FSEH-E SHARED SERVICES	10,005,137	0
4.19	5.06	OTHER ADMINISTRATIVE AND GENERAL	FSEH-E SHARED SERVICES	85,848	0
4.20	5.02	MGMT INFO SYSTEMS	FSEH-E SHARED SERVICES	140,221	0
4.21	5.03	PURCHASING	FSEH-E SHARED SERVICES	113,097	0
4.22	5.06	OTHER ADMINISTRATIVE AND GENERAL	FSEH-E SHARED SERVICES	1,111,691	0
4.23	7.00	OPERATION OF PLANT	FSEH-E SHARED SERVICES	2,508,724	0
4.24	13.00	NURSING ADMINISTRATIVE	FSEH-E SHARED SERVICES	369,134	0
4.25	16.00	MEDICAL RECORDS & LIBRARY	FSEH-E SHARED SERVICES	287,567	0
4.26	17.00	SOCIAL SERVICE	FSEH-E SHARED SERVICES	91,429	0
4.27	65.00	RESPIRATORY THERAPY	FSEH-E SHARED SERVICES	14,736	0
4.28	66.00	PHYSICAL THERAPY	FSEH-E SHARED SERVICES	78,442	0
4.29	91.00	EMERGENCY	FSEH-E SHARED SERVICES	10,533	0
4.30	30.00	ADULTS & PEDIATRICS	FSEH PURCHASED SERVICES	0	2,833,707
4.31	60.00	LABORATORY	FSEH PURCHASED SERVICES	154,303	0
4.32	66.00	PHYSICAL THERAPY	FSEH PURCHASED SERVICES	0	2,176,936
4.33	68.00	SPEECH PATHOLOGY	FSEH PURCHASED SERVICES	0	310,344
4.34	69.00	ELECTROCARDIOLOGY	FSEH PURCHASED SERVICES	707,848	0
4.35	70.00	ELECTROENCEPHALOGRAPHY	FSEH PURCHASED SERVICES	315,727	0
4.36	71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	FSEH PURCHASED SERVICES	1,725,853	0
4.37	72.00	IMPL. DEV. CHARGED TO PATIENT	FSEH PURCHASED SERVICES	105,823	0
4.38	74.00	RENAL DIALYSIS	FSEH PURCHASED SERVICES	0	574,422
4.39	0.00			0	0
4.40	0.00			0	0
4.41	0.00			0	0
4.42	0.00			0	0
4.43	0.00			0	0
4.44	0.00			0	0
4.45	0.00			0	0
4.46	0.00			0	0
4.47	0.00			0	0
4.48	0.00			0	0
4.49	0.00			0	0
4.50	0.00			0	0
5.00	0			29,362,496	18,805,269

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet A-8-1 Date/Time Prepared: 7/17/2013 10:12 am
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Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5
1.00	2.00	3.00	4.00	5.00

Positive amounts increase cost and negative amounts decrease cost.
For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00

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

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

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

6.00	G		0.00	ST. ELIZABETH E	0.00	6.00
7.00	B	FRANCISCAN ALLI	100.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	FSEH- SHARED SV				100.00

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

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

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

Provider CCN: 150003

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

Worksheet A-8-1

Date/Time Prepared:
7/17/2013 10:12 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	366,027	9	1.00
2.00	297,367	9	2.00
3.00	80,158	0	3.00
4.00	438,639	11	4.00
4.01	356,359	11	4.01
4.02	3,864,553	0	4.02
4.03	156,078	0	4.03
4.04	-2,175,362	0	4.04
4.05	-561,036	0	4.05
4.06	-5,646	0	4.06
4.07	-507,200	0	4.07
4.08	-24,456	0	4.08
4.09	-312,189	0	4.09
4.10	-2,487,762	0	4.10
4.11	-616,771	0	4.11
4.12	-1,851,441	0	4.12
4.13	-600,838	0	4.13
4.14	-127,611	0	4.14
4.15	-1,736,901	0	4.15
4.16	2,248,132	9	4.16
4.17	1,826,423	9	4.17
4.18	10,005,137	0	4.18
4.19	85,848	0	4.19
4.20	140,221	0	4.20
4.21	113,097	0	4.21
4.22	1,111,691	0	4.22
4.23	2,508,724	0	4.23
4.24	369,134	0	4.24
4.25	287,567	0	4.25
4.26	91,429	0	4.26
4.27	14,736	0	4.27
4.28	78,442	0	4.28
4.29	10,533	0	4.29
4.30	-2,833,707	0	4.30
4.31	154,303	0	4.31
4.32	-2,176,936	0	4.32
4.33	-310,344	0	4.33
4.34	707,848	0	4.34
4.35	315,727	0	4.35
4.36	1,725,853	0	4.36
4.37	105,823	0	4.37
4.38	-574,422	0	4.38
4.39	0	0	4.39
4.40	0	0	4.40
4.41	0	0	4.41
4.42	0	0	4.42
4.43	0	0	4.43
4.44	0	0	4.44
4.45	0	0	4.45
4.46	0	0	4.46
4.47	0	0	4.47
4.48	0	0	4.48
4.49	0	0	4.49
4.50	0	0	4.50
5.00	10,557,227		5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate.

Positive amounts increase cost and negative amounts decrease cost.

For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office	Type of Business
6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:	

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

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

Provider CCN: 150003

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

Worksheet A-8-1

Date/Time Prepared:
7/17/2013 10:12 am

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

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

6.00	SISTER FACILITY	6.00
7.00	HOME OFFICE	7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150003

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

Worksheet A-8-2

Date/Time Prepared:
7/17/2013 10:12 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	14,000	0	14,000	159,800	179	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	34,800	0	34,800	217,600	164	2.00
3.00	56.00	RADIOISOTOPE	10,000	0	10,000	217,600	26	3.00
4.00	69.00	ELECTROCARDIOLOGY	1,150,082	1,075,082	75,000	159,800	230	4.00
5.00	91.00	EMERGENCY	257,996	0	257,996	159,800	608	5.00
6.00	91.01	WOUND CARE	13,214	0	13,214	159,800	305	6.00
7.00	95.00	AMBULANCE SERVICES	36,000	0	36,000	159,800	348	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,516,092	1,075,082	441,010		1,860	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	13,752	688	0	0	0	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	17,157	858	0	0	0	2.00
3.00	56.00	RADIOISOTOPE	2,720	136	0	0	0	3.00
4.00	69.00	ELECTROCARDIOLOGY	17,670	884	0	0	0	4.00
5.00	91.00	EMERGENCY	46,711	2,336	0	0	0	5.00
6.00	91.01	WOUND CARE	23,432	1,172	0	0	0	6.00
7.00	95.00	AMBULANCE SERVICES	26,736	1,337	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			148,178	7,411	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	13,752	248	248	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	0	17,157	17,643	17,643	2.00
3.00	56.00	RADIOISOTOPE	0	2,720	7,280	7,280	3.00
4.00	69.00	ELECTROCARDIOLOGY	0	17,670	57,330	1,132,412	4.00
5.00	91.00	EMERGENCY	0	46,711	211,285	211,285	5.00
6.00	91.01	WOUND CARE	0	23,432	0	0	6.00
7.00	95.00	AMBULANCE SERVICES	0	26,736	9,264	9,264	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
200.00			0	148,178	303,050	1,378,132	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150003

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

Worksheet B
Part I
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	3,172,584	3,172,584			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	2,454,890		2,454,890		2.00
4.00 00400	EMPLOYEE BENEFITS	10,005,729	7,933	778	10,014,440	4.00
5.01 00510	NONPATIENT TELEPHONES	0	0	0	0	5.01
5.02 00511	MGMT INFO SYSTEMS	143,898	8,897	95,774	7,092	255,661 5.02
5.03 00512	PURCHASING	113,097	71,405	85,030	22,043	291,575 5.03
5.04 00513	ADMINISTRATIVE	46,944	10,182	2,091	88,080	147,297 5.04
5.05 00514	PATIENT ACCOUNTING	374,090	46,776	5,175	256,379	682,420 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	6,139,871	319,853	620,664	605,076	7,685,464 5.06
7.00 00700	OPERATION OF PLANT	3,279,921	812,584	128,102	464,047	4,684,654 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	225,112	94,844	19,102	28,843	367,901 8.00
9.00 00900	HOUSEKEEPING	1,020,991	54,501	8,483	217,198	1,301,173 9.00
10.00 01000	DIETARY	664,624	60,814	26,734	118,516	870,688 10.00
11.00 01100	CAFETERIA	248,343	36,317	6,821	102,135	393,616 11.00
13.00 01300	NURSING ADMINISTRATION	475,810	8,487	35,045	133,259	652,601 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	28,901	29,633	0	58,534 14.00
15.00 01500	PHARMACY	1,332,890	20,446	23,878	331,580	1,708,794 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	261,539	25,738	2,405	71,902	361,584 16.00
17.00 01700	SOCIAL SERVICE	91,429	0	0	26,334	117,763 17.00
20.00 02000	NURSING SCHOOL	2,869,404	334,609	45,568	730,057	3,979,638 20.00
23.00 02300	PARAMED ED PRGM	206,778	2,344	515	39,445	249,082 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	613,971	191,458	37,445	221,112	1,063,986 30.00
31.00 03100	INTENSIVE CARE UNIT	2,689,229	30,501	79,127	771,895	3,570,752 31.00
41.00 04100	SUBPROVIDER - I/R	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,177,690	125,219	342,341	314,752	1,960,002 54.00
56.00 05600	RADIOISOTOPE	491,337	17,560	119,444	42,415	670,756 56.00
56.02 05602	MRI	133,647	10,446	2,261	25,006	171,360 56.02
56.03 05603	ULTRASOUND	199,882	4,051	21,571	57,818	283,322 56.03
57.00 05700	CT SCAN	434,597	11,606	197,780	99,205	743,188 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	5,720,821	68,595	2,267	7,466	5,799,149 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	763,863	19,148	81,841	193,261	1,058,113 65.00
66.00 06600	PHYSICAL THERAPY	1,758,024	71,179	81,453	539,249	2,449,905 66.00
68.00 06800	SPEECH PATHOLOGY	193,327	15,462	21,151	55,822	285,762 68.00
69.00 06900	ELECTROCARDIOLOGY	1,651,506	29,254	128,807	398,285	2,207,852 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	315,727	23,394	51,642	193,932	584,695 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,583,771	0	0	0	3,583,771 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	105,823	0	0	0	105,823 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,260,884	0	0	0	2,260,884 73.00
74.00 07400	RENAL DIALYSIS	241,206	87,025	0	0	328,231 74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100	EMERGENCY	2,200,503	112,479	67,336	579,439	2,959,757 91.00
91.01 09101	WOUND CARE	433,023	61,242	9,177	111,548	614,990 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	1,172,323	0	0	338,491	1,510,814 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	2,282,809	22,487	62,507	541,344	2,909,147 95.00
99.10 09910	CORF	0	0	0	0	0 99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	1,495,733	29,582	0	348,184	1,873,499 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	63,047,640	2,875,319	2,441,948	8,081,210	60,804,203 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,577	802	0	10,379 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	9,568,626	117,772	0	1,808,846	11,495,244 192.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.00 07950 PATIENT TRANSPORT	288,529	0	6,578	38,587	333,694	194.00
194.01 07951 SETON LEASE 1 NORTH	312,995	52,686	3,778	85,797	455,256	194.01
194.02 07952 REHAB (FSEH-E)	0	66,831	1,784	0	68,615	194.02
194.03 07953 HHA (FSEH-E)	0	11,744	0	0	11,744	194.03
194.04 07956 PSYCH (FSEH-E)	0	38,655	0	0	38,655	194.04
194.05 07955 VACANT SPACE	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments					0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	73,217,790	3,172,584	2,454,890	10,014,440	73,217,790	202.00

COST ALLOCATION - GENERAL SERVICE COSTS				Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part I Date/Time Prepared: 7/17/2013 10:12 am		
Cost Center Description				NONPATIENT TELEPHONES	MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING
				5.01	5.02	5.03	5.04	5.05
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES	0					5.01
5.02	00511	MGMT INFO SYSTEMS	0	255,661				5.02
5.03	00512	PURCHASING	0	1,324	292,899			5.03
5.04	00513	ADMINISTRATIVE	0	794	5	148,096		5.04
5.05	00514	PATIENT ACCOUNTING	0	2,588	14	0	685,022	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	7,545	416	0	0	5.06
7.00	00700	OPERATION OF PLANT	0	5,679	75	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	360	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	12,708	1,813	0	0	9.00
10.00	01000	DIETARY	0	6,541	937	0	0	10.00
11.00	01100	CAFETERIA	0	6,012	425	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,969	11	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	0	7,112	7,795	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,305	14	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	822	0	0	0	17.00
20.00	02000	NURSING SCHOOL	0	16,662	1,643	0	0	20.00
23.00	02300	PARAMED PRGM	0	1,320	16	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	28,073	25,108	25,485	41,670	30.00
31.00	03100	INTENSIVE CARE UNIT	0	19,151	21,822	23,798	23,204	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,064	16,870	4,255	45,279	54.00
56.00	05600	RADIOISOTOPE	0	1,005	1,756	130	2,609	56.00
56.02	05602	MRI	0	479	474	8,026	20,640	56.02
56.03	05603	ULTRASOUND	0	1,010	2,300	2,466	9,393	56.03
57.00	05700	CT SCAN	0	2,498	4,813	10,423	67,371	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	43,022	6,801	151,582	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	5,337	19,651	8,678	16,682	65.00
66.00	06600	PHYSICAL THERAPY	0	30,711	54,696	22,362	49,693	66.00
68.00	06800	SPEECH PATHOLOGY	0	3,783	565	2,398	4,977	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,772	997	141	18,906	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	11,157	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	546	21,802	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,168	2,092	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,360	47,264	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	3,577	3,331	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	16,321	25,422	5,120	83,177	91.00
91.01	09101	WOUND CARE	0	3,102	42,540	0	18,356	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	8,778	881	362	2,481	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	20,141	13,200	0	25,872	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	8,081	2,734	0	17,484	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	236,047	290,015	148,096	685,022	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	14,957	2,819	0	0	192.00
194.00	07950	PATIENT TRANSPORT	0	1,744	0	0	0	194.00
194.01	07951	SETON LEASE 1 NORTH	0	2,913	65	0	0	194.01
194.02	07952	REHAB (FSEH-E)	0	0	0	0	0	194.02
194.03	07953	HHA (FSEH-E)	0	0	0	0	0	194.03
194.04	07956	PSYCH (FSEH-E)	0	0	0	0	0	194.04

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			NONPATIENT TELEPHONES	MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	
			5.01	5.02	5.03	5.04	5.05	
194.05	07955	VACANT SPACE	0	0	0	0	0	194.05
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)	0	255,661	292,899	148,096	685,022	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part I Date/Time Prepared: 7/17/2013 10:12 am		
Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
			5A.05	5.06	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	MGMT INFO SYSTEMS					5.02
5.03	00512	PURCHASING					5.03
5.04	00513	ADMINITTING					5.04
5.05	00514	PATIENT ACCOUNTING					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	7,693,425	7,693,425			5.06
7.00	00700	OPERATION OF PLANT	4,690,408	550,715	5,241,123		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	368,261	43,239	262,322	673,822	8.00
9.00	00900	HOUSEKEEPING	1,315,694	154,480	150,740	51,681	1,672,595
10.00	01000	DIETARY	878,166	103,108	168,201	22,171	65,926
11.00	01100	CAFETERIA	400,053	46,971	100,447	0	39,370
13.00	01300	NURSING ADMINISTRATION	654,581	76,856	23,474	0	9,200
14.00	01400	CENTRAL SERVICES & SUPPLY	58,534	6,873	79,936	14,785	31,331
15.00	01500	PHARMACY	1,723,701	202,385	56,549	0	22,164
16.00	01600	MEDICAL RECORDS & LIBRARY	363,903	42,727	71,187	0	27,902
17.00	01700	SOCIAL SERVICE	118,585	13,923	0	0	0
20.00	02000	NURSING SCHOOL	3,997,943	469,410	925,471	0	362,738
23.00	02300	PARAMED PRGM	250,418	29,402	6,483	0	2,541
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,184,322	139,055	529,541	252,757	207,552
31.00	03100	INTENSIVE CARE UNIT	3,658,727	429,582	84,362	58,541	33,065
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,036,470	239,108	346,335	46,182	135,745
56.00	05600	RADIOISOTOPE	676,256	79,401	48,568	0	19,036
56.02	05602	MRI	200,979	23,598	28,893	0	11,325
56.03	05603	ULTRASOUND	298,491	35,047	11,205	0	4,392
57.00	05700	CT SCAN	828,293	97,252	32,100	0	12,581
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	6,000,554	704,543	189,723	6,448	74,361
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,108,461	130,148	52,959	8,205	20,757
66.00	06600	PHYSICAL THERAPY	2,607,367	306,139	196,868	55,109	77,162
68.00	06800	SPEECH PATHOLOGY	297,485	34,929	42,765	0	16,762
69.00	06900	ELECTROCARDIOLOGY	2,231,668	262,027	80,911	2,108	31,713
70.00	07000	ELECTROENCEPHALOGRAPHY	595,852	69,961	64,705	0	25,361
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,606,119	423,405	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	109,083	12,808	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,330,508	273,632	0	0	0
74.00	07400	RENAL DIALYSIS	335,139	39,350	240,696	0	94,340
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	3,089,797	362,782	311,099	129,185	121,934
91.01	09101	WOUND CARE	678,988	79,722	169,386	26,650	66,390
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,523,316	178,857	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	2,968,360	348,524	62,195	0	24,377
99.10	09910	CORF	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	1,901,798	223,296	81,818	0	32,068
118.00		SUBTOTALS (SUM OF LINES 1-117)	60,781,705	6,233,255	4,418,939	673,822	1,570,093
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,379	1,219	26,488	0	10,382
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,513,020	1,351,789	325,737	0	0
194.00	07950	PATIENT TRANSPORT	335,438	39,385	0	0	0
194.01	07951	SETON LEASE 1 NORTH	458,234	53,803	145,721	0	0
194.02	07952	REHAB (FSEH-E)	68,615	8,056	184,843	0	72,449
194.03	07953	HHA (FSEH-E)	11,744	1,379	32,483	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	5A.05	5.06	7.00	8.00	9.00	
194.04 07956 PSYCH (FSEH-E)	38,655	4,539	106,912	0	19,671	194.04
194.05 07955 VACANT SPACE	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments	0					200.00
201.00 Negative Cost Centers	0					201.00
202.00 TOTAL (sum lines 118-201)	73,217,790	7,693,425	5,241,123	673,822	1,672,595	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,237,572					10.00
11.00	01100		586,841				11.00
13.00	01300		5,448	769,559			13.00
14.00	01400				191,459		14.00
15.00	01500		19,676			2,024,475	15.00
16.00	01600		6,378				16.00
17.00	01700		2,275				17.00
20.00	02000		46,099	76,530			20.00
23.00	02300		3,652				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	797,584	77,669	133,635			30.00
31.00	03100	113,128	52,986	91,890			31.00
41.00	04100						41.00
42.00	04200						42.00
43.00	04300						43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000						50.00
51.00	05100						51.00
54.00	05400		27,843				54.00
56.00	05600		2,782	4,559			56.00
56.02	05602		1,324				56.02
56.03	05603		2,795				56.03
57.00	05700		6,911				57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000						60.00
60.01	06001						60.01
65.00	06500		14,767	25,609			65.00
66.00	06600		84,963	147,348			66.00
68.00	06800		10,467	18,152			68.00
69.00	06900		10,436				69.00
70.00	07000						70.00
71.00	07100				185,715		71.00
72.00	07200				5,744		72.00
73.00	07300					2,024,475	73.00
74.00	07400						74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800						88.00
89.00	08900						89.00
91.00	09100		45,154	79,424			91.00
91.01	09101		8,583	14,885			91.01
92.00	09200						92.00
92.01	09201		24,285	42,116			92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500		55,724	96,638			95.00
99.10	09910						99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900						109.00
110.00	11000						110.00
111.00	11100						111.00
113.00	11300						113.00
116.00	11600		22,358	38,773			116.00
118.00		910,712	532,575	769,559	191,459	2,024,475	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
192.00	19200		41,381				192.00
194.00	07950		4,826				194.00
194.01	07951		8,059				194.01
194.02	07952	280,157					194.02
194.03	07953						194.03

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
194.04	07956 PSYCH (FSEH-E)	46,703	0	0	0	0	194.04
194.05	07955 VACANT SPACE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,237,572	586,841	769,559	191,459	2,024,475	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	PARAMED ED PRGM	Subtotal	
			16.00	17.00	20.00	23.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	MGMT INFO SYSTEMS						5.02
5.03	00512	PURCHASING						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	512,097					16.00
17.00	01700	SOCIAL SERVICE	0	134,783				17.00
20.00	02000	NURSING SCHOOL	0	0	5,878,191			20.00
23.00	02300	PARAMED ED PRGM	0	0	0	292,496		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,157	8,198	5,878,191	0	9,239,661	30.00
31.00	03100	INTENSIVE CARE UNIT	17,350	4,565	0	0	4,544,196	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,856	8,908	0	0	2,874,447	54.00
56.00	05600	RADIOISOTOPE	1,951	513	0	0	833,066	56.00
56.02	05602	MRI	15,433	4,061	0	0	285,613	56.02
56.03	05603	ULTRASOUND	7,023	1,848	0	0	360,801	56.03
57.00	05700	CT SCAN	50,374	13,255	0	0	1,040,766	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	113,237	29,834	0	0	7,118,700	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	12,473	3,282	0	0	1,376,661	65.00
66.00	06600	PHYSICAL THERAPY	37,156	9,777	0	0	3,521,889	66.00
68.00	06800	SPEECH PATHOLOGY	3,721	979	0	0	425,260	68.00
69.00	06900	ELECTROCARDIOLOGY	14,136	3,720	0	0	2,636,719	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,342	2,195	0	0	766,416	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,302	4,289	0	0	4,235,830	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,564	412	0	0	129,611	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	35,340	9,299	0	292,496	4,965,750	73.00
74.00	07400	RENAL DIALYSIS	2,491	655	0	0	712,671	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	62,193	16,364	0	0	4,217,932	91.00
91.01	09101	WOUND CARE	13,725	3,611	0	0	1,061,940	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,855	488	0	0	1,770,917	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	19,345	5,090	0	0	3,580,253	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	13,073	3,440	0	0	2,316,624	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	512,097	134,783	5,878,191	292,496	58,015,723	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	48,468	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	13,231,927	192.00
194.00	07950	PATIENT TRANSPORT	0	0	0	0	379,649	194.00
194.01	07951	SETON LEASE 1 NORTH	0	0	0	0	665,817	194.01
194.02	07952	REHAB (FSEH-E)	0	0	0	0	614,120	194.02
194.03	07953	HHA (FSEH-E)	0	0	0	0	45,606	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150003

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

Worksheet B
Part I
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	PARAMED ED PRGM	Subtotal	
		16.00	17.00	20.00	23.00	24.00	
194.04	07956 PSYCH (FSEH-E)	0	0	0	0	216,480	194.04
194.05	07955 VACANT SPACE	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments			0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	512,097	134,783	5,878,191	292,496	73,217,790	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150003

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00511	MGMT INFO SYSTEMS		5.02
5.03	00512	PURCHASING		5.03
5.04	00513	ADMITTING		5.04
5.05	00514	PATIENT ACCOUNTING		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
20.00	02000	NURSING SCHOOL		20.00
23.00	02300	PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-2,887,628	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
56.00	05600	RADIOISOTOPE	0	56.00
56.02	05602	MRI	0	56.02
56.03	05603	ULTRASOUND	0	56.03
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00	09100	EMERGENCY	0	91.00
91.01	09101	WOUND CARE	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	95.00
99.10	09910	CORF	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00	07950	PATIENT TRANSPORT	0	194.00
194.01	07951	SETON LEASE 1 NORTH	0	194.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150003

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

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
194.02	07952 REHAB (FSEH-E)	0	614,120	194.02
194.03	07953 HHA (FSEH-E)	0	45,606	194.03
194.04	07956 PSYCH (FSEH-E)	0	216,480	194.04
194.05	07955 VACANT SPACE	0	0	194.05
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	70,330,162	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150003

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	7,933	778	8,711	8,711 4.00
5.01 00510	NONPATIENT TELEPHONES	0	0	0	0	0 5.01
5.02 00511	MGMT INFO SYSTEMS	0	8,897	95,774	104,671	6 5.02
5.03 00512	PURCHASING	0	71,405	85,030	156,435	19 5.03
5.04 00513	ADMITTING	0	10,182	2,091	12,273	77 5.04
5.05 00514	PATIENT ACCOUNTING	0	46,776	5,175	51,951	223 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	2,490	319,853	620,664	943,007	526 5.06
7.00 00700	OPERATION OF PLANT	0	812,584	128,102	940,686	403 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	94,844	19,102	113,946	25 8.00
9.00 00900	HOUSEKEEPING	0	54,501	8,483	62,984	189 9.00
10.00 01000	DIETARY	0	60,814	26,734	87,548	103 10.00
11.00 01100	CAFETERIA	317	36,317	6,821	43,455	89 11.00
13.00 01300	NURSING ADMINISTRATION	0	8,487	35,045	43,532	116 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	28,901	29,633	58,534	0 14.00
15.00 01500	PHARMACY	0	20,446	23,878	44,324	288 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	25,738	2,405	28,143	62 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	23 17.00
20.00 02000	NURSING SCHOOL	0	334,609	45,568	380,177	634 20.00
23.00 02300	PARAMED PRGM	0	2,344	515	2,859	34 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	191,458	37,445	228,903	192 30.00
31.00 03100	INTENSIVE CARE UNIT	0	30,501	79,127	109,628	671 31.00
41.00 04100	SUBPROVIDER - IIRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	317,557	125,219	342,341	785,117	274 54.00
56.00 05600	RADIOISOTOPE	3,000	17,560	119,444	140,004	37 56.00
56.02 05602	MRI	0	10,446	2,261	12,707	22 56.02
56.03 05603	ULTRASOUND	0	4,051	21,571	25,622	50 56.03
57.00 05700	CT SCAN	0	11,606	197,780	209,386	86 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	7,237	68,595	2,267	78,099	6 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	2,020	19,148	81,841	103,009	168 65.00
66.00 06600	PHYSICAL THERAPY	41,588	71,179	81,453	194,220	469 66.00
68.00 06800	SPEECH PATHOLOGY	0	15,462	21,151	36,613	49 68.00
69.00 06900	ELECTROCARDIOLOGY	440	29,254	128,807	158,501	346 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	23,394	51,642	75,036	169 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	87,025	0	87,025	0 74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100	EMERGENCY	0	112,479	67,336	179,815	504 91.00
91.01 09101	WOUND CARE	0	61,242	9,177	70,419	97 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	294 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	19,250	22,487	62,507	104,244	470 95.00
99.10 09910	CORF	0	0	0	0	0 99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	0	29,582	0	29,582	303 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	393,899	2,875,319	2,441,948	5,711,166	7,024 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,577	802	10,379	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	117,772	0	117,772	1,578 192.00
194.00 07950	PATIENT TRANSPORT	0	0	6,578	6,578	34 194.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150003

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

Worksheet B
Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
194.01 07951 SETON LEASE 1 NORTH	0	52,686	3,778	56,464	75	194.01
194.02 07952 REHAB (FSEH-E)	0	66,831	1,784	68,615	0	194.02
194.03 07953 HHA (FSEH-E)	0	11,744	0	11,744	0	194.03
194.04 07956 PSYCH (FSEH-E)	0	38,655	0	38,655	0	194.04
194.05 07955 VACANT SPACE	0	0	0	0	0	194.05
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	393,899	3,172,584	2,454,890	6,021,373	8,711	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 7/17/2013 10:12 am				
Cost Center Description		NONPATIENT TELEPHONES	MGMT INFO SYSTEMS	PURCHASING	ADMINING	PATIENT ACCOUNTING		
		5.01	5.02	5.03	5.04	5.05		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.01	00510	NONPATIENT TELEPHONES	0				5.01	
5.02	00511	MGMT INFO SYSTEMS	0	104,677			5.02	
5.03	00512	PURCHASING	0	542	156,996		5.03	
5.04	00513	ADMINING	0	325	3	12,678	5.04	
5.05	00514	PATIENT ACCOUNTING	0	1,060	8	0	5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	3,089	223	0	5.06	
7.00	00700	OPERATION OF PLANT	0	2,325	40	0	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	147	0	0	8.00	
9.00	00900	HOUSEKEEPING	0	5,203	972	0	9.00	
10.00	01000	DIETARY	0	2,678	502	0	10.00	
11.00	01100	CAFETERIA	0	2,461	228	0	11.00	
13.00	01300	NURSING ADMINISTRATION	0	806	6	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00	
15.00	01500	PHARMACY	0	2,912	4,178	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	944	8	0	16.00	
17.00	01700	SOCIAL SERVICE	0	337	0	0	17.00	
20.00	02000	NURSING SCHOOL	0	6,822	881	0	20.00	
23.00	02300	PARAMED PRGM	0	540	9	0	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	11,494	13,458	2,193	3,240	30.00
31.00	03100	INTENSIVE CARE UNIT	0	7,841	11,697	2,035	1,804	31.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,121	9,042	364	3,521	54.00
56.00	05600	RADIOISOTOPE	0	412	941	11	203	56.00
56.02	05602	MRI	0	196	254	686	1,605	56.02
56.03	05603	ULTRASOUND	0	414	1,233	211	730	56.03
57.00	05700	CT SCAN	0	1,023	2,580	891	5,239	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	23,060	582	11,762	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	2,185	10,533	742	1,297	65.00
66.00	06600	PHYSICAL THERAPY	0	12,574	29,314	1,912	3,864	66.00
68.00	06800	SPEECH PATHOLOGY	0	1,549	303	205	387	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,544	535	12	1,470	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	868	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	47	1,695	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	100	163	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,912	3,675	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	306	259	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	6,682	13,627	438	6,468	91.00
91.01	09101	WOUND CARE	0	1,270	22,802	0	1,427	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	3,594	472	31	193	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	8,247	7,075	0	2,012	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	3,309	1,466	0	1,360	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	96,646	155,450	12,678	53,242	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,124	1,511	0	0	192.00
194.00	07950	PATIENT TRANSPORT	0	714	0	0	0	194.00
194.01	07951	SETON LEASE 1 NORTH	0	1,193	35	0	0	194.01
194.02	07952	REHAB (FSEH-E)	0	0	0	0	0	194.02
194.03	07953	HHA (FSEH-E)	0	0	0	0	0	194.03
194.04	07956	PSYCH (FSEH-E)	0	0	0	0	0	194.04

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 7/17/2013 10:12 am	
Cost Center Description		NONPATIENT TELEPHONES	MGMT INFO SYSTEMS	PURCHASING	ADMINISTRATIVE	PATIENT ACCOUNTING	
		5.01	5.02	5.03	5.04	5.05	
194.05	07955 VACANT SPACE	0	0	0	0	0	194.05
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)	0	104,677	156,996	12,678	53,242	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 7/17/2013 10:12 am	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	MGMT INFO SYSTEMS						5.02
5.03	00512	PURCHASING						5.03
5.04	00513	ADMINITTING						5.04
5.05	00514	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	946,845					5.06
7.00	00700	OPERATION OF PLANT	67,776	1,011,230				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	5,321	50,613	170,052			8.00
9.00	00900	HOUSEKEEPING	19,012	29,084	13,043	130,487		9.00
10.00	01000	DIETARY	12,689	32,453	5,595	5,143	146,711	10.00
11.00	01100	CAFETERIA	5,781	19,380	0	3,071	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,459	4,529	0	718	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	846	15,423	3,731	2,444	0	14.00
15.00	01500	PHARMACY	24,907	10,911	0	1,729	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,258	13,735	0	2,177	0	16.00
17.00	01700	SOCIAL SERVICE	1,714	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	57,770	178,562	0	28,298	0	20.00
23.00	02300	PARAMED PRGM	3,619	1,251	0	198	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	17,113	102,170	63,788	16,192	94,551	30.00
31.00	03100	INTENSIVE CARE UNIT	52,869	16,277	14,774	2,580	13,411	31.00
41.00	04100	SUBPROVIDER - IIRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,427	66,822	11,655	10,590	0	54.00
56.00	05600	RADIOISOTOPE	9,772	9,371	0	1,485	0	56.00
56.02	05602	MRI	2,904	5,575	0	883	0	56.02
56.03	05603	ULTRASOUND	4,313	2,162	0	343	0	56.03
57.00	05700	CT SCAN	11,969	6,193	0	982	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	86,708	36,605	1,627	5,801	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	16,017	10,218	2,071	1,619	0	65.00
66.00	06600	PHYSICAL THERAPY	37,676	37,984	13,908	6,020	0	66.00
68.00	06800	SPEECH PATHOLOGY	4,299	8,251	0	1,308	0	68.00
69.00	06900	ELECTROCARDIOLOGY	32,248	15,611	532	2,474	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8,610	12,484	0	1,979	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,108	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,576	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,676	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	4,843	46,440	0	7,360	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	44,648	60,024	32,602	9,513	0	91.00
91.01	09101	WOUND CARE	9,811	32,682	6,726	5,179	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	22,012	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	42,893	12,000	0	1,902	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	27,481	15,786	0	2,502	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	767,125	852,596	170,052	122,490	107,962	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	150	5,111	0	810	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	166,382	62,848	0	0	0	192.00
194.00	07950	PATIENT TRANSPORT	4,847	0	0	0	0	194.00
194.01	07951	SETON LEASE 1 NORTH	6,621	28,116	0	0	0	194.01
194.02	07952	REHAB (FSEH-E)	991	35,664	0	5,652	33,212	194.02
194.03	07953	HHA (FSEH-E)	170	6,267	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 7/17/2013 10:12 am	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
194.04	07956 PSYCH (FSEH-E)	559	20,628	0	1,535	5,537	194.04
194.05	07955 VACANT SPACE	0	0	0	0	0	194.05
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)	946,845	1,011,230	170,052	130,487	146,711	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 7/17/2013 10:12 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	MGMT INFO SYSTEMS						5.02
5.03	00512	PURCHASING						5.03
5.04	00513	ADMINITTING						5.04
5.05	00514	PATIENT ACCOUNTING						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	74,465					11.00
13.00	01300	NURSING ADMINISTRATION	691	59,857				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	80,978			14.00
15.00	01500	PHARMACY	2,497	0	0	91,746		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	809	0	0	0	51,136	16.00
17.00	01700	SOCIAL SERVICE	289	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	5,850	5,953	0	0	0	20.00
23.00	02300	PARAMED PRGM	463	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,856	10,394	0	0	3,106	30.00
31.00	03100	INTENSIVE CARE UNIT	6,723	7,147	0	0	1,730	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,533	0	0	0	3,376	54.00
56.00	05600	RADIOISOTOPE	353	355	0	0	194	56.00
56.02	05602	MRI	168	0	0	0	1,539	56.02
56.03	05603	ULTRASOUND	355	0	0	0	700	56.03
57.00	05700	CT SCAN	877	0	0	0	5,022	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	11,370	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,874	1,992	0	0	1,244	65.00
66.00	06600	PHYSICAL THERAPY	10,780	11,459	0	0	3,705	66.00
68.00	06800	SPEECH PATHOLOGY	1,328	1,412	0	0	371	68.00
69.00	06900	ELECTROCARDIOLOGY	1,324	0	0	0	1,409	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	832	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	78,549	0	1,625	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	2,429	0	156	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	91,746	3,523	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	248	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	5,730	6,178	0	0	6,201	91.00
91.01	09101	WOUND CARE	1,089	1,158	0	0	1,368	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	3,082	3,276	0	0	185	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	7,071	7,517	0	0	1,929	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,837	3,016	0	0	1,303	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	67,579	59,857	80,978	91,746	51,136	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,251	0	0	0	0	192.00
194.00	07950	PATIENT TRANSPORT	612	0	0	0	0	194.00
194.01	07951	SETON LEASE 1 NORTH	1,023	0	0	0	0	194.01
194.02	07952	REHAB (FSEH-E)	0	0	0	0	0	194.02
194.03	07953	HHA (FSEH-E)	0	0	0	0	0	194.03

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150003			Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 7/17/2013 10:12 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
194.04	07956 PSYCH (FSEH-E)	0	0	0	0	0	0	194.04
194.05	07955 VACANT SPACE	0	0	0	0	0	0	194.05
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	74,465	59,857	80,978	91,746	51,136		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet B Part II Date/Time Prepared: 7/17/2013 10:12 am	
Cost Center Description		SOCIAL SERVICE	NURSING SCHOOL	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		17.00	20.00	23.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	MGMT INFO SYSTEMS					5.02
5.03	00512	PURCHASING					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	PATIENT ACCOUNTING					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	2,363				17.00
20.00	02000	NURSING SCHOOL	0	664,947			20.00
23.00	02300	PARAMED ED PRGM	0		8,973		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	144			576,794	30.00
31.00	03100	INTENSIVE CARE UNIT	80			249,267	31.00
41.00	04100	SUBPROVIDER - IRF	0			0	41.00
42.00	04200	SUBPROVIDER	0			0	42.00
43.00	04300	NURSERY	0			0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0			0	50.00
51.00	05100	RECOVERY ROOM	0			0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	156			927,998	54.00
56.00	05600	RADIOISOTOPE	9			163,147	56.00
56.02	05602	MRI	71			26,610	56.02
56.03	05603	ULTRASOUND	32			36,165	56.03
57.00	05700	CT SCAN	233			244,481	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0			0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0			0	59.00
60.00	06000	LABORATORY	522			256,142	60.00
60.01	06001	BLOOD LABORATORY	0			0	60.01
65.00	06500	RESPIRATORY THERAPY	58			153,027	65.00
66.00	06600	PHYSICAL THERAPY	172			364,057	66.00
68.00	06800	SPEECH PATHOLOGY	17			56,092	68.00
69.00	06900	ELECTROCARDIOLOGY	65			216,071	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	39			100,017	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	75			134,099	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7			4,431	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	163			134,695	73.00
74.00	07400	RENAL DIALYSIS	12			146,493	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0			0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	89.00
91.00	09100	EMERGENCY	287			372,717	91.00
91.01	09101	WOUND CARE	63			154,091	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	9			33,148	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	89			195,449	95.00
99.10	09910	CORF	0			0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0			0	109.00
110.00	11000	INTESTINAL ACQUISITION	0			0	110.00
111.00	11100	ISLET ACQUISITION	0			0	111.00
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	60			89,005	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,363	0	0	4,633,996	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0			16,450	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0			361,466	192.00
194.00	07950	PATIENT TRANSPORT	0			12,785	194.00
194.01	07951	SETON LEASE 1 NORTH	0			93,527	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150003

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

Worksheet B
Part II
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description		SOCIAL SERVICE	NURSING SCHOOL	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		17.00	20.00	23.00	24.00	25.00	
194.02	07952 REHAB (FSEH-E)	0			144,134	0	194.02
194.03	07953 HHA (FSEH-E)	0			18,181	0	194.03
194.04	07956 PSYCH (FSEH-E)	0			66,914	0	194.04
194.05	07955 VACANT SPACE	0			0	0	194.05
200.00	Cross Foot Adjustments		664,947	8,973	673,920	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,363	664,947	8,973	6,021,373	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 7/17/2013 10:12 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.01	00510 NONPATIENT TELEPHONES		5.01
5.02	00511 MGMT INFO SYSTEMS		5.02
5.03	00512 PURCHASING		5.03
5.04	00513 ADMITTING		5.04
5.05	00514 PATIENT ACCOUNTING		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
20.00	02000 NURSING SCHOOL		20.00
23.00	02300 PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	576,794	30.00
31.00	03100 INTENSIVE CARE UNIT	249,267	31.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	0	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0	50.00
51.00	05100 RECOVERY ROOM	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	927,998	54.00
56.00	05600 RADIOISOTOPE	163,147	56.00
56.02	05602 MRI	26,610	56.02
56.03	05603 ULTRASOUND	36,165	56.03
57.00	05700 CT SCAN	244,481	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	256,142	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
65.00	06500 RESPIRATORY THERAPY	153,027	65.00
66.00	06600 PHYSICAL THERAPY	364,057	66.00
68.00	06800 SPEECH PATHOLOGY	56,092	68.00
69.00	06900 ELECTROCARDIOLOGY	216,071	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	100,017	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	134,099	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	4,431	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	134,695	73.00
74.00	07400 RENAL DIALYSIS	146,493	74.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00	09100 EMERGENCY	372,717	91.00
91.01	09101 WOUND CARE	154,091	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	33,148	92.01
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	195,449	95.00
99.10	09910 CORF	0	99.10
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	89,005	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	4,633,996	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,450	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	361,466	192.00
194.00	07950 PATIENT TRANSPORT	12,785	194.00
194.01	07951 SETON LEASE 1 NORTH	93,527	194.01
194.02	07952 REHAB (FSEH-E)	144,134	194.02
194.03	07953 HHA (FSEH-E)	18,181	194.03
194.04	07956 PSYCH (FSEH-E)	66,914	194.04
194.05	07955 VACANT SPACE	0	194.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet B Part II Date/Time Prepared: 7/17/2013 10:12 am
Cost Center Description		Total		
		26.00		
200.00	Cross Foot Adjustments	673,920		200.00
201.00	Negative Cost Centers	0		201.00
202.00	TOTAL (sum lines 118-201)	6,021,373		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	NONPATIENT TELEPHONES (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	503,532					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		1,772,816				2.00
4.00 00400	EMPLOYEE BENEFITS	1,259	562	34,536,149			4.00
5.01 00510	NONPATIENT TELEPHONES	0	0	0	0	73,217,790	5.01
5.02 00511	MGMT INFO SYSTEMS	1,412	69,164	24,456	0	255,661	5.02
5.03 00512	PURCHASING	11,333	61,405	76,017	0	291,575	5.03
5.04 00513	ADMINISTRATIVE	1,616	1,510	303,757	0	147,297	5.04
5.05 00514	PATIENT ACCOUNTING	7,424	3,737	884,158	0	682,420	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	50,765	448,217	2,086,686	0	7,685,464	5.06
7.00 00700	OPERATION OF PLANT	128,968	92,510	1,600,326	0	4,684,654	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	15,053	13,795	99,468	0	367,901	8.00
9.00 00900	HOUSEKEEPING	8,650	6,126	749,035	0	1,301,173	9.00
10.00 01000	DIETARY	9,652	19,306	408,717	0	870,688	10.00
11.00 01100	CAFETERIA	5,764	4,926	352,227	0	393,616	11.00
13.00 01300	NURSING ADMINISTRATION	1,347	25,308	459,563	0	652,601	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,587	21,400	0	0	58,534	14.00
15.00 01500	PHARMACY	3,245	17,244	1,143,499	0	1,708,794	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,085	1,737	247,962	0	361,584	16.00
17.00 01700	SOCIAL SERVICE	0	0	90,815	0	117,763	17.00
20.00 02000	NURSING SCHOOL	53,107	32,907	2,517,698	0	3,979,638	20.00
23.00 02300	PARAMEDICAL PRGM	372	372	136,033	0	249,082	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	30,387	27,041	762,535	0	1,063,986	30.00
31.00 03100	INTENSIVE CARE UNIT	4,841	57,142	2,661,983	0	3,570,752	31.00
41.00 04100	SUBPROVIDER - IIRF	0	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	19,874	247,224	1,085,463	0	1,960,002	54.00
56.00 05600	RADIOISOTOPE	2,787	86,257	146,274	0	670,756	56.00
56.02 05602	MRI	1,658	1,633	86,235	0	171,360	56.02
56.03 05603	ULTRASOUND	643	15,578	199,393	0	283,322	56.03
57.00 05700	CT SCAN	1,842	142,828	342,122	0	743,188	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	10,887	1,637	25,749	0	5,799,149	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	3,039	59,102	666,486	0	1,058,113	65.00
66.00 06600	PHYSICAL THERAPY	11,297	58,822	1,859,671	0	2,449,905	66.00
68.00 06800	SPEECH PATHOLOGY	2,454	15,274	192,511	0	285,762	68.00
69.00 06900	ELECTROCARDIOLOGY	4,643	93,019	1,373,539	0	2,207,852	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,713	37,294	668,800	0	584,695	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,583,771	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	105,823	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	2,260,884	73.00
74.00 07400	RENAL DIALYSIS	13,812	0	0	0	328,231	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 09100	EMERGENCY	17,852	48,627	1,998,273	0	2,959,757	91.00
91.01 09101	WOUND CARE	9,720	6,627	384,688	0	614,990	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	1,167,331	0	1,510,814	92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	3,569	45,140	1,866,896	0	2,909,147	95.00
99.10 09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600	HOSPICE	4,695	0	1,200,757	0	1,873,499	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	456,352	1,763,471	27,869,123	0	60,804,203	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,520	579	0	0	10,379	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	18,692	0	6,238,071	0	11,495,244	192.00
194.00 07950	PATIENT TRANSPORT	0	4,750	133,071	0	333,694	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1

Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	NONPATIENT TELEPHONES (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
194.01 07951 SETON LEASE 1 NORTH	8,362	2,728	295,884	0	455,256	194.01	
194.02 07952 REHAB (FSEH-E)	10,607	1,288	0	0	68,615	194.02	
194.03 07953 HHA (FSEH-E)	1,864	0	0	0	11,744	194.03	
194.04 07956 PSYCH (FSEH-E)	6,135	0	0	0	38,655	194.04	
194.05 07955 VACANT SPACE	0	0	0	0	0	194.05	
200.00 Cross Foot Adjustments						200.00	
201.00 Negative Cost Centers						201.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	3,172,584	2,454,890	10,014,440		0	202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	6.300660	1.384740	0.289970		0.000000	203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)			8,711		0	204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000252		0.000000	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description		MGMT INFO SYSTEMS (MANHRS)	PURCHASING (COSTED REQUISITION)	ADMINING (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation		
		5.02	5.03	5.04	5.05	5A.06		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.01	00510	NONPATIENT TELEPHONES					5.01	
5.02	00511	MGMT INFO SYSTEMS	1,179,928				5.02	
5.03	00512	PURCHASING	6,109	2,364,974			5.03	
5.04	00513	ADMINING	3,664	39	59,745,458		5.04	
5.05	00514	PATIENT ACCOUNTING	11,943	116	0	169,086,625	5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	34,820	3,359	0	0	-7,693,425	5.06
7.00	00700	OPERATION OF PLANT	26,209	603	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,662	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	58,648	14,642	0	0	0	9.00
10.00	01000	DIETARY	30,188	7,568	0	0	0	10.00
11.00	01100	CAFETERIA	27,745	3,431	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	9,088	85	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	32,822	62,938	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	10,640	115	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	3,795	3	0	0	0	17.00
20.00	02000	NURSING SCHOOL	76,900	13,268	0	0	0	20.00
23.00	02300	PARAMED PRGM	6,092	132	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	129,564	202,728	10,286,268	10,286,268	0	30.00
31.00	03100	INTENSIVE CARE UNIT	88,388	176,200	9,599,925	5,727,996	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	46,447	136,211	1,716,568	11,177,288	0	54.00
56.00	05600	RADIOISOTOPE	4,640	14,178	52,508	643,982	0	56.00
56.02	05602	MRI	2,209	3,824	3,237,539	5,094,972	0	56.02
56.03	05603	ULTRASOUND	4,662	18,567	994,848	2,318,659	0	56.03
57.00	05700	CT SCAN	11,529	38,858	4,204,596	16,630,674	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	347,372	2,743,347	37,406,031	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	24,633	158,673	3,500,654	4,117,876	0	65.00
66.00	06600	PHYSICAL THERAPY	141,736	441,640	9,020,401	12,266,775	0	66.00
68.00	06800	SPEECH PATHOLOGY	17,460	4,559	967,177	1,228,503	0	68.00
69.00	06900	ELECTROCARDIOLOGY	17,408	8,052	56,723	4,666,986	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,754,082	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	220,203	5,381,964	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	471,200	516,393	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	9,019,636	11,667,165	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,442,848	822,304	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	75,323	205,268	2,065,172	20,532,422	0	91.00
91.01	09101	WOUND CARE	14,318	343,483	0	4,531,325	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	40,511	7,113	145,845	612,450	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	92,956	106,582	0	6,386,604	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	37,296	22,079	0	4,315,906	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,089,405	2,341,686	59,745,458	169,086,625	-7,693,425	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	69,030	22,765	0	0	0	192.00
194.00	07950	PATIENT TRANSPORT	8,050	0	0	0	0	194.00
194.01	07951	SETON LEASE 1 NORTH	13,443	523	0	0	0	194.01
194.02	07952	REHAB (FSEH-E)	0	0	0	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1

Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description			MGMT INFO SYSTEMS (MANHRS)	PURCHASING (COSTED REQUI STION)	ADM ITTING (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
194.03	07953	HHA (FSEH-E)	0	0	0	0	0	194.03
194.04	07956	PSYCH (FSEH-E)	0	0	0	0	0	194.04
194.05	07955	VACANT SPACE	0	0	0	0	0	194.05
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)	255,661	292,899	148,096	685,022		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.216675	0.123849	0.002479	0.004051		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	104,677	156,996	12,678	53,242		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.088715	0.066384	0.000212	0.000315		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)		
		5.06	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.01	00510	NONPATIENT TELEPHONES					5.01	
5.02	00511	MGMT INFO SYSTEMS					5.02	
5.03	00512	PURCHASING					5.03	
5.04	00513	ADMINISTRATIVE					5.04	
5.05	00514	PATIENT ACCOUNTING					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	65,524,365				5.06	
7.00	00700	OPERATION OF PLANT	4,690,408	300,755			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	368,261	15,053	310,996		8.00	
9.00	00900	HOUSEKEEPING	1,315,694	8,650	23,853	244,879	9.00	
10.00	01000	DIETARY	878,166	9,652	10,233	9,652	103,160	10.00
11.00	01100	CAFETERIA	400,053	5,764	0	5,764	0	11.00
13.00	01300	NURSING ADMINISTRATION	654,581	1,347	0	1,347	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	58,534	4,587	6,824	4,587	0	14.00
15.00	01500	PHARMACY	1,723,701	3,245	0	3,245	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	363,903	4,085	0	4,085	0	16.00
17.00	01700	SOCIAL SERVICE	118,585	0	0	0	0	17.00
20.00	02000	NURSING SCHOOL	3,997,943	53,107	0	53,107	0	20.00
23.00	02300	PARAMED ED PRGM	250,418	372	0	372	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,184,322	30,387	116,657	30,387	66,484	30.00
31.00	03100	INTENSIVE CARE UNIT	3,658,727	4,841	27,019	4,841	9,430	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,036,470	19,874	21,315	19,874	0	54.00
56.00	05600	RADIOISOTOPE	676,256	2,787	0	2,787	0	56.00
56.02	05602	MRI	200,979	1,658	0	1,658	0	56.02
56.03	05603	ULTRASOUND	298,491	643	0	643	0	56.03
57.00	05700	CT SCAN	828,293	1,842	0	1,842	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	6,000,554	10,887	2,976	10,887	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,108,461	3,039	3,787	3,039	0	65.00
66.00	06600	PHYSICAL THERAPY	2,607,367	11,297	25,435	11,297	0	66.00
68.00	06800	SPEECH PATHOLOGY	297,485	2,454	0	2,454	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,231,668	4,643	973	4,643	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	595,852	3,713	0	3,713	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,606,119	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	109,083	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,330,508	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	335,139	13,812	0	13,812	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	3,089,797	17,852	59,624	17,852	0	91.00
91.01	09101	WOUND CARE	678,988	9,720	12,300	9,720	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	1,523,316	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,968,360	3,569	0	3,569	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,901,798	4,695	0	4,695	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	53,088,280	253,575	310,996	229,872	75,914	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,379	1,520	0	1,520	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,513,020	18,692	0	0	0	192.00
194.00	07950	PATIENT TRANSPORT	335,438	0	0	0	0	194.00
194.01	07951	SETON LEASE 1 NORTH	458,234	8,362	0	0	0	194.01
194.02	07952	REHAB (FSEH-E)	68,615	10,607	0	10,607	23,353	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1

Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		5.06	7.00	8.00	9.00	10.00	
194.03	07953 HHA (FSEH-E)	11,744	1,864	0	0	0	194.03
194.04	07956 PSYCH (FSEH-E)	38,655	6,135	0	2,880	3,893	194.04
194.05	07955 VACANT SPACE	0	0	0	0	0	194.05
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)	7,693,425	5,241,123	673,822	1,672,595	1,237,572	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.117413	17.426553	2.166658	6.830292	11.996627	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	946,845	1,011,230	170,052	130,487	146,711	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.014450	3.362305	0.546798	0.532863	1.422169	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1

Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description		CAFETERIA (MANHRS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	978,940					11.00
13.00	01300	9,088	740,240				13.00
14.00	01400	0	0	100			14.00
15.00	01500	32,822	0	0	2,024,475		15.00
16.00	01600	10,640	0	0	0	169,086,625	16.00
17.00	01700	3,795	0	0	0	0	17.00
20.00	02000	76,900	73,614	0	0	0	20.00
23.00	02300	6,092	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	129,564	128,544	0	0	10,286,268	30.00
31.00	03100	88,388	88,389	0	0	5,727,996	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
54.00	05400	46,447	0	0	0	11,177,288	54.00
56.00	05600	4,640	4,385	0	0	643,982	56.00
56.02	05602	2,209	0	0	0	5,094,972	56.02
56.03	05603	4,662	0	0	0	2,318,659	56.03
57.00	05700	11,529	0	0	0	16,630,674	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	37,406,031	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	24,633	24,633	0	0	4,117,876	65.00
66.00	06600	141,736	141,736	0	0	12,266,775	66.00
68.00	06800	17,460	17,460	0	0	1,228,503	68.00
69.00	06900	17,408	0	0	0	4,666,986	69.00
70.00	07000	0	0	0	0	2,754,082	70.00
71.00	07100	0	0	97	0	5,381,964	71.00
72.00	07200	0	0	3	0	516,393	72.00
73.00	07300	0	0	0	2,024,475	11,667,165	73.00
74.00	07400	0	0	0	0	822,304	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	75,323	76,398	0	0	20,532,422	91.00
91.01	09101	14,318	14,318	0	0	4,531,325	91.01
92.00	09200						92.00
92.01	09201	40,511	40,511	0	0	612,450	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	92,956	92,956	0	0	6,386,604	95.00
99.10	09910	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	37,296	37,296	0	0	4,315,906	116.00
118.00		888,417	740,240	100	2,024,475	169,086,625	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	69,030	0	0	0	0	192.00
194.00	07950	8,050	0	0	0	0	194.00
194.01	07951	13,443	0	0	0	0	194.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1

Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description		CAFETERIA (MANHRS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
194.02	07952 REHAB (FSEH-E)	0	0	0	0	0	194.02
194.03	07953 HHA (FSEH-E)	0	0	0	0	0	194.03
194.04	07956 PSYCH (FSEH-E)	0	0	0	0	0	194.04
194.05	07955 VACANT SPACE	0	0	0	0	0	194.05
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)	586,841	769,559	191,459	2,024,475	512,097	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.599466	1.039607	1,914.590000	1.000000	0.003029	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	74,465	59,857	80,978	91,746	51,136	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.076067	0.080862	809.780000	0.045318	0.000302	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE	NURSING SCHOOL	PARAMED PRGM	
		(GROSS CHARGES)	(ASSIGNED TIME)	(ASSIGNED TIME)	
		17.00	20.00	23.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS			4.00
5.01	00510	NONPATIENT TELEPHONES			5.01
5.02	00511	MGMT INFO SYSTEMS			5.02
5.03	00512	PURCHASING			5.03
5.04	00513	ADMINING			5.04
5.05	00514	PATIENT ACCOUNTING			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL			5.06
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE	169,086,625		17.00
20.00	02000	NURSING SCHOOL	0	5,878,191	20.00
23.00	02300	PARAMED PRGM	0	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	10,286,268	5,878,191	30.00
31.00	03100	INTENSIVE CARE UNIT	5,727,996	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,177,288	0	54.00
56.00	05600	RADIOISOTOPE	643,982	0	56.00
56.02	05602	MRI	5,094,972	0	56.02
56.03	05603	ULTRASOUND	2,318,659	0	56.03
57.00	05700	CT SCAN	16,630,674	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	37,406,031	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	4,117,876	0	65.00
66.00	06600	PHYSICAL THERAPY	12,266,775	0	66.00
68.00	06800	SPEECH PATHOLOGY	1,228,503	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,666,986	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,754,082	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,381,964	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	516,393	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,667,165	0	73.00
74.00	07400	RENAL DIALYSIS	822,304	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	20,532,422	0	91.00
91.01	09101	WOUND CARE	4,531,325	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	612,450	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	6,386,604	0	95.00
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	4,315,906	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	169,086,625	5,878,191	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	PATIENT TRANSPORT	0	0	194.00
194.01	07951	SETON LEASE 1 NORTH	0	0	194.01
194.02	07952	REHAB (FSEH-E)	0	0	194.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

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

Worksheet B-1

Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description		SOCIAL SERVICE (GROSS CHARGES) 17.00	NURSING SCHOOL (ASSIGNED TIME) 20.00	PARAMED PRGM (ASSIGNED TIME) 23.00	
194.03	07953 HHA (FSEH-E)	0	0	0	194.03
194.04	07956 PSYCH (FSEH-E)	0	0	0	194.04
194.05	07955 VACANT SPACE	0	0	0	194.05
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)	134,783	5,878,191	292,496	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000797	1.000000	2,924.960000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	2,363	664,947	8,973	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000014	0.113121	89.730000	205.00

Provider CCN: 150003

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

Worksheet B-2
 Date/Time Prepared:
 7/17/2013 10:12 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00			1 30.00	-2,887,628	5.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 7/17/2013 10:12 am	
		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		6,352,033	248	6,352,281	30.00	
31.00	03100 INTENSIVE CARE UNIT		4,544,196	0	4,544,196	31.00	
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00	
42.00	04200 SUBPROVIDER		0	0	0	42.00	
43.00	04300 NURSERY		0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		0	0	0	50.00	
51.00	05100 RECOVERY ROOM		0	0	0	51.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,874,447	17,643	2,892,090	54.00	
56.00	05600 RADIO SOTOPE		833,066	7,280	840,346	56.00	
56.02	05602 MRI		285,613	0	285,613	56.02	
56.03	05603 ULTRASOUND		360,801	0	360,801	56.03	
57.00	05700 CT SCAN		1,040,766	0	1,040,766	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION		0	0	0	59.00	
60.00	06000 LABORATORY		7,118,700	0	7,118,700	60.00	
60.01	06001 BLOOD LABORATORY		0	0	0	60.01	
65.00	06500 RESPIRATORY THERAPY	0	1,376,661	0	1,376,661	65.00	
66.00	06600 PHYSICAL THERAPY	0	3,521,889	0	3,521,889	66.00	
68.00	06800 SPEECH PATHOLOGY	0	425,260	0	425,260	68.00	
69.00	06900 ELECTROCARDIOLOGY		2,636,719	57,330	2,694,049	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY		766,416	0	766,416	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,235,830	0	4,235,830	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		129,611	0	129,611	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS		4,965,750	0	4,965,750	73.00	
74.00	07400 RENAL DIALYSIS		712,671	0	712,671	74.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00	
91.00	09100 EMERGENCY		4,217,932	211,285	4,429,217	91.00	
91.01	09101 WOUND CARE		1,061,940	0	1,061,940	91.01	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		1,770,917	0	1,770,917	92.01	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		3,580,253	9,264	3,589,517	95.00	
99.10	09910 CORF		0	0	0	99.10	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00	
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00	
111.00	11100 ISLET ACQUISITION		0	0	0	111.00	
113.00	11300 INTEREST EXPENSE		0	0	0	113.00	
116.00	11600 HOSPICE		2,316,624	0	2,316,624	116.00	
200.00	Subtotal (see instructions)	0	55,128,095	303,050	55,431,145	200.00	
201.00	Less Observation Beds		0	0	0	201.00	
202.00	Total (see instructions)	0	55,128,095	303,050	55,431,145	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 7/17/2013 10:12 am	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,286,268		10,286,268			30.00
31.00	03100	INTENSIVE CARE UNIT	5,727,996		5,727,996			31.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,716,568	9,460,720	11,177,288	0.257169	0.000000	54.00
56.00	05600	RADIOISOTOPE	52,508	591,474	643,982	1.293617	0.000000	56.00
56.02	05602	MRI	3,237,539	1,857,433	5,094,972	0.056058	0.000000	56.02
56.03	05603	ULTRASOUND	994,848	1,323,811	2,318,659	0.155608	0.000000	56.03
57.00	05700	CT SCAN	4,204,596	12,426,078	16,630,674	0.062581	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	16,108,527	21,297,504	37,406,031	0.190309	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	3,500,654	617,222	4,117,876	0.334313	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,867,979	9,398,796	12,266,775	0.287108	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	318,510	909,993	1,228,503	0.346161	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,394,536	2,272,450	4,666,986	0.564973	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	356,763	2,397,319	2,754,082	0.278284	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,700,779	1,681,185	5,381,964	0.787042	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	471,200	45,193	516,393	0.250993	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,019,636	2,647,529	11,667,165	0.425618	0.000000	73.00
74.00	07400	RENAL DIALYSIS	818,931	3,373	822,304	0.866676	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
91.00	09100	EMERGENCY	2,065,172	18,467,250	20,532,422	0.205428	0.000000	91.00
91.01	09101	WOUND CARE	0	4,531,325	4,531,325	0.234355	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	58,841	553,609	612,450	2.891529	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	6,386,604	6,386,604	0.560588	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,315,906	4,315,906			116.00
200.00		Subtotal (see instructions)	67,901,851	101,184,774	169,086,625			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	67,901,851	101,184,774	169,086,625			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 7/17/2013 10:12 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.258747		54.00
56.00	05600 RADIOISOTOPE	1.304922		56.00
56.02	05602 MRI	0.056058		56.02
56.03	05603 ULTRASOUND	0.155608		56.03
57.00	05700 CT SCAN	0.062581		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.190309		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.334313		65.00
66.00	06600 PHYSICAL THERAPY	0.287108		66.00
68.00	06800 SPEECH PATHOLOGY	0.346161		68.00
69.00	06900 ELECTROCARDIOLOGY	0.577257		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.278284		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.787042		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.250993		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.425618		73.00
74.00	07400 RENAL DIALYSIS	0.866676		74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	09100 EMERGENCY	0.215718		91.00
91.01	09101 WOUND CARE	0.234355		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2.891529		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.562038		95.00
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 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: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 7/17/2013 10:12 am	
		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		6,352,033		6,352,033	0	30.00
31.00	03100 INTENSIVE CARE UNIT		4,544,196		4,544,196	0	31.00
41.00	04100 SUBPROVIDER - I RF		0		0	0	41.00
42.00	04200 SUBPROVIDER		0		0	0	42.00
43.00	04300 NURSERY		0		0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		0		0	0	50.00
51.00	05100 RECOVERY ROOM		0		0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		2,874,447		2,874,447	0	54.00
56.00	05600 RADIO SOTOPE		833,066		833,066	0	56.00
56.02	05602 MRI		285,613		285,613	0	56.02
56.03	05603 ULTRASOUND		360,801		360,801	0	56.03
57.00	05700 CT SCAN		1,040,766		1,040,766	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		0		0	0	59.00
60.00	06000 LABORATORY		7,118,700		7,118,700	0	60.00
60.01	06001 BLOOD LABORATORY		0		0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	1,376,661	0	1,376,661	0	65.00
66.00	06600 PHYSICAL THERAPY	0	3,521,889	0	3,521,889	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	425,260	0	425,260	0	68.00
69.00	06900 ELECTROCARDIOLOGY		2,636,719		2,636,719	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		766,416		766,416	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,235,830		4,235,830	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		129,611		129,611	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		4,965,750		4,965,750	0	73.00
74.00	07400 RENAL DIALYSIS		712,671		712,671	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0		0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	89.00
91.00	09100 EMERGENCY		4,217,932		4,217,932	0	91.00
91.01	09101 WOUND CARE		1,061,940		1,061,940	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0		0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		1,770,917		1,770,917	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES		3,580,253		3,580,253	0	95.00
99.10	09910 CORF		0		0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION		0		0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0		0	0	110.00
111.00	11100 ISLET ACQUISITION		0		0	0	111.00
113.00	11300 INTEREST EXPENSE		0		0	0	113.00
116.00	11600 HOSPICE		2,316,624		2,316,624	0	116.00
200.00	Subtotal (see instructions)		55,128,095	0	55,128,095	0	200.00
201.00	Less Observation Beds		0		0	0	201.00
202.00	Total (see instructions)		55,128,095	0	55,128,095	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet C Part I Date/Time Prepared: 7/17/2013 10:12 am	
			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	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,286,268		10,286,268			30.00
31.00	03100	INTENSIVE CARE UNIT	5,727,996		5,727,996			31.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,716,568	9,460,720	11,177,288	0.257169	0.000000	54.00
56.00	05600	RADIOISOTOPE	52,508	591,474	643,982	1.293617	0.000000	56.00
56.02	05602	MRI	3,237,539	1,857,433	5,094,972	0.056058	0.000000	56.02
56.03	05603	ULTRASOUND	994,848	1,323,811	2,318,659	0.155608	0.000000	56.03
57.00	05700	CT SCAN	4,204,596	12,426,078	16,630,674	0.062581	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	16,108,527	21,297,504	37,406,031	0.190309	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	3,500,654	617,222	4,117,876	0.334313	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,867,979	9,398,796	12,266,775	0.287108	0.000000	66.00
68.00	06800	SPEECH PATHOLOGY	318,510	909,993	1,228,503	0.346161	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	2,394,536	2,272,450	4,666,986	0.564973	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	356,763	2,397,319	2,754,082	0.278284	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,700,779	1,681,185	5,381,964	0.787042	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	471,200	45,193	516,393	0.250993	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,019,636	2,647,529	11,667,165	0.425618	0.000000	73.00
74.00	07400	RENAL DIALYSIS	818,931	3,373	822,304	0.866676	0.000000	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
91.00	09100	EMERGENCY	2,065,172	18,467,250	20,532,422	0.205428	0.000000	91.00
91.01	09101	WOUND CARE	0	4,531,325	4,531,325	0.234355	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	58,841	553,609	612,450	2.891529	0.000000	92.01
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	6,386,604	6,386,604	0.560588	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	4,315,906	4,315,906			116.00
200.00		Subtotal (see instructions)	67,901,851	101,184,774	169,086,625			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	67,901,851	101,184,774	169,086,625			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet C Part I Date/Time Prepared: 7/17/2013 10:12 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.02	05602 MRI	0.000000		56.02
56.03	05603 ULTRASOUND	0.000000		56.03
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	09100 EMERGENCY	0.000000		91.00
91.01	09101 WOUND CARE	0.000000		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.10	09910 CORF			99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
116.00	11600 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: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part I Date/Time Prepared: 7/17/2013 10:12 am
		Title XVIII	Hospital	PPS

Cost Center Description	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	576,794	0	576,794	10,434	55.28	30.00
31.00	INTENSIVE CARE UNIT	249,267		249,267	1,480	168.42	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	0		0	0	0.00	43.00
200.00	Total (lines 30-199)	826,061		826,061	11,914		200.00

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	6,801	375,959				30.00
31.00	INTENSIVE CARE UNIT	812	136,757				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)	7,613	512,716				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part II Date/Time Prepared: 7/17/2013 10:12 am
Title XVIII			Hospital	PPS

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	05000	OPERATING ROOM	0	0	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	927,998	11,177,288	0.083025	1,300,838	54.00
56.00	05600	RADIOISOTOPE	163,147	643,982	0.253341	0	56.00
56.02	05602	MRI	26,610	5,094,972	0.005223	1,817,770	56.02
56.03	05603	ULTRASOUND	36,165	2,318,659	0.015597	508,309	56.03
57.00	05700	CT SCAN	244,481	16,630,674	0.014701	2,444,172	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	59.00
60.00	06000	LABORATORY	256,142	37,406,031	0.006848	8,513,042	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	153,027	4,117,876	0.037162	1,391,749	65.00
66.00	06600	PHYSICAL THERAPY	364,057	12,266,775	0.029678	570,044	66.00
68.00	06800	SPEECH PATHOLOGY	56,092	1,228,503	0.045659	232,512	68.00
69.00	06900	ELECTROCARDIOLOGY	216,071	4,666,986	0.046298	1,518,392	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	100,017	2,754,082	0.036316	190,574	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	134,099	5,381,964	0.024916	2,207,565	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,431	516,393	0.008581	325,609	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	134,695	11,667,165	0.011545	4,970,852	73.00
74.00	07400	RENAL DIALYSIS	146,493	822,304	0.178149	643,206	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
91.00	09100	EMERGENCY	372,717	20,532,422	0.018153	1,208,240	91.00
91.01	09101	WOUND CARE	154,091	4,531,325	0.034006	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	33,148	612,450	0.054124	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	3,523,481	142,369,851		27,842,874	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet D Part III Date/Time Prepared: 7/17/2013 10:12 am	
Cost Center Description			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	03000	ADULTS & PEDIATRICS	2,990,563	0	0	0	2,990,563	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	2,990,563	0	0	0	2,990,563	200.00
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	03000	ADULTS & PEDIATRICS	10,434	286.62	6,801	1,949,303		30.00
31.00	03100	INTENSIVE CARE UNIT	1,480	0.00	812	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	0	0.00	0	0		43.00
200.00		Total (lines 30-199)	11,914		7,613	1,949,303		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 7/17/2013 10:12 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.02	05602	MRI	0	0	0	0	0	0	56.02
56.03	05603	ULTRASOUND	0	0	0	0	0	0	56.03
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	292,496	0	292,496	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
91.01	09101	WOUND CARE	0	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES							95.00
200.00		Total (lines 50-199)	0	0	292,496	0	292,496	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 7/17/2013 10:12 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,177,288	0.000000	0.000000	1,300,838	54.00
56.00	05600 RADIOISOTOPE	0	643,982	0.000000	0.000000	0	56.00
56.02	05602 MRI	0	5,094,972	0.000000	0.000000	1,817,770	56.02
56.03	05603 ULTRASOUND	0	2,318,659	0.000000	0.000000	508,309	56.03
57.00	05700 CT SCAN	0	16,630,674	0.000000	0.000000	2,444,172	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	37,406,031	0.000000	0.000000	8,513,042	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	4,117,876	0.000000	0.000000	1,391,749	65.00
66.00	06600 PHYSICAL THERAPY	0	12,266,775	0.000000	0.000000	570,044	66.00
68.00	06800 SPEECH PATHOLOGY	0	1,228,503	0.000000	0.000000	232,512	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,666,986	0.000000	0.000000	1,518,392	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,754,082	0.000000	0.000000	190,574	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,381,964	0.000000	0.000000	2,207,565	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	516,393	0.000000	0.000000	325,609	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	292,496	11,667,165	0.025070	0.025070	4,970,852	73.00
74.00	07400 RENAL DIALYSIS	0	822,304	0.000000	0.000000	643,206	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	09100 EMERGENCY	0	20,532,422	0.000000	0.000000	1,208,240	91.00
91.01	09101 WOUND CARE	0	4,531,325	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	612,450	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	292,496	142,369,851			27,842,874	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part IV Date/Time Prepared: 7/17/2013 10:12 am
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,083,074	0	54.00
56.00	05600 RADIOISOTOPE	0	28,333	0	56.00
56.02	05602 MRI	0	387,904	0	56.02
56.03	05603 ULTRASOUND	0	299,366	0	56.03
57.00	05700 CT SCAN	0	2,531,072	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	865,312	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	36,885	0	65.00
66.00	06600 PHYSICAL THERAPY	0	23,673	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	21,701	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	951,880	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	513,918	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	450,255	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	32,631	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	124,619	846,693	21,227	73.00
74.00	07400 RENAL DIALYSIS	0	3,373	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00	09100 EMERGENCY	0	2,741,833	0	91.00
91.01	09101 WOUND CARE	0	2,404,458	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	96,796	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	124,619	13,319,157	21,227	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 7/17/2013 10:12 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	PPS Services (see inst.)
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.000000	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.257169	1,083,074	0	0	278,533 54.00
56.00	05600 RADIOISOTOPE	1.293617	28,333	0	0	36,652 56.00
56.02	05602 MRI	0.056058	387,904	0	0	21,745 56.02
56.03	05603 ULTRASOUND	0.155608	299,366	0	0	46,584 56.03
57.00	05700 CT SCAN	0.062581	2,531,072	0	0	158,397 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00	06000 LABORATORY	0.190309	865,312	0	0	164,677 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
65.00	06500 RESPIRATORY THERAPY	0.334313	36,885	0	0	12,331 65.00
66.00	06600 PHYSICAL THERAPY	0.287108	23,673	0	0	6,797 66.00
68.00	06800 SPEECH PATHOLOGY	0.346161	21,701	0	0	7,512 68.00
69.00	06900 ELECTROCARDIOLOGY	0.564973	951,880	0	0	537,786 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.278284	513,918	0	0	143,015 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.787042	450,255	0	0	354,370 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.250993	32,631	0	0	8,190 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.425618	846,693	0	10,218	360,368 73.00
74.00	07400 RENAL DIALYSIS	0.866676	3,373	0	0	2,923 74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
91.00	09100 EMERGENCY	0.205428	2,741,833	0	0	563,249 91.00
91.01	09101 WOUND CARE	0.234355	2,404,458	0	0	563,497 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0 92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2.891529	96,796	0	0	279,888 92.01
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.560588		0		0 95.00
200.00	Subtotal (see instructions)		13,319,157	0	10,218	3,546,514 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		13,319,157	0	10,218	3,546,514 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet D Part V Date/Time Prepared: 7/17/2013 10:12 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.02	05602 MRI	0	0	56.02
56.03	05603 ULTRASOUND	0	0	56.03
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,349	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100 EMERGENCY	0	0	91.00
91.01	09101 WOUND CARE	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	4,349	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	4,349	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 7/17/2013 10:12 am
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)		10,434	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,434	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,434	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)		6,801	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)		6,352,281	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)		6,352,281	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		10,286,268	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		10,286,268	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.617550	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)		985.84	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)		6,352,281	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)		608.81	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,140,517	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)		4,140,517	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1 Date/Time Prepared: 7/17/2013 10:12 am				
Cost Center Description			Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
NURSERY (title V & XIX only)			1.00	2.00	3.00	4.00	5.00		
42.00	Intensive Care Type Inpatient Hospital Units			0	0	0.00	0	42.00	
43.00	INTENSIVE CARE UNIT			4,544,196	1,480	3,070.40	812	2,493,165	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)							8,682,567	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)							15,316,249	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)							2,462,019	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)							752,452	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)							3,214,471	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)							12,101,778	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)							0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)							0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)							0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 7/17/2013 10:12 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	576,794	6,352,281	0.090801	0	0	90.00
91.00	Nursing School cost	2,990,563	6,352,281	0.470786	0	0	91.00
92.00	Allied health cost	0	6,352,281	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,352,281	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 7/17/2013 10:12 am
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)		10,434	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,434	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,434	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)		1,037	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)		6,352,033	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)		6,352,033	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		10,286,268	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		10,286,268	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.617526	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)		985.84	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)		6,352,033	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)		608.78	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		631,305	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		631,305	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1	
		Title XIX		Hospital		Date/Time Prepared: 7/17/2013 10:12 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	4,544,196	1,480	3,070.40	175	537,320	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)					1,728,700	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,897,325	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150003		Period: From 01/01/2011 To 12/31/2011		Worksheet D-1 Date/Time Prepared: 7/17/2013 10:12 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 7/17/2013 10:12 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		6,329,859		30.00
31.00	03100 INTENSIVE CARE UNIT		3,482,903		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.258747	1,300,838	336,588	54.00
56.00	05600 RADIOISOTOPE	1.304922	0	0	56.00
56.02	05602 MRI	0.056058	1,817,770	101,901	56.02
56.03	05603 ULTRASOUND	0.155608	508,309	79,097	56.03
57.00	05700 CT SCAN	0.062581	2,444,172	152,959	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.190309	8,513,042	1,620,109	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.334313	1,391,749	465,280	65.00
66.00	06600 PHYSICAL THERAPY	0.287108	570,044	163,664	66.00
68.00	06800 SPEECH PATHOLOGY	0.346161	232,512	80,487	68.00
69.00	06900 ELECTROCARDIOLOGY	0.577257	1,518,392	876,502	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.278284	190,574	53,034	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.787042	2,207,565	1,737,446	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.250993	325,609	81,726	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.425618	4,970,852	2,115,684	73.00
74.00	07400 RENAL DIALYSIS	0.866676	643,206	557,451	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	09100 EMERGENCY	0.215718	1,208,240	260,639	91.00
91.01	09101 WOUND CARE	0.234355	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2.891529	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		27,842,874	8,682,567	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00	Net Charges (line 200 minus line 201)		27,842,874		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet D-3 Date/Time Prepared: 7/17/2013 10:12 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		1,414,498		30.00
31.00	03100 INTENSIVE CARE UNIT		729,664		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.257169	258,995	66,605	54.00
56.00	05600 RADIOISOTOPE	1.293617	49,219	63,671	56.00
56.02	05602 MRI	0.056058	394,897	22,137	56.02
56.03	05603 ULTRASOUND	0.155608	96,782	15,060	56.03
57.00	05700 CT SCAN	0.062581	405,114	25,352	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.190309	1,616,262	307,589	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.334313	419,887	140,374	65.00
66.00	06600 PHYSICAL THERAPY	0.287108	277,608	79,703	66.00
68.00	06800 SPEECH PATHOLOGY	0.346161	39,055	13,519	68.00
69.00	06900 ELECTROCARDIOLOGY	0.564973	216,104	122,093	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.278284	33,910	9,437	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.787042	222,970	175,487	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.250993	64,461	16,179	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.425618	1,170,023	497,983	73.00
74.00	07400 RENAL DIALYSIS	0.866676	85,670	74,248	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
91.00	09100 EMERGENCY	0.205428	296,771	60,965	91.00
91.01	09101 WOUND CARE	0.234355	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	2.891529	13,245	38,298	92.01
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		5,660,973	1,728,700	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)		5,660,973		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 7/17/2013 10:12 am	
		Title XVIII	Hospital	PPS	
			MDH	Non MDH	
			1.00	1.01	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		3,040,262	6,957,885	1.00
2.00	Outlier payments for discharges. (see instructions)		29,312	37,045	2.00
2.01	Outlier reconciliation amount		0	0	2.01
3.00	Managed Care Simulated Payments		329,146	604,630	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		86.00		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	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	0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	0	29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00		30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.00		31.00
32.00	Sum of lines 30 and 31		0.00		32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	0	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)		3,069,574	6,994,930	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		3,771,807	0	48.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part A Date/Time Prepared: 7/17/2013 10:12 am
		Title XVIII	Hospital	PPS
			MDH	Non MDH
			1.00	1.01
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		10,591,179	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		802,681	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		1,150,285	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 (from Wkst D, Part III, column 9, lines 30-35).		1,949,303	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		124,619	58.00
59.00	Total (sum of amounts on lines 49 through 58)		14,618,067	59.00
60.00	Primary payer payments		2,747	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		14,615,320	61.00
62.00	Deductibles billed to program beneficiaries		1,282,009	62.00
63.00	Coinsurance billed to program beneficiaries		18,961	63.00
64.00	Allowable bad debts (see instructions)		306,253	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		214,377	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		188,523	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		13,528,727	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 (Sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.93	HVBP incentive payment (see instructions)		0	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0	70.94
70.95	Recovery of Accelerated Depreciation		0	70.95
70.96	Low Volume Payment-1		0	70.96
70.97	Low Volume Payment-2		0	70.97
70.98	Low Volume Payment-3		0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		13,528,727	71.00
72.00	Interim payments		12,250,836	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)		1,277,891	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 (see instructions)		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: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet E Part B Date/Time Prepared: 7/17/2013 10:12 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		4,349	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,525,287	2.00
3.00	PPS payments		2,780,540	3.00
4.00	Outlier payment (see instructions)		10,495	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.853	5.00
6.00	Line 2 times line 5		3,007,070	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		92.82	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		21,227	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		4,349	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		10,218	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)		10,218	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)		10,218	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		5,869	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)		4,349	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)		2,812,262	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)		680,591	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)		2,136,020	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)		2,136,020	30.00
31.00	Primary payer payments		485	31.00
32.00	Subtotal (line 30 minus line 31)		2,135,535	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)		204,622	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		143,235	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		132,423	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		2,278,770	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		2,278,770	40.00
41.00	Interim payments		2,363,261	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)		-84,491	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: 150003

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

Worksheet E-1
Part I
Date/Time Prepared:
7/17/2013 10:12 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		12,173,680		2,445,375	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	11/23/2011	77,156		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	11/23/2011	82,114	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)		77,156		-82,114	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)		12,250,836		2,363,261	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		1,277,891		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		84,491	6.02	
7.00	Total Medicare program liability (see instructions)		13,528,727		2,278,770	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

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

Provider CCN: 150003

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

Worksheet G

Date/Time Prepared:
7/17/2013 10:12 am

		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	16,487,000	0	0	0	1.00
2.00	Temporary investments	163,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	44,910,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	3,772,000	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	4,873,000	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	70,205,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	243,960,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	243,960,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	8,786,000	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	3,442,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	12,228,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	326,393,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	705,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,199,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	16,098,000	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	1,569,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	30,571,000	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	3,734,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	3,734,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	34,305,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	292,088,000				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	292,088,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	326,393,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150003

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

Worksheet G-1

Date/Time Prepared:
7/17/2013 10:12 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		297,370,000		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		5,322,000				2.00
3.00	Total (sum of line 1 and line 2)		302,692,000		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		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)		302,692,000		0		11.00
12.00	Deductions (debit adjustments) (specify)	10,604,000		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		10,604,000		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		292,088,000		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			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: 150003

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	66,229,279		66,229,279	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	3,923,059		3,923,059	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)	70,152,338		70,152,338	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,682,344		14,682,344	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)	14,682,344		14,682,344	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	84,834,682		84,834,682	17.00
18.00	Ancillary services	318,048,045	404,962,559	723,010,604	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				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	4,315,906	4,315,906	26.00
27.00	NICU	11,489,136	4,290	11,493,426	27.00
27.01	NON REIMBURSABLE	-3,191,539	49,594,809	46,403,270	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	411,180,324	458,877,564	870,057,888	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		64,649,874		29.00
30.00	AFFILIATES	256,677,123			30.00
31.00	PROVISION FOR DOUBTFUL ACCOUNTS	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)		256,677,123		36.00
37.00	ROUNDING	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)		321,326,997		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150003

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

Worksheet G-3

Date/Time Prepared:
7/17/2013 10:12 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	870,057,888	1.00
2.00	Less contractual allowances and discounts on patients' accounts	560,186,891	2.00
3.00	Net patient revenues (line 1 minus line 2)	309,870,997	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	321,326,997	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-11,456,000	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	11,822,000	24.00
24.01	EQUITY IN EARNINGS OF INVESTMENTS	6,367,000	24.01
24.02	NET ASSETS RELEASED	84,000	24.02
24.03	INVESTMENT INCOME	301,000	24.03
24.04	CONTRIBUTIONS	54,000	24.04
25.00	Total other income (sum of lines 6-24)	18,628,000	25.00
26.00	Total (line 5 plus line 25)	7,172,000	26.00
27.00	GAIN ON SALE OF ASSET	1,850,000	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,850,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	5,322,000	29.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150003

Period: From 01/01/2011

Worksheet K

Hospice CCN: 151563

To 12/31/2011

Date/Time Prepared: 7/17/2013 10:12 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		137,170	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	509,949	0	0	17,656	100,729	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	2,629	0	0	14,482	0	7.00
8.00	Inpatient - Respite Care	1,856	0	0	1,100	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	16,080	0	9.00
10.00	Nursing Care	368,759	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	9,749	0	0	0	0	11.00
12.00	Physical Therapy	1,243	0	0	0	0	12.00
13.00	Occupational Therapy	132	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	129,797	0	0	0	0	15.00
16.00	Spiritual Counseling	107,738	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	68,906	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	327,245	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	22,079	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	8,466	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)	1,200,758	0	0	57,784	587,223	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150003

Period: From 01/01/2011

Worksheet K

Hospice CCN: 151563

To 12/31/2011

Date/Time Prepared: 7/17/2013 10:12 am

		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
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.	137,170	0	137,170	0	137,170	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	628,334	0	628,334	-708	627,626	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	17,111	0	17,111	0	17,111	7.00
8.00	Inpatient - Respite Care	2,956	0	2,956	0	2,956	8.00
VISITING SERVICES							
9.00	Physician Services	16,080	0	16,080	0	16,080	9.00
10.00	Nursing Care	368,759	0	368,759	0	368,759	10.00
11.00	Nursing Care-Continuous Home Care	9,749	0	9,749	0	9,749	11.00
12.00	Physical Therapy	1,243	0	1,243	0	1,243	12.00
13.00	Occupational Therapy	132	0	132	0	132	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	129,797	0	129,797	0	129,797	15.00
16.00	Spiritual Counseling	107,738	0	107,738	0	107,738	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	68,906	0	68,906	0	68,906	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	327,245	-327,245	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	22,079	-22,079	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	8,466	0	8,466	0	8,466	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)	1,845,765	-349,324	1,496,441	-708	1,495,733	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150003

Period: From 01/01/2011

Worksheet K-1

Hospice CCN: 151563

To 12/31/2011

Date/Time Prepared: 7/17/2013 10:12 am

		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	824	0	77,755	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	239	0	2,341	7.00
8.00	Inpatient - Respite Care	0	0	213	0	1,467	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	368,759	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	9,749	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	129,797	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	824	130,249	77,755	382,316	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150003

Period:

Worksheet K-1

Hospice CCN: 151563

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

Date/Time Prepared:
7/17/2013 10:12 am

		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	431,370	509,949	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		49	0	2,629	7.00
8.00	Inpatient - Respite Care		176	0	1,856	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	368,759	10.00
11.00	Nursing Care-Continuous Home Care		0	0	9,749	11.00
12.00	Physical Therapy	1,243	0	0	1,243	12.00
13.00	Occupational Therapy	132	0	0	132	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	129,797	15.00
16.00	Spiritual Counseling		0	107,738	107,738	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		68,906	0	68,906	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)	1,375	69,131	539,108	1,200,758	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150003		Period:		Worksheet K-3	
		Hospice CCN: 151563		From 01/01/2011 To 12/31/2011		Date/Time Prepared: 7/17/2013 10:12 am	
		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: 150003	Period: From 01/01/2011	Worksheet K-3
		Hospice CCN: 151563	To 12/31/2011	Date/Time Prepared: 7/17/2013 10:12 am

		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	17,656	17,656	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	14,482	14,482	7.00
8.00	Inpatient - Respite Care		0	1,100	1,100	8.00
VISITING SERVICES						
9.00	Physician Services		0	16,080	16,080	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	8,466	8,466	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	57,784	57,784	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150003	Period:	Worksheet K-4	
		Hospice CCN: 151563	From 01/01/2011 To 12/31/2011	Part I Date/Time Prepared: 7/17/2013 10:12 am	
		Hospice I			
	NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION
		BUILDINGS & FIXTURES	MOVABLE EQUIPMENT		
	0	1.00	2.00	3.00	4.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.	0	0		1.00
2.00	Capital Related Costs-Movable Equip.	137,170	137,170		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	627,626	137,170	0	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	17,111	0	0	7.00
8.00	Inpatient - Respite Care	2,956	0	0	8.00
VISITING SERVICES					
9.00	Physician Services	16,080	0	0	9.00
10.00	Nursing Care	368,759	0	0	10.00
11.00	Nursing Care-Continuous Home Care	9,749	0	0	11.00
12.00	Physical Therapy	1,243	0	0	12.00
13.00	Occupational Therapy	132	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services	129,797	0	0	15.00
16.00	Spiritual Counseling	107,738	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	68,906	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	0	0	0	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	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.)	8,466	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)	1,495,733	137,170	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150003	Period: From 01/01/2011	Worksheet K-4
		Hospice CCN: 151563	To 12/31/2011	Part I
				Date/Time Prepared: 7/17/2013 10:12 am

		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.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	0				5.00
6.00	Administrative and General	0	764,796	764,796		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	17,111	17,904	35,015	7.00
8.00	Inpatient - Respite Care	0	2,956	3,093	6,049	8.00
VISITING SERVICES						
9.00	Physician Services	0	16,080	16,825	32,905	9.00
10.00	Nursing Care	0	368,759	385,839	754,598	10.00
11.00	Nursing Care-Continuous Home Care	0	9,749	10,201	19,950	11.00
12.00	Physical Therapy	0	1,243	1,301	2,544	12.00
13.00	Occupational Therapy	0	132	138	270	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	129,797	135,810	265,607	15.00
16.00	Spiritual Counseling	0	107,738	112,729	220,467	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	68,906	72,098	141,004	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	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	8,466	8,858	17,324	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	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,495,733		1,495,733	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151563

To 12/31/2011

Part II
Date/Time Prepared:
7/17/2013 10:12 am

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	12,849				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	12,849	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	137,170	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	10.675539	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150003

Period: From 01/01/2011

Worksheet K-4

Hospice CCN: 151563

To 12/31/2011

Part II
Date/Time Prepared:
7/17/2013 10:12 am

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	-764,796	730,937	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	17,111	7.00
8.00	Inpatient - Respite Care	0	2,956	8.00
VISITING SERVICES				
9.00	Physician Services	0	16,080	9.00
10.00	Nursing Care	0	368,759	10.00
11.00	Nursing Care-Continuous Home Care	0	9,749	11.00
12.00	Physical Therapy	0	1,243	12.00
13.00	Occupational Therapy	0	132	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	129,797	15.00
16.00	Spiritual Counseling	0	107,738	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	68,906	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	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	8,466	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		764,796	39.00
40.00	Unit Cost Multiplier		1.046323	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150003

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151563

To 12/31/2011

Part I
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
	0			4.00	4A	
1.00 Administrative and General		29,582	0	348,184	377,766	1.00
2.00 Inpatient - General Care	35,015	0	0	0	35,015	2.00
3.00 Inpatient - Respite Care	6,049	0	0	0	6,049	3.00
4.00 Physician Services	32,905	0	0	0	32,905	4.00
5.00 Nursing Care	754,598	0	0	0	754,598	5.00
6.00 Nursing Care-Continuous Home Care	19,950	0	0	0	19,950	6.00
7.00 Physical Therapy	2,544	0	0	0	2,544	7.00
8.00 Occupational Therapy	270	0	0	0	270	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	265,607	0	0	0	265,607	10.00
11.00 Spiritual Counseling	220,467	0	0	0	220,467	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	141,004	0	0	0	141,004	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.)	17,324	0	0	0	17,324	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)	1,495,733	29,582	0	348,184	1,873,499	34.00
35.00 Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150003

Period:

Worksheet K-5

Hospice CCN: 151563

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

Part I
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description		Hospice I					
		NONPATIENT TELEPHONES	MGMT INFO SYSTEMS	PURCHASING	ADMITTING	PATIENT ACCOUNTING	
		5.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	0	8,081	2,734	0	17,484	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	8,081	2,734	0	17,484	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150003

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151563

To 12/31/2011

Part I
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description		Subtotal	Hospice I				
			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.05	5.06	7.00	8.00	9.00	
1.00	Administrative and General	406,065	47,677	81,818	0	32,068	1.00
2.00	Inpatient - General Care	35,015	4,111	0	0	0	2.00
3.00	Inpatient - Respite Care	6,049	710	0	0	0	3.00
4.00	Physician Services	32,905	3,863	0	0	0	4.00
5.00	Nursing Care	754,598	88,600	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	19,950	2,342	0	0	0	6.00
7.00	Physical Therapy	2,544	299	0	0	0	7.00
8.00	Occupational Therapy	270	32	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	265,607	31,186	0	0	0	10.00
11.00	Spiritual Counseling	220,467	25,886	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	141,004	16,556	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.)	17,324	2,034	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)	1,901,798	223,296	81,818	0	32,068	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150003

Period: From 01/01/2011

Worksheet K-5

Hospice CCN: 151563

To 12/31/2011

Part I
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description	Hospice I					
	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
	10.00	11.00	13.00	14.00	15.00	
1.00 Administrative and General	0	22,358	38,773	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	22,358	38,773	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150003

Period:

Worksheet K-5

Hospice CCN: 151563

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

Part I
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description		Hospice I				Subtotal (col s. 4A-23)	
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	NURSING SCHOOL	PARAMED PRGM		
		16.00	17.00	20.00	23.00	24.00	
1.00	Administrative and General	13,073	3,440	0	0	645,272	1.00
2.00	Inpatient - General Care	0	0	0	0	39,126	2.00
3.00	Inpatient - Respite Care	0	0	0	0	6,759	3.00
4.00	Physician Services	0	0	0	0	36,768	4.00
5.00	Nursing Care	0	0	0	0	843,198	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	22,292	6.00
7.00	Physical Therapy	0	0	0	0	2,843	7.00
8.00	Occupational Therapy	0	0	0	0	302	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	296,793	10.00
11.00	Spiritual Counseling	0	0	0	0	246,353	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	157,560	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	19,358	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)	13,073	3,440	0	0	2,316,624	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 150003	Period: From 01/01/2011	Worksheet K-5 Part I Date/Time Prepared: 7/17/2013 10:12 am
		Hospice CCN: 151563	To 12/31/2011	

Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)	
	25.00	26.00	27.00	28.00	
1.00 Administrative and General					1.00
2.00 Inpatient - General Care	0	39,126	15,106	54,232	2.00
3.00 Inpatient - Respite Care	0	6,759	2,610	9,369	3.00
4.00 Physician Services	0	36,768	14,195	50,963	4.00
5.00 Nursing Care	0	843,198	325,540	1,168,738	5.00
6.00 Nursing Care-Continuous Home Care	0	22,292	8,606	30,898	6.00
7.00 Physical Therapy	0	2,843	1,098	3,941	7.00
8.00 Occupational Therapy	0	302	117	419	8.00
9.00 Speech/ Language Pathology	0	0	0	0	9.00
10.00 Medical Social Services	0	296,793	114,585	411,378	10.00
11.00 Spiritual Counseling	0	246,353	95,111	341,464	11.00
12.00 Dietary Counseling	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	157,560	60,830	218,390	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	15.00
16.00 Other	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	19,358	7,474	26,832	26.00
27.00 Radiation Therapy	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	28.00
29.00 Other	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	2,316,624		2,316,624	34.00
35.00 Unit Cost Multiplier (see instructions)			0.386078		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150003
Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	NONPATIENT TELEPHONES (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
1.00	Administrative and General	4,695	0	1,200,757	-377,766	0	1.00
2.00	Inpatient - General Care	0	0	0	-35,015	0	2.00
3.00	Inpatient - Respite Care	0	0	0	-6,049	0	3.00
4.00	Physician Services	0	0	0	-32,905	0	4.00
5.00	Nursing Care	0	0	0	-754,598	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	-19,950	0	6.00
7.00	Physical Therapy	0	0	0	-2,544	0	7.00
8.00	Occupational Therapy	0	0	0	-270	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	-265,607	0	10.00
11.00	Spiritual Counseling	0	0	0	-220,467	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	-141,004	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	-17,324	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)	4,695	0	1,200,757		0	34.00
35.00	Total cost to be allocated	29,582	0	348,184		0	35.00
36.00	Unit Cost Multiplier (see instructions)	6.300745	0.000000	0.289970		0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150003
Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description	MGMT INFO SYSTEMS (MANHRS)	PURCHASING (COSTED REQUISITION)	ADMITTING (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS CHARGES)	Reconciliation	
	5.02	5.03	5.04	5.05	5A.06	
1.00 Administrative and General	37,296	22,079	0	4,315,906	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)	37,296	22,079	0	4,315,906		34.00
35.00 Total cost to be allocated	8,081	2,734	0	17,484		35.00
36.00 Unit Cost Multiplier (see instructions)	0.216672	0.123828	0.000000	0.004051		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150003
Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST) 5.06	OPERATION OF PLANT (SQUARE FEET) 7.00	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 8.00	HOUSEKEEPING (SQUARE FEET) 9.00	DIETARY (MEALS SERVED) 10.00	
1.00	Administrative and General	406,065	4,695	0	4,695	0	1.00
2.00	Inpatient - General Care	35,015	0	0	0	0	2.00
3.00	Inpatient - Respite Care	6,049	0	0	0	0	3.00
4.00	Physician Services	32,905	0	0	0	0	4.00
5.00	Nursing Care	754,598	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	19,950	0	0	0	0	6.00
7.00	Physical Therapy	2,544	0	0	0	0	7.00
8.00	Occupational Therapy	270	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	265,607	0	0	0	0	10.00
11.00	Spiritual Counseling	220,467	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	141,004	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.)	17,324	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)	1,901,798	4,695	0	4,695	0	34.00
35.00	Total cost to be allocated	223,296	81,818	0	32,068	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.117413	17.426624	0.000000	6.830245	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150003
Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description		Hospice I					
		CAFETERIA (MANHRS)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	37,296	37,296	0	0	4,315,906	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)	37,296	37,296	0	0	4,315,906	34.00
35.00	Total cost to be allocated	22,358	38,773	0	0	13,073	35.00
36.00	Unit Cost Multiplier (see instructions)	0.599474	1.039602	0.000000	0.000000	0.003029	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150003

Hospice CCN: 151563

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

Worksheet K-5
Part II
Date/Time Prepared:
7/17/2013 10:12 am

Cost Center Description		Hospice I			
		SOCIAL SERVICE	NURSING SCHOOL	PARAMED PRGM	
		(GROSS CHARGES)	(ASSIGNED TIME)	(ASSIGNED TIME)	
		17.00	20.00	23.00	
1.00	Administrative and General	4,315,906	0	0	1.00
2.00	Inpatient - General Care	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	3.00
4.00	Physician Services	0	0	0	4.00
5.00	Nursing Care	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	6.00
7.00	Physical Therapy	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	9.00
10.00	Medical Social Services	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	12.00
13.00	Counseling - Other	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	15.00
16.00	Other	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	17.00
18.00	Analgesics	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	19.00
20.00	Other - Specify	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	21.00
22.00	Patient Transportation	0	0	0	22.00
23.00	Imaging Services	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	24.00
25.00	Medical Supplies	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	27.00
28.00	Chemotherapy	0	0	0	28.00
29.00	Other	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	31.00
32.00	Fundraising	0	0	0	32.00
33.00	Other Program Costs	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	4,315,906	0	0	34.00
35.00	Total cost to be allocated	3,440	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000797	0.000000	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150003 Hospice CCN: 151563	Period: From 01/01/2011 To 12/31/2011	Worksheet K-5 Part III Date/Time Prepared: 7/17/2013 10:12 am		
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCI LLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.287108	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00				2.00
3.00	SPEECH PATHOLOGY	68.00	0.346161	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.425618	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.190309	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.787042	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00				9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00				10.00
11.00	Totals (sum of lines 1-10)					0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150003
 Hospice CCN: 151563

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

Worksheet K-6
 Date/Time Prepared:
 7/17/2013 10:12 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,316,624	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				14,793	2.00
3.00	Average cost per diem (line 1 divided by line 2)				156.60	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	13,660				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,139,156				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		403			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		63,110			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)			730		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			114,318		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150003	Period: From 01/01/2011 To 12/31/2011	Worksheet L Parts I-III Date/Time Prepared: 7/17/2013 10:12 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		800,117	1.00
2.00	Capital DRG outlier payments		2,564	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		32.64	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)		802,681	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